



# ACHC STANDARDS

PROGRAM

## Palliative Care

SERVICES

Community-Based Palliative Care, Distinction in Telehealth



# ACCREDITATION STANDARDS PACKET



The Accreditation Standards Packet contains the 2024 ACHC Palliative Care Accreditation Standards and relevant essential documents and forms.

Release Date: February 1, 2024.

ACHC is committed to providing healthcare organizations with comprehensive standards that facilitate the highest level of performance. To ensure each standard is clear, concise, and relevant, ACHC conducts annual reviews by compiling feedback from providers, industry consultants, and regulatory bodies.

Based on the annual review, ACHC has made the following changes:

- No standards were updated during ACHC's annual review.

The following accreditation distinction is offered to providers accredited for ACHC Palliative Care services:

- Telehealth

The packet contains:

- Preliminary Evidence Report (PER) Checklist (if applying for ACHC Accreditation for the first time).
- ACHC Palliative Care Accreditation Standards.
- Items Needed for Survey form.
- Glossary of Terms.
- Glossary of Personnel Qualifications.

# PRELIMINARY EVIDENCE REPORT INITIAL CHECKLIST



This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for initial Palliative Care Accreditation from Accreditation Commission for Health Care (ACHC).

Review and acknowledge that all of the following requirements have been met, and then submit this signed checklist with the required items listed below.

**Verification of the following is required for organizations seeking initial accreditation:**

- The organization provided care to a minimum of five clients/patients, with three active at the time of survey.

**Confirmation of the following (initial in spaces provided):**

\_\_\_\_\_ I attest that this organization possesses all policies and procedures as required by ACHC Accreditation Standards.

\_\_\_\_\_ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of \_\_\_\_\_ (date).

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services, and Business Associate Agreement are submitted to your Account Advisor and payments are up to date. ACHC will strive to conduct your survey as soon as possible.

NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH APPROPRIATE STATE REGULATIONS.

I, having the authority to represent this organization, verify that \_\_\_\_\_ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives for your survey may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# ACHC ACCREDITATION STANDARDS

Customized for Community-Based Palliative Care, Distinction in Telehealth

## Section 1: ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the organization. All items referring to business licensure, including federal, state, and local licenses that affect the day-to-day operations of the organization, should be addressed. This section includes information on the organization's leadership structure, including board of directors, advisory committees, management, and employees. Also included is information about leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

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### **Standard CBPC1-1A: The palliative care program is in compliance with federal, state, and local laws and regulations. (Guideline(s) 8.2)**

The palliative care program and its personnel must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of patients. If state or applicable local law provides for the licensure of a palliative care program, the palliative care program must be licensed.

The palliative care program has a physical location and required license(s) and or permit(s) is current and posted in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or law.

The palliative care program is an established entity with legal authority to operate and has the appropriate articles of incorporation, or other documentation of legal authority. Legal authority is granted to one individual, members of a limited liability corporation (LLC), a board of directors, or a board of health; usually referred to as the governing body, and as allowed in state statutes for the appropriate type and structure of the palliative care program. The entity, individual or palliative care program has a copy of the appropriate documentation or authorization(s) to conduct business.

Evidence: Copy of Articles of Incorporation/Bylaws and all applicable amendment

Evidence: Copy of all current applicable licensure(s)/permit(s) for each location

Evidence: Observation

Services applicable: CBPC

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### **Standard CBPC1-2A: The provision of palliative care occurs in accordance with professional state and federal laws, regulations and current accepted standards of care and professional practice. (Guideline(s) 8.2, 8.4)**

The palliative care program is in compliance with federal and state statutes in addition to local and other regulations and laws regarding:

- Disclosure of patient records and health information
- Medical decision-making and the role of surrogates
- Advance care planning and Advance Directives
- The roles and responsibilities of surrogate decision-makers
- Guardianship
- Abuse and neglect
- Concurrent hospice care provisions for pediatric patients
- Appropriate prescribing of controlled substances
- Death pronouncement and certification processes
- Autopsy requests; organ and anatomical donations
- Healthcare documentation
- Emerging issues
- Informed consent
- Confidentiality and disclosure
- Decision-making capacity
- Local and state licensure
- Professional licensure/certification
- The Americans with Disabilities Act
- Equal Employment Opportunities Act
- Fair Labor Standards Act
- Title VI of the Civil Rights Act of 1964
- Occupational Safety and Health Administration (OSHA)
- Medicare regulations
- Medicaid regulations
- Health Insurance Portability and Accountability Act (HIPAA)

- Community-Based Palliative Care program policies and procedures
- ACHC's Accreditation Process
- Other laws and regulations as applicable to the care/service provided by the Community-Based Palliative Care program

The palliative care program is modeled on and consistent with existing professional codes of ethics, scopes of practice, and standards of care for all relevant disciplines.

The organization has a long-term plan for the palliative care program that includes long-term goals, long-term sustainability, avoiding moral distress, and growth recognizing the needs of its community and population served.

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC1-3A: Palliative care is provided in any care setting, including private residences, assisted living facilities, rehabilitation, skilled and intermediate care facilities, adult and pediatric respite day care centers, acute and long-term care hospitals, clinics, hospice residences, correctional facilities, homeless shelters and group homes (e.g. Veterans homes, half-way houses, house for people with disabilities). (Guideline(s) 1.5)**

Care is provided in the setting preferred by the patient and family, if feasible, or the palliative care team (PCT) helps the patient and family select an alternative setting.

The PCT facilitates visits with family, friends, and pets in accordance with patient and family preferences and policies and procedures within the care setting.

The PCT shares information and resources regarding palliative care with all clinician and professionals involved in the patient's plan of treatment.

Evidence: Observation

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC1-4A: Written policies and procedures are established and implemented by the palliative care program regarding conflicts of interest and the procedure for disclosure. (Guideline(s) 8.1, 8.2)**

The palliative care program's policies and procedures define conflicts of interest and the procedure for disclosure and conduct in relationships with personnel, customers, and patients. The policies and procedures include the required conduct of any affiliate or representative of the following:

- Personnel having an outside interest in an entity providing services to the palliative care program
- Personnel having an outside interest in an entity providing services to the patient

In the event of proceedings that require input, voting, or decisions, the individual with a conflict of interest is excluded from the activity. Personnel demonstrate understanding of conflict of interest policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC1-5A: There is an individual who is designated as responsible for the overall operation and services of the palliative care program. The manager/leader organizes and directs the palliative care program's ongoing functions; maintains ongoing liaison among the personnel; employs qualified personnel and ensures adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and implements an effective budgeting and accounting system.**

The manager/leader is responsible for all palliative care programs and services. There is a job description that specifies the responsibilities and authority of this individual.

The resume/application of the current manager/leader verifies that the individual who holds this position possesses the appropriate education and experience requirements as defined by the palliative care program's policies and procedures and any applicable state and federal laws and regulations.

Evidence: Written Policies and Procedures  
Evidence: Personnel Files/Job Description  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC1-5B: An individual is appointed to assume the role of the manager/leader during temporary absences and/or vacancies.**

A qualified person is authorized in writing to act in the absence of the manager/leader. The duties that the individual assumes during the absence of the manager/leader are written into the job description and included in the orientation of this individual.

Evidence: Written Policies and Procedures  
Evidence: Personnel Files/Job Description  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC1-6A: The palliative care program's primary goal is early intervention to prevent and relieve suffering and optimize quality of life for patients living with serious illnesses and their families across patient populations and care settings. The palliative care team (PCT) complies with current accepted standards of care and professional practice. (Guideline 8.2, 1.1)**

Accepted standards of practice are utilized by the palliative care program and PCT to guide the provision of care/service in which specialty palliative care is interdisciplinary and includes at a minimum nursing, medicine, social work, and spiritual care.

Written policies and procedures direct the palliative care program to provide care/services utilizing a patient/family centered approach; the PCT provides care/services to optimize quality of life and reduce or relieve suffering of the patient/family and is consistent with patient/family goals. Patient needs and goals are the foundation of the plan of treatment.

The PCT members provide care/services directly or under arrangement/contract.

The PCT includes a certified palliative care specialist who is available to nurses (APRN, RN, LPN/LVN, NA), physicians, social workers, chaplains, death counselors, and administrators.

The palliative care program must be primarily engaged in providing the following services:

- Physician services, may include physician's assistant, nurse practitioners, and advanced practice registered nurses
- Skilled Nursing Services
- Medical Social Work services
- Spiritual care services
- Bereavement services
- Pharmacy services

Evidence: Written Policies and Procedures  
Evidence: Personnel Files  
Evidence: Response to Interviews  
Evidence: Observation

Services applicable: CBPC

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**Standard CBPC1-6B: The palliative care program utilizes other professionals with credentials, experience and skills to meet the needs of the patient and family in accordance with accepted standards of practice. (Guideline(s) 1.1)**

Accepted standards of practice are utilized by the palliative care program and palliative care team (PCT) to guide the provision of care/service.

Using a patient/family centered approach, the palliative care team works with other clinicians to optimize the quality of life and reduce or relieve suffering of the patient/family.

Additional professional with credentials, experience, and skills to meet the needs of the patient and family may include but not be limited to:

- Mental health professionals



- Child life specialists
- Nursing assistants
- Nutritionists/Dieticians
- Respiratory therapists
- Occupational therapists
- Physical therapists
- Speech language pathologists
- Massage, art, and music therapists
- Community health workers
- Paramedics
- Emergency medical technicians
- Psychologists
- Case managers
- Traditional medicine practitioners
- Volunteers

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: CBPC

**Standard CBPC1-7A: The palliative care program informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from sanctions, regulatory inspections and/or audits.**

Negative outcomes affecting accreditation, licensure, and Medicare or Medicaid certification are reported to ACHC within 30 days. The report includes all actions taken and plans of correction.

Incidents that must be reported to ACHC include, but are not limited to:

- License suspension(s)
- License probation; conditions/restrictions to license(s)
- Non-compliance with Medicaid/Medicare Regulations identified during survey by another regulatory body
- Revocation of Medicaid/third-party provider number
- Any open investigation by any regulatory or governmental authority

Evidence: Prior Regulatory Inspection Reports

Evidence: Response to Interviews

Services applicable: CBPC

**Standard CBPC1-8A: A palliative care program that uses outside personnel/organizations to provide care/services on behalf of the palliative care program has a written contract/agreement for care/services which is kept on file within the organization.**

Arranged care/services are supported by written agreements that require that all care/services are:

- Authorized by the palliative care program
- Furnished in a safe and effective manner by qualified personnel/organizations
- Delivered in accordance with the patient's plan of treatment/service

Agencies that utilize personnel/organizations hourly or per visit have a written contract/agreement that includes, but is not limited to:

- The care/services to be furnished
- The necessity to conform to all applicable palliative care program policies and procedures, including personnel qualifications, orientation, competencies, and required background checks
- The responsibility for participating in developing plans of treatment/service
- The manner in which care/services will be controlled, coordinated, and evaluated by the palliative care program
- The procedures for submitting progress notes, scheduling of visits, and periodic patient evaluation
- The procedures for payment of care/services furnished under the contract
- Duration of contract/agreement
- Overall responsibility for supervision of personnel
- Other applicable laws and regulations

In addition, the organization maintains current copies of professional liability insurance certificates for all contract personnel providing direct care/service and/or other organizations with shared responsibility for providing care/service.

The organization has an established process to review and renew contracts/agreements, as required, in the contract.

Evidence: Written Contracts/Agreement  
Evidence: Professional Liability Insurance  
Evidence: Observation

Services applicable: CBPC

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**Standard CBPC1-8B: The palliative care program monitors all care/service provided under contract/agreements to ensure that care/services are delivered in accordance with the terms of the contract/agreement.**

The palliative care program has implemented a process for monitoring all care/service provided under a contract/agreement. Processes include, but are not limited to:

- Satisfaction surveys of patients, family, care givers, and referring clinicians
- Record reviews
- On-site observations and visits
- Patient comments and other quality and performance improvement (QAPI) activities

Data and outcomes from monitoring activities are reported to the palliative care program leadership to ensure the overall quality of the care/service provided to the patient.

Evidence: QAPI Activities

Services applicable: CBPC

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**Standard CBPC1-9A: Written policies and procedures are established and implemented regarding the verification and maintenance of credentials of the referring physician or other licensed independent practitioner approved by law to prescribe medical services, treatments, and/or pharmaceuticals being conducted prior to providing care/service. (Guideline(s) 1.6)**

Written policies and procedures describe the process for verification of referring practitioner credentials. Periodic assessments of current physician and other licensed independent practitioners' credentials are obtained from the state and federal boards. The palliative care program has a mechanism to ensure that orders are only accepted from currently credentialed practitioners.

Evidence: Written Policies and Procedures  
Evidence: Observation

Services applicable: CBPC



## Section 2: PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, incidents, Protected Health Information (PHI), cultural diversity, and compliance with laws to prevent fraud and abuse.

### **Standard CBPC2-1A: Written policies and procedures are established and implemented regarding the palliative care program's descriptions of care/services and the distribution to personnel, patients, and the community. (Guideline(s) 1.4)**

Written policies and procedures include, but are not limited to:

- Types of care/service available
- Care/service limitations
- Charges or patient responsibility for care/service
- Eligibility criteria
- Hours of operation, including on-call availability
- Contact information and referral procedures

Written descriptions of care/services with detailed information are available. Marketing and instructional materials use lay language and provide a more general description of care/services offered. Patients and families receive written explanation of palliative care services.

Evidence: Written Policies and Procedures

Evidence: Marketing Materials Including Electronic Media

Evidence: Documents that include Service Descriptions

Evidence: Patient Records

Evidence: Observation

Evidence: Response to Interviews

Services applicable: CBPC

### **Standard CBPC2-2A: Written policies and procedures are established and implemented by the palliative care program regarding the creation and distribution of the Patient Rights and Responsibilities statement. (Standard CBPC2-2A is regarding the creation and distribution of the statement of the Patient Rights and Responsibilities and the standard reference next to the right is the standard that demonstrates the implementation of the right). (Guideline(s) 1.4, 8.2)**

Written policies and procedures outline the patient rights and responsibilities.

The palliative care program provides the patient with a written notice of the Patient's Rights and Responsibilities in advance of furnishing care/service to the patient or during the initial evaluation visit before the initiation of care/service. The policies and procedures state that if a patient cannot read the statement of rights and responsibilities, it is read, and a copy given to the patient in a language the patient understands. For a minor or a patient needing assistance in understanding these rights and responsibilities, both the patient and the parent, legal guardian, or other responsible person are fully informed of these rights and responsibilities. The palliative care program will provide written information concerning Advance Directives, particular to the state where the patient resides, prior to providing care/service. Documentation of receipt and understanding of the information is signed, dated, and maintained in the patient record.

The written Patient Rights and Responsibilities statement includes, but is not limited to:

The patient, guardian, and/or health care surrogate shall:

- Be included in the process of developing and modifying a plan of treatment in alignment with patient and family priorities, preferences, and goals (CBPC5-3F)
- Be informed, in advance, both orally and in writing, of care/service being provided; of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible (CBPC3-3B)
- Receive information about the scope of services that the palliative care program will provide and specific limitations on those services (CBPC2-1A)
- Participate in the development and periodic revision of the goals of the plan of treatment (CBPC5-3F)
- Decline or refuse care or treatment after the consequences of not receiving care or treatment are fully presented (CBPC2-6A)
- Be informed of patient rights under state law to formulate an advance directive, if applicable (CBPC2-6A)
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality (CBPC2-2B)

- Be able to identify visiting or clinic personnel members through palliative care program generated photo identification (CBPC2-2B)
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property (CBPC2-3A)
- Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal (CBPC2-4A)
- Have grievances/complaints regarding treatment or care/service that is (or fails to be) furnished, or lack of respect of property investigated (CBPC2-4A)
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI) (CBPC2-5A)
- Be advised on the palliative care program's policies and procedures regarding the disclosure of patient records (CBPC5-2A)
- Choose a health-care provider, including an attending physician or independent practitioner (CBPC2-2B)
- Receive appropriate care/service without discrimination in accordance with physician's/independent practitioner's orders (CBPC2-2B)
- Be informed of any financial benefits to the referring individual or organization when referred to Community-Based Palliative Care (CBPC) (CBPC2-2B)
- Be fully informed and able to demonstrate understanding of patient and family responsibilities within the plan of treatment (CBPC2-2B)

When additional state or federal regulations exist regarding patient rights, the palliative care program's Patient Rights and Responsibilities statement must include those components. The patient has the right to be informed and exercise their rights. The palliative care team (PCT) members adhere to legal and regulatory requirements for disclosure, decision-making, as well as applicable state statutes. If the patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed to act on the patient's behalf. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.

The palliative care program protects and promotes the exercise of these rights. The palliative care program also develops a statement of patient responsibilities.

A written consent for services is signed by the patient and/or health care surrogate, if the patient is unable to do so.

Personnel are provided training during orientation and at least annually thereafter concerning the palliative care program's policies and procedures on the patient's rights and responsibilities.

Evidence: Written Policies and Procedures

Evidence: Statement of patient's Rights and Responsibilities

Evidence: Patient Records

Evidence: Response to Interviews

Services applicable: CBPC

**Standard CBPC2-2B: The palliative care program protects and promotes the exercise of the patient rights. (Guideline(s) 8.1, 8.2)**

Personnel honor the patient right to:

- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting/clinic personnel members through palliative care program photo identification
- Choose a health-care provider, including choosing an attending physician or independent-practitioner
- Receive appropriate care/service without discrimination in accordance with physician or independent practitioner orders
- Be informed of any financial benefits to the referring individual or organization when referred to the palliative care program
- Be fully informed and able to demonstrate understanding of patient and family responsibilities within the plan of treatment.

Evidence: Observation

Services applicable: CBPC

**Standard CBPC2-3A: Written policies and procedures are established and implemented by the palliative care program regarding reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the palliative care program. (Guideline(s) 8.2)**

The patient has the right to be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries

of unknown source, and misappropriation of patient property.

The palliative care program ensures this right and investigates all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the palliative care program. These are reported immediately to the manager/leader or appropriate designee.

The palliative care program immediately investigates all alleged violations involving anyone furnishing services on behalf of the palliative care program and takes action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations are conducted in accordance with established policies and procedures.

The palliative care program takes appropriate corrective action in accordance with state law if the alleged violation is verified by the palliative care program's administration or an outside body having jurisdiction, such as ACHC, the state, or the local, law enforcement. The palliative care program ensures that verified violations are reported to ACHC as well as state and local bodies having jurisdiction within five working days of becoming aware of the verified violation, unless state regulations are more stringent.

Evidence: Written Policies and Procedures

Evidence: Incident Reports/Investigation Results

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC2-4A: Written policies and procedures are established and implemented by the palliative care program requiring that the patient be informed at the initiation of care/service how to report grievances/complaints.**

The patient has the right to voice grievances/complaints regarding treatment or care/service that is (or fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the palliative care program, without being subjected to discrimination or reprisal for doing so.

The palliative care program ensures this right and investigates all grievances/complaints. Written policies and procedures include, but are not limited to:

- Designation of the appropriate person to be notified of the grievance/complaint
- Notification of who will manage the complaint
- Time frames for investigation activities, to include response after hours
- Reporting of information
- Review and evaluation of the collected information within a corrective action plan
- Communication with patient and caregivers about actions taken
- Summary documentation of all activities involved with the grievance/complaint, investigation, analysis, and resolution

The palliative care program investigates and attempts to resolve all patient grievances/complaints and documents the results within a described time frame as defined in policies and procedures.

The palliative care program maintains records of grievances/complaints and their outcomes, submitting a summary report quarterly to the manager/leader or designees. This information is included in the Quality Assurance and Performance Improvement (QAPI) annual report.

Personnel are oriented and familiar with the grievance/complaint policies and procedures. Personnel assist in implementing the resolution process when needed.

Evidence: Written Policies and Procedures

Evidence: Grievance/Complaint Log

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC2-4B: The palliative care program provides the patient with written information concerning how to contact the palliative care program, appropriate state agencies, and ACHC concerning grievances/complaints at time of admission.**

The palliative care program provides all patients with written information listing a telephone number, contact person, and the palliative care program's process for receiving, investigating, and resolving grievances/complaints about its care/service.

The palliative care program advises patients in writing of the telephone number for the appropriate state regulatory body's hotline, the hours of operations, and the purpose of the hotline. This may be a separate information sheet given to the patient or incorporated with the patient rights information. ACHC's telephone number must be provided. The ACHC phone number requirement is not applicable if this is the first ACHC survey.

Evidence: Admission/New patient packet  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC2-5A: Written policies and procedures are established and implemented by the palliative care program regarding securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI). (Guideline(s) 8.2)**

The patient has the right to a confidential patient record. The palliative care program ensures this right and follows all policies and procedures to secure patient information.

A definition of protected health and confidential information, and the types of information that are covered by the policy including electronic information, telephone and cell phone communications, and verbal and faxed information:

Confidentiality policies and procedures include, but are not limited to:

- Persons/positions authorized to release PHI/EPHI and confidential information
- Conditions that warrant its release
- Persons to whom it may be released
- Signature of the patient or someone legally authorized to act on the patient's behalf
- A description of what information the patient is authorizing the palliative care program to disclose
- Securing patient records and identifying who has authority to review or access patient records
- When records may be released to legal authorities
- The storage and access of records to prevent loss, destruction, or tampering of information
- The use of confidentiality/privacy statements and who is required to sign a confidentiality/privacy statement

The palliative care program has clearly established written policies and procedures that address the areas listed above and are clearly communicated to personnel.

There is a signed confidentiality statement for all personnel and contracted individuals. Personnel and the manager/leader abide by the confidentiality statement and the palliative care program's policies and procedures. The palliative care program designates an individual responsible for seeing that the confidentiality and privacy policies and procedures are adopted and followed.

The individual seeing the patient for the first time will provide written information and will discuss confidentiality/privacy of patient-specific information as included in the Patient Rights and Responsibilities statement. Patient records contain signed release of information statements/forms when the organization bills a third-party payor or shares information with others outside the organization as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations.

The palliative care program adheres to legal and regulatory requirements for disclosure, decision-making capacity assessment, confidentiality, and informed consent.

Evidence: Written Policies and Procedures  
Evidence: Signed Confidentiality Statements  
Evidence: Observation  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC2-5B: The palliative care program has Business Associate Agreements (BAAs) for all Business Associates that may have access to Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations.**

A copy of all BAAs will be on file at the palliative care program for all non-covered entities as defined by HIPAA.

Examples of non-covered entities include, but are not limited to:

- A CPA firm whose accounting services to a health care provider involves access to PHI
- An attorney whose legal services to a health plan involve access to PHI

- A consultant that has access to PHI
- An independent medical transcriptionist that provides transcription services to a physician or independent practitioner

A BAA is not required with a person or organization (e.g., janitorial service or electrician) whose functions or services do not involve the use or disclosure of PHI, and where any access to PHI by such persons would be incidental, if at all.

Evidence: Business Associate Agreements

Services applicable: CBPC

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**Standard CBPC2-6A: Written policies and procedures are established by the palliative care program regarding the patient's rights to accept or decline medical care, patient preference for cardiopulmonary resuscitation, surgical treatment and the right to formulate an Advance Directive. (Guideline(s) 7.2, 8.3)**

Patients have the right to be informed under state law of their right to formulate an Advance Directive and to accept or decline care or treatment after the consequences of receiving or not receiving treatment are fully presented.

The palliative care program's policies and procedures describe patient rights under law to make decisions regarding medical care, including the right to accept or decline care/service and the right to formulate an Advance Directive.

Written policies and procedures include, but are not limited to:

- Providing all adult individuals with written information about their right under state law to:
  - Make decisions about their medical care
  - Delegate another individual to make decisions if they cannot
  - Accept or decline medical or surgical treatment
  - Formulate, at the individual's option, an Advance Directive
- Determining the existence of an Advance Directive
- Documenting in the patient's medical record whether he or she has executed an Advance Directive
- Inquiring as to whether the patient wishes to modify their Advance Directive
- Rendering care/service in the absence or presence of an Advance Directive
- Ensure compliance with the related state requirements on Advance Directives
- Provide personnel and community education on issues concerning Advance Directives
- Patient care/service is not prohibited or limited based on whether or not the individual has an Advance Directive
- Advance Directive information is provided to the patient prior to the initiation of care/services. The patient's decision regarding whether or not to execute an Advance Directive is documented in the patient record.

The palliative care program's personnel respect the patient's wishes and assist the patient in obtaining resources to complete an Advance Directive, if requested.

Ethical and legal counsel is accessible to advise the palliative care team regarding common palliative care situations including but not limited to:

- Determination of capacity of the patient to make decisions, whenever there is a significant change in mental status affecting capacity
- Withdrawal of life sustaining technologies such as feeding tubes or infusions
- Palliative sedation for intractable symptoms
- Cessation of medically provided nutrition and hydration
- Medically non-beneficial treatments
- Requests for physician aid in dying
- Patients who are in custody, on parole, or have other legal issues impacting their care

Evidence: Written Policies and Procedures

Evidence: Patient Records

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC2-6B: Written policies and procedures are established and implemented by the palliative care program regarding resuscitative guidelines and the responsibilities of personnel. (Guideline(s) 8.2)**

The palliative care program has written policies and procedures for personnel responsibilities regarding patient cardiopulmonary resuscitation and the response in the event of a medical emergency. The policies and procedures identify which personnel, if any, may perform resuscitative measures, respond to medical emergencies, and utilize 911/emergency medical services (EMS) for emergencies. Successful completion of appropriate in-person training, such as a cardiopulmonary resuscitation (CPR) certification course, is defined in the policies and procedures. Online CPR certification

is acceptable with in-person verification of competency. Patients and families are provided information about the palliative care program's policies and procedures for resuscitation, medical emergencies, and accessing 911/EMS.

Evidence: Written Policies and Procedures  
Evidence: Personnel Files  
Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC2-7A: Written policies and procedures are established and implemented by the palliative care program regarding the provision of care/service to patients with communication or language barriers. (Guideline(s) 6.2)**

Personnel communicate with the patient in the appropriate language or format understandable to the patient. Mechanisms are in place to assist with language and communication barriers. This may include the availability of bilingual personnel, interpreters, or assistive technologies. Personnel communicate with the patient by using special telephone devices for the deaf or other communication aids such as picture cards or written materials in the patient's language.

All personnel receive training during initial orientation and annually thereafter regarding the provision of care/service to patients with communication barriers.

Evidence: Written Policies and Procedures  
Evidence: Observation

Services applicable: CBPC

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**Standard CBPC2-7B: Written policies and procedures are established and implemented in regard to the palliative care program providing care/service to patients and families of various spiritual, religious, and existential belief systems. (Guideline(s) 5.1)**

Written policies and procedures describe the mechanisms the palliative care program uses to provide spiritual care for the patients/families based on their spiritual, religious, and existential beliefs systems. The policies and procedures also describe the expectation that personnel provide culturally sensitive care and are inclusive of patient and family cultural backgrounds, practices, beliefs, and religions.

Palliative care team members commit to culturally sensitive care delivery, and specifically ensure inquiry about and understanding of the spiritual, religious, and existential belief systems, perceptions, and practices and their effect on the patient and family choice of treatment options, services, and the plan of treatment. Palliative care team members serve each patient and family in a manner that respects their individual belief system.

All personnel receive training during initial orientation and annually thereafter regarding the delivery of care respectful of spiritual, religious, and existential beliefs and practices.

Evidence: Written Policies and Procedures  
Evidence: Observation  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC2-7C: Written policies and procedures are established and implemented in regard to the palliative care program striving to enhance its delivery of culturally and linguistically sensitive care. (Guideline(s) 6.1, 6.2)**

The palliative care program has written policies and procedures that describe methods to deliver culturally and linguistically sensitive services.

Palliative care team members identify differences in their own beliefs and the patient's beliefs and find ways to support the patient.

All personnel receive training during initial orientation and annually thereafter to increase cultural awareness and cultural sensitivity.

The palliative care program regularly evaluates its services, policies, and responsiveness to the multicultural population and makes changes as appropriate.

Evidence: Written Policies and Procedures  
Evidence: Observation  
Evidence: Response to Interviews



**Standard CBPC2-8A: Written policies and procedures are established and implemented in regard to the palliative care program identifying and assessing complex ethical issues arising in the care of people with serious or life-threatening illnesses. (Guideline(s) 8.1, 8.2, 8.3, 8.4)**

Written policies and procedures describe mechanisms for identifying and addressing ethical issues in providing palliative care.

Existing or potential ethical issues are identified by the palliative care team (PCT). The PCT aims to prevent, identify, and resolve ethical dilemmas and assesses for possible ethical issues, related to withholding or withdrawing treatments, instituting a Do Not Resuscitate (DNR) order or other state-specific portable medical orders, and the use of sedation in palliative care. The patient's plan of treatment reflects assessment of treatment preferences and application of ethical principles to support patient self-determination. The PCT works to ensure access to needed and beneficial medical care and to prevent medically non-beneficial care, focusing on the relief of suffering for both the patient and the family and ensuring appropriate symptom control at all times.

Ethical concerns, such as equitable access to care and respect for personal autonomy, are addressed with the patient or family by the PCT and are documented in the patient record. Patients and families are provided access to ethics resources and support. Patients and families are encouraged to routinely create and update legal documents, such as personal wills and Advance Directives, as needed.

Referrals are made to ethics consultants or the organization's ethics committee as appropriate. An ethics committee or consultant may be contacted for guidance on policy development, clinical care issues, and conflict resolution and staff education. Legal counsel is accessible to advise providers as needed.

All personnel receive training during initial orientation and annually thereafter regarding the ethical, legal, and regulatory principles guiding care of the seriously ill.

Education includes, but is not limited to:

- The right of a patient to request or to decline any treatment
- Discontinuing medically provided nutrition and/or hydration
- Non-beneficial medical treatments
- Stopping or not starting treatments such as mechanical ventilation or dialysis or artificial nutrition and/or hydration
- Discontinuation of cardiac devices (LVADs, AICDs)
- Sedation in for refractory symptoms
- The use of high-dose medications as needed for symptom relief
- Physician-assisted death, consistent with state laws and regulations

Evidence: Written Policies and Procedures

Evidence: Patient Records

Evidence: Observation

Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC2-9A: Written policies and procedures are established and implemented in regard to the palliative care program coordinating care and collaborating with community resources to ensure continuity of care for the patient and family. (Guideline(s) 1.1, 1.4, 1.5, 1.7)**

Written policies and procedures are established and implemented regarding:

- Coordination of care with community resources to ensure comprehensiveness and continuity of care
- Communication, coordination, and collaboration with home care agencies, hospices and other community service providers involved in the patient's care across all settings, especially before, during, and after transitions of care
- Referrals are made only with the patient or appropriate representative's consent
- Timely and effective sharing of information among healthcare teams while safeguarding privacy

The palliative care program supports and promotes continuity of care throughout the patient's illness.

Non-hospice palliative care programs have relationships with one or more hospices and other community resources to ensure continuity of care, if such care is elected by the patient and family. Non-hospice palliative care programs inform patients and families about hospice and other community resources.

The palliative care team (PCT) consults, collaborates, and communicates with the clinician and other professionals involved in



patient care to ensure the highest quality of care.

The PCT facilitates communication, care coordination, and the sharing of information with everyone involved in the plan of treatment.

The PCT informs the patient's healthcare providers of the availability of home care, hospice, and other community resources.

Evidence: Written Policies and Procedures

Evidence: Patient Records

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC2-10A: Written policies and procedures are established and implemented in regard to palliative care services being provided to the patient and family to the extent that their preferences and needs can be met in their physical environment. (Guideline(s) 1.5, 4.2)**

Written policies and procedures are established and implemented that describe the different environments of care available to the patient and family.

The palliative care team (PCT) provides care in the least restrictive environment preferred by the patient or family. When care is provided outside of the family's home, the PCT collaborates with other service providers to ensure the patient's safety and sense of control. When possible, the environment provides flexible visiting hours and space for a family visiting area, rest area, eating area, and privacy for the patient and family. The PCT attends to the unique needs of patients with differing physical and intellectual abilities.

Unique care needs of pediatric/adolescent patients or family members/visitors will be addressed by the PCT.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC2-11A: The palliative care program provides physician services, including advanced practice provider services which include physician assistants, nurse practitioners, and clinical nurse specialists. (Guideline(s) 1.1)**

The palliative care program is comprised of a physician or an advanced practice provider (which includes physician assistants, nurse practitioners, and clinical nurse specialists) who are responsible for understanding and communicating the illness trajectory, the prognosis, the appropriateness of medical treatments, the palliation and symptom management related to the serious illness and other conditions, as well as making patient visits and/or providing supervision to the rest of the palliative care team members.

Services are provided directly or under arrangement.

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC2-12A: The palliative care program provides nursing services. (Guideline(s) 1.1)**

The palliative care program is comprised of skilled nursing services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment and updated assessments. Nurses provide direct patient care, serving as patient advocate, care coordinator, and educator.

Registered nurses are able to see, treat, and provide services for patients under the orders of a physician, physician assistant, nurse practitioner, or clinical nurse specialist. If a nurse is an advanced practice registered nurse (either a nurse practitioner or a clinical nurse specialist) and is permitted by state law and regulation to see, treat, and write orders, then the advanced practice registered nurse (APRN) may perform this function while providing nursing services to palliative care patients.

Services are provided directly or under arrangement.

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC2-13A: The palliative care program provides medical social services (Guideline(s) 1.1)**

Medical social services must be provided by a qualified Social Worker, under the direction of a physician or advanced practice practitioner. Social work services must be based on the patient's psychosocial assessment and the patient's and family's needs for and acceptance of these services. Social workers attend to family dynamics, assure communication about what to expect and how to prepare for the future, assess and support coping mechanisms and social determinants of health, identify and facilitate access to resources, and mediate conflicts.

Services are provided directly or under arrangement.

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC2-14A: The palliative care program provides spiritual counseling services. (Guideline(s) 1.1)**

Spiritual counseling services must be available to the patient and family to assist in minimizing the stress and problems that arise from the serious illness, related conditions, and the dying process.

Spiritual counseling services include, but are not limited to:

- Providing an assessment of the patient's and family's spiritual needs
- Providing spiritual support to meet these needs in accordance with the patient's and family's acceptance of this service and in a manner consistent with their beliefs and desires
- Providing education to other team members about spirituality
- Help to facilitate continuity with the patient's faith community as requested

Services are provided directly or under arrangement.

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC2-15A: The palliative care program provides grief and bereavement counseling services when appropriate to the patient's stage of illness. (Guideline(s) 7.5)**

Grief (including anticipatory grief) and bereavement counseling services must be available to the patient and family to assist in minimizing the stress and problems that arise from the serious illness and related conditions.

Grief and bereavement counseling services include, but are not limited to:

- An organized program for the provision of grief and bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling
- Grief and bereavement support are available to the family and other individuals identified in the bereavement plan of treatment both before and up to thirteen months after the death of the patient
- Ensuring that duration of bereavement services reflect the needs of the bereaved

When the family is at risk for a prolonged grief disorder and the palliative care program is unable to meet the ongoing needs of a family, the palliative care program has a process for referring that person to other counseling services or community agencies as needed.

Grieving children are referred to pediatric grief specialists, programs, and camps based on their age and identified needs.

The bereavement plan of treatment includes documented needs and goals based on the initial and ongoing assessment of the survivors' needs and desire for ongoing support, including the kind of bereavement services to be offered and the frequency of service delivery.

Services are provided directly or under arrangement.

Evidence: Written Policies and Procedures

Evidence: Bereavement Records

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC2-16A: The palliative care program provides clinical pharmacy consultation. (Guideline(s) 1.1)**

Clinical pharmacy consultation must be available to the palliative care team in order to optimize medication management through a thorough review of the patient's medications to identify therapies to further palliate symptoms, resolve or prevent potential drug-drug interactions, drug-related toxicities, and recommend dose adjustment and de-prescribing where appropriate.

Services are provided directly or under arrangement.

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC2-17A: Written policies and procedures are established and implemented by the palliative care program regarding pain and symptom management. (Guideline(s) 2.1)**

The focus of palliative care is the relief of suffering. The patient has the right to receive effective pain management and symptom control from the palliative care team for conditions related to the serious illness.

Written policies, procedures, and/or protocols are developed for pain and symptom management that include the use of evidence-based pharmacological and non-pharmacological interventions. Policies, procedures, and/or protocols also include management of pain and symptoms based on a complete pain assessment using validated age and population-appropriate tools.

The goal of symptom management is to improve physical well-being, functionality, and quality of life to a level acceptable to the patient or surrogate if the patient is unable to report.

Effective symptom management considers the physical, emotional, spiritual, and cultural factors, as well as the social determinants of health that contribute to the total pain and suffering associated with a serious illness.

All palliative care team members receive training during initial orientation and annually thereafter to increase awareness of applicable policies and procedures for opioid management.

Palliative care clinicians receive training on symptom management that includes:

- Safe and appropriate use of opioids
- Risk assessment and screening for opioid and/or other substance use disorder
- Monitoring for signs of opioid misuse and/or diversion
- Managing pain for patients at risk for or with concurrent substance use disorder
- Safe and appropriate use of naloxone when used in drug overdose situations

Evidence: Written Policies and Procedures

Evidence: Patient Records

Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC2-18A: The palliative care program provides access available 24 hours a day, 7 days per week. (Guideline(s) 1.1)**

The patient and family have access to the palliative care team 24 hours a day, seven days a week, by phone or telehealth applications.

Evidence: On-Call Schedule

Evidence: Observation

Services applicable: CBPC

## Section 3: FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the organization. These standards address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

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### **Standard CBPC3-1A: The palliative care program's annual budget is developed in collaboration with management/ leadership and personnel in consultation with the medical director.**

There is an annual operating budget that includes all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expense items. However, it is not required that there be prepared, in connection with any budget, an item-by-item identification of the components of each type of anticipated income or expense.

The palliative care program has a budget that includes projected revenue and expenses for all programs and the care/service it provides. The budget is reflective of the palliative care program's care/service and programs.

The palliative care program's leaders and the individuals in charge of the day-to-day program operations are involved in developing the budget and in planning and review of periodic comparisons of actual and projected expenses and revenues for the care/service.

The budget is reviewed and updated at least annually by the management/leadership personnel.

Evidence: Current Annual Budget  
Evidence: Responses to Interviews

Services applicable: CBPC

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### **Standard CBPC3-2A: The palliative care program implements financial management practices that ensure accurate accounting and billing.**

These practices include, but are not limited to:

- Receipt and tracking of revenue
- Billing of patients and third-party payors
- Notification to the patient of changes in reimbursement from third-party payors
- Collection of accounts
- Reconciliation of accounts
- Extension of credit, if applicable
- Financial hardship, if applicable
- Consequences of non-payment, if applicable
- Assignment of revenue to the appropriate program
- Retention of financial records per applicable laws and regulations

Evidence: Observation

Services applicable: CBPC

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### **Standard CBPC3-3A: The palliative care program develops care/service rates and has methods for conveying charges to the patient, public, and referral sources.**

Current charges for care/services are available in writing for reference by personnel when conveying information to the patient.

Personnel responsible for conveying charges are oriented and provided with education concerning the conveying of charges.

Evidence: List of Care/Services with Corresponding Charges

Services applicable: CBPC

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### **Standard CBPC3-3B: The patient is advised orally and in writing of the charges for care/service at, or prior to, the receipt of services. The patient also has the right to be informed of changes in payment information, as soon as possible but no later than 30 days after the palliative care program becomes aware of the change. (Guideline(s) 8.4)**

The patient will be provided written information concerning the charges for care/service at or prior to the receipt of care/service. Patient records contain written documentation that the patient was informed of the charges, the expected reimbursement for third-party payors, and the financial responsibility of the patient.

Evidence: Patient Records  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC3-4A: There is verification that the care/service(s) billed for reconciles with the care/service(s) provided by the palliative care program.**

The palliative care program verifies that the patients and/or third-party payors are properly billed for care/service provided.

Evidence: Observation

Services applicable: CBPC

## Section 4: HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contracted personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records, including skill assessments and competencies.

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### **Standard CBPC4-1A: Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records. (Guideline(s) 8.2)**

The written policies and procedures include, but are not limited to:

- Positions having access to personnel files
- Proper storage
- The required contents
- Procedures to follow for employees who wish to review their personnel file
- Time frames for retention of personnel files

The palliative care program has personnel records for all palliative care team (PCT) members that are available for inspection by federal, state regulatory, and accreditation agencies.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Personnel Files

Services applicable: CBPC

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### **Standard CBPC4-1B: Prior to or at the time of hire all personnel complete appropriate documentation.**

Prior to or at the time of hire all personnel complete the appropriate documentation, which includes, but is not limited to:

- Position application
- Dated and signed withholding statements
- Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)

Evidence: Personnel Files

Services applicable: CBPC

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### **Standard CBPC4-1C: All personnel files at a minimum contain or verify the following items. (Informational Standard Only)**

Please refer to the standard listed for a detailed description of these requirements.

Description:	Standard:
Position application	CBPC4-1B
Dated and signed Withholding Statements	CBPC4-1B
Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)	CBPC4-1B
Personnel credentialing/verification of qualifications	CBPC4-2A
TB screening	CBPC4-2B
Hepatitis B vaccination	CBPC4-2C
Job description	CBPC4-2D
Motor vehicle license, if applicable	CBPC4-2E
Criminal background check	CBPC4-2F
National sex offender registry	CBPC4-2F
Office of the Inspector General's (OIGs)	CBPC4-2F
Personnel policies review or employee handbook	CBPC4-2G
Annual performance	CBPC4-2H
Orientation	CBPC4-3A
Confidentiality agreement	CBPC2-5A
Competency assessments	CBPC4-4A
Annual evaluation of job duties	CBPC4-6A

- Personnel include, but are not limited to: support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory personnel, contract personnel, and volunteers.
- For contract staff, the organization must have access to all of the above items, except position application, withholding statements, I-9, and personnel handbook. The remainder of items must be available for review during survey but do not need to be kept on site.
- Direct patient care — care of a patient provided personally by a staff member or contracted individual/organization in a patient's residence or healthcare facility. Direct patient care may involve any aspects of the health care of a patient, including treatments, counseling, self-care, patient education, and administration of medication.

Evidence: None Required/Informational Standard

Services applicable: CBPC

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**Standard CBPC4-2A: Personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the palliative care program. Personnel credentialing activities are conducted at the time of hire and upon renewal to verify qualifications of all personnel. (Guideline(s) 1.6)**

Personnel hired for specific positions within the palliative care program meet the minimum qualifications for those positions in accordance with applicable laws or regulations and the palliative care program's policies and procedures and job descriptions.

Education, training, and experience are verified prior to employment. This can be accomplished by obtaining copies of resumes, applications, references, diplomas, licenses, certificates, and workshop attendance records.

All professionals who furnish services directly, under an individual contract, or under arrangements with a palliative care program, must be legally authorized (licensed, certified, or registered) in accordance with applicable federal, state, and local laws, and must act only within the scope their state license, certification, or registration. All personnel qualifications must be kept current at all times.

The personnel file or other personnel records contain validation that credentialing information is obtained at time of hire, upon renewal, and in accordance with specific state practice act requirements. Credentialing information includes a procedure for the review of professional occupational licensure, certification, registration, or other training as required by state boards and/or professional associations for continued credentialing.

Credentials are verified through the appropriate licensing or credentialing organizations.

Evidence: Personnel Files (Primary Source Verification)

Services applicable: CBPC

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**Standard CBPC4-2B: Written policies and procedures are established and implemented in regard to all direct care personnel having a baseline Tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to patient contact, an individual TB risk assessment and a symptom evaluation are completed.**

Prior to patient contact, direct care personnel provide or have:

- Upon hire personnel provide evidence of a baseline TB skin or blood test.
- Prior to patient contact, an individual TB risk assessment and symptom evaluation are completed to determine if high risk exposures have occurred since administration of the baseline TB test.
- If there is no evidence of a baseline TB skin or blood test, TB testing is conducted by the organization.

The palliative care program conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

Annual TB testing of health care professionals is not recommended unless there is a known exposure or ongoing transmission.

Evidence: Written Policies and Procedures

Evidence: Personnel Files or other Confidential Employee Records

Services applicable: CBPC

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**Standard CBPC4-2C: Written policies and procedures are established and implemented for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards.**



The Hepatitis B vaccination program and post-vaccination antibody titer are performed in accordance with CDC and OSHA guidelines. Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

The following are circumstances under which an organization is exempt from making the vaccination available:

- The complete Hepatitis B vaccination series was previously received
- Antibody testing shows the employee to be immune
- The vaccine cannot be given to the individual for medical reasons or the individual cannot receive antibody testing

Evidence: Written Policies and Procedures

Evidence: Personnel Files or other Confidential Employee Records

Services applicable: CBPC

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**Standard CBPC4-2D: There is a job description for each palliative care team member employed by the palliative care program which is consistent with the organizational chart with respect to function and reporting responsibilities.**

The job description lists:

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience requirements, education, and training
- Requirements for the job
- Physical and environmental requirements with or without reasonable accommodation

The palliative care program's job descriptions are consistent with the organizational chart with respect to function and reporting responsibilities. Review of the job description with palliative care team members is conducted as part of the orientation process and whenever the job description changes. There is documentation of receipt of the job description at the time of orientation and whenever the job description changes (e.g., signed job description orientation checklist and electronic verification).

Evidence: Job Descriptions

Evidence: Organizational Chart

Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-2E: All personnel who transport patients in the course of their job duties, have a valid state driver's license appropriate to the type of vehicle being operated and are in compliance with state laws.**

There is evidence that all personnel who transport patients as part of their job duties have valid drivers' licenses, appropriate to the type of vehicle being operated. The palliative care program conducts a Motor Vehicle Records (MVR) check on all personnel who are required to transport patients as part of their job duties, at time of hire and annually.

Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-2F: Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct patient care and/or access to patient records. Background checks include: Office of Inspector General (OIG) exclusion list, criminal background record and national sex offender registry.**

The palliative care program obtains a criminal background check, OIG exclusion list check, and national sex offender registry check on all palliative care team members' employees who have direct patient care. Contracts/agreements requires that all contracted entities obtain a criminal background check, OIG exclusion list check, and national sex offender registry check on contracted palliative care team members who have direct patient contact.

The palliative care program obtains a criminal background check and OIG exclusion list check on all palliative care team members who have access to patient records. Contracts/agreements require that all contracted entities obtain a criminal background check and OIG exclusion list check on contracted palliative care team members who have access to patient records.

Criminal background checks are obtained in accordance with state requirements. In the absence of state requirements, criminal background checks to be obtained within three months of the date of employment for all states where the individual has lived or worked in the past three years.

Written policies and procedures describe special circumstances, if any, for hiring a person convicted of a crime. The policies and procedures include, but are not limited to:

- Documentation of special considerations
- Restrictions
- Additional supervision

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-2G: Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management. (Guideline(s) 8.1, 8.2)**

Personnel policies and procedures and/or the employee handbook include, but are not limited to:

- Wages
- Benefits
- Complaints and grievances
- Recruitment, hiring, and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries and conflict of interest
- Performance expectations and evaluations

Personnel policies and procedures and/or the employee handbook are reviewed at least annually and updated as needed, and are in accordance with applicable laws and regulations. Personnel policies and procedures show evidence of non-discriminatory practices.

Wages

Information is available on overtime, on-call, holiday pay, and exempt versus non-exempt status.

Benefits

An explanation of benefits is shared with all benefit-eligible personnel. Agencies that provide no benefits to some categories of personnel communicate this fact in writing to affected personnel. For example, the contract/agreement with personnel who are utilized on an “as needed” basis may address that benefits are not available to persons employed in that classification.

Grievances/Complaints

Written grievance information addresses options available to personnel who have work-related complaints, including steps involved in the grievance process.

Recruitment, Hiring, and Retention of Personnel

The palliative care program has written policies and procedures on its recruitment, hiring, and retention of personnel that demonstrate non-discriminatory practices.

Disciplinary Action and Termination of Employment

Policies and procedures on disciplinary action and termination of employment define time frames for probationary actions, conditions warranting termination, steps in the termination process, and the appeal process.

Professional Boundaries

Written policies and procedures are established and implemented that define professional boundaries.

Conflict of Interest

Written policies and procedures are established and implemented that define a conflict of interest.

Performance Expectations and Evaluations

The palliative care program's policies and procedures outline general performance expectations of all personnel (e.g., dress code and professional conduct), along with the schedule for performance evaluations.

Written documentation is kept verifying that the employee has reviewed and has access to personnel policies and procedures.

Evidence: Written Policies and Procedures and/or Employee Handbook

Evidence: Observation

Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-2H: Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.**

Written policies and procedures are established and implemented addressing individual performance evaluations for all personnel. These policies and procedures describe how performance evaluations are conducted, who conducts them, and when they are to be conducted. The policies and procedures also identify any deviations to their policy.

Personnel evaluations are completed, shared, reviewed, and signed by the supervisor and employee on an annual basis.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC4-3A: Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation. (Guideline(s) 2.1, 3.1, 5.1, 6.1, 7.1)**

The orientation policies and procedures include, but are not limited to:

- Review of the individual's job description, duties performed, and his or her role in the palliative care program
- Organizational chart
- Record keeping and reporting
- Confidentiality and privacy of Protected Health Information (PHI)
- Patient's rights
- Advance care planning and completion of Advance Directives
- Conflict of interest
- Palliative care program's policies and procedures
- Training specific to job requirements
- Additional training for special populations, if applicable (e.g., pediatrics, disease processes with specialized care, and developmentally disabled individuals).
- Cultural diversity
- Effective communication with the palliative care team, health care colleagues, patients, and families
- Ethical issues in palliative care
- Interprofessional collaboration and boundaries
- Quality Assessment and Performance Improvement (QAPI) Plan
- Conveying of charges for care/service
- Occupational Safety and Health Administration (OSHA) requirements, safety, and infection control
- Orientation to equipment, if applicable
- Incident/variance reporting
- Handling of patient complaints/grievances
- Appropriate use and management of opioids
- Medical decision-making
- The roles and responsibilities of surrogate decision-makers
- Concepts of end-of-life, death and dying, and bereavement
- Support for psychosocial and spiritual issues
- Pain and symptom management
- Wellness and resiliency

The palliative care program creates and completes a checklist or other method to verify that the topics have been reviewed with all personnel.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC4-3B: The palliative care program designates an individual who is responsible for conducting orientation activities. (Guideline(s) 1.6)**

The palliative care program designates an individual to coordinate the orientation activities ensuring that instruction is provided by qualified personnel.

Evidence: Orientation Schedule

Services applicable: CBPC

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**Standard CBPC4-4A: Written policies and procedures are established and implemented requiring the palliative care program to design a competency assessment program on the care/service provided for all direct care personnel.**

The palliative care program designs and implements a competency assessment program based on the care/service provided for all direct care personnel. Competency assessment is an ongoing process and focuses on the primary care/service and/or therapies being provided. Competency assessment is conducted initially during orientation, prior to providing a new task, and annually. Validation of skills is specific to the employee's role and job responsibilities.

Policies and procedures for determining that direct care personnel are competent to provide quality care/service are in place and may be accomplished through observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable.

Peer review of clinical personnel competency by like disciplines is acceptable if defined by the palliative care program. There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

Evidence: Written Policies and Procedures

Evidence: Personnel Files/Competency Assessments

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC4-5A: A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of on-going in-service training for each classification of personnel.**

The education plan includes training provided during orientation as well as ongoing in-service education. Palliative care programs provide this training directly or arrange for personnel to attend sessions offered by outside sources.

The ongoing in-service education plan is a written document that outlines the education to be offered for personnel throughout the year. The plan is based on reliable and valid assessment of needs relevant to individual job responsibilities. Education activities also include a variety of methods for providing personnel with current relevant information to assist with their learning needs. These methods include provision of journals, reference materials, books, internet learning, in-house lectures and demonstrations, and access to external learning opportunities.

Direct care personnel must have a minimum of 12 hours of in-service/continuing education per year.

The palliative care program has an ongoing education plan that annually addresses, but is not limited to:

- How to handle grievances/complaints
- Infection control
- Cultural diversity and delivery of culturally sensitive care
- Effective communication with the palliative care team, health care colleagues, and patients and families
- Application of ethical principles in palliative care
- Workplace (Occupational Safety and Health Administration [OSHA]), patient safety
- Patient rights and responsibilities
- Appropriate and safe use and management of opioids in the context of the opioid epidemic
- Pain and symptom assessment and management
- Wellness and resilience
- Advance care planning and completion of Advance Directives
- Interprofessional collaboration and professional boundaries

There is written documentation confirming attendance at ongoing education programs.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Observation

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC4-6A: Written policies and procedures are established and implemented in regard to the observation and evaluation of direct care/service personnel performing their job duties by qualified personnel prior to providing care independently and at least annually and/or in accordance with state or federal regulations.**

Qualified personnel observe and evaluate direct care/service personnel performing their job duties prior to providing care independently and at frequencies required by state or federal regulations. If no regulation exists, the evaluation is performed at least once annually to assess that quality care/service is being provided.

Written policies and procedures define the evaluation criteria. This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

Evidence: Written Policies and Procedures  
Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-7A: Supervision is available during all hours that care/service is provided.**

There is administrative (and clinical, when applicable) supervision provided in all areas during the hours that care/service is furnished. Supervision is consistent with state laws and regulations.

Evidence: Observation  
Evidence: On-Call Schedules  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC4-8A: Written policies and procedures are established and implemented relating to special education, experience or certification requirements for nursing personnel to administer pharmaceuticals and/or perform special treatments.**

Written policies and procedures define any special education, experience, or licensure/certification requirements necessary for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Personnel files contain documentation of completion of all special education, experience, or licensure/certification requirements. Qualifications may vary based upon state's board of nursing requirements for licensed practical nurse (LPN)/licensed vocational nurse (LVN) and registered nurses (RN).

Evidence: Written Policies and Procedures  
Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-9A: Written policies and procedures are established and implemented in regard to physician services, including advanced practice practitioners, are provided by qualified individuals who are legally authorized to practice by the state in which they provide care/service.**

Written policies and procedures address that physicians, physician assistants, nurse practitioners, and clinical nurse specialists function in accordance with professional standards, the state's licensing Board of Medicine and state's Nursing Practice Act, and according to the palliative care program's policies and procedures and/or job descriptions.

Current copies of applicable rules/regulations and the state's Practice Acts are available to personnel.

Evidence: Written Policies and Procedure  
Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-10A: Written policies and procedures are established and implemented in regard to nursing services being provided by a qualified registered nurse (RN), licensed practical nurse (LPN)/licensed vocational nurse (LVN) in accordance with the state's Nurse Practice Act and and/or job descriptions.**

Written policies and procedures address that RNs, LPNs and LVNs function in accordance with professional standards, the state's Nurse Practice Act, and according to the palliative care program's policies and procedures and/or job descriptions.

Current copies of applicable rules/regulations and the state's Nurse Practice Act are available to nursing personnel.

Evidence: Written Policies and Procedure

Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-11A: Written policies and procedures are established and implemented in regard to Social Work services are provided by a qualified medical social worker or social worker assistant in accordance with the state's Social Work Practice Act and the palliative care program's policies and procedures and/or job descriptions.**

Written policies and procedures address that social workers function in accordance with the state's Social Work Practice Act and according to the palliative care program's policies and procedures and/or job descriptions. The social worker completes a social assessment and works with the physician or independent practitioner and other team members to maximize patient functional capacity and address the family dynamics and social factors (such as access to housing, food security, and transportation) that affect patient and family quality of life and well-being.

Current copies of applicable rules and regulations, Code of Ethics, and Social Work Practice Act are available to social work personnel.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-11B: Written policies and procedures are established and implemented in regard to social work assistants are supervised by a master's degree prepared medical social worker (MSW).**

Written policies and procedures are established and implemented that outline the supervision of care/service provided by a social worker assistant. The process includes a procedure for assessing the social worker assistant's practice and a method for ensuring that patient needs are met. A social worker assistant performs services planned, delegated, and supervised by the master's degree-prepared MSW.

Supervisory activities include, but are not limited to:

- Periodically approve the plan of treatment
- Provide clinical supervision at least every 60 days or more frequently based on the acuity of the patient, unless state laws require more often
- Case conferences, joint visits, or both depending on the needs of the patient and skills of the assistant

Supervisory visits or other forms of supervision are documented in the patient record. A supervisory visit is a one-on-one between the MSW and the bachelor's degree-prepared social worker (BSW) in conjunction with a patient record review, and the need for a home supervisory visit is based on the severity of the patient's situation.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC4-12A: Written policies and procedures are established and implemented in regard to spiritual care services are provided by qualified individuals.**

Written policies and procedures are established and implemented that address that spiritual care is provided by qualified individuals in accordance with professional standards and according to the palliative care program's job description. Individuals providing spiritual care understand and are knowledgeable of the philosophy of palliative care, spiritual needs related to end-of-life care, loss, and bereavement. Spiritual care specialists assess and address spiritual issues and help to facilitate continuity with the patient's faith community as requested by the patient and family.

Spiritual care may be provided by chaplains, local clergy, volunteers, and other specifically trained personnel.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC4-13A: Written policies and procedures are established and implemented in regard to clinical pharmacy services are provided by qualified individuals who are legally authorized to practice by the state in which they provide care/service.**

Written policies and procedures address that clinical pharmacists function in accordance with professional standards, the state's Board of Pharmacy Practice Act, and according to the palliative care program's policies and procedures and/or job descriptions.

Current copies of applicable rules/regulations and the state's Board of Pharmacy Practice Act are available to personnel.

Evidence: Written Policies and Procedure

Evidence: Personnel Files

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC4-14A: The palliative care program provides support services to its palliative care team (PCT) members. (Guideline(s) 1.6)**

The palliative care program describes the mechanisms of support services available to staff that encourages resilience, self-care, and mutual support.

- The palliative care program provides regular support meetings for staff and volunteers to encourage discussion of emotional stress/impact when caring for patients and families with serious or life-threatening illnesses.
- The organization has a regular and standardized process for assessing staff distress and grief and creating a plan to support them.
- The palliative care program and PCT implements interventions to promote staff wellness and team sustainability.
- Opportunities for additional counseling services are available.

Evidence: Response to Interviews

Services applicable: CBPC



## Section 5: PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/client/patient/resident record. These standards also address the specifics surrounding the operational aspects of care/services provided.

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### **Standard CBPC5-1A: Written policies and procedures are established and implemented relating to the required content of the patient record. An accurate record is maintained for each patient. (Guideline(s) 8.2)**

Written policies and procedures define the required content of the patient record. This information is obtained by the various members of the palliative care team (PCT) and they create and document a palliative plan of treatment together with the patient and family.

The content includes, but is not limited to:

- Identification data
- Names of family/legal guardian/emergency contact
- Name of primary caregiver(s)
- Source of referral
- Name of physician or independent practitioner (nurse practitioner [NP], clinical nurse specialist [CNS], physician assistant [PA]) responsible for care
- Diagnosis
- Physician or independent practitioner orders that include medications, dietary, treatment, and activity orders, (as appropriate to the level of care/service the patient is receiving)
- Signed release of information and other documents for Protected Health Information (PHI)
- Admission and informed consent documents
- Initial assessments
- Signed and dated clinical and progress notes
- Signed notice of receipt of Patient Rights and Responsibilities statement
- Initial plan of treatment
- Updated plan of treatment
- Evidence of coordination of care/service provided by the PCT members with others who may be providing care/service, if applicable
- Ongoing assessments, if applicable
- Assessment of the care setting
- Copies of summary reports sent to physicians or independent practitioners, if applicable
- Patient response to care/service provided
- A discharge summary, if applicable
- Advance Directives, if applicable
- Admission and discharge dates from a hospital or other institution, if applicable

If the palliative care program has electronic medical records (EMR), the palliative care program has written policies and procedures and a mechanism to maintain all patient records in an electronic format. The electronic medical record (EMR) is in compliance with federal and state EMR requirements.

Evidence: Written Policies and Procedures

Evidence: Patient Record

Services applicable: CBPC

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### **Standard CBPC5-1B: Patient records contain documentation of all care/services provided. All entries are legible, clear, complete, appropriately authenticated and dated in accordance with policies and procedures and currently accepted standards of practice.**

The patient record contains documentation of all care/service provided, directly or by contract, and has entries dated and signed by the appropriate personnel. Each home visit, treatment, and telehealth contact is documented in the patient record and signed by the individual who provided the care/service. Signatures are legible, legal, and include the proper designation of any credentials. Electronic signatures are acceptable as long as the palliative care program is following the appropriate safeguards to prevent unauthorized access to the patient record. Stamped physician, independent practitioners, or clinical personnel signatures on orders, treatments, or other documents that are part of the patient's record are not accepted.

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC5-2A: Written policies and procedures are established and implemented that address access, storage, removal, and retention of patient records and information.**

Written policies and procedures are consistent with Health Insurance Portability and Accountability Act (HIPAA) standards, which include, but are not limited to:

- Who can have access to patient records
- Personnel authorized to enter information and review the records
- Any circumstances and the procedure to be followed to remove patient records from the premises or designated electronic storage areas
- A description of the protection and access of computerized records and information
- Backup procedures, which include, but are not limited to:
  - Electronic transmission procedures
  - Storage of backup disks and tapes
  - Methods to replace information if necessary
- Conditions for release of information

All active patient records are kept in a secure location. Current electronic patient records are stored in an appropriate secure manner to maintain the integrity of the patient data through routine backups on- or off-site. Patient record information is safeguarded against loss or unauthorized use. The palliative care program has written consent from the patient to release information where not authorized by law.

All patient records are retained for a minimum of seven years from the date of the most recent discharge or the death of the patient or per state law (whichever is the greater). Records of minor patients are retained until at least seven years following the patient's eighteenth birthday or according to state laws and regulations. The palliative care program's policies and procedures provide for retention even if the palliative care program discontinues operations.

Portions of patient records may be copied and removed from the premises to ensure that appropriate personnel have information readily accessible to them to enable them to provide the appropriate level of care/service. The palliative care program has specific written policies and procedures delineating how these copies will be transported and stored to preserve confidentiality of information. The patient record, whether hard copy or in electronic form, is made readily available on request by an appropriate authority.

Evidence: Written Policies and Procedures  
Evidence: Observation

Services applicable: CBPC

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**Standard CBPC5-3A: Written policies and procedures are established that describe the process for assessment and the plan of treatment. (Guideline(s) 1.2, 1.3)**

Written policies and procedures describe the process for a patient assessment, the development of the plan of treatment, and the frequency and process for the plan of treatment review.

The palliative care program develops written assessment policies and procedures and/or protocols that define specific assessment techniques, specify when outside consultation is needed, and provide detailed guidelines for factors to be considered in assessing each component.

A registered nurse (RN) or qualified professional, per state licensure rules or regulations, conducts an initial assessment to determine care, and support needs of the patient. The plan of treatment should be appropriate for the type of care/service that is needed. Care planning is directed toward driving positive patient outcomes.

Evidence: Written Policies and Procedures

Services applicable: CBPC

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**Standard CBPC5-3B: All patients have an initial assessment. The initial assessment is conducted within 72 hours of referral, unless the physician, allowed practitioner or patient specifies a specific time to conduct the initial assessment. (Guideline(s) 1.2.4, 2)**

A registered nurse (RN), physician, nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA), must conduct an initial assessment to determine the immediate care/service and support needs of the patient. The initial assessment must take place within 72 hours of referral, unless otherwise indicated by physician, allowed practitioner or patient.

Patients are accepted for treatment based on a reasonable expectation that the patient's palliative care needs can be met

adequately by the palliative care team in the patient's place of residence or in the clinic.

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC5-3C: The comprehensive assessment must be completed in a timely manner, consistent with patient's immediate needs and the organization's policies and procedures. (Guideline(s) 1.2, 2.2, 3.2, 4.2, 5.2, 6.3, 7.2, 7.5)**

The comprehensive assessment is performed on patients referred for services and documented in the patient's record.

The plan of treatment is developed by the palliative care team (PCT) and in collaboration with the patient and family to ensure the plan of treatment is individualized to the patient and family goals, preferences, and needs.

The comprehensive assessment is based on patient need or perceived need and addresses physical, emotional, social, and spiritual status. The comprehensive assessment is conducted and documented whether services continue or not. The comprehensive assessment is appropriate to the patient age and diagnosis (e.g., infant, older adult, prenatal, or postpartum patient).

The comprehensive assessment includes, but is not limited to:

Patient information:

- Patient demographics

Physical health component:

- Diagnosis and prognosis
- Current health status and basis of need for palliative care
- Presenting signs and symptoms
- Vital signs
- Identification of additional health problems or pertinent health history, including recent hospital stays
- Review of medications
- Allergies
- Special nutritional needs or dietary requirements and weight loss
- Complete pain and symptom assessment
- Head-to-toe assessment
- Functional status and functional goals as determined by the patient and family
- Equipment and supply needs
- Patient preferences for treatment and concerns — to include advance care planning and Advance Directive documents.
- Other needed information that could impact the level of services required to meet the patient needs

Psychological/psychiatric component:

- Decision-making capacity
- Coping mechanisms
- Presence of delirium, anxiety or depression, and suicide risk
- Substance use disorder

Social component:

- Ability to read/understand material
- Language preference
- Family dynamics and relationships
- Availability, willingness, and ability of family or other caregivers to support the patient's needs
- Identification of the responsible party
- Identification of an emergency contact
- Availability and capability of caregivers
- Role changes and family system
- Communication strengths and barriers, literacy, and language skills
- The patient's involvement with social and community resources
- Financial, economic, and community resources
- Advance Directive decisions and documentation
- Cultural practices, customs, beliefs, and values relevant during serious illness, the dying process, at the time of death, and post-death

Environmental component:

- Identification of safety and health hazards
- Presence of adequate living arrangements (e.g., heat, electricity, and water)
- Home environmental assessments, which include the potential for safety and security hazards (e.g., water, heat, cooling, refrigeration, throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks)

Bereavement component:

- A bereavement assessment includes the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's serious illness, dying process, death, and bereavement period. Information gathered from the initial bereavement assessment is incorporated into the plan of treatment and is considered in the bereavement plan of treatment.

Spiritual component:

- A history of any religious affiliation and support, spiritual beliefs, traditions, practices and rituals
- The nature and scope of spiritual concerns or needs includes, but is not limited to:
  - Sources of spiritual strength and support
  - Meaning and questions of suffering
  - Concerns about relationship to God or deity such as feelings of anger or abandonment
  - Existential concerns – such as expressions of loss of faith and meaning
  - Cultural norms and preferences
  - Hopes, values and fears, meaning and purpose
  - Life completion and legacy-making tasks

Functional limitations:

- The patient's ability to ambulate
- Documentation of all functional limitations
- Documentation of ability to complete Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) that include:
  - Bathing
  - Dressing
  - Feeding
  - Toileting
  - Transferring
  - Ambulation
  - Use of telephone
  - Shopping
  - Meal preparation
  - Housework
  - Money management
  - Ability to take medication, as appropriate
- Need for assistance with patient care, ADLs and IADLs
- Documentation of patient and family's achievable functional goals and plan for achieving them

A complete pain assessment is conducted at the time of admission based on policies and procedures and/or protocols for pain assessment and management of pain.

The pain assessment includes, but is not limited to:

- History of pain and its treatment (including non-pharmacological and pharmacological treatment)
- Characteristics of pain, such as:
  - Intensity of pain (e.g., as measured on a standardized pain scale)
  - Descriptors of pain (e.g., burning, stabbing, tingling, or aching)
  - Pattern of pain (e.g., constant or intermittent)
  - Location and radiation of pain
  - Frequency, timing, and duration of pain
- Impact of pain on quality of life and ability to function (e.g., sleeping, daily functioning, appetite, and mood)
- Factors such as activities, care, or treatment that precipitate or exacerbate pain
- Strategies and factors that relieve or reduce pain
- Medications patient is taking and if they are working.
- What treatment has worked in the past
- Patient's/family's goals for pain management and their satisfaction with the current level of pain control

Common physical symptoms other than pain are assessed at the time of admission and on an ongoing basis based on policies and procedures/protocols for symptom identification and management. Common symptoms include, but are not limited to:

- Constipation

- Nausea and vomiting
- Anorexia
- Fatigue
- Anxiety
- Depression
- Restlessness
- Shortness of Breath
- Dehydration
- Skin breakdown
- Sleep disturbances
- Incontinence
- Urinary retention
- Pruritus

The patient's priorities for palliative care must be determined (for example relief of pain, regardless of effect on alertness or alertness more important than pain relief) and inform the plan of treatment.

Assessment findings are communicated to the patient and family and the PCT members.

Qualified personnel conduct assessments. Pediatric populations (neonates, infants, children, and adolescents) are assessed by personnel with appropriate training and experience.

Evidence: Patient Records

Services applicable: CBPC

**Standard CBPC5-3D: A medication profile is part of the patient-specific comprehensive assessment. A registered nurse (RN), physician, nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA), creates and maintains a current medication profile and reviews all patient medications, both prescription and non-prescription, on an ongoing basis in collaboration with other palliative care team members (PCT). (Guideline(s) 1.1, 2.3)**

An RN, physician, NP, CNS, or PA reviews the patient's prescription and over-the-counter drugs, herbal remedies, and other alternative treatments that could affect drug therapy on an ongoing basis. This review is done in collaboration with other PCT members (e.g., physician and/or pharmacist) during the PCT meeting and whenever needed.

This review includes, but is not limited to:

- Effectiveness of drug therapy
- Immediate desired effects
- Adverse drug side effects or toxicities
- Actual or potential drug interactions
- Duplicate drug therapy
- Drug therapy currently associated with laboratory monitoring
- Allergic reactions
- Changes in the patient's condition that contraindicates continued administration of the medication
- The need for pharmacological or non-pharmacological interventions for pain and other symptom management as applicable to the patient
- Opportunities for de-prescribing of medications that are no longer necessary, no longer beneficial, or are causing adverse effects

In addition, the RN, physician, NP, CNS, or PA and the PCT are able to anticipate those drug effects that may rapidly endanger a patient's life or wellbeing, and communicate with the prescriber while instructing the patient/family, as necessary, in whether or not to follow the prescribed regimen and/or implementing preventive measures.

Conclusions of the medication review and other pertinent information are documented in the patient record as part of the comprehensive assessment and on an ongoing basis.

Medications are administered in accordance with the palliative plan of treatment for each patient.

A medication profile includes, but is not limited to:

- All current patient medications, date prescribed or taken, and name of medication
- Dose
- Route
- Reason for the medication
- Timing and Frequency
- Date discontinued

Evidence: Patient Records  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC5-3E: As part of the patient-specific comprehensive assessment the palliative care program may determine the need for a referral and/or further evaluation by other appropriate health professionals. Additional services may be provided to meet patient/family needs. (Guideline(s) 2.3)**

Patients and/or families are referred to appropriate health professionals for further evaluation based on identified needs and the interdisciplinary plan of treatment. Additional services are provided by:

- Hospice or Home Health
- Wound Care Specialist
- Psychology or Psychiatry
- Complementary therapies
- Speech Therapist
- Physical Therapy
- Occupational Therapy
- Nutrition/Dietician
- Other appropriate specialists

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC5-3F: There is a written plan of treatment collaboratively developed by the palliative care team (PCT) and the patient and family for each patient accepted to services. (Guideline(s) 1.3)**

The initial plan of treatment includes, but is not limited to:

- Start of care date
- Patient demographics
- Principle diagnoses and other pertinent diagnoses
- Medications: dose/frequency/route
- Allergies and/or sensitivities:
  - Drugs
  - Relevant non-drug substances which include but are not limited to:
    - Peanuts
    - Soy
    - Latex
    - Shellfish
    - Adhesives/tapes
    - Disinfectants (e.g., iodine, hexachlorophene/phisohex)
- Orders for specific clinical services, treatments, and procedures (specify amount/frequency/duration)
- Equipment and supply needs
- Caregiver needs
- Functional limitations
- Diet and nutritional needs
- Safety measures
- Goals of Care

The PCT, patient, and family together develop and iteratively update the plan of treatment to anticipate, prevent, and treat physical, psychological, social, and spiritual issues related to the patient's goals, priorities, and changing medical condition.

The plan of treatment is always accessible to the patient, the PCT, and other involved clinicians and, with the patient's consent, is shared with family, caregivers, and community providers.

The palliative care program has a responsibility to obtain physician or independent practitioner orders prior to initiation of the care/ services and to notify the physician or independent practitioner of any changes in the patient's condition.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order and signed by the physician or independent practitioner within the time frame established in the palliative care program's policies and procedures and/ or state requirement.

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC5-3G: The palliative care program shows evidence of the patient participation in the plan of treatment and goals of care. (Guideline(s) 1.3)**

The patient has a right to be and should routinely be involved in the development of the plan of treatment/goals of care and any changes in that plan. The degree of involvement may vary depending on the status and desires of the patient. At a minimum, the patient and/or surrogate agree to the plan of treatment/goals of care prior to the beginning of services and as subsequent changes occur.

The patient's preferences, needs, values, expectations, and goals, as well as the family's concerns, provide the foundation and framework for the plan of treatment.

The methods by which the palliative care team (PCT) documents participation include, but are not limited to:

- The plan of treatment/goals of care are signed by the patient
- A notation is made in the patient record that the patient participated in establishing the goals for and the development of the plan of treatment/goals of care
- There is documentation in the patient record that the plan of treatment/goals of care was reviewed and accepted by the patient

Evidence: Patient Records

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC5-3H: Care/services are delivered in accordance with the written plan of treatment. (Guideline(s) 1.3)**

The patient record reflects that the services are delivered in accordance with the plan of service. Treatment alternatives are documented and communicated to the patient and family and documented in the patient's record.

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC5-3I: There is evidence that the palliative plan of treatment is reviewed and revised based on reassessment data by a registered nurse (RN), physician, nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA). (Guideline(s) 1.3)**

The plan of treatment is updated and reviewed at regular intervals and when the patient experiences a significant change in status; changes are based on the evolving needs of the patient and family, with recognition of complex, competing, and shifting priorities in goals of care.

There is documentation in the patient record that reflects the plan of treatment is reviewed at least every 60 days for:

- Appropriateness (care/service being provided is still needed)
- Effectiveness (patient outcomes/response to care/service)
- To determine if all needed care/services are being provided
- Change in patient's condition

The plan of treatment is reviewed to ensure:

- The patient and family have access to medications and treatments
- New medications, medical equipment, tests, and therapies are authorized by payers
- The patient and family can safely and effectively manage and administer medications

Included in this review is a discussion with the patient to determine the level of satisfaction with the care/services provided. Notation of a review may be made in the patient record and in meeting minutes (team meetings or case conferences).

The palliative care program follows program policies and procedures and any applicable laws and rules for the frequency of the plan of treatment review. Review of the plan of treatment can occur more frequently if indicated by the patient's needs.

The plan of treatment should be reviewed:



- At a minimum of every 60 days
- When there are changes in patient's response to treatment
- When physician's or independent practitioner's orders change
- At the request of patient
- As defined by the palliative care program's policies and procedures

Evidence: Patient Records

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC5-4A: A registered nurse (RN), physician, nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA) reviews all patient medications, both prescription and non-prescription, on an ongoing basis as part of the care/services to a patient (Guideline(s) 1.2, 2.3).**

An RN, physician, NP, CNS, or PA reviews and documents all prescription and non-prescription medications that a patient is taking. A medication profile includes, but is not limited to:

- All current patient medications
- Date prescribed or taken
- Name of medication
- Dose
- Route
- Frequency
- Date discontinued
- Drug and/or food allergies

The RN, physician, NP, CNS, or PA is specifically accountable for recognizing the following:

- Side effects
- Toxic effects
- Allergic reactions
- Immediate desired effects
- Unusual and unexpected effects
- Changes in the patient's condition that contraindicates continued administration of the medication

In addition, the RN, physician, NP, CNS, or PA is able to anticipate those effects that may rapidly endanger a patient's life or well-being and instruct the patient as necessary in following the prescribed regimen.

The physician or independent practitioner is notified promptly regarding any medication discrepancies, side effects, problems, or reactions.

The label on the bottle of a prescription medication constitutes the pharmacist's transcription or documentation of the order. Such medications are noted in the patient's record and listed on the plan of treatment. This is consistent with acceptable standards of practice.

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC5-5A: Written policies and procedures are established and implemented for addressing patient needs which cannot be met by the palliative care program at time of referral. The palliative care program coordinates planning and care/service delivery efforts with other community agencies. Patients are referred to other agencies when appropriate. (Guideline(s) 1.3, 2.3, 7.5)**

Care/service needs that cannot be met by the palliative care program are addressed by referring the patient to other organizations when appropriate.

The palliative care program maintains a referral log or other tool to record all referrals. Referral sources are notified when patient needs cannot be met, and the patient is not being admitted to the palliative care program.

Personnel are knowledgeable about other care/services available in the community.

Evidence: Written Policies and Procedures

Evidence: Referral Log/Tool  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC5-6A: Written policies and procedures are established and implemented that describe the process for patient education. (Guideline(s) 3.3, 7.3, 8.3)**

Written policies and procedures describe patient education. The policies/procedures and practices include, but are not limited to:

- Disease management and trajectory as appropriate to the care/service provided
- What to expect in the future and how to respond to any changes in condition or new symptoms
- Medication management, safety, and disposal
- Symptom management
- Proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment that is provided
- Plan of treatment
- How to notify the palliative care program of new problems, concerns, and complaints
- Emergency preparedness information and crisis management

Education and instructions are provided in accordance with the patient and family's preferred language, health literacy levels, and cultural preferences.

Evidence: Written Policies and Procedures  
Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC5-6B: Patient education focuses on goal and outcome achievement as established in the plan of treatment/goals of care. (Guideline(s) 2.1)**

Patient education is an integral part of care/services provided. Assessment of the patient's knowledge deficits and learning abilities are evaluated during the initiation of care/services.

Patient education/instruction proceeds in accordance with the patient's willingness and condition to learn.

Education is coordinated with the patient and the healthcare team and focuses on goal and outcome achievement as established in the plan of treatment/goals of care. Elements of patient education include, but are not be limited to:

- Ongoing assessment of patient's learning needs
- Communication of needs to other healthcare team members
- Incorporating patient needs into the plan of treatment/goals of care

The patient record must indicate educating the patient about appropriate actions to take if a medication or treatment reaction occurs when a health-care professional is not present.

The patient record includes documentation of all teaching, patient's response to teaching, and the patient's level of progress/achievement of goals/outcomes. Written instructions are provided to the patient.

If medical supplies are provided, written instructions must be provided to patients regarding the safe and appropriate use and care of the supplies.

Evidence: Patient Records  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC5-7A: Written policies and procedures are established and implemented that describe the process for transfer/discharge of a patient. (Guideline(s) 1.7, 2.4)**

Written policies and procedures define the circumstances when a patient would be transferred or discharged to another organization.

Reasons for patient transfer or discharge may include the patient moves outside of the palliative care program's geographic service area, the palliative care program is not a preferred provider for the patient's insurance company, the patient's condition improves and

therefore the patient no longer needs the care/service provided, the physician or independent practitioner discontinues the order for care/service, or the patient declines the care/service and requests transfer or discontinuation of services, or the patient expires. A transfer/discharge summary is completed and maintained in the patient record and a copy is forwarded to the receiving organization and primary health care practitioner. A transfer/discharge summary includes, but is not limited to:

- Date of transfer/discharge, patient identifying information, and emergency contact
- Destination of patient transferred/discharged
- Date and name of person receiving report, if applicable
- Patient's physician or independent practitioner name and phone number
- Diagnosis related to the transfer/discharge
- Significant health history
- Transfer orders and instructions
- History of care including treatment and management to date (e.g. history of pain or symptom management)
- A brief description of services provided and ongoing needs that cannot be met
- Status of patient at the time of transfer
- Advance directive

Evidence: Written Policies and Procedures

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC5-8A: Written policies and procedures are established and implemented that identify the drugs or drug classifications and routes that are not approved for administration by palliative care program's personnel. (Guideline(s) 2.3, 8.1, 8.2)**

Written policies and procedures identify the drugs or drug classifications and/or routes not approved by the manager/leader for administration by nursing personnel.

The policies and procedures also address any blood or blood products that may or may not be administered.

Evidence: Written Policies and Procedures

Evidence: Observations

Services applicable: CBPC

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**Standard CBPC5-8B: Written policies and procedures are established and implemented regarding the requirements for palliative care staff administering the first dose of a medication in the home setting. (Guideline(s) 2.3, 8.1, 8.2)**

The palliative care program may elect not to administer the first dose of a medication in the home or may have specific written requirements that allow administration of the first dose. The palliative care program defines when first dose policies and procedures are appropriate based on the medication route and potential reaction.

The following are reviewed prior to administering the first dose in the home:

- The history of allergies to this class of medication
- Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur
- Giving the first dose in the hospital, physician's office, or other medical facility has been considered and has been rejected
- The location and phone numbers for emergency support have been identified and a procedure to utilize these facilities has been developed
- The nurse administering the medication stays with the patient at least a half hour after the administration of the medication to ensure the patient has tolerated the medication well
- The appropriate monitoring of the patient after the first dose is administered

Evidence: Written Policies and Procedures

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC5-9A: Written policies and procedures are established and implemented in regard to the palliative care program making referrals to a hospice to provide a continuum of care for the patient and family through the transition of dying to the time of death and follow-up bereavement care. (Guideline(s) 7.1)**

The palliative care team (PCT) provides support to the patient and family throughout the continuum of care. The palliative care program's policies and procedures include, but are not limited to:

- Teaching family members about the physical and psychological aspects of the dying process and actions to take when death occurs
- Providing frequent contact through onsite and/or home visits to support patient and family prior to death
- Discussing hospice eligibility and services
- Availability of personnel to attend patient death (24 hours a day, seven days a week)
- Respect by personnel for cultural and religious traditions of the patient/family relating to death and dying
- Planning for post-death, including funeral planning
- Transition to bereavement care

Evidence: Written Policies and Procedures

Evidence: Patient Records

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC5-9B: Written policies and procedures are established and implemented in regard to the provision of post-mortem care. (Guideline(s) 7.4)**

After death care is provided with regard to the desires of the patient, family, cultural, and religious practices.

Policies and procedures include, but are not limited to:

- Family privacy
- Family has sufficient time with the patient after death
- Preparation and disposition of the body in accordance with applicable laws and regulations, taking into account patient's wishes
- Documentation and communication of patient's death to appropriate personnel, primary care practitioner, and legal entities, as appropriate
- Pronouncement of death according to state/federal law
- Disposition of body
- Spiritual, psycho-social, and bereavement care

Evidence: Written Policies and Procedures

Evidence: Patient Records

Services applicable: CBPC

## Section 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

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**Standard CBPC6-1A: The palliative care program develops, implements, and maintains an effective Quality Assessment and Performance Improvement (QAPI) program. The program measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the program to assess processes of care, services, and operations. (Guideline(s) 1.4, 1.9)**

Written policies and procedures are established and implemented that describe the palliative care program's QAPI plan.

The QAPI program measures, analyzes, and tracks quality indicators and other aspects of performance that enable the palliative care program to assess processes of care and operations.

Quality care follows the National Quality Strategy set forth by the U.S. Department of Health and Human Services as described in the following provisions in the Affordable Care Act. These include, but are not limited to:

- Making care safer by reducing harm caused in the delivery of care
- Ensuring patients and families are engaged as partners in care
- Promoting effective communication and coordination of care
- Promoting the most effective treatment practices for the leading cause of mortality
- Making quality care more affordable

The QAPI program reviews all of the palliative care domains including organizational structure, education, team utilization, and assessment. The review includes the effectiveness of physical, psychological, psychiatric, social, spiritual, cultural, and ethical assessment and interventions to manage these aspects of care. CMS quality reporting requirements will be included in the review.

Quality improvement processes may include the development and testing of screening, history and assessment tools, and protocols for diagnoses and interventions. Examples include:

- Structure and processes
- Physical aspects of care
- Psychological and psychiatric aspects of care
- Social aspects of care
- Spiritual, religious, and existential aspects of care
- Cultural aspects of care
- Care of the patient at the end of life
- Ethical and legal aspects of care

Quality improvement activities for clinical services are collaborative, interdisciplinary, and focused on meeting patient/family goals.

The QAPI program must be ongoing and have a written plan of implementation. Ongoing means that there is a continuous and periodic collection and assessment of data. Opportunities to improve care should be applied on a program-wide basis, when appropriate. The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes.

The QAPI program includes evaluations of the palliative care program from patients, families, staff, and the community.

Evidence: Written Policies and Procedures/QAPI Implementation Plan

Evidence: QAPI Reports and Documentation

Evidence: Observation

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC6-1B: The palliative care program ensures the implementation of a program wide Quality Assessment/Performance Improvement (QAPI) program by the designation of a person responsible for coordinating QAPI activities. (Guideline(s) 1.9)**

There is an individual designated as responsible for QAPI coordination to include:

- Assisting with the overall development and implementation of the QAPI plan
- Assisting in the identification of goals and related patient outcomes
- Coordinating, participating in and reporting of activities and outcomes

The position responsible for coordinating QAPI activities may be the manager/leader, supervisor, or other personnel, and these duties are included in the individual's job description.

Evidence: Job Description  
Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC6-1C: There is evidence of palliative care personnel involvement in the Quality Assessment and Performance Improvement (QAPI) process. (Guideline(s) 1.9)**

Palliative care personnel receive training related to QAPI activities and their involvement. Training includes, but is not limited to:

- The purpose of QAPI activities
- Person responsible for coordinating QAPI activities
- Individual's role in QAPI
- Performance Improvement (PI) outcomes resulting from previous activities

Palliative care personnel are involved in the evaluation process through carrying out QAPI activities, evaluating findings, recommending action plans, and/ or receiving reports of findings.

Evidence: Personnel Meeting Minutes/In-Service Records  
Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC6-2A: The palliative care program develops, implements, and evaluates Quality Assessment and Performance Improvement (QAPI) projects on an annual basis. (Guideline(s) 1.9)**

The number and scope of distinct QAPI projects conducted at least annually, is based on the needs of the palliative care program's population and internal organizational needs, and must reflect the scope, complexity, and past performance of the palliative care program's services and operations.

The palliative care program must document which QAPI projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

A written summary of the palliative care program's projects is included in the QAPI annual report.

Evidence: QAPI annual report

Services applicable: CBPC

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**Standard CBPC6-3A: Quality Assessment and Performance Improvement (QAPI) activities include ongoing monitoring of processes which involve risks, including infections and communicable diseases. (Guideline(s) 1.9)**

A review of all variances, which includes but is not limited to infections, communicable diseases, incidents, accidents, complaints/grievances, and worker compensation claims, is conducted at least quarterly to detect trends and create an action plan to decrease occurrences.

Evidence: QAPI Reports  
Evidence: Incident/Variance Reports

Services applicable: CBPC

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**Standard CBPC6-3B: Quality Assessment and Performance Improvement (QAPI) activities include ongoing monitoring of at least one important aspect related to the care/service provided. (Guideline(s) 1.4, 1.9)**

The palliative care program monitors at least one important aspect of the care/service provided by the program. An important aspect of care/service reflects a dimension of activity that may be high-volume (occurs frequently or affects a large number of patients), high-risk (causes a risk of serious consequences if the care/service is not provided correctly), or problem-prone (has tended to cause problems for personnel or patients in the past).

The QAPI program must at least be capable of showing measurable improvement in indicators related to improved palliative

outcomes.

Evidence: QAPI Reports

Services applicable: CBPC

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**Standard CBPC6-3C: The Quality Assessment and Performance Improvement (QAPI) activities include satisfaction surveys. (Guideline(s) 1.9)**

The QAPI program identifies the process for conducting patient and family satisfaction surveys, with administration of the patient family surveys individualized to the context of the population served. The QAPI program also identifies the process for conducting personnel, and referral source satisfaction surveys.

Evidence: QAPI Reports

Services applicable: CBPC

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**Standard CBPC6-3D: Quality Assessment and Performance Improvement (QAPI) activities include the ongoing monitoring of patient grievances/ complaints. (Guideline(s) 1.9)**

QAPI activities include ongoing monitoring of patient grievances/complaints and the action(s) needed to resolve grievances/complaints and improve patient care/service.

Evidence: QAPI Reports

Services applicable: CBPC

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**Standard CBPC6-3E: Quality Assessment and Performance Improvement (QAPI) activities include a review of the patient record to determine completeness of documentation. (Guideline(s) 1.9)**

The patient record review is conducted by all disciplines or members of the patient care/service team. An adequate sampling of open and closed records is selected to determine the completeness of documentation.

Evidence: QAPI reports

Services applicable: CBPC

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**Standard CBPC6-4A: Written policies and procedures are established and implemented by the palliative care program to identify, monitor report, investigate and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve patient care/service. (Guideline(s) 1.9)**

Written policies and procedures describe the process for identifying, reporting, monitoring, investigating, and documenting all adverse events, incidents, accidents, variances, or unusual occurrences. Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after-hours personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for notifying the physician or independent practitioner, if applicable
- Follow-up reporting to the administration/leader/manager

Written policies and procedures identify the person responsible for collecting incident data and monitoring trends, investigating all incidents, taking necessary follow-up actions and completing appropriate documentation.

The palliative care program investigates all adverse events, incidents, accidents, variances, or unusual occurrences that involve patient services and develops a plan to prevent the same or a similar event from occurring again. Events include, but are not limited to:

- Unexpected death, including suicide of patient
- Any act of violence
- A serious injury
- Psychological injury
- Significant adverse drug reaction
- Significant medication error
- Other undesirable outcomes as defined by the palliative care program
- Adverse patient care/service outcomes



- Patient injury (witnessed and un-witnessed) including falls

There are written policies and procedures for the palliative care program to comply with the Food and Drug Administration's (FDA) Medical Device Tracking program and to facilitate any recall notices submitted by the manufacturer, if applicable.

There is a standardized form developed by the palliative care program used to report incidents.

This data is included in the Quality Assessment and Performance Improvement (QAPI) plan. The palliative care program assesses and utilizes the data for reducing further safety risks.

Evidence: Written Policies and Procedures

Evidence: Incident/Variance Reports

Evidence: QAPI Reports

Services applicable: CBPC

## Section 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues, such as fire safety, hazardous materials, and disaster and crisis preparation.

**Standard CBPC7-1A: Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards.**

The palliative care program maintains and documents an effective infection control program that protects patients and personnel by preventing and controlling infections and communicable diseases.

Staff is provided with all necessary personal protective equipment (PPE) recommended by the Centers for Disease Control and Prevention (CDC) for infection control and mitigation of risk of spread.

The palliative care program's infection control program must identify risks for the acquisition and transmission of infectious agents in all care/service settings. There is a system to communicate with all personnel and patients about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.

Written policies and procedures are established and implemented that include accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

Accepted standards of practice for health care providers are typically developed by government agencies, professional organizations and associations. Examples include, but are not limited to:

- The Centers for Disease Control and Prevention (CDC)
- The Agency for Healthcare Research and Quality (AHRQ)
- State Practice Acts
- Commonly accepted health standards established by national organizations, boards, and councils (e.g., Association for Professionals in Infection Control and Epidemiology [APIC] American Nurses Association [ANA])

Written policies and procedures include, but are not limited to:

- General infection control measures appropriate for care/service provided
- Hand washing
- Use of standard precautions and PPE
- Care during infectious disease pandemic
- Needle-stick prevention and sharps safety, if applicable
- Appropriate cleaning/disinfecting procedures
- Infection surveillance, monitoring, and reporting of employees and patients
- Disposal and transportation of regulated waste, if applicable
- Precautions to protect immune-compromised patients
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program
- Protocols for addressing patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care
- Guidelines on caring for patients with multi-drug-resistant organisms
- Policies on protecting patients and personnel from blood-borne or airborne pathogens
- Monitoring staff for compliance with palliative care program policies and procedures related to infection control
- Protocols for educating patient and personnel in standard precautions and the prevention and control of infection

The palliative care program has written policies and procedures that detail Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen and TB Exposure Control Plan training for all direct care personnel. The exposure control plans are reviewed annually and updated to reflect significant modification in tasks or procedures that may result in occupational exposure. The TB Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent (e.g., use of safer medical devices and appropriate respiratory protection devices). Plans are available to the personnel at the workplace during the work shift.

The organization conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessments for direct care personnel.

Written policies and procedures identify the personnel who are responsible for implementation of the infection control activities and personnel education.

The palliative care program provides infection control education to employees, contracted providers, patients, and family members

regarding basic and high-risk infection control procedures as appropriate to the care/services provided.

All personnel demonstrate infection control procedures in the process of providing care/service to patients as described in OSHA and CDC standards and as adopted into program care/service policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC7-1B: All personnel, patients, families and other caregivers are knowledgeable of the policies and procedures for infection control. (Guideline(s) 1.6, 1.9)**

The palliative care program provides infection control education to employees, contracted providers, patients, family members, and other caregivers regarding basic and high-risk infection control procedures as appropriate to the care/services provided. Training is consistent with Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) recommendations.

Evidence: Infection Control Education

Evidence: Patient Records

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC7-1C: The palliative care program reviews and evaluates the effectiveness of the infection control program. (Guideline(s) 1.9)**

The palliative care program monitors infection statistics of both patients and personnel and implements other activities (such as infection tracking records or logs) to ensure that personnel follow infection control procedures and report infections.

Infection control tracking is used to collect and trend data on infections of both personnel and patients. The palliative care program identifies what infections will be reported using criteria appropriate to the populations served and in accordance with applicable laws and regulations.

Surveillance data is analyzed for trends and related factors that may contribute to the correlations between personnel, patients and infection control practices.

Data is utilized to assess the effectiveness of the infection control program. Corrective action plans and steps for improvement are to be implemented as needed. Data and action plans must be included in the Quality Assessment and Performance Improvement (QAPI) reports and communicated to leadership and personnel.

The palliative care program reports all communicable diseases, as required by the local county health department, to the local county or state department of health.

Evidence: Reports of Infection Tracking Records or Logs

Evidence: Performance Improvement Reports

Services applicable: CBPC

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**Standard CBPC7-2A: Written policies and procedures are established and implemented that address the education of personnel concerning safety. (Guideline(s) 1.6)**

Written policies and procedures include types of safety training as well as the frequency of training. Safety training is conducted during orientation and at least annually for all palliative care team members.

Safety training activities include, but are not limited to:

- Body mechanics
- Safety management
  - Fire
  - Evacuation
  - Security
  - Office equipment
  - Environmental hazards

- In-home safety
- Personal safety techniques

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC7-2B: Written policies and procedures are established and implemented that address patient safety in the home setting. (Guideline(s) 2.3, 3.1, 4.2)**

Written policies and procedures address patient safety in the home and/or clinic. The safety training activities include, but are not limited to:

- Compliance monitoring measures relating to the patient's medication, if applicable
- Patient medical equipment safety, if applicable
- Basic home safety measures (e.g., household chemicals, throw rugs, furniture layout, cluttered stairways, blocked exits, bathroom safety, and electrical safety)

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Services applicable: CBPC

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**Standard CBPC7-3A: Written policies and procedures are established and implemented that outline the process for meeting patient needs in a disaster or crisis situation.**

Written policies and procedures describe a process to organize and mobilize personnel adequate to secure resources needed to meet patient needs in the event of a disaster or crisis. The process includes:

- A system to identify alternative methods for contacting personnel
- Mobilizing resources to meet critical needs
- Alternative methods (telehealth), resources, and travel options for the provision of care/service
- Safety of personnel
- Identified time frames for initiation of the plan
- Specific measures for infectious diseases
- Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, fires, earthquakes, chemical spills, and inclement weather)
- Patients identified and prioritized based upon their need so that care/service is ensured for patients whose health and safety might be at risk

The palliative care program educates all PCT members about the process to meet patient needs in a disaster or crisis situation. The palliative care program has, at a minimum, an annual practice drill to evaluate the adequacy of its plan.

The emergency plan also describes access to 911/emergency medical services (EMS) in the event of needed emergency care/services for patients and personnel.

Evidence: Written Policies and Procedures

Services applicable: CBPC

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**Standard CBPC7-3C: The palliative care program provides education to the patient regarding crisis management and emergency preparedness.**

This education includes information on planning for emergencies/disasters such as:

- Evacuation plans
- Medications
- Food/water
- Important documents
- Care for pets, if applicable

Evidence: Patient Education Material

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC7-3D: Written policies and procedures are established and implemented relating to back-up equipment for use during power failures in the patient home.**

Patient home medical equipment backup systems comply with the palliative care program's policies, procedures, and state law, as applicable.

Evidence: Written Policies and Procedures

Evidence: Patient Records

Services applicable: CBPC

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**Standard CBPC7-5A: Written policies and procedures are established and implemented that address the palliative care program's fire safety and emergency power systems.**

Written policies and procedures or a fire safety plan addresses fire safety and management for all office and worksite environments and includes:

Providing emergency power to critical areas such as:

- Alarm systems, if applicable
- Illumination of exits
- Emergency communication systems
- Testing of emergency power systems (at least annually)
- A no smoking policy and how it will be communicated
- Maintenance of:
  - Smoke detectors
  - Fire alarms
  - Fire extinguishers
- Fire drills:
  - Conducted at least annually
  - Evaluated and results communicated to all personnel

Personnel are trained on the fire safety plan and emergency power systems.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC7-6A: Written policies and procedures are established and implemented for the acceptance, transportation, pick-up, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of patient care/service.**

Written policies and procedures include the safe method of acceptance, transportation, and pickup and/or disposal of hazardous wastes, chemicals and/or contaminated materials used in the home/clinic. The palliative care program follows local, state, and federal guidelines.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: CBPC

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**Standard CBPC7-6B: Written policies and procedures are established and implemented regarding OSHA's Hazard Communication Standard that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.**

Written policies and procedures follow Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard detailing:

- The labeling of hazardous chemical containers and/or materials with the identity of the material and the appropriate hazard warnings
- Current Safety Data Sheets (SDSs) must be accessible to personnel

- The proper use, storage, and disposal of hazardous chemicals and/or materials
- The use of appropriate personal protective equipment (PPE)

Written policies and procedures address how personnel handle exposure to a hazardous product while in the home environment.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: CBPC

**Standard CBPC7-7A: Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel. (Guideline(s) 1.9)**

Written policies and procedures describe the process for reporting, monitoring, investigating and documenting a variance.

Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after-hours personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for medical care
- Follow-up reporting to the administration/leader/manager

Written policies and procedures address the compliance with Occupational Safety and Health Administration (OSHA) guidelines regarding recording work-related injuries and illnesses that are diagnosed by a physician or licensed healthcare professional, and any work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.11, as applicable to the palliative care program.

Written policies and procedures identify the person responsible for collecting incident data and monitoring for patterns or trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation.

Incidents to be reported include, but are not limited to:

- Personnel injury or endangerment
- Motor vehicle accidents when conducting palliative care program business
- Environmental safety hazards
- Equipment safety hazards, malfunctions, or failures
- Unusual occurrences

There is a standardized form developed by the palliative care program to report incidents. The palliative care program documents all incidents, accidents, variances, and unusual occurrences. The reports are distributed to the manager/leader and are reported as required by applicable laws and regulations. This data is included in the Quality Assessment and Performance Improvement (QAPI) program. The palliative care program assesses and utilizes the data for reducing further safety risks.

The palliative care program educates all personnel on its policies and procedures for documenting and reporting incidents/ variances.

Evidence: Written Policies and Procedures

Evidence: Incident Reports

Evidence: Performance Improvement Reports

Evidence: Response to Interviews

Services applicable: CBPC

**Standard CBPC7-8A: Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests. (Guideline(s) 1.6)**

Written policies and procedures address how waived tests will be utilized in patient care for screening, treatment, or diagnostic purposes.

Policies and procedures for the use of equipment in conducting waived tests include:

- Instructions for using the equipment
- The frequency of conducting equipment calibration, cleaning, testing, and maintenance
- Quality control procedures

Evidence: Written Policies and Procedures  
Evidence: Quality Control Logs  
Evidence: In-service Logs  
Evidence: Personnel Files

Services applicable: CBPC

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**Standard CBPC7-9A: Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care/service to the patient. (Guideline(s) 2.3)**

Written policies and procedures include, but are not limited to:

- Storage and transportation of equipment used to provide care/services
- Electrical safety of the equipment
- Use of cleaning and disinfecting agents
- Cleaning of equipment after each use
- Maintenance and repair of equipment used by the palliative care personnel
- Calibration per manufacturer's guidelines, if applicable
- Requirements for dispensing of any disposable supply used in the provision of care/service
- Manufacturer's recalls

Personnel implement the policies and procedures for the use of the palliative care program's equipment/supplies in the provision of care/service to the patient. The cleaning and maintenance of equipment used in the provision of care is documented. Supplies used in the provision of care/service are also documented.

Evidence: Written Policies and Procedures  
Evidence: Observation  
Evidence: Maintenance Logs  
Evidence: Response to Interview

Services applicable: CBPC

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**Standard CBPC7-10A: Written policies and procedures are established and implemented for participating in clinical research/ experimental therapies and/or administering investigational drugs. This criterion is applicable to palliative care programs that are participating in clinical research/experimental therapies or administering investigational drugs. (Guideline(s) 8.1)**

Written policies and procedures include, but are not limited to:

- Informing patients of their responsibilities
- Informing patients of their right to pursue or to decline investigational drugs or experimental therapies
- Informing patients of their right to pursue or decline to participate in research and clinical studies
- Notifying patients that they will not be discriminated against for refusal to participate in research and clinical studies
- Stating which personnel can administer investigational medications/treatments
- Describing personnel's role in monitoring a patient's response to investigational medications/treatments
- Identifying the responsibility for obtaining informed consent
- Defining the use of experimental and investigational drugs and other atypical treatments and interventions

Evidence: Written Policies and Procedures  
Evidence: Patient Records

Services applicable: CBPC



## Section 17: Distinction in Telehealth

For an organization to earn accreditation with a Distinction in Telehealth, the provider must have active ACHC Accreditation in Ambulatory Care, Behavioral Health, Home Health, Hospice, Palliative Care, Private Duty, or Renal Dialysis. This additional recognition focuses on the provision of care to clients/patients with acute or chronic conditions using telehealth technology to allow monitoring in the clinical or home environment. This technology creates disease management empowerment and independence, improved access to care, increased collaboration among healthcare providers, and improved client/patient outcomes. Telehealth may include remote client/patient monitoring (RPM), biometrics, video, talk, or education. ACHC Telehealth standards are based on the American Telemedicine Association's Home Telehealth Clinical Guidelines.

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### **Standard TH1-A: The provision of telehealth care occurs in accordance with professional state and federal laws, regulations, and current accepted standards of care. (Guideline 2.2.3.3)**

The telehealth service line is in compliance with all laws and regulations including, but not limited to:

- Interstate Home Telehealth reciprocity regulations, if applicable.

Evidence: Observation

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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### **Standard TH1-B: There are one or more individuals who act as telehealth manager. A telehealth manager meets organization-determined qualifications and provides oversight for all telehealth activities. This person, or a similarly trained alternative, is always available during business hours and participates in all activities relevant to the services provided.**

There is a job description that defines the qualifications, education, and experience required to oversee the telehealth service line.

This person, or a similarly trained alternative, is always available during operating hours and participates in all activities relevant to the services provided, including development and oversight of the telehealth service line based on defined standards.

The telehealth manager(s) is responsible for the direction and coordination of services provided, including, but not limited to:

- Ensuring the development and implementation of telehealth policies and procedures, including a method to verify staff competence and compliance.
- Managing inventory.
- Coordinating referrals and the client/patient enrollment process, ensuring selection of equipment meets the requirements specific to client/patient needs.
- Ensuring staff is properly trained and competent in the use of telehealth equipment.
- Presenting specific reports, as needed, that describe program outcomes and progress toward goals.

The program's administrator/manager can also oversee the telehealth service line as part of their responsibilities.

Evidence: Job Description

Evidence: Observation

Evidence: Resume/Application

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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### **Standard TH2-A: Written policies and procedures are established and implemented in regard to the organization's description of telehealth care/services and its distribution to personnel, clients/patients, and the community. (Guidelines 2.1.1, 2.1.2, 2.1.5.2, 2.2)**

Organizations provide telehealth as a tool that enables healthcare providers to improve care delivery and empower clients/patients to actively participate in their care.

The organization's written policies and procedures may include, but are not limited to:

- Client/patient inclusion and exclusion criteria should be established for every type of telehealth service line, detailing who is eligible and appropriate for each type of technology.
- Clients/patients who require special assistance must be identified prior to installing a telehealth device.
- Client/patient enrollment and set-up procedures.

Written descriptions of telehealth care/services with detailed information are available, including inclusion and exclusion criteria.

Inclusion criteria includes, but is not limited to:

- High-risk clients/patients with chronic conditions where the use of telehealth technology would improve resource utilization and clinical outcomes.
- History of multiple hospital admissions, readmissions, and the use of emergent care.
- Client/patient is prescribed five or more medications.
- Telehealth technology can be safely and effectively used in the client/patient residence.
- Client/patient and/or caregiver can demonstrate competency in the use of and maintenance of telehealth equipment.
- Any client/patient who can benefit from additional monitoring, education, or oversight as defined by an organization's policies and procedures.

Exclusion criteria includes, but is not limited to:

- Client/patient place of residence does not support telehealth technology.
- Conditions for which telehealth was initiated have become stable and no longer require monitoring.
- Treatment goals are met.
- Client/patient is not able to meet treatment goals.
- Non-adherence with telehealth plan of care.
- Client/patient requested discharge.

Marketing and instructional materials use lay language and specific instruction regarding type of telehealth appropriate for the client/patient.

Clients/patients will receive information explaining coverage specific to payor used for services, including limitations on telehealth services. The client/patient and/or family will receive this information prior to receiving care/service with evidence documented in the client/patient record.

Evidence: Written policies and Procedures

Evidence: Marketing Materials

Evidence: Client/Patient Records

Evidence: Telehealth Visits

Evidence: Observation

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

**Standard TH2-B: Written policies and procedures are established and implemented by the organization in regard to obtaining informed consent for telehealth services prior to the initiation of care. (Guidelines 2.1.3.1, 3.1.1.1, 3.1.1.4, 3.1.1.5)**

Written policies and procedures include obtaining informed consent prior to the initiation of telehealth services.

If the organization provides two-way synchronous telehealth services, there must be consent when:

- A client/patient is viewed through video or heard through an audio telehealth device.
- Client/patient data is being viewed at a central station or other remote networked location.
- Client/patient photographs are being used for the provision of care.

The patient's/client's consent is documented in the patient/client record.

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

**Standard TH2-C: Written policies and procedures are established and implemented by the organization in regard to the client/patient rights when receiving telehealth services. The organization protects and promotes these client/patient rights. (Guidelines 2.1.4.1, 2.1.5.2, 3.1.1.1, 3.1.1.2, 3.1.1.3)**

Written policies and procedures need to be developed and implemented to manage language or physical barriers to ensure these clients/patients are not being discriminated against.

Personnel honor the client/patient right to privacy during the provision of care/service both at the client's/patient's location and the location receiving client/patient information.

When receiving interactive telehealth, personnel honor the client/patient right to:

- Have knowledge when being viewed through video or heard through audio devices during the provision of care.
- When other telehealth personnel or visitors come into the audio- and/or video-receiving site, the client/patient must be made aware of their presence, and the client's/patient's approval must be obtained for such personnel to participate in the interactive telehealth encounter.
- When a third remote site is participating in the interactive telehealth encounter, the client/patient must again be aware and

approve of such participation.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Telehealth Visits

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH2-D: Written policies and procedures are established and implemented by the organization in regard to securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI). (Guideline 2.1.4.2)**

The client/patient has the right to a confidential client/patient record and privacy while receiving telehealth services. Access to or release of client/patient information and clinical records is permitted as described in organization policies and procedures.

Use of client/patient-specific collected data used outside of the clinical environment may be presented only in aggregate format.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH2-E: Written policies and procedures are established by the organization in regard to the client's/patient's right to make decisions about receiving telehealth. (Guideline 2.1.3.3)**

The client/patient has the right to terminate the use of telehealth at any time without fear of loss of healthcare from healthcare providers, payors, or other participating providers.

The organization's policies and procedures must describe the client's/patient's right to make decisions regarding medical care, including the right to accept or refuse telehealth.

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH2-F: Written policies and procedures are established and implemented by the organization in regard to resuscitative guidelines and the responsibilities of personnel. (Guideline 2.1.7.9)**

The organization has written policies and procedures for personnel responsibilities regarding client/patient resuscitation and the response in the event of a medical emergency. The policies and procedures include the client/patient being informed of the difference between using telehealth and an emergency medical response system to avoid a potential delay in obtaining "911" emergency care.

Evidence: Written policies and procedures

Evidence: Client/Patient Records

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH2-G: Written policies and procedures are established and implemented by the organization in regard to the provision of telehealth services in accordance with the client's/patient's plan of care and after-hours monitoring policies. (Guidelines 2.2.3.1, 3.1.2.4, 4.1.2.6)**

Written policies and procedures describe the organization's plan to provide care, according to the client's/patient's plan of care, during regular business hours and after-hours monitoring, including, but not limited to:

- Defining a process ensuring prompt response and continuity of care in the case of equipment failure during business hours.
- Educating the client/patient/caregiver regarding the organization's response to information received after-hours and when the organization will respond.
- Developing a system ensuring data received after normal business hours is uploaded and there is a response plan in place.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH4-A: Written policies and procedures are established and implemented requiring the organization to design a competency assessment program based on the provision of telehealth services. (Guidelines 2.2.2.1, 4.1.4)**

The organization designs and implements a competency assessment program based on the care/service provided for all personnel providing telehealth care/services. Competency assessments are an ongoing process and focus on validation of the ability of personnel to provide care using the specific telehealth technology being used by the organization.

Competency assessments are conducted initially during orientation, prior to providing care/service with new type of telehealth equipment, and annually thereafter. Validation of skills is specific to the employee's role and job responsibilities.

Policies and procedures are developed and implemented ensuring personnel are competent to provide quality care/service. Competency assessments may be conducted through observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable.

Policies and procedures define the role responsible for ensuring personnel are competent to provide telehealth care/services.

Evidence: Written policies and procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH5-A: Written policies and procedures are established relating to the required content of the client/patient record. There is a client/patient record for each individual who receives telehealth services that contains all required documentation. All entries are legible, complete, and comply with the organization's policies and procedures. (Guidelines 2.1.3.2, 2.2.3.2, 3.1.2.5, 4.1.2.7, 4.1.3, 4.2.5)**

Written policies and procedures must clarify the inclusion of monitored data in the client's/patient's record. The policies and procedures will include the personnel or organization that decides on the inclusion of data in unclear cases. If the organization's electronic medical record (EMR) does not integrate with the telehealth device, the organization's policies and procedures state what information should be in the client/patient record, based on clinical significance, anticipated future value, or other factors.

The client's/patient's record will comply with the organization's standards for documentation.

Telehealth data should be dated, time-stamped, and protected from tampering as per Health Insurance Portability and Accountability Act (HIPAA) regulatory guidance.

The organization must maintain a client/patient record for each client/patient, including, but not limited to:

- Source of Referral
- Informed Consent
- All assessments, including face-to-face assessments
- Plan of Care
- When the organization's EMR integrates with the telehealth device, all data collected will be included.
- When the organization's EMR does not integrate with the telehealth device, only the data specified in the organization's policies and procedures is collected.

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH5-B: Written policies and procedures are established and describe the process for assessment, and development of the plan of care. (Guidelines 2.1.5.1, 2.1.5.3, 2.1.5.4, 2.2.1.1, 4.1.1.1, 4.1.2.5)**

Written policies and procedures describe the process for a client/patient assessment, the development of the plan of care and the frequency and process for plan of care review.

A Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Pharmacist, Physical Therapist, Occupational Therapist, Speech Language Pathologist, Physician, Physician Assistant, Nutritionist, Social Worker, or other licensed healthcare professional conducts an initial assessment to accurately apply inclusion and exclusion criteria.

The assessment will include, but is not limited to:

- Evaluation of caregiver's willingness and ability to assist the client/patient with the telehealth encounter, if required.
- Presence of adequate access to utilities required for telehealth equipment installation.
- Identification of safety concerns.

The organization should establish a standard of care that is equivalent to what would be done in person, which includes a thorough review of the medical record, taking a comprehensive history from the patient (and family), being able to perform the key elements of a pertinent physical exam, and, if necessary, the ability to order diagnostic laboratory and imaging studies.

The telehealth service line has policies and procedures in place for prioritizing and responding to referrals in order to initiate care/service in a timely manner.

The organization develops written assessment policies and procedures that define specific assessment techniques and provides guidelines for factors to be considered when providing an assessment for clients/patients who meet the criteria for telehealth follow-up meetings.

The organization uses data to monitor client/patient parameters and to initiate a plan of care. Organizations should develop guidelines, policies, and procedures to be used regarding the expected timeliness of response to client/patient data collected and monitoring of client/patient parameters, including what to do if data deviates from the norm.

The plan of care should be appropriate for the type of care/service needed. Care planning is directed toward driving positive client/patient outcomes.

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH5-C: Care/service follows a written plan of care established and periodically reviewed by the clinician in collaboration with the client's/patient's physician and/or other healthcare provider. (Guidelines 2.1.6, 2.1.6.1, 2.1.6.2, 2.1.6.3, 2.1.6.4, 3.1.2.1, 3.1.2.3, 4.1.1.1, 4.1.2.1, 4.1.2.2, 4.1.2.4, 4.2.1)**

Care plans are developed to reflect specific client/patient needs, such as disease management, including clinical pathways, rehabilitation, remote vital sign collection, and interactive home care/services.

The format and requirements may differ depending on the care/services provided, which include, but are not limited to:

- The client's/patient's plan of care is developed in collaboration with the client/patient and all appropriate providers.
- The use of telehealth is included in the plan of care and based upon specific needs identified for each client/patient.
- The plan of care includes the method and mode of monitoring as applicable to the type of telehealth provided.
- The client's/patient's physician and/or other healthcare provider are informed of the use of telehealth. A physician's or other healthcare provider's order is obtained, as applicable.
- The organization develops clinical protocols or guidelines for setting parameters for clients/patients using telehealth.

The organization will develop and follow protocols for telehealth remote patient monitoring (RPM), unless otherwise ordered by a physician or other licensed healthcare professional.

Evidence: Client/Patient Records

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH5-D: Written policies and procedures are established and implemented in regard to the process for client/patient/caregiver education. (Guidelines 2.1.7.1, 2.1.7.2, 2.1.7.3, 2.1.7.4, 2.1.7.5, 2.1.7.6, 2.1.7.7, 2.1.7.8, 2.1.7.10)**

Written policies and procedures are established and implemented that describe client/patient/caregiver education.

The policies and procedures include, but are not limited to:

- Clear, simplified written information regarding procedures to operate and maintain equipment are provided. Such information may include diagrams and pictures to facilitate the appropriate place and use of the peripheral equipment, and is available in different languages, as needed.
- Client/patients or their designees receive training on equipment to be used in monitoring and managing their healthcare needs prior to the use of any telehealth equipment.
- Education about the telehealth equipment includes proper handling, storage, operation, and electrical connection, phone requirement, and, if any, cleaning.
- Education includes any peripherals, to be used, the purpose of each peripheral and their proper use, frequency of monitoring, and/or visit schedule.
- Clients/patients are given clear written instructions as to whom to call in case technical problems arise with the telehealth

equipment.

- Safety instructions are given to the clients/patients and reviewed at installation and future times as necessary.
- Written instructions are provided for clients/patients for after-hours care/service when, or if, appropriate.
- Clients/patients or their designated caregiver demonstrate the ability to use and maintain the telehealth equipment according to organization policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Evidence: Observation

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH5-E: All personnel involved in the client's/patient's care are responsible for monitoring and coordinating care/service effectively to support objectives outlined in the plan of care. (Guidelines 4.1.2.1, 4.1.2.3, 4.1.2.5, 4.2.3)**

All personnel furnishing care/services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.

Monitored parameters for manual and computer-based analysis are reviewed both separately and together.

The organization coordinates care/service by defining procedures to monitor, review, and respond to monitored data.

Evidence: Client/Patient Records

Evidence: Coordination of Care Notes

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH5-F: Written policies and procedures are established and implemented in regard to the referral, acceptance, and enrollment process for telehealth services. (Guidelines 2.1.2, 2.3.1.1)**

Written policies and procedures describe the referral process, including the required information and the positions designated in the organization that may receive internal and external telehealth referrals.

The type of technology selected should be based on the client's/patient's clinical needs and functional ability to use the equipment and the availability and cost-effectiveness of the technology to meet their needs.

The organization must define all required information for enrollment and setup procedures for the client/patient to receive care/services.

Care/service needs that cannot be met by the organization are addressed by referring the client/patient to other organizations, when appropriate.

The organization maintains a referral log or other tool to record all referrals. Referral sources are notified when client/patient needs cannot be met, and the client/patient is not admitted for telehealth services.

Personnel is knowledgeable about other care/services available in the community.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH6-A: The organization will incorporate telehealth measures into their current Quality Assessment and Performance Improvement (QAPI) program. (Guidelines 2.1.8, 2.1.8.1, 2.1.8.2)**

The program's QAPI designee is responsible for the coordination of incorporating telehealth measures into their current QAPI program.

The QAPI program measures, analyzes, and tracks quality indicators and other aspects of performance that enable the telehealth service line to assess processes of care/service and operations.

Quality improvement activities for telehealth is collaborative, interdisciplinary, and focused on meeting client/patient goals. These measures include, but are not limited to:

- Client/patient satisfaction with the quality of care/service provided by telehealth providers.

- Client/patient satisfaction with the quality of care/service provided by telehealth equipment.
- The telehealth service line effectiveness, which is determined by the organization based on the different settings or population they service.

Evidence: QAPI Reports and Documentation

Evidence: Observation

Evidence: Response to interviews

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH

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**Standard TH7-A: Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care to the client/patient. (Guidelines 2.3.2.1, 2.3.2.2, 2.3.2.3, 4.2.4, 4.2.6.1, 4.2.6.1.1, 4.2.6.1.2, 4.2.6.1.3, 4.2.6.2, 4.2.6.3)**

The written policies and procedures include, but are not limited to:

- Availability of installation kits, including required supplies and written instructions for personnel.
- Storage and transportation of telehealth equipment.
- Electrical safety of the telehealth equipment.
- Use of cleaning and disinfecting agents.
- Cleaning of telehealth equipment after use.
- Maintenance and repair of telehealth equipment used by the organization.
- Quality control standards for telehealth equipment.
- When remote monitoring telehealth equipment is changed, telehealth equipment should be logged with a date and identification of the user who performed the operation.

With the use of sensor technology, policies and procedures include, but are not limited to:

- Process to follow if a detached remote sensor indicates:
  - Equipment is out of range for wireless operation.
  - Low battery status.
  - Sensor is working properly.
- The sensors should not damage or irritate the client's/patient's skin and should not irritate the client/patient during sleep.
- The sensors should not contain elements that pose a danger if chewed, licked, or otherwise manipulated by the client/patient.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ACTH, BHTH, HCTH, HHTH, HSPTH, PCTH, PDTH, RDTH



# Appendix A: Standard Service Table for Selected Services

Standard	CBPC	PCTH
CBPC1-1A	X	
CBPC1-2A	X	
CBPC1-3A	X	
CBPC1-4A	X	
CBPC1-5A	X	
CBPC1-5B	X	
CBPC1-6A	X	
CBPC1-6B	X	
CBPC1-7A	X	
CBPC1-8A	X	
CBPC1-8B	X	
CBPC1-9A	X	
TH1-A		X
TH1-B		X
TH2-A		X
TH2-B		X
TH2-C		X
TH2-D		X
TH2-E		X
TH2-F		X
TH2-G		X
TH4-A		X
TH5-A		X
TH5-B		X
TH5-C		X
TH5-D		X
TH5-E		X
TH5-F		X
TH6-A		X
TH7-A		X
CBPC2-1A	X	
CBPC2-2A	X	
CBPC2-2B	X	
CBPC2-3A	X	
CBPC2-4A	X	
CBPC2-4B	X	
CBPC2-5A	X	
CBPC2-5B	X	
CBPC2-6A	X	
CBPC2-6B	X	
CBPC2-7A	X	
CBPC2-7B	X	
CBPC2-7C	X	
CBPC2-8A	X	
CBPC2-9A	X	
CBPC2-10A	X	
CBPC2-11A	X	
CBPC2-12A	X	
CBPC2-13A	X	
CBPC2-14A	X	
CBPC2-15A	X	
CBPC2-16A	X	
CBPC2-17A	X	
CBPC2-18A	X	
CBPC3-1A	X	
CBPC3-2A	X	
CBPC3-3A	X	
CBPC3-3B	X	
CBPC3-4A	X	

CBPC4-1A	X	
CBPC4-1B	X	
CBPC4-1C	X	
CBPC4-2A	X	
CBPC4-2B	X	
CBPC4-2C	X	
CBPC4-2D	X	
CBPC4-2E	X	
CBPC4-2F	X	
CBPC4-2G	X	
CBPC4-2H	X	
CBPC4-3A	X	
CBPC4-3B	X	
CBPC4-4A	X	
CBPC4-5A	X	
CBPC4-6A	X	
CBPC4-7A	X	
CBPC4-8A	X	
CBPC4-9A	X	
CBPC4-10A	X	
CBPC4-11A	X	
CBPC4-11B	X	
CBPC4-12A	X	
CBPC4-13A	X	
CBPC4-14A	X	
CBPC5-1A	X	
CBPC5-1B	X	
CBPC5-2A	X	
CBPC5-3A	X	
CBPC5-3B	X	
CBPC5-3C	X	
CBPC5-3D	X	
CBPC5-3E	X	
CBPC5-3F	X	
CBPC5-3G	X	
CBPC5-3H	X	
CBPC5-3I	X	
CBPC5-4A	X	
CBPC5-5A	X	
CBPC5-6A	X	
CBPC5-6B	X	
CBPC5-7A	X	
CBPC5-8A	X	
CBPC5-8B	X	
CBPC5-9A	X	
CBPC5-9B	X	
CBPC6-1A	X	
CBPC6-1B	X	
CBPC6-1C	X	
CBPC6-2A	X	
CBPC6-3A	X	
CBPC6-3B	X	
CBPC6-3C	X	
CBPC6-3D	X	
CBPC6-3E	X	
CBPC6-4A	X	
CBPC7-1A	X	
CBPC7-1B	X	
CBPC7-1C	X	
CBPC7-2A	X	
CBPC7-2B	X	
CBPC7-3A	X	
CBPC7-3C	X	

CBPC7-3D	X	
CBPC7-5A	X	
CBPC7-6A	X	
CBPC7-6B	X	
CBPC7-7A	X	
CBPC7-8A	X	
CBPC7-9A	X	
CBPC7-10A	X	

**Appendix B: Reference Guide for Required Documents, Policies and Procedures**  
 Customized for: CBPC, PCTH

Standard #	Documents, Policies and Procedures	Agency Notes
CBPC1-4A	Written Policies and Procedures	
CBPC1-5A	Written Policies and Procedures	
CBPC1-5B	Written Policies and Procedures	
CBPC1-6A	Written Policies and Procedures	
CBPC1-6B	Written Policies and Procedures	
CBPC1-9A	Written Policies and Procedures	
TH1-B	Resume/Application	
TH2-A	Written policies and Procedures	
TH2-B	Written Policies and Procedures	
TH2-C	Written Policies and Procedures	
TH2-D	Written Policies and Procedures	
TH2-E	Written Policies and Procedures	
TH2-F	Written policies and procedures	
TH2-G	Written Policies and Procedures	
TH4-A	Written policies and procedures	
TH5-A	Written Policies and Procedures	
TH5-B	Written Policies and Procedures	
TH5-D	Written Policies and Procedures	
TH5-F	Written Policies and Procedures	
TH7-A	Written Policies and Procedures	
CBPC2-1A	Written Policies and Procedures	
CBPC2-2A	Written Policies and Procedures	
CBPC2-3A	Written Policies and Procedures	
CBPC2-4A	Written Policies and Procedures	
CBPC2-5A	Written Policies and Procedures	
CBPC2-6A	Written Policies and Procedures	
CBPC2-6B	Written Policies and Procedures	
CBPC2-7A	Written Policies and Procedures	
CBPC2-7B	Written Policies and Procedures	
CBPC2-7C	Written Policies and Procedures	
CBPC2-8A	Written Policies and Procedures	
CBPC2-9A	Written Policies and Procedures	
CBPC2-10A	Written Policies and Procedures	
CBPC2-15A	Written Policies and Procedures	
CBPC2-17A	Written Policies and Procedures	
CBPC4-1A	Written Policies and Procedures	
CBPC4-2B	Written Policies and Procedures	
CBPC4-2C	Written Policies and Procedures	
CBPC4-2F	Written Policies and Procedures	
CBPC4-2G	Written Policies and Procedures and/or Employee Handbook	
CBPC4-2H	Written Policies and Procedures	
CBPC4-3A	Written Policies and Procedures	
CBPC4-4A	Written Policies and Procedures	
CBPC4-5A	Written Policies and Procedures	
CBPC4-6A	Written Policies and Procedures	

CBPC4-8A	Written Policies and Procedures	
CBPC4-9A	Written Policies and Procedure	
CBPC4-10A	Written Policies and Procedure	
CBPC4-11A	Written Policies and Procedures	
CBPC4-11B	Written Policies and Procedures	
CBPC4-12A	Written Policies and Procedures	
CBPC4-13A	Written Policies and Procedure	
CBPC5-1A	Written Policies and Procedures	
CBPC5-2A	Written Policies and Procedures	
CBPC5-3A	Written Policies and Procedures	
CBPC5-5A	Written Policies and Procedures	
CBPC5-6A	Written Policies and Procedures	
CBPC5-7A	Written Policies and Procedures	
CBPC5-8A	Written Policies and Procedures	
CBPC5-8B	Written Policies and Procedures	
CBPC5-9A	Written Policies and Procedures	
CBPC5-9B	Written Policies and Procedures	
CBPC6-1A	Written Policies and Procedures/QAPI Implementation Plan	
CBPC6-4A	Written Policies and Procedures	
CBPC7-1A	Written Policies and Procedures	
CBPC7-2A	Written Policies and Procedures	
CBPC7-2B	Written Policies and Procedures	
CBPC7-3A	Written Policies and Procedures	
CBPC7-3D	Written Policies and Procedures	
CBPC7-5A	Written Policies and Procedures	
CBPC7-6A	Written Policies and Procedures	
CBPC7-6B	Written Policies and Procedures	
CBPC7-7A	Written Policies and Procedures	
CBPC7-8A	Written Policies and Procedures	
CBPC7-9A	Written Policies and Procedures	
CBPC7-10A	Written Policies and Procedures	

# ITEMS NEEDED FOR SURVEY



## PALLIATIVE CARE

Below are items that will need to be reviewed by the Surveyor during your Palliative Care Accreditation survey from Accreditation Commission for Health Care (ACHC). Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care.
- Current schedule of patient visits.
- Discharge/transfer patient census for the past 12 months or since start of operation, if less than one year.
- Personnel list with titles, disciplines, and hire dates, including direct care contracted staff.
- Admission packet or education materials given to patients.
- Staff meeting minutes for the past 12 months.
- Any internal Plan of Correction based on identified deficiencies, along with audit results.

Annual requirements are not applicable to organizations in operation for less than one year.

ACHC Standard	Required Item	Located
CBPC1-1A	Copies of current applicable licenses or permits and copy of articles of incorporation/bylaws.	
CBPC1-2A	Access to policy and procedure manual, with the following policies flagged: <ul style="list-style-type: none"> <li>■ CBPC2-2A: Patient rights and responsibilities policy</li> <li>■ CBPC2-3A: Investigation of abuse, neglect, and exploitation policy</li> <li>■ CBPC2-4A: Grievance/complaint policy</li> <li>■ CBPC4-2F: Background check policy</li> <li>■ CBPC5-3A: Plan of treatment policy</li> </ul>	
CBPC1-4A	Personnel have a signed conflict of interest disclosure statement, if applicable.	
CBPC1-5A	The job description for the manager/leader meets any applicable state and federal laws, as well as program requirements.	
CBPC1-5B	Evidence of an individual appointed to assume the role of the manager/leader in the manager/leader's absence.	
CBPC1-5B	The job description for the alternate manager/leader meets any applicable state and federal laws as well as program requirements.	
CBPC1-7A	Evidence of negative outcomes properly reported, as applicable.	

ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
CBPC1-8A	Contracts for direct care staff, including copies of professional liability insurance certificates.	
CBPC1-8B	Evidence of monitoring of care/service provided by contracted staff.	
CBPC1-9A	Evidence of verification of physician licensure or other licensed independent practitioner, as applicable.	
CBPC2-1A	Marketing and instructional materials that are distributed to personnel, patients, and the community.	
CBPC2-3A & CBPC2-4A	Grievance/complaint log and supporting documentation.	
CBPC2-4B	Information provided to patients on how to report a grievance/complaint.	
CBPC2-5A	Signed confidentiality statement for all personnel and contracted staff.	
CBPC2-5B	Business Associate Agreements (BAAs).	
CBPC2-6A	Advance Directive information provided to patients.	
CBPC2-6B	Information provided to patients regarding the program's resuscitative guidelines.	
CBPC2-7A	Evidence of communication assistance for language/communication barriers.	
CBPC2-7B	Evidence of spiritual care assistance for patients/families based on spiritual, religious, and existential beliefs systems.	
CBPC2-8A	Evidence of how ethical issues are identified, evaluated, and discussed.	
CBPC2-15A	Bereavement program materials.	
CBPC2-18A & CBPC4-7A	On-call schedule for administrative and clinical supervision during all hours of care is provided.	
CBPC3-1A	Most recent annual operating budget.	
CBPC3-3A	List of patient care charges.	
CBPC4-1C	Personnel records, including those for direct care and contracted staff, contain evidence of the items listed in the standard. Surveyor will review personnel records based on the services provided by the program.	
CBPC4-2D	Job descriptions for the identified staff.	
CBPC4-2D	Organizational chart.	
CBPC4-2G	Employee handbook or access to personnel policies.	
CBPC4-5A	Evidence of ongoing education and/or a written education and evidence of required training.	
CBPC5-1A & CBPC5-1B	Patient records contain all required items as identified in the standards.	



ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
CBPC5-2A	Evidence that program maintains patient records in a confidential manner.	
CBPC5-5A	Referral log and community referral resources.	
CBPC5-6A	Patient education materials.	
CBPC6-1A	Quality Assessment and Performance Improvement (QAPI) program.	
CBPC6-1B	Job description for individual responsible for the QAPI program.	
CBPC6-1C	Evidence of personnel involvement in the QAPI program.	
CBPC6-2A	Annual QAPI report.	
CBPC6-3A	Evidence of monitoring processes that involve risks, including infections and communicable diseases.	
CBPC6-3A	Evidence of monitoring of staff incidents, accidents, complaints, and workers' compensation claims.	
CBPC6-3B	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone).	
CBPC6-3C	Satisfaction surveys used in the QAPI program.	
CBPC6-3D	Evidence of monitoring of patient grievances/complaints and actions needed to resolve issues.	
CBPC6-2E	Evidence of ongoing chart audits and that results are used in the QAPI program.	
CBPC6-4A	Incident log demonstrates proper documentation, investigation, and resolution of all adverse events.	
CBPC7-1A	Annual TB risk assessment, TB exposure control plan, and OSHA Bloodborne Pathogens plan.	
CBPC7-1B	Infection control education for personnel, patient, families, and caregivers.	
CBPC7-1C	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into the QAPI program, as appropriate.	
CBPC7-2A	Evidence of safety training activities to personnel.	
CBPC7-3A	Emergency disaster plan and results of an annual emergency disaster drill.	
CBPC7-3C	Emergency preparedness information provided to patients.	
CBPC7-5A	Report of annual fire drill and results of testing of emergency power systems.	
CBPC7-6B	Access to Safety Data Sheets (SDS).	

ACHC Standard	Required Item	Located
CBPC7-7A	Evidence of proper reporting of personnel incidents, accidents, variance, or unusual occurrences.	
CBPC7-8A & CBPC7-9A	Maintenance logs of any equipment used in the provision of care.	

# GLOSSARY OF TERMS



**Advance care planning:** A process to identify and express values and goals for medical treatment.

**Advance Directive:** A legal document that appoints a surrogate decision-maker and describes desires for medical treatment.

**Comfort measures only (CMO) or Comfort Care:** The approach to care is focused on comfort and the alleviation of physical, spiritual, and psychological suffering rather than prolonging life; it is not the same as DNR.

**Do not hospitalize (DNH):** A medical order declining hospitalization if the patient develops a change in health status that would typically warrant hospitalization; rather, patients receive comfort-focused care where they reside.

**Do-not-intubate order (DNI):** A medical order declining intubation for mechanical ventilation if the patient develops pulmonary failure.

**Do-not-resuscitate order (DNR):** Medical order declining CPR attempts if the patient's heart stops.

**Durable power of attorney for health care or healthcare proxy form:** A legal document that names an individual to make medical decisions if the patient loses capacity.

**Health care proxy:** The individual named in a patient's durable power of attorney for health care to serve as a patient's "agent" to make medical decisions if that patient becomes incapable of making his or her own medical decisions.

**Living will:** A document that outlines a patient's wishes for starting, withholding, or stopping medical and life-sustaining treatments if the patient loses capacity to make his or her own medical decisions.

**Palliative care:** Care with the goal of maximizing quality of life for patients facing serious illnesses that is patient- and family-centered, using a multidisciplinary approach.

**Primary palliative care:** Refers to palliative care that is within the scope of trauma care providers and can be provided without additional consultation.

**Specialist palliative care:** Care provided by providers with focused clinical expertise and specialty training in palliative care.

**Physician order for life-sustaining treatment (POLST, also known as MOLST):** A medical order, transferable across sites of care, that converts a patient's desires for life-sustaining treatments into a medical order. POLST forms are intended for patients with serious illnesses or injuries, or for those residing in long-term care settings.

**Shared decision-making:** An approach in which clinicians and patients share available evidence when faced with decision-making and in which patients are supported to consider options to achieve informed preferences.

# GLOSSARY OF PERSONNEL QUALIFICATIONS



**Clinical Nurse Specialist:** A Clinical Nurse Specialist (CNS) is an advanced practice nurse who can provide expert advice related to specific conditions or treatment pathways. An advanced practice nurse is a Registered Nurse who has acquired the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice, the characteristics of which are shaped by the state rules and regulations the CNS is credentialed to practice in.

**Nurse Practitioner:** A Nurse Practitioner is defined as a Registered Nurse who is permitted to perform such services as legally authorized to perform in the state in which the services are performed, in accordance with state law or state regulatory mechanisms provided by state law, and has specialized training in palliative care and/or hospice care, and clinical experience in palliative medicine and/or hospice care. This individual is identified at the time the patient elects to receive palliative care.

**Pharmacist:** A person licensed as a Registered Pharmacist by the state in which he or she is practicing, to prepare and dispense drugs and medicines.

**Pharmacy Technician:** An individual who compounds and maintains medication and supply inventory under the direction of a Registered Pharmacist.

**Physician:** A Physician is a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she performs that function or action, and who has specialized training in palliative care and/or hospice care, clinical experience in palliative medicine and/or hospice care, or is board-certified or board-eligible for certification in hospice. This individual is identified at the time the patient elects to receive palliative care.

**Physician Assistant:** A Physician Assistant is defined as a professional who has graduated from an accredited physician assistant educational program who performs such services as he or she is legally authorized to perform in the state in which the services are performed, in accordance with state law or state regulatory mechanisms provided by state law, and has specialized training in palliative care and/or hospice care and clinical experience in palliative medicine and/or hospice care. This individual is identified at the time the patient elects to receive palliative care.

**Registered Nurse (RN) and Nurse Practitioner (NP):** A RN or an NP is a graduate of an approved school of professional nursing who is licensed as a RN by the state in which he or she is practicing. RNs or NPs have training in palliative care and/or hospice care, clinical experience in hospice or palliative care, and/or are eligible for certification in hospice and palliative nursing or advanced certification in hospice and palliative nursing.

**Spiritual Care Professionals:** These are qualified individuals who provide spiritual care in accordance with professional standards and the job description. Individuals providing spiritual care understand and are knowledgeable of the spiritual needs related to palliative care, end-of-life care, loss, and bereavement. Spiritual care may be provided by chaplains, local clergy, volunteers, and other specifically trained personnel.

# GLOSSARY OF PERSONNEL QUALIFICATIONS



## PALLIATIVE CARE

**Social Worker:** A person who:

1. Has a Master of Social Work (MSW) degree from a school of social work accredited by the Council on Social Work Education; or
2. Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or
3. A baccalaureate degree in psychology, sociology, or other field related to social work and is supervised by an MSW.
4. In addition to the above requirements, the Social Worker has one year of social work experience in a healthcare setting.