4.5 Palliative Care Services

Definition and Requirements

Palliative care services are available to cancer patients and their family members or caregivers either on-site or by referral and are evaluated at least once each calendar year.

Palliative care refers to patient- and family-centered care that optimizes quality of life. The availability of palliative care services is an essential component of cancer care, beginning at the time of diagnosis and being continuously available throughout treatment and surveillance and, when applicable, during bereavement.

Palliative care is provided per evidence-based national treatment guidelines and includes palliative care provided by oncology teams and, as needed, consultation with palliative care specialists. It is recommended that the following specialties participate in providing palliative care services: physicians, advanced practice providers, nurses, mental health professionals, social workers, and spiritual counselors.

Palliative care is integrated in the continuum of cancer care. Types of palliative care services include, but are not limited to:

- Team-based care planning that involves the patient and family
- Pain and non-pain symptom management
- Communication among patients, families, and provider team members
- Education about illness and prognosis
- Assistance with medical decision making
- Continuity of care across a range of clinical settings and services
- Attention to spiritual needs
- Psychosocial support for patients and families
- Bereavement support for families and care team members

Palliative care services on-site will vary depending on the scope of the program, local staff expertise, and patient population. The cancer committee will define and identify in a policy and procedure the following:

- On-site and off-site palliative care services
- The palliative care team available on-site
- Criteria for referral to a palliative care specialist

Palliative care services not provided on-site at the facility must be provided through a referral relationship to other facilities and/or local agencies.

Evaluating Palliative Care Services

Evaluating Palliative Care Services

Each calendar year, the cancer committee monitors, evaluates, and makes recommendations for improvements to palliative care services. The evaluation is documented in the cancer committee minutes.

During this evaluation, the cancer committee must:

- Assess the approximate number of cancer patients referred for palliative care services and for what services or resources
- Discuss the criteria utilized to trigger referrals to palliative care services
- Discuss areas of improvement
  - Examples include, but are not limited to, barriers to access of palliative care services, addition of palliative care services, decreasing emergency department usage, or improving the timeliness of referrals

If available, it is recommended that a palliative care professional attend the cancer committee meeting to lead the discussion and provide the report.

Documentation

Submitted with Pre-Review Questionnaire

- Policy and procedure for providing palliative care services on-site or by referral
- Cancer committee minutes that document the required yearly evaluations of the palliative care services.

Note: Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

Measure of Compliance

Each calendar year, the cancer program fulfills all of the compliance criteria:

1. Palliative care services are available to cancer patients either on-site or by referral.
2. A policy and procedure is in place regarding palliative care services that includes all required elements.
3. The process for providing and referring palliative care services to cancer patients is monitored and evaluated. A report is given to the cancer committee, contains all required elements, and is documented in the cancer committee minutes.

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Standard 4.5 Palliative Care Services

Program Name	
Year	

Annual Policy and Procedure Review

Committee Meeting Date	

Palliative Care Services

Reason for Referral	Services Offered On Site	Services Offered by Referral
Health Care Proxy		
Education about Illness and Prognosis		
Advance Care planning		
Goals of Care/Assistance with medical decision making		
Facilitating Communication: between patient, families, provider		
Bereavement support for families and care team members		
Facilitating of family meetings		
Cotinuity of care across a range of linical settings and services		
Psychosocial Support for patients and families		
Attention to Spiritual Needs		
Sympton Management (Pain and non-Pain)		

Palliative Care Services

Date Cancer Committee reviewed Policy & Procedure	

Criteria for consideration of palliative care referral (triggers):

Results, referrals and follow up must be documented in the patient's medical record.

Dec 2021 to Nov 2022

Number of primary cancer diagnosis seen by team	
Number of primary cancer diagnosis seen by outpatient team	

Overall Service Findings

Barriers Identified	Ideas to Address Barriers

Follow-up to Barrier Identified

Department Initiatives	Department Publication

Areas of Improvement

Updates

If you have any graphs or tables please insert on this side:

Standard 4.5 Palliative Care Services

Program Name	
Year	

Annual Policy and Procedure Review

Committee Meeting Date	

Palliative Care Services

Reason for Referral	Services Offered On Site	Services Offered by Referral
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Palliative Care Services

Date Cancer Committee reviewed Policy & Procedure	

Criteria for consideration of palliative care referral (triggers):

Results, referrals and follow up must be documented in the patient's medical record.

Dec 2022 to Nov 2023:

Number of primary cancer diagnosis seen by team	
Number of primary cancer diagnosis seen by outpatient team	

Overall Service Findings

Barriers Identified	*Ideas to Address Barriers*

Follow-up to Barrier Identified

Department Initiatives · *Department Publications*

Areas of Improvement

Updates

If you have any graphs or tables please insert on this side:

Standard 4.5 Palliative Care Services

Program Name	
Year	

Annual Policy and Procedure Review

Committee Meeting Date	

Palliative Care Services

Reason for Referral	Services Offered On Site	Services Offered by Referral
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Palliative Care Services

Date Cancer Committee reviewed Policy & Procedure	

Criteria for consideration of palliative care referral (triggers):

Results, referrals and follow up must be documented in the patient's medical record.

Dec 2023 to Nov 2024

Number of primary cancer diagnosis seen by team	
Number of primary cancer diagnosis seen by outpatient team	

Overall Service Findings

Barriers Identified	*Ideas to Address Barriers*

Follow-up to Barrier Identified

Department Initiatives   *Department Publications*

Areas of Improvement

Updates

If you have any graphs or tables please insert on this side: