

Supportive Care Coalition

System Assessment Tool

Assessing Organizational Infrastructure for Provision of Excellent Palliative Care

The system assessment tool helps organizations understand to what degree they are addressing what matters to patients, families, and their own health providers in the provision of excellent end of life care.

Guided by the tool, the organization's assessment team determines whether components important to effective palliative care delivery are present or not present. For those present, a further assessment is made of the effectiveness of implementation of each component. Finally, the tool asks the assessment team to prioritize which components merit action—development or improvement—within the next year.

This self-analysis, especially when combined with data from Supportive Care Coalition's other organizational assessment tools (patient, family care giver, bereaved family, and health professional), will assist organizations to target interventions for rapid cycle improvement. At the completion of the system assessment, the organization has a "report card" and the beginnings of an action plan for implementing or improving end of life care services. Most importantly, it has begun a conversation about its strengths and weaknesses and brought deliberation to the planning of its palliative care services.

Recommendations for conducting the assessment

This assessment can be done during a meeting or group discussion. The process will require between two to four hours. Employing at least two sessions to conduct the review encourages a more thoughtful assessment and allows the gathering of information that might not be available immediately.

Depending on the organization, an existing committee or committees could conduct the review (e.g. palliative care committee, ethics committee, quality committee, etc.) or it could be done as a structured focus group. The broader the composition of the assessment team the more comprehensive and useful the results will be. Every effort should be made to include direct care providers (with and without experience in caring for those affected by life-threatening illness), physicians, chaplains and managers familiar with organization resources. This tool is most useful when the assessment team has a means of obtaining input from direct caregivers, quality and risk management staff, and patients and families who have received care within the facility.

Where the organization does not itself offer specific services or programs, consider whether there is a mechanism in place to refer persons to appropriate services in a manner that maintains continuity of care.

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Scope of assessment includes:

Standards	Organization Priorities	Services
Policies Procedures Standards of care Practice guidelines Strategy to identify population	Vision Annual goals & objectives Quality initiatives Management priorities & objectives Personnel education & competency standards	Spiritual care Pain & symptom management Transition services Family services Emotional / supportive services Education services for ill persons and their caregivers Hospice Hospice approach available pre-hospice

ITEM	P=Present, NP=Not Present	Rate effectiveness of implementation from 0 to 10 0=not at all 10 = fully implemented and effective	Rate priority for action plan from 0 to 10 0=not at all 10= undertake within one year
Vision and Management Standards			
Vision for excellence in end of life care is created			
Organization annual objectives include focus on end of life care			
Administrative executive staff support implementation of initiatives to improve care at end of life			
Medical staff support implementation of initiatives to improve care at end of life			
Manager's objectives include focus on end of life care			
Education resources are designated to support development of competencies and practices in end of life care			
Excellent caregivers and caregiving examples are honored and their stories made visible			
Practice Standards (procedures, policies, care protocol)			
Population served is defined and communicated			
Confidentiality standards clearly communicated			

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	Advance care planning supports available and plan communicated			
	Cultural / religious guidelines integrated			
	Organ / tissue donation guidelines implemented			
	Comfort care or palliative care standard implemented Includes guidelines for pain and symptom management, and hydration / nutrition			
	Interdisciplinary palliative care consult services available			
	Hospice care available wherever the patient resides			
	Hospice care includes assistance with transportation, household chores, personal care, and respite care			
	Hospice volunteers screened and trained			
	Hospice volunteers supervised			
	Volunteer support routinely included in program, e.g. ongoing training, support groups, inclusion with team discussion, 1:1 support, and recognition activities / celebrations.			
	Hospice trained volunteers available to visit			
	Hospice trained volunteers available to provide respite			
	Hospice trained volunteers available to provide assistance with transportation and household chores			
	Complementary or integrative therapies supported			
Space Standards				
	Patient room is comfortable, homelike, supports family visiting and confidentiality			
	Homelike or living room type space is available for family			
Visiting Standards				
	Welcoming for families			
	Support for family ADL's available			
	24 hour visiting for family and close friends with ill person/family allowed to determine numbers, hours, and age (with respect for other patient care needs)			
	Family participates in care as desired			
	Children welcomed with supervision			
	Pet visiting with supervision and respect for other patient care needs			

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Spiritual, Religious, and Cultural Standards			
Support available 24 hours a day			
Links / communication with community spiritual care established			
Prayer and other spiritual / religious practices overtly available			
All staff are expected to integrate spiritual / cultural care within practice			
Support for professional caregivers readily available			
Bereavement Support Standards			
Bereavement support groups offered			
Active follow-up available for 100% who have died within facility or practice environment.			
Follow-up contact to address clinical questions initiated by clinicians / primary care providers within 2-4 weeks of death			
Memorial services conducted for staff and families			
Bereavement support 1:1 for families is available			
Bereavement support 1:1 for professionals is available			
Psychosocial and Emotional Standards			
Referral and support is available 24 hours			
Crisis response teams are present for significant losses			
Support available for professional caregivers			
Support groups for patient / families available regardless of diagnosis (es)			
Support groups offered day and evening hours			
Support groups held at locations convenient for patient / families			
Waiting time to join a support group is less than 2 weeks			
Patients/families are given information about support groups and encouraged to participate in at least 1 group meeting			
Quality of support group leadership is monitored and a consistent standard is maintained			
Virtual support groups available (e.g. chat groups, telephone conference groups)			

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Communication Standards			
Care preference, values, spiritual, emotional, and relationship needs as well as treatment decisions consistently and accurately communicated between care settings and professional providers.			
Care preference, values, spiritual, emotional, and relationship needs as well as treatment decisions consistently honored			
Physician communication frequent during the dying process			
Transfer of care occurs with communication of preferences, values, spiritual / emotional, and relationship needs and patient / family care decisions			
Standards and expectations about excellent end-of-life care routinely communicated to community			
Communication with community spiritual care providers routine as well as specific			
Professional Experiential Education during Orientation and as Continuing Education			
CONTENT: "Living and healing during life-threatening illness", dying process, and death. (Provided for all leadership team, employed staff and physicians)			
Organization values and strategic objectives			
Ethics – End-of-life care			
Practice standards			
Quality standards			
Communication			
Grief and bereavement			
Patient / family supports			
Professional caregiver / staff support			
Spiritual / religious / cultural standards			
Individual performance expectations			
Volunteer Program Standards – if applicable			
(Prepared volunteers have been very helpful in meeting care needs in some organizations)			
Volunteers screened using a set criteria			
Training program for volunteers required (e.g. hospice volunteer training program)			
Volunteers supervised			
Volunteer support routinely included in program, e.g. ongoing training, support groups, inclusion with team discussion, 1:1 support, and recognition activities / celebrations			
Volunteer support includes assistance with transportation and household chores			

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	Volunteers present to provide support to family during acute or terminal phase of illness			
	Volunteers available to visit and maintain vigil with dying person if appropriate			
Quality Improvement Standards				
	Routine feedback from patients, family caregivers, bereaved family, and community partners is obtained			
	Quality priorities include response to above			
	Significant events are assessed for learning and quality improvement			
	"Stories" are shared and used to teach about care and to set standards			
	Research to continue developing new ways to improve care is developed or findings are applied to practice change initiatives			
	Annual objectives and priorities include focus on end of life care			
Employee Support Standards (This area includes items to support employees as professional caregivers and as ill person, caregiver, or bereaved family)				
	Human Resources policies support bereavement leave for those the person defines as close or family			
	Human Resources policies allow flexibility in work time during illness and caregiving			
	Human Resource policies allow at least 7 days bereavement leave per event per employee			
	Human Resources policies allow others to "give" vacation time or time off to support other employees			
	Employees are supported in reaching out to fellow employees with practical help			
	Acuity and patient assignments provide time to "be with" the patient and family during the process of dying			
	Professional caregiver is supported to attend memorial / funeral service of patients.			
Community Network and Partnerships				
	Formal relationship established with Hospice care providers in community			
	Formal relationship established between healthcare and community faith based ministries to meet care needs at end of life			

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Care offered by faith based ministries and healthcare coordinated			
Healthcare partnerships with formal and informal community organizations to meet support needs for patient and family caregiver.			
Parish nurse or similar program, if available, and linked with healthcare			
Hospice / home care services available and linked to other healthcare organization services			
Services are provided that achieve continuity of care within and between community and healthcare organizations			
Community volunteers screened using a set criteria			
Training program for volunteers required (e.g. hospice volunteer training program)			
Community volunteers supervised			
Community volunteer support routinely included in program, e.g. ongoing training, support groups, inclusion with team discussion, 1:1 support, and recognition activities / celebrations.			
Community volunteers present to provide support to family during acute or terminal phase of illness			
Volunteer support includes assistance with transportation and household chores			
Community volunteers available to visit and maintain vigil with dying person if appropriate			
End-of-life palliative care and hospice services available to the homeless			
End-of-life education, including advance care planning, integrated within schools, workplaces, faith based organizations, and other community formal and informal gatherings			
Education about helping those facing end-of-life integrated within schools, workplaces, faith based organizations, and other community formal and informal gatherings			