

**HOSPITAL PALLIATIVE CARE PROGRAMS
SELF-ASSESSMENT OF OPERATIONAL FEATURES**

Weissman DE, Meier DE: Operational features for hospital palliative care programs: consensus recommendations.
J Palliative Medicine 11:1189-1194, 2008

Domain	Must Have	Inventory	Should Have	Inventory	Action Plan and Potential
Program Administration	Palliative care program staff integrated into the management structure of the hospital to ensure that program processes, outcomes and strategic planning are developed in consideration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Systems that integrate palliative care practices into the care of all hospitalized	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Types of Services	A consultation service that is available to all hospital inpatients.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Resources for outpatient palliative care services, especially in in > 300 bed hospitals ----- An inpatient palliative care geographic unit, especially in > 300	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Availability	Monday–Friday inpatient consultation availability and 24/7 telephone support	Yes <input type="checkbox"/> No <input type="checkbox"/>	24/7 inpatient consultation, especially in > 300	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Staffing	Specific funding for a designated palliative care MD/DO. All program MD/DOs must be HPM board certified or committed to working toward board certification.	Y e s <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Specific funding for a designated palliative care RN(s), with APN preferred. All program nurses must be certified by the National Board for Certification of Hospice and Palliative Nursing (NBCHPN) or committed to working toward board certification.	N o <input type="checkbox"/>			

	Appropriately trained staff to provide mental health services.	Y e s <input type="checkbox"/>			

SW(s) and chaplain(s) available to provide care as part of an interdisciplinary team.	No <input type="checkbox"/>				

Administrative support (secretary/ administrative assistant position) in hospitals with either more than 150 beds or a consult service with volume > 15 consults/ month	Y e s <input type="checkbox"/>				

Measurement	Operational metrics for all consultations. ----- Customer, clinical and financial metrics that are tracked either continuously or intermittently.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Quality Improvement	Quality improvement activities, continuous or intermittent, for a) pain, b) nonpain symptoms, c) psychosocial/spiritual distress and d) communication between health care	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marketing	Marketing materials and strategies appropriate for hospital staff, patients and families.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Education	Palliative care educational resources for hospital physicians, nurses, social workers, chaplains, health professional trainees and any other staff the program feels are essential to fulfill its mission and goals.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bereavement services		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Patient identification		Yes <input type="checkbox"/> No <input type="checkbox"/>	A working relationship with the appropriate departments to adopt palliative care screening criteria for patients in the Emergency Department, general med/ surgical wards and	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Continuity of care	Policies and procedures that specify the manner in which transitions across care sites (e.g., hospital to home hospice) will be handled to ensure excellent communication between facilities. ----- A working relationship with one or more community hospice providers.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Staff wellness	Policies and procedures that promote palliative care team wellness.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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The end