

SYSTEM ASSESSMENT TOOL

Source: Modified from Supportive Care for the Dying:
A Coalition for Compassionate Care

Website: www.careofdying.org

The following is a chart to identify your system’s strengths for a hospital-based palliative care program. The characteristics listed are designed to focus on palliative care for patients facing serious illness and their families. These characteristics may be in place in your institution but they may not specifically address palliative care. This tool is to be used during the system assessment as you communicate with direct caregivers, quality and risk management staff, and patients and their families. It is designed to be helpful as you focus on your infrastructure to improve palliative care. Although your institution may not offer all of the characteristics listed, this tool can be used to assess partnerships and other health care resources within your system that make these characteristics available to your staff and people you serve.

SYSTEM CHARACTERISTICS	P = PRESENT NP = NOT PRESENT	RATE ITS EFFECTIVE IMPLEMENTATION 0 = NOT AT ALL 10 = FULLY IMPLEMENTED AND EFFECTIVE	RATE PRIORITY FOR ACTION PLAN 0 = NOT AT ALL 10 = UNDERTAKE WITHIN YEAR
Vision and Management Standards			
Organization’s strategic plan and annual objectives include focus on excellence in palliative care			
Performance improvement plans include focus on improvement of all aspects of palliative care for those with serious illnesses			
Educational resources are designated to support development of competencies and practices in palliative care (See Appendix B, Description of Core Competencies in Palliative Care)			

SYSTEM CHARACTERISTICS	P = PRESENT NP = NOT PRESENT	RATE ITS EFFECTIVE IMPLEMENTATION 0 = NOT AT ALL 10 = FULLY IMPLEMENTED AND EFFECTIVE	RATE PRIORITY FOR ACTION PLAN 0 = NOT AT ALL 10 = UNDERTAKE WITHIN YEAR
Practice Standards (Procedures, Policies, Care Protocol)			
Holistic comfort care or palliative care standard(s) are implemented. Standards specify population to be served			
Interdisciplinary palliative care consult services are available			
Advance care planning supports are available			
Cultural/religious guidelines are integrated			
Organ/tissue donation guidelines are implemented			
Complementary or integrative therapies are supported			
Space and Visiting Standards			
Patient room is comfortable, home-like, and supports family visiting and confidentiality			
24 hour visiting for close friends/family as defined by ill person/family. No age limits to visitors and pets accommodated			
Family participate in care as desired			
Family space is home-like and is supportive of families and their ADL needs			
Spiritual, Religious, and Cultural Standards			
Support is available 24 hours a day for patient, family, and professional caregivers			
Links/communication are established with spiritual care providers			
Bereavement Support Standards			
Active follow-up available for 100% of bereaved families whose loved ones have died within your facility or practice environment 2-4 weeks following death			
Bereavement support groups and 1:1 support available and offered for families and professionals			

SYSTEM CHARACTERISTICS	P = PRESENT NP = NOT PRESENT	RATE ITS EFFECTIVE IMPLEMENTATION 0 = NOT AT ALL 10 = FULLY IMPLEMENTED AND EFFECTIVE	RATE PRIORITY FOR ACTION PLAN 0 = NOT AT ALL 10 = UNDERTAKE WITHIN YEAR
Psychosocial and Emotional Standards			
Referral and individual support is available 24 hours for patients/families and professional caregivers			
Support groups for patient/families are available regardless of diagnosis(es)			
Waiting time to join a support group is less than 2 weeks			
Patients/families are given information about support groups			
Communication Standards			
Patient care preferences; values; spiritual, emotional, and relationship needs; and treatment decisions are consistently and accurately communicated across care settings and professional providers			
Patient care preferences are honored across care settings and professional providers			
Frequent physician communication occurs throughout the course of the serious illness			
Communication with community spiritual care providers is routine			
Professional Experiential Education during Orientation and as Continuing Education			
<i>Education on palliative care provided for all leadership teams, employed staff and physicians in the following areas:</i>			
Organization values and strategic objectives			
Ethics			
Palliative care practice standards			
Palliative care quality standards			
Communication			
Grief and bereavement			
Patient/family supports			
Professional caregiver/staff support			
Spiritual/religious/cultural standards			
Individual performance expectations			

SYSTEM CHARACTERISTICS	P = PRESENT NP = NOT PRESENT	RATE ITS EFFECTIVE IMPLEMENTATION 0 = NOT AT ALL 10 = FULLY IMPLEMENTED AND EFFECTIVE	RATE PRIORITY FOR ACTION PLAN 0 = NOT AT ALL 10 = UNDERTAKE WITHIN YEAR
Individual Performance/Competency Standards Established and Monitored at Least Annually <i>(See Appendix B, Description of Core Competencies in Palliative Care)</i>			
Volunteer Program Standards (If Applicable)			
Training program for volunteers required			
Volunteers available to visit seriously ill patients and/or maintain vigil with dying person if appropriate			
Quality Improvement Standards			
Routine feedback from patients, family caregivers, bereaved family members, and community partners is obtained			
Annual objectives and priorities include focus on palliative care and respond to feedback from above			
Employee Support Standards			
Human Resources policies for employees support bereavement leave for those the person defined as close or family and is at least 7 days			
Human resources policies allow others to “give” vacation time or time off to support other employees			
Acuity and patient assignments provide time to “be with” the patient and family throughout the course of the serious or life-threatening illness			
Professional caregiver is supported to attend memorial/funeral service of patients			
Community Network and Partnerships			
Care offered by faith-based ministries (including parish nursing) is coordinated with patient needs			
Hospital partners with formal and informal community organizations to meet support needs for patient and family caregivers			
Hospice/home care services are available and linked to other hospital palliative care services			
Education about accessing palliative care is integrated within schools, workplaces, faith-based organizations, and other community formal and informal gatherings			