

## NETWORK HOSPITALS AND SKILLED NURSING FACILITIES SHOULD HAVE THE FOLLOWING:

1. Training programs leading to demonstrated competency in holding goals-of-care conversations and advance care planning among key clinicians, including but not limited to: nurse case managers, hospitalists, “SNF-ists,” nurse managers, critical care nurses, oncology, cardiology, and neurology practices, post-acute providers, ESRD providers, and transplant teams
2. Training programs leading to demonstrated competency in pain/symptom management among key clinicians, including but not limited to: hospitalists, “SNF-ists,” oncology, cardiology, and neurology practices, nurse managers in post-acute facilities, ESRD providers, and transplant teams
3. Support for family caregivers, including education, counseling, and/or respite
4. Standardized process in place at time of admission to identify which patients should have access to specialty palliative care
5. Availability of a specialty palliative care service for consultation and/or co-management of identified patients
6. The specialty palliative care service must include:
  - Interdisciplinary team, comprising at least two of the following: physician, advanced practice practitioner, nurse, social worker, and chaplain
  - Meaningful (i.e., timely and competent) 24/7 response to patient/family crises, which can be achieved through multiple avenues such as shared coverage with other services