

Questions to Assess the Quality of Palliative Care or Hospice Programs

Competent Care Provided by Interdisciplinary Staff

Has the hospital-based palliative care service or hospice obtained accreditation or certification through a recognized national organization?

If it is a hospice, is it Medicare certified?

Is care provided by an interdisciplinary team with appropriate training?

Are staff certified in hospice and palliative medicine?

Are the following services provided: medical, nursing, social work, volunteer, bereavement, and spiritual?

What is the average caseload of the registered nurse? Social worker? Home health aide? Spiritual counselor? Volunteer? How many hours per week do the medical director and physician staff work?

Is staff available 24 hours a day, 7 days a week, including visits by spiritual and social work services on the nights and weekend if there is a patient or family need?

Is there a dedicated inpatient hospice or palliative care unit? How many beds? How long can the patient stay in that unit? Is there a waiting list for the unit?

Does each team member use a standardized assessment tool? How is this information conveyed back to the primary care physician?

What policy and procedures are in place to ensure that patients receive their desired level of comfort? If patients want to remain alert while dying, how does the program work with patients to achieve that goal?

What are the policies and procedures regarding palliative sedation? How often is it used?

Is there a formulary? Which medications are covered? If the patient has a special need for a particular category of opioid, how easy is to get that drug approved?

How are decisions regarding the use of x-rays, laboratory treatments, and expensive diagnostic tests made?

What palliative treatments can patients receive while in hospice?

What special types of programs are available (eg, life review, pet therapy)?

Does the program use complementary therapies (eg, music therapy, Reiki, massage, or therapeutic touch)?

Does the program provide care to dying patients in all settings? At home? Nursing home? Hospital? Assisted living?

Are intravenous services provided in various settings (eg, in the home, nursing home)?

What bereavement services are provided? What is the frequency of contact?

Where do bereavement groups meet? Are meetings held during nonworking hours?

Continuity and Coordination of Care

What steps does the program take to coordinate care across settings of care?

Is there one case manager assigned to the patient?

How does the service coordinate the care plan with other health care professionals, especially the primary care physician?

Patient- and Family-Centered Care

How is the care plan developed and evaluated to ensure adequate input from the patient and family?

What education is in place for the patient and family?

Is the staff trained in cultural competency?

Are interpreter services available 24 hours a day, 7 days a week?

Are there special outreach programs available for minority communities?

Access to Care

What range of services and access to specialist care is available to patient, family, or both?

What organizational relationships are in place to ensure the patient has access to proper care across the disease trajectory and during transitions in settings of care?

Commitment to Quality

How does the program monitor and improve its quality of care?

How many patient and family complaints were received in the last year? How were they resolved?

Does the program monitor for medical errors or sentinel events? How does the program respond?

How many patients revoke hospice services? For what reasons?

How many families contribute donations to the program after the death of the patient?

Does the program participate in national quality initiatives and benchmarking?

Adapted in part from the National Hospice Foundation guide on choosing an hospice program.¹⁵