



Standards Audit Tool for Palliative Care Programs

a) ESSENTIAL:

Your Hospice/Palliative Care Program

Never	Rarely	Sometimes	Often	Always
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Has a system in place for whole patient assessment, documentation, and management that includes at minimum:

- 1. Assessment and documentation of pain with at least the body chart and pain scale, and assessment and documentation of other symptoms

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- 2. Assessment and documentation of psychosocial and spiritual issues including the family tree.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Provides access to essential medications as demonstrated by:

- 3. An uninterrupted supply of oral morphine/ step 3 opioids

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4. A system for documentation of step 3 opioids use including names of patient and identification number, quantity dispensed each time and balance of stock after each transaction

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A Palliative service should adopt a team approach. It should have at least:

5. Trained Doctor with a minimum of 10 days clinical training under supervision

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6. Trained Nurse with a minimum of 10 days clinical training under supervision

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The palliative care service engages the community and does not work in isolation.

7. There is evidence of involvement with the community and health care professionals in the establishment and ongoing operation of the palliative care service.

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The palliative care service supports the health of the team through activities such as:

8. Regular team meetings

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b. DESIRABLE

9. *Sufficient access to free morphine and palliative drugs for poor patients*

10. *Team members trained to deliver rehabilitation support*

Rarely	Never	Sometimes	Often	Always
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11. *Team members trained to deliver psychosocial and spiritual support*

12. *The palliative care service has significant contributions from volunteers*

13. *Media are supportive of palliative care work*

14. *Other health care professionals are supportive of palliative care work*

The palliative care service fosters a healthy organizational culture which includes:

15. *self-care training*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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16. *conflict resolution*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Never	Rarely	Sometimes	Often	Always
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17. *debriefing*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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18. *Administrators are supportive of palliative care*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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19. *Have sufficient funds for all current programs*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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20. *Access to funds for future expansion programs*

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A palliative care service has in place a program of education and training that includes:

21. *Ongoing continuing professional development for the palliative care team*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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22. *Education programs on palliative care for fellow professionals*

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23. *Education programs on palliative care for medical/nursing students*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Never	Rarely	Sometimes	Often	Always
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24. *Education programs on palliative care for volunteers*

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25. *Awareness programs on palliative care for the public*

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The palliative care service has a commitment to continuous quality improvement through:

26. *Ongoing audit*

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27. *Clinical discussions*

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28. *Participation in research*

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