

























## Common Deficiencies



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- A genetics professional is not a **member** of the cancer committee (**Standard 1.2**) when services are provided on-site
- Failure to annually document in the Cancer committee minutes the monitoring, evaluation, and recommendations for improvements, as needed, for cancer risk assessment, genetic counseling, and genetic testing

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## Chapter 2: Clinical Services



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2.1 College of American Pathologist Protocols and Synoptic Reporting

2.2 Oncology Nursing Care

2.3 Genetic Counseling and Risk Assessment

2.4 Palliative Care Services

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## Standard 2.4: Palliative Care Services



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- Palliative care services are available to patients either on-site or by referral.

### STANDARD 2.4 Palliative Care Services

Palliative care services are available to patients either on-site or by referral.

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## Palliative Care Team



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### Core Members

- Physician
- Nurse
- Social worker
- Pastoral or spiritual counselor

### Additional Members

- Pharmacists
- Mental health clinician
- Occupational and physical therapists
- Home health aides

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## Required Documentation

Cancer program completes all required fields in the SAR.

Each calendar year, the program uploads:

- Policies or procedures for providing palliative care on-site or by referral
- Cancer committee minutes that document the processes implemented to **monitor and evaluate the palliative care services and referrals**

## Policy and Procedure

**The CoC does not have a list of minimum requirements, however below are recommendations:**

**In the P&P, define:**

- Goals for the palliative care (PC) program/services
- Define the patients who should be assessed or referral to PC
- Define the type of PC services you will provide on-site and what services you will refer out to
- Methods to assess patient needs and the referral process, including timeliness of care/support
- The qualified staff to assess or provide services
- Monitoring of the assessment and referral process; is the care meeting your patients' needs?

## Enhancing the Report

- Though not required recommend reporting on number of patients referred, number of patients completing palliative care consult and outcomes of the referrals.
- Report on educational programs the palliative care team has been involved with

## Rating the Standard

- (1) Compliance:** *Each calendar year, the program fulfills compliance criteria:*
1. Palliative care services are available to patients either **on-site or by referral**.
  2. The process for referring or providing palliative care services to patients is **monitored and reviewed** by the cancer committee and **documented** in the minutes.

## Common Deficiencies

- Failure to make the palliative care professional a **member** of the cancer committee (**Standard 1.2**) if services are provided on-site.
- Failure to monitor, evaluate, and make recommendations for improvements, as needed, to palliative care services annually and document in the cancer committee minutes.
- Adding, modifying, or increasing referrals to PC services **cannot** be used as a **goal** for Standard 1.5.
- Failure to distinguish between Palliative care services and hospice services
  - *Patient- and family-centered care that optimizes quality of life and end-of-life care - not simply hospice care.*
  - *PC addresses physical, intellectual, emotional, social, and spiritual needs; and enhances patient autonomy.*
  - *PC is a team-based approach applicable from the time of diagnosis throughout the continuum of illness and during the bereavement period.*
  - *Palliative care services on-site will vary depending on the scope of the program, local staff expertise, and patient population.*

## QUESTIONS?