Palliative Care Services Infrastructure Standard

Introduction

The palliative care service in our kingdom is only available in Tertiary hospitals that have Oncology centers, as a result of that the primary and secondary hospitals patients have a limited or no access at all to such an important service. We hope that the palliative care service will expand to all hospital levels and to the primary care centers and home health care, to offer better access and service to all types of patients wherever are they.

In this document, we will describe the palliative care infrastructure standards, looking at two specific elements: the palliative care service levels and the essential medications for palliative care services. A third important element is the Interdisciplinary team, which we will discuss in another chapter.

And through this document, we will emphasize each level requirements that comprises seven dimensions of measuring and describing capability across the following service types:

• Three types of inpatient services (community, secondary and tertiary).

• One level of consultancy.

Also in the end we will describe the essential medications for palliative care services as per WHO and The International Association for Hospice and Palliative Care.

The Palliative Care Services Levels

The palliative care services levels described here comprises seven dimensions of measuring and describing capability across the following service types:

- Three types of inpatient services (community, secondary and tertiary)
- One level of consultancy.

Inpatient palliative care services – Level 1 (Community Hospitals)

1. **Role description and range of services:**
    a. Provides management of palliative care patients with generally anticipated problems and outcomes
    b. Range of services will include physical and psychological, social and spiritual care
    c. Discharge planning and effective liaison with community-based palliative and generalist providers
    d. Provides or facilitates access to psychological, social and spiritual care, bereavement support and respite care
    e. Assessment of patient care needs and exploration of patient goals, expectations and choices for place of care, including knowledge of advance care planning and end of life issues
    f. Volunteer program (and coordination) either specific to palliative care or through an organization-wide program
2. **Catchment**
    a. Local and sub-regional
3. **Staffing profile**
    a. Nursing and medical staff with knowledge of palliative care and/or qualifications in palliative care with access to a consultancy service
    b. Access to allied health, psychological, social and spiritual staff
    c. Coordination of volunteers specific to palliative care or through an organization-wide program
4. **Education, training and research**
    a. Information to other staff who work in generalist services in the local and sub-regional area about the palliative approach
    b. Support and education for palliative care patients, caregivers and families
    c. Provide a health-promoting palliative care approach to build communities' capacity to respond to death, dying, loss and care
5. **Quality framework**

a. Participation in the Institute Clinical Services and Nation/state wide Improvement Programs.
b. Quality activities are supported through formal links with Levels 2 & 3 inpatient services, palliative care society and community charities.
c. Routine collection of palliative care patient and caregiver satisfaction
d. Participation in health service system-wide quality improvement and assurance activities

6. **Service integration and linkages**
    a. Protocols with Levels 2 and 3 inpatient services and consultancy service or other arrangements to obtain advice and coordinate referral for more complex palliative care patients
    b. Referrals and protocols to access bereavement support, psychological and spiritual care and respite for palliative care patients, caregivers and families
    c. Protocols to access allied health, psychological, social and spiritual staff
    d. Formal links and referral arrangements with a range of medical specialty services
    e. Formal links and referral arrangements with primary and specialist community providers
    f. Understanding of services offered by Nation/statewide palliative care services
    g. Participation and involvement in coordination activities through the palliative care society.
7. **Infrastructure, facilities and supporting services**
    a. Access to designated palliative care beds (Levels 2 or 3) and/or acute inpatient beds
    b. Capacity to provide access to accommodation for family and caregivers if required
    c. Access to a facility that will support family meetings
    d. Tele-health facilities
    e. Access to equipment loan and other services to support return to home for palliative care patients

Inpatient palliative care services – Level 2 (Secondary Hospitals)

1. **Role description and range of services:**
    a. As for Level 1 plus
    b. Provides a broad spectrum of care and has the capacity to manage most palliative care patients, including physical and psychological, social and spiritual needs
    c. Interdisciplinary approach
    d. Experience and provision of advance care planning and end of life care with clear protocols for timely referral to community services
    e. A patient management pathway that is inclusive of interdisciplinary assessment, liaison with community-based service providers, discharge planning and provision of discharge information to primary care providers
    f. Formal linkages to support Level 1 services
2. **Catchment**
    a. Regional
3. **Staffing profile**
    a. As for Level 1 plus

b. Interdisciplinary team made up of medical and nursing staff with specialist qualifications in palliative care, and allied health, psychological, social and spiritual staff with experience and/or specialist qualifications in palliative care
c. Substantial presence/involvement of medical practitioner with specialist qualifications in palliative medicine who may work across other health services
d. Provision of on-call or other after-hours support by medical staff with experience in palliative care
e. Access to other allied health, psychological, social and spiritual and clinical staff supporting psychological, social and spiritual care needs of palliative care patients, caregivers and families

4. **Education, training and research**
    a. As for Level 1 plus
    b. Undergraduate and postgraduate teaching (registrars, trainees, students)
    c. Provide education and support in specialist palliative care within the health service
    d. Some outreach education and support to generalist and community-based services
    e. Participation in palliative care research and quality improvement projects
5. **Quality framework**
    a. As for Level 1 plus
    b. Contributes data to a national/state system that monitors and measures palliative care outcomes
    c. Use of validated assessment tools and evidence-based care pathways and protocols
6. **Service integration and linkages**
    a. As for Level 1 plus
    b. Protocols with Level 3 inpatient service or other arrangements to provide advice and receive referral for more complex patients
    c. Protocols and liaison with other services and clinical support units within/external to the health service
    d. Formal link with a palliative care consultancy service
    e. Relationship and information sharing with Nation/statewide palliative care services
    f. Formal links with specialist community services for joint postgraduate registrar and training programs
7. **Infrastructure, facilities and supporting services**
    a. As for Level 1

Inpatient palliative care services – Level 3 (Tertiary Hospitals)

1. **Role description and range of services:**
    a. As for Level 2 Plus
    b. Provides comprehensive care and has capacity to manage the full range of palliative care patients, including clinical and/or psychological, social and spiritual complexities
    c. Complex symptom and pain management
    d. Provision of interdisciplinary care including psychological, social and spiritual care for palliative care patients, caregivers and families by qualified providers
    e. Availability of liaison psychiatry and/or psycho-oncology and/or appropriate mental health services
    f. Provides advisory/consultation services to generalist providers

g. After-hours on-call provision for specialist palliative care advice and patient/caregiver support
h. Formal linkages with Levels 1 and 2 inpatient services to provide advice and consultation
i. Provides a palliative care volunteer program

2. Catchment

a. Nationwide role

3. Staffing profile

a. As for Level 2 Plus
b. Comprehensive interdisciplinary team, including medical practitioner with specialist qualifications in palliative medicine, specialist nursing (may include nurse practitioner) and allied health, psychological, social and spiritual staff with qualifications and experience in palliative care
c. Staff with joint appointments across settings and/or universities coordinator of volunteers

4. Education, training and research

a. As for Level 2 Plus
b. Formal education programs in the palliative approach available to other hospital staff and on an outreach basis to external health professionals
c. Collaborative arrangements with community palliative care for formal education programs for family caregivers and patients
d. Staff with joint appointments with universities
e. Origination, leadership and active participation in palliative care research, knowledge integration and quality improvement activities

5. Quality framework

a. As for Level 2 Plus
b. Offers a leadership role, including provision and training support of peer reviewers and supports their training.
c. Contributes to a Nationwide data system
d. Monitors/reports palliative care clinical indicators and participates in benchmarking activities
e. Provides clinical leadership in the use of resources that promote consistency and good clinical practice, such as validated assessment tools and evidence-based care pathways and protocols

6. Service integration and linkages

a. As for Level 2 Plus
b. Protocols and liaison with other services and clinical support units within/external to the health service (including acute care, sub-acute care, emergency departments, medical and radiation oncology, intensive care and diagnostic imaging)
c. Substantive involvement of other clinical practitioners (including, but not limited to, general practitioners, other generalist and specialist medical practitioners, clinical nurse consultants and nurse educators from other clinical fields, bereavement specialists.
d. Leadership in service and care coordination through mechanisms such as interdisciplinary team meetings and case conferencing involving providers across settings
e. Leadership in activities such as clinical advisory groups
f. Formal links and referral arrangements with a range of specialist palliative care services

7. Infrastructure, facilities and supporting services

a. As for Level 2 Plus

b. Access to high-end diagnostic management and treatment facilities

Consultancy palliative care services

1. **Role description and range of services:**
    a. 'In-reach' consultancy advice and support to hospital-based staff
    b. 'outreach' consultancy advice and support to generalist community-based healthcare professionals and community palliative care services
    c. Assessment and symptom management, clinical decision-making, advance care planning, patient and family communication, end of life care
    d. Approximately 40 per cent direct clinical care and 60 per cent consultancy service, including but not limited to the following elements – coordinating access and service provision for palliative care patients, caregivers and their families through referral and liaison with acute services, inpatient palliative care units, ambulatory care clinics and community palliative care services
    e. Capacity building, education and advocacy on the palliative approach
    f. may include provision of specialist palliative care ambulatory clinics
    g. may include participation in regional and/or sub regional interdisciplinary meetings
    h. may include participation in interdisciplinary cancer team meetings
2. **Catchment**
    a. Statewide, regional and/or sub-regional
3. **Staffing profile**
    a. Interdisciplinary team, including medical practitioner with specialist qualifications in palliative medicine, and nursing staff with qualifications and experience in palliative care (may include a nurse practitioner in palliative care and other staff with specialist qualifications in palliative care)
    b. Facilitates access to other required services, including allied health, psychological, social and spiritual care
4. **Education, training and research**
    a. Undergraduate and postgraduate training of nursing and medical staff, and other disciplines, as defined by the consultancy staffing profile
    b. Extensive role in provision of education about palliative care for health professionals across all settings and on a regional basis
    c. Staff with joint appointments at universities
    d. Leadership and participation in palliative care research and knowledge integration
    e. Provide a health-promoting palliative care approach to build communities' capacity to respond to death, dying, loss and care
5. **Quality framework**
    a. Participation in the Institute Clinical Services and Nation/state wide Improvement Programs.
    b. Offers a leadership role, including providing peer reviewers and supports their training in the National Standards Assessment Program
    c. Contributes to a statewide data system

d. Provides clinical leadership in the use of resources that promote consistency and good clinical practice, such as validated assessment tools and evidence-based care pathways and protocols
e. Quality activities are supported through formal links with inpatient and community services, palliative care society.

6. **Service integration and linkages**
    a. Collaborative relationships with generalist and specialist health providers to support joint management and shared care of palliative care patients requiring palliative care
    b. Leadership role in standardizing referral protocols and communication channels with other health providers to support improved access to palliative care services on a geographic basis
    c. Formal links and referral arrangements with a range of specialist palliative care services
    d. Leadership in activities such as clinical advisory groups
    e. Participation and involvement in coordinating activities through the palliative care society
7. **Infrastructure, facilities and supporting services**
    a. Access and referral to acute and non-acute inpatient beds
    b. Access and referral to community facilities
    c. Tele-health facilities

Essential drugs for Palliative care services

A national palliative care plan must include policy measures to provide the wide range of drugs required to manage the common symptoms of cancer, including pain, nausea, vomiting, delirium, agitation, insomnia, fatigue, depression and anxiety. These drugs should be included in an essential medicines list to ensure that decisions regarding resources are based on the medical needs of the majority of the population.

The preparation of an essential drugs list and a palliative care protocol should be done by an interdisciplinary team. These documents should be mandatory, and should apply nationally to the selection of palliative care medicines in all private and public institutions. WHO provides a model list of essential medicines (WHO, 2013), including palliative care drugs, as a guide for countries to develop their own essential drugs list. Also, the International Association for Hospice and Palliative Care has recently published a list of drugs that experts consider essential for palliative care.

Various governments have adopted palliative care drug lists. National drug policies should also address the handling of medications.

The medical need for opioid analgesics is clear, and guidance is available specifically for opioids (WHO, 1996; WHO, 2002b).

References for essential medications:

1) World Health Organization Essential Medicines in Palliative Care, 2013

https://www.who.int/selection_medicines/committees/expert/19/applications/PalliativeCare_8_A_R.pdf

2) The International Association for Hospice and Palliative Care list of essential medicines for palliative care, 2011

https://hospicecare.com/uploads/2011/8/iahpc-essential-meds-en.pdf

References:

1. Palliative care service capability framework, Victoria Department of Health & Human Services

https://www2.health.vic.gov.au/about/publications/policiesandguidelines/palliative-care-service-capability-framework

2. Knowledge into Action Cancer Control, WHO Guide for Effective Programmes

https://www.who.int/cancer/media/FINAL-PalliativeCareModule.pdf

3. World Health Organization Essential Medicines in Palliative Care, 2013

https://www.who.int/selection_medicines/committees/expert/19/applications/PalliativeCare_8_A_R.pdf

4. The International Association for Hospice and Palliative Care list of essential medicines for palliative care, 2011

https://hospicecare.com/uploads/2011/8/iahpc-essential-meds-en.pdf