

Assessing Your Facility's Policy and Practice of End-of-Life Care

The first step toward improvement is assessing your facility's current support of good end-of-life practices. Though individual clinicians and support staff may deliver excellent end-of-life care, these practices must become institutionalized to develop consistency over time and with a variety of staff. Sound principles, policies and practices—well-documented in administrative and clinical protocols—provide the foundation for developing competence and monitoring improvements.

Assessing your facility provides a means by which strengths and weaknesses can be identified, improvements can be prioritized, and a baseline can be established from which change can be measured. This assessment, however, does not measure the extent to which these policies are followed; it only identifies whether the policy exists. How one uses this information will be the next step in the planning process. It may be helpful for several people to complete this assessment independently (e.g., DON, staff developer, administrator, medical director), then to compare notes.

I. Administrative policy

	Yes	No
A. Is there currently a written statement of the facility's principles or policy regarding care for residents at the end of life?		
B. If so, does it address:		
1. Respect for resident/surrogate preferences?		
2. Respect for residents' cultural, religious and personal values?		
3. On-going resident/surrogate participation in care decisions?		
4. Assistance in completing advance directives?		
5. Withholding and withdrawing life-sustaining measures such as artificial nutrition?		
6. Decision-making capacity?		
7. Identification of surrogate?		
8. Ongoing communication with resident/surrogate?		
9. Transferring documentation of resident/surrogate preferences when the resident moves to another level of care?		
C. Is this policy provided to:		
1. Staff?		
2. Residents?		
3. Families/surrogates?		

II. Clinical policies and practices

	Yes	No
A. Does the written care planning process include:		
1. Establishing and documenting the goal of care for each resident, consistent with resident's personal preferences or values?		
2. Reviewing the goal of care and resident preferences as needed?		
B. Are there palliative care policies for:		
1. Assessing and managing pain?		
2. Managing distressing symptoms such as dyspnea, anxiety, constipation, and fatigue?		

	Yes	No
3. Providing resources for meeting the emotional needs of residents/surrogates?		
4. Providing resources for meeting the spiritual needs of residents/surrogates?		
5. Arranging for hospice care when appropriate?		
C. Are there standardized forms for:		
1. Documenting preferred intensity of treatment (e.g., the PIT form)?		
a. If so, are these forms reviewed during care planning meetings for current appropriateness?		
2. Assessing pain status and effectiveness of interventions?		

III. Education

	Yes	No
A. Are there educational materials available for residents/surrogates on decision-making and care for those near the end of life?		
B. Does on-going inservice education (for CNAs , RNs, LVNs and SWs) include:		
1. Basic knowledge of ethics, law and regulation pertaining to end-of-life decision-making?		
2. Communication skills for facilitating end-of-life decisions?		
3. Pain assessment and management?		
4. Non-pain symptoms and complications such as fatigue, constipation?		
5. Hydration and nutrition issues?		
6. Promoting dignity, relationships, and a sense of control at the end of life?		
7. Cultural, religious, and spiritual aspects of palliative care?		
8. Decision-making capacity?		
9. Team issues in end-of-life care, including the role of pastoral care?		
10. Role of hospice team in nursing facilities?		

IV. Monitoring

	Yes	No
A. Are the expectations of staff for quality end-of-life care defined in:		
1. Job descriptions?		
2. Performance evaluations?		
B. Have quality assurance mechanisms been established for:		
1. Documenting completion of and compliance with advance directives?		
2. Monitoring delivery of palliative care, such as pain control, management of distressing symptoms, etc?		
3. Transferring resident/surrogate preferences across settings?		
C. When residents are transferred to acute care, is there a routine quality review to assess appropriateness of transfer?		
D. Are residents' deaths reviewed to assess quality of care at the end of life?		

V. Resources availability

	Yes	No
A. Are the following resources available when needed:		
1. Hospice services?		
2. Pastoral care?		
3. Ethics committee or ethicist consultation?		
B. Is there written instruction on how these resources can be obtained?		
C. Are these instructions provided to residents/surrogates?		