

Association of Palliative Day Care Leaders

Standards for Palliative Day Care



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STANDARDS FOR PALLIATIVE DAY CARE

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STANDARDS FOR PALLIATIVE DAY CARE

Introduction

These standards have been prepared by the Association of Palliative Day Care Leaders (APDCL). Originally based on the six components of quality adapted for palliative day care by Kathryn Myers (2001), they have been rewritten to fall in line with the Department of Health *Standards for Better Health* (DoH 2005). These national standards have two objectives, firstly to ensure that health care services across all health care organisations are safe and of an acceptable quality; and to provide a framework for continuous improvement. The National Institute for Clinical Excellence (NICE) Guidance and National Service Frameworks (NSF's) link closely with the national standards and the recent publication of the NICE *Improving Supportive and Palliative Care for Adults with Cancer* (2004) have been considered in the development of these Day Care Standards.

It is acknowledged that palliative day care services are diverse and therefore these standards are intentionally broad and are not intended to be prescriptive. Indeed many units will already have standards of their own. It is hoped that these will act as a guide for those managing units and practising in this field and for those setting up a palliative day care service. They reflect the philosophy of the APDCL and we believe are in step with current trends in health care generally and with palliative care.

Any comments are welcome and may be sent in writing or by email to:-

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References: Hearn J, Myers K (2001) *Palliative Day Care in Practice*, Oxford University Press, Oxford
Department of Health (2004) *Improving Supportive and Palliative Care for Adults with Cancer*
Department of Health (2005) *Standards for Better Health*
Department of Health (2005) *National Standards, Local Action*, DH Publications Orderline, Box 777, London, SE1 6XH
www.dh.gov.uk/publications

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Standards for Better Health Framework

The standards are organised within seven “domains” which encompass all aspects of health care. They are:

- Safety
- Clinical and Cost effectiveness
- Governance
- Patient Focus
- Accessible and Responsive Care
- Care Environment and Amenities
- Public Health

The domains are described in terms of **outcomes**, which are specified for each domain.

Within each domain there are core and developmental standards. Meeting the core standards is not optional. The focus will be however not just achieving the core standards but on making progress with meeting the developmental standards. It is not the intention of this document to reproduce the entire core and developmental standards, readers are recommended to access the full document for these, but to include those standards, both core and developmental that are pertinent to palliative day care.

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Definition of Terms

Standard Statement: This relates to a specific quality area and addresses:

- What is the service trying to achieve?
- What constitutes quality practice?

Resources: Defines what is needed to achieve the standard, for example:

- Skills and knowledge
- Equipment
- Staffing

Process: States how the standard will be achieved, i.e. what will you need to do?

Outcomes: These will reflect the standard statement in more detail and need to be specific, measurable, achievable, realistic and timely (SMART). The overarching outcomes on this document (in bold font) are from taken from the Standards for Better Health and are specified for each domain.

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| <p>First Domain – Safety Standard statements:</p> <ul style="list-style-type: none"> • The safety of patients, staff and visitors is enhanced • Safety and other incidents are reported with the aim that the service and staff learn from them • Infection risks are minimised • Medicines are handled safely and securely • Disposal of waste is properly managed | | |
|--|---|---|
| RESOURCES | PROCESS | OUTCOMES |
| <p>All policies relating to health and safety, e.g.</p> <ul style="list-style-type: none"> • Health and safety • Infection control • Control of medicines • Patient transport • Risk management <p>Health and safety training at induction and as updates e.g. :-</p> <ul style="list-style-type: none"> • manual handling • fire • food handling • risk management • incident reporting <p>Adequate staffing levels and skill mix</p> | <p>Policies and procedures are reviewed and systematically shared with staff</p> <p>Safety incidents and “near misses” are reported and actions taken as required within policy frameworks</p> <p>All patients have a manual handling risk assessment which includes an assessment of transport risks if the service is providing transport</p> <p>All staff and volunteers access health and safety training relevant to their role and a record of attendance at training is maintained</p> | <p>Patient safety is enhanced by the use of health care processes, working practices and systematic activities that prevent or reduce the risk of harm to patients</p> |

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| Second Domain – Clinical and Cost Effectiveness | | |
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| Standard statements: | | |
| <ul style="list-style-type: none"> Care provided is based on best available evidence and conforms to NICE guidance Clinical care is carried out under adequate supervision and leadership Clinicians continuously update skills relevant to their role Care and services provided are audited and reviewed on a regular basis Partnership working with other organisations ensures that patients’ needs are properly managed and addressed | | |
| RESOURCES | PROCESS | OUTCOMES |
| <p>Resources for staff:- Access to best available evidence:-</p> <ul style="list-style-type: none"> health care journals library facilities internet access <p>Access and funding for training:-</p> <ul style="list-style-type: none"> Palliative care training, to diploma/degree level for senior nurses Core Skills for Day Care Leaders 1 & 2 Communication skills training Critical appraisal skills <p>Access to support and supervision:-</p> <ul style="list-style-type: none"> Protected time for support Access to clinical supervision Day care leaders locality groups Association of Palliative Day Care Leaders <p>Documentation:- Assessment documentation, care plans, progress records and review/evaluation records Validated audit tools NICE guidance on Supportive and Palliative Care</p> | <p>Patient care and clinical decision making:-</p> <ul style="list-style-type: none"> Patients’ individual needs are systematically assessed by a multi disciplinary team There is a clear plan of care for each patient which is discussed and reviewed with them within appropriate time frames The rationale for care and/or treatments is stated Documentation is completed in an accurate, legible and contemporaneous manner according to national and local guidelines The multi-disciplinary team meets weekly, actions are documented and reviewed Communication is established between other organisations contributing to the patients’ care <p>Professional support and development:-</p> <ul style="list-style-type: none"> Staff have opportunity to reflect on and learn from their practice Staff attend training appropriate to their role to develop and maintain knowledge and skills Staff network with other palliative day care units to share best practice | <p>Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes</p> <p>The rationale for decisions about care is clearly documented</p> <p>Staff feel supported and develop professionally</p> |

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| <p>Third Domain – Governance Standards statements:-</p> <ul style="list-style-type: none"> • Risks are assessed and managed systematically • Health records are managed systematically • Resources are managed effectively and efficiently • Discrimination is challenged and equality promoted • Staff are able to raise, in confidence, concerns over any aspect of the service • Employment checks are undertaken according to local guidelines and professionals abide by relevant codes of professional practice • Staff are appropriately recruited, trained and qualified, and participate in ongoing professional development | | |
|---|---|--|
| RESOURCES | PROCESS | OUTCOME |
| <p>Policies and guidelines:-</p> <ul style="list-style-type: none"> • Guidelines relating to the storage of notes • Risk policy, including risk assessment tool • Human resources policies • Codes of professional conduct <p>Training:-</p> <ul style="list-style-type: none"> • Risk assessment • Recruitment and selection training. • Appraisal system and training <p>Communication:-</p> <ul style="list-style-type: none"> • Planned and regular team meetings for staff. • Planned and regular meetings for volunteers | <p>Patient records are stored and disposed of in accordance with guidelines</p> <p>Risks are assessed, documented and managed</p> <p>Staff have access to processes which permit them to raise, in confidence, and without prejudicing their position, concerns over any aspect of the service</p> <p>Employment checks are carried out according to guidelines</p> <p>Staff have their developmental needs identified at appraisal and have these reviewed on a regular basis</p> <p>Staff and volunteers are kept informed about service developments</p> | <p>Managerial and clinical leadership and accountability, as well as the organisation’s culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the organisation</p> |

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| <p>Fourth Domain – patient focus Standard statements:</p> <ul style="list-style-type: none"> • Patients and carers are treated with dignity and respect • Information about patients is shared appropriately, with consent where necessary • Information about procedures for registering complaints is clear and accessible • Nutritional and dietary needs are catered for • Information about care and treatments is suitable and accessible • Patients are supported to make choices and shared decisions about their care | | |
|---|---|---|
| RESOURCES | PROCESS | OUTCOME |
| <p>Resources for patients:- Current literature in a format appropriate to patients’ needs Information on other services locally and nationally, including websites Translation services Facilities for private conversations Information on how to make a complaint/ give feedback about the service</p> <p>Resources for staff:- Communication skills training Data Protection Act documentation and training Adequate time to assess patients and discuss care/treatment options Multi-disciplinary meetings</p> <p>Documentation:- Assessment documentation Patient care plans Review documentation</p> | <p>Views and preferences of patients and carers are actively sought to assist in planning, evaluation and delivery of services Patients are offered privacy to discuss their concerns Patients participate in decisions about their care</p> <p>Staff have the skills and knowledge required to discuss care needs with patients and develop an appropriate plan of care Care is provided by a multi-disciplinary team and tailored to individual patient needs</p> <p>The physical, psychological, social and spiritual concerns of patients and carers are routinely assessed and their goals documented Patients’ goals are identified, documented and reviewed Plans of care are developed with patients and relate to their goals</p> | <p>Health care is provided in partnership with patients, their carers and relatives, and in partnership with other organisations whose services impact on patient wellbeing</p> <p>Patients and carers feel supported and valued</p> <p>The physical, psychological, social and spiritual needs of patients are met to a level acceptable to them and which is realistically achievable</p> <p>Carers’ needs are met to a level acceptable to them and within the remit of the service</p> |

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| Fifth Domain – Accessible and Responsive Service | | |
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| Standard statements: | | |
| <ul style="list-style-type: none"> • The views of patients and carers are taken into account in planning, delivering and improving the service • All patients are able to access the service equitably according to need | | |
| RESOURCES | PROCESS | OUTCOMES |
| <p>Patient and carer satisfaction survey or similar documentation</p> <p>Operational policy including referral and discharge criteria</p> <p>Information about other day care facilities and support agencies</p> <p>Information for patients on accessing “out-of hours” advice</p> <p>Volunteer policy, including guidelines on transporting patients</p> <p>Availability of or access to vehicle for transporting patients</p> <p>Disabled parking and access to building(s)</p> | <p>Referrals are responded to promptly in line with local guidelines</p> <p>The allocation of places and/or therapies are based on the assessed needs of patients</p> <p>Patients, carers and other professionals are told about referral criteria and discharge procedures</p> <p>Patients are discharged in line with local policy</p> <p>Referral to other agencies/ services are timely and appropriate</p> <p>Unit opening times are as flexible as reasonably possible and take into account the needs of the population served</p> <p>Transport is available for patients</p> <p>Volunteers are trained to transport patients safely</p> | <p>Patients receive services as promptly as possible, have a choice in access to services and treatments, and do not experience unnecessary delay at any stage in their care pathway</p> <p>Referral and discharge criteria are understood by patients, carers and other agencies</p> <p>Patients are able to commence attendance within a time acceptable to them and reasonably possible</p> <p>The service operates In a way that provides the most efficient use of places and uptake of therapies</p> |

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Sixth Domain – Care and Environment and Amenities

Standard statements:

- The environment is safe and secure, and supportive of privacy and confidentiality
- The environment is well designed and maintained with cleanliness levels that meet national standards

| RESOURCES | PROCESS | OUTCOME |
|--|---|--|
| <p>Effective security arrangements</p> <p>Adequate rooms/areas to provide privacy for patients</p> <p>Health and safety policies</p> <p>Training and supervision of cleaning staff</p> <p>Procedure for the maintenance and repair of premises and equipment</p> | <p>Patients are cared for in a safe environment, with particular care given to safe-guarding patients' possessions</p> <p>When a patient requires privacy, a suitable room/area will be available</p> <p>Clinical and non-clinical areas are cleaned to a high standard in accordance with cleaning policies/check lists</p> <p>Premises and equipment are maintained and faults made safe promptly</p> | <p>Care is provided in an environment that promotes patient and staff wellbeing</p> |

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| <p>Seventh Domain – Public Health Standard Statements:</p> <ul style="list-style-type: none"> • Service demonstrably seeks to improve the quality of life of patients with life threatening illnesses in the community served | | |
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| RESOURCES | PROCESS | OUTCOMES |
| <p>Local information about the health needs of the population; e.g. statistics from PCT's, cancer networks and other relevant organisations</p> <p>Information regarding the service's admission and discharge criteria</p> | <p>There are links with Cancer Networks, Primary Care Trusts, primary health care teams, local cancer centres and other referring services</p> <p>There are mechanisms for taking into account the views of the local population when planning services</p> <p>Service information is accessible and available in formats that reflects the community served</p> | <p>Programmes of care and services are planned and delivered with the aim of improving the health of the population served and to reduce inequalities between different population groups and areas</p> <p>Referrals are received from diverse sources and reflect local needs</p> |