

Standards Audit Tool for Indian Palliative Care Programs

Please describe your program

A. Type of Services (please select one):

1. Government Hospital	
2. Private Hospital	
3. Standalone	
4. NGO	
5. Community	
6. Medical College	
7. Other	

If "other" please explain: _____

B. Focus of work (Please put a tick in the boxes that is applicable to your programme)

Provide Palliative Care as and when opportunity arises, but not the main focus of work	
Focus of work is Palliative Care in cancer	
Main focus of work is Palliative care in different settings (Both malignant and non-malignant)	
Actively involved in education relating to Palliative Care	
Actively involved in research relating to Palliative Care	

C. Descriptors

Size of the programme	Average daily census
In-patient	
Out -patient	
Home based care	
Cross consultation service	

Part A: ESSENTIAL

The Hospice/Palliative Care Program:	Never	Rarely	Sometimes	Often	Always
Has a system in place for whole patient assessment, documentation, and management that includes at minimum					
1. Assessment and documentation of pain, pain scale					
2. Assessment and documentation of other symptoms					
3. Regular review of pain and other symptoms and titration of medications					
Provides access to essential medications as demonstrated by:					
4. An uninterrupted supply of immediate release oral morphine					
5. Access to essential medicines and equipment. (Essential Package)					
6. 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					
A Palliative service should adopt a team approach. It should have at least:					
7. Trained Doctor with a minimum of 10 days clinical palliative care training under supervision					
8. Trained Nurse with a minimum of 10 days clinical palliative care training under supervision					
9. Designated team members trained to deliver psychological, social and spiritual support					
The palliative care service engages the community and does not work in isolation.					
10. There is evidence of interaction between the community and health care professionals in the establishment and ongoing operation of the services					
The palliative care service supports the health of the team through activities such as:					
11. Regular team meetings					
12. Self-care training					
13. Debriefing					
The palliative care service has a programme of education and training					
14. Ongoing continuing professional education for the palliative care team					
15. Educational programmes on palliative care for fellow professionals					

Part B: DESIRABLE

The Hospice/Palliative Care Programme:	Never	Rarely	Sometimes	Often	Always
16. Has sufficient access to free morphine (essential package for poor patients)					
17. Provides home care services directly/ indirectly					
18. Provides after hours support directly / indirectly					
19. Has an institutional policy for Pain Management					
20. Has an institutional policy for End-of-life care					
21. Has access to ancillary services- Dietetics, Physical Therapy, occupational therapy, Physical Rehabilitation					
22. Provides caregiver support including bereavement support					
23. Has significant contributions from volunteers					
24. Has support of other health care professionals for palliative care work					
25. Conducts programmes to promote awareness, advocacy for palliative care work through media support, IMA, etc					
The palliative care service fosters a healthy organizational culture which includes:					
26. Regular team activities that foster team building					
27. Conflict resolution	Yes			No	
28. Administrators are supportive of palliative care	Yes			No	
The palliative care service has in place a programme of education and training wthawithincludes:					
29. Education programs on palliative care for medical/nursing students/social work students	Yes			No	
30. Education programs on palliative care for volunteers	Yes			No	
31. Awareness programs on palliative care for the public	Yes			No	
32. Access to teaching material, textbooks and journals	Yes			No	
33. Participation in conferences and CMEs	Yes			No	
The palliative care service has a commitment to continuous quality improvement though:					
34. Ongoing audit	Yes			No	
35. Participation in research	Yes			No	
The palliative care service participates in institutional activities					
36. Integration with mainstream care					
37. Participation in Journal Club, Ethic Committee, Multidisciplinary team meeting, tumour board, etc.					