

# Optional Self-Assessment for The Joint Commission Community Based Palliative Care (CBPC) Certification for Home Care

This tool is a useful document that may be helpful to your Home Care organization as you pursue CBPC Certification for your organization. The tool assesses Elements of Performance (EPs) which are the actions, processes and structures that must be implemented to achieve the standards. These EPs are in addition to those required for your Home Care Accreditation. The Survey Activity line below each section indicates which activity within the survey will likely address these requirements.

If you would like to use this tool, you may find it most beneficial to consider if your CBPC program/services are or will be provided through your home health program, your hospice program, or as a separate program/service line within the organization.

- ✓ Check “yes” when your organization believes it is in compliance with a question.
- ✓ Check “no” when your organization is not in compliance.

Based on your answers, your organization should be able to highlight areas where continued work needs to be completed in order to be in compliance with the standards.

## I. Human Resources (HR)

### A. Focus Area: Staff qualifications, knowledge, and experience

- All clinical staff must have broad-based knowledge and/or experience in providing palliative care. The organization identifies what is consistent with their policies and philosophy of care regarding required knowledge and experience. Programs caring for pediatric patients are required to have staff with experience in pediatric care (including physical and emotional growth and development).

**(HR.01.01.01, EPs 27-29; HR.01.02.07, EP 9)**

- The organization has determined program staff qualifications, including the knowledge and experience required to provide CBPC to patients in the program. Leaders evaluate the qualifications, knowledge, and experience of the IDT members and staff hired to work in the CBPC program.

**(HR.01.06.01, EP 26; also see HR.01.01.01, EPs 27-29 and HR.01.02.07, EP 10)**

Yes  No

Comments: \_\_\_\_\_

*Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment, Leadership Session*

### B. Focus Area: Interdisciplinary team: membership and responsibilities

- Based on the requirements, the organization identifies the composition of the interdisciplinary team, including a minimum of the four disciplines in the standard. The organization has identified a minimum of a physician, a

registered nurse or advanced practice nurse, a social worker, and a chaplain/spiritual care provider to serve as the core interdisciplinary team.

**(HR.01.02.07, EPs 10-11)**

- The organization and the program define the responsibilities of the IDT and its members. These responsibilities are put into writing.

**(HR.01.02.07, EP 12)**

Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment Leadership Session*

## C. Focus Area: **Orientation and ongoing education**

- Orientation for CBPC leaders, IDT members, staff, and volunteers is provided by or facilitated by the organization/ program. The information provided assists the leaders and staff to fulfill their responsibilities. The content and format, as defined by the program leaders, includes, at a minimum, the topics listed in EP 24 (and EP 25 if pediatric patients are involved). The plan can be shared verbally or in writing. The program determines how the orientation (and other education) should be documented (staff HR files, education files, etc.).

**(HR.01.04.01, EPs 24-25)**

Yes  No

Comments: \_\_\_\_\_

- Ongoing staff education: Leaders identify learning needs of the IDT, staff, and volunteers, and determine the education necessary to meet their needs. The program determines the topics and number of hours of continuing education required. **(HR.01.05.03, EP 27; also see HR.01.05.03, EP 5)**

Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Survey Activity: Opening Conference/Org orientation, Competency Assessment, Leadership Session*

## D. Focus Area: **Competency**

- Competency assessment:

The competency of each CBPC IDT member and staff person to perform their duties and responsibilities is assessed. The program leaders determine how this assessment is done, and the time frame for the assessments.

**(HR.01.06.01, EP 27; also see HR.01.06.01, EP 1)**

Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Survey Activity: Opening Conference/Org orientation, Competency Assessment, Leadership Session*

## II. Information Management (IM)

### A. Focus Area: **Health information management**

- The organization has a policy on privacy and security of health information; staff and patients are made aware of this policy.

(IM.02.01.03, EP10)

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Program staff members assist patients to share their important health information with the program/organization. This information is necessary in providing CBPC in a safe manner. (IM.02.02.01, EP 5)

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

- The program has the responsibility to obtain and provide palliative care references and information on community resources that are available to patients and families.

(IM.03.01.01, EP 7)

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

*Survey Activity: Patient Tracer, Opening Conference/Org orientation, Leadership Session*

### III. Leadership (LD)

#### A. Focus Area: Leadership (governance) accountability

- Program leaders define leadership accountabilities and the program's scope of care.  
(LD.01.03.01, EPs 23-24; also see LD.04.01.05, EP 3)
- Program leaders evaluate their risk assessment and safety activities to determine whether or not it meets their objectives.

(LD.01.03.01, EP 25)

- The organization provides the opportunity for program leaders to meet and share best practices with leaders of other programs. This can be done in a variety of ways, including conference calls, meetings, and attendance at local, regional, and national seminars.

(LD.01.03.01, EP26)

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

*Survey Activity: Opening Conference/Org orientation, Leadership Session*

#### B. Focus Area: Program mission, vision, and goals

- Program and organizational leaders work together to develop the CBPC program's philosophy of care, treatment and services. This philosophy is aligned with the organization's mission. These leaders also formulate the goals of the CBPC program.

(LD.02.01.01, EPs 6-7)

- Organizational leaders empower the leaders of the CBPC program to provide the care, treatment, and services needed by their patients and families.

(LD.02.01.01, EP 8)

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

*Survey Activity: Opening Conference/Org orientation, Leadership Session*

### C. Focus Area: **Patient Satisfaction** (\*includes requirements from LD and PI chapters)

\*NOTE: For LD requirements related to Performance Improvement, see Focus Area: Performance Improvement in the PI chapter.

- LD chapter  
-The program is responsible for collecting and utilizing program-specific patient satisfaction data to improve the care it provides. **(LD.03.02.01, EP 3)**
- PI chapter  
-The program collects patient satisfaction data specific to the services it provides.

**(PI.01.01.01, EP 14)**

Yes  No

Comments: \_\_\_\_\_

Survey

Activity: *Opening Conference/Org orientation, Leadership Session, Data System Tracer*

### D. Focus Area: **Organization-wide planning and communication**

- Organization and program leaders communicate information related to the CBPC program, including the following:
  - Program information to share with others in the organization  
**(LD.03.03.01, EP 1)**
  - Program resource needs are communicated to and provided by the organization  
**(LD.03.03.01, EP 2)**
  - Leaders from both the organization and the program support and provide access to ongoing education in palliative care  
**(LD.03.03.01, EP 3)**
  - The program has a process for sharing PI information with the public, when requested.  
**(LD.03.04.01, EP 3)**

Yes  No

Comments: \_\_\_\_\_

Survey Activity: *Opening Conference/Org orientation, Leadership Session*

### E. Focus Area: **Leadership role in improving quality and safety**

- The organization provides dedicated program leaders and staff to provide safe, quality patient care and services.  
**(LD.03.06.01, EP 10)**
- Program leaders provide coaching, clinical support, and guidance for CBPC staff members, to assist in improving provision of care and promoting trust between patients and staff. **(LD.03.06.01, EPs 11-12)**
- Emotional support is made available for CBPC leaders, IDT members, staff and volunteers as needed.  
**(LD.03.06.01, EP 13)**

Yes  No

Comments: \_\_\_\_\_

Survey Activity: *Opening Conference/Org orientation, Leadership Session*

## F. Focus Area: **Organizational management of the program**

The home care organization is responsible for the effective management of the CBPC program and the services it provides. The organization holds the program leaders accountable for the following:

- Education of staff throughout the organization about the CBPC program and how to refer patients for these services.  
**(LD.04.01.05, EP 14)**
- Integration of CBPC services with other services provided by the organizations.  
**(LD.04.01.05, EP 15)**
- Developing policies and procedures that support CBPC clinical services.  
**(LD.04.01.07, EP 11)**
- Developing a referral process for patients in the CBPC program to transition to hospice care when needed.  
**(LD.04.03.03, EP 34)**
- Evaluation of care provided by contracted staff to ensure that the level and quality of care is consistent with that provided by staff.  
**(LD.04.03.09, EP 24)**
- Involvement of program staff in the design of the care and services provided by the CBPC program.  
**(LD.03.08.01 EP 3)**
- Developing a process to provide or make a referral for bereavement services for the patient's family, as needed.  
**(PC.01.03.01, EP 53)**

Yes  No

Comments: \_\_\_\_\_

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*Survey Activity: Patient Tracer, Opening Conference/Org orientation, Leadership Session*

## G. Focus Area: **Clinical practice guidelines**

- The program uses clinical practice guidelines and evidence-based practices in providing CBPC care, treatment and services. Program leaders can share these guidelines during the survey.  
**(LD.03.10.01)**
- The program's clinical practices are reviewed and revised whenever there are changes to the national evidence-based guidelines. This should also be done if the program's PI activities demonstrate the need for practice changes.  
**(LD.03.10.01 EP 4)**

Yes  No

Comments: \_\_\_\_\_

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*Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment, Leadership Session, IDT Session*

## IV. **Provision of Care (PC)**

### A. Focus Area: **Identification of appropriate patients for CBPC**

The program has developed a process to identify patients that would benefit from CBPC and services that the program provides, and educates IDT members and staff on this process.

**(PC.01.01.01, EP49)**

Yes  No

Comments: \_\_\_\_\_

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Leadership Session, IDT Session

**B. Focus Area: Communication (\*includes requirement from RI chapter)**

- Program staff ask the patient's preference about how they would like to receive information about their care (verbally, in writing, etc.) and this is shared with all other staff providing care for the patient.

**(PC.01.02.01, EP 44)**

- Program staff evaluate and revise the plan of care as needed by the patient and family; revisions are documented in the medical record.

**(PC.01.02.01, EP 45)**

- When a patient is transferred to a new care setting, the program has a process to communicate all necessary patient information (including patient's goals and clinical condition) to the next care provider.

**(PC.04.02.01, EP 9)**

- \*From RI chapter:

-Program staff instruct patients and families of their responsibility to communicate information that is important to their care.

**(RI.02.01.01, EP 4)**

Yes  No

Comments: \_\_\_\_\_

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

**C. Focus Area: Patient assessment and reassessment**

Requirements that address patient assessment and reassessment include the following:

- A member of the IDT conducts and documents an initial patient assessment. This assessment is a comprehensive assessment, defined by the program and based on the patient's needs, and is documented.

**(PC.01.02.01, EP 46; also EPs 47-52)**

- The initial assessment includes a clinical assessment, including:

- Assessment of symptoms including pain, dyspnea, constipation, other physical symptoms

**(PC.01.02.01, EP 47)**

- Assessment of functional status

**(PC.01.02.01, EP 48)**

- Assessment of patient's and family's psychosocial status

**(PC.01.02.01, EP 49)**

- Assessment of cultural, spiritual, and religious beliefs

**(PC.01.02.01, EP 50)**

- Assessment of psychological symptoms including anxiety, stress, grief, and coping; standardized scales are used when appropriate

**(PC.01.02.01, EP 51)**

- For pediatric patients: assessment is done considering the age and developmental stage of the child.

**(PC.01.02.01, EP 52)**

- The initial assessment is completed within the timeframe defined by the program.  
**(PC.01.02.03, EP27)**
- IDT members and staff reassess the patient when there is a change in the patient's condition, goals, preferences, and as defined by the program.  
**(PC.01.02.03, EP28)**
- When IDT members assess that a patient has psychiatric symptoms including depression, anxiety, and suicidal ideation, the patient is referred for treatment.  
**(PC.01.02.03, EP29)**  
 Yes  No

Comments: \_\_\_\_\_

Survey Activity: Patient Tracer, Competency Assessment, IDT Session

**D. Focus Area: Plan of care**

- The IDT, patient, family, and other staff that care for the patient collaborate to develop and update the documented plan of care.  
**(PC.01.03.01, EP 49)**
- The plan of care is based on the patient's needs, as well as their values, goals, strengths, and limitations.  
**(PC.01.03.01, EP 50)**
- The plan of care is communicated to staff that care for the patient.  
**(PC.01.03.01, EP 51)**
- The care plan includes an arrangement for spiritual care, as needed by the patient (by the program's chaplain, the patient's clergy, or clergy in the community).  
**(PC.01.03.01, EP 52)**
- The program leaders and staff evaluate the care plan and provision of care.  
**(PC.01.03.01, EP 54)**  
 Yes  No

Comments: \_\_\_\_\_

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

**E. Focus Area: Provision of care, treatment, and services**

- Each patient's care is individualized and provided according to the plan of care.  
**(PC.02.01.01, EP 20)**
- The program provides or has a process to refer patients for urgent/emergency care.  
**(PC.02.01.01, EP 21)**
- The IDT members provide compassionate care, promote quality of life, and preserve patients' comfort and dignity.  
**(PC.02.01.01, EP 22)**
- The IDT manages the patient's physical and psychological symptoms and minimizes pain and suffering using various methods and types of care. (These symptoms include those listed in the EPs.)  
**(PC.02.01.01, EPs 23, 24)**  
 Yes  No

Comments: \_\_\_\_\_

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

## F. Focus Area: **Interdisciplinary coordination of care, treatment and services**

The CBPC program provides interdisciplinary, coordinated care to the patients it serves by:

- Providing patients and families with a collaborative, trusting environment.  
**(PC.02.01.05, EP 34)**
- Facilitating communication and promoting teamwork between all members of the care team.  
**(PC.02.01.05, EPs 35-36)**
- Promoting the development of patient-centered goals by patients and staff.  
**(PC.02.01.05, EP 37)**
- Working with the patient's physician and other healthcare providers to assist in managing chronic illnesses and conditions.  
**(PC.02.01.05, EP 38)**
- Assisting patients and families to access community resources that meet their needs.  
**(PC.02.02.01, EP 24)**
- Utilizing the patient's health information when making provision of care decisions.  
**(PC.02.02.01, EP 25)**
- Managing the exchange of patient health information between the patient's physician, program IDT and staff.  
**(PC.02.02.01, EP 26)**
- Scheduling and conduction IDT meetings to discuss patient and family needs, advance care planning, and care management (frequency is defined by the program).  
**(PC.02.02.01, EP 27)**

Yes  No

Comments: \_\_\_\_\_

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

## G. Focus Area: **Meeting the needs of patients**

The CBPC program demonstrates the ability to meet the needs of patients in the following ways:

- Informs patients and families how to access care, treatment, and services, both during business hours, after hours, and in emergency situations.  
**(PC.02.02.05, EPs 5 and 6)**
- Provides patients and families with education and support based on their needs.  
**(PC.02.03.01, EP 32)**
- Develops and implements a method to address any ongoing needs that the patient may have after discharge or transfer to another provider or setting. **(PC.04.01.01, EP 28)**

Yes  No

Comments: \_\_\_\_\_

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

## V. Performance Improvement (PI) (\*includes requirements from both PI and



## LD chapters)

### A. Focus Area: **PI plan and priorities**

- \*LD requirements:
  - Program has a written PI plan and implements the plan.  
**(LD.03.07.01 EP 24)**
  - Program sets PI priorities, and adjusts them as needed.  
**(LD.03.07.01 EP 25)**
  - Program PI activities include multiple disciplines and settings.  
**(LD.03.07.01 EP 26)**
  - PI plan and data analysis are shared at least annually with the leaders of the organization.  
**(LD.03.07.01 EP 28)**

Yes  No

Comments: \_\_\_\_\_

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*Survey Activity: Opening Conference/Org orientation, Data System Tracer, Leadership*

### B. Focus Area: **Data collection and analysis**

- \*PI requirements:
  - Data collection is timely; is done at the individual patient level; uses consistent data sets, definitions, codes, classifications, and terminology; and data collected is used to improve processes and outcomes.  
**(PI.01.01.01, EP 38)**
  - Program selects valid, reliable performance measures based on evidence-based guidelines and literature.  
**(PI.01.01.01, EP 37)**
  - Data collection is monitored for quality by the program.  
**(PI.01.01.01, EP 39)**
  - Data is analyzed using statistical tools when useful.  
**(PI.03.01.01, EP 15)**
  - The program uses data analysis to identify variables that affect outcomes, and to improve and sustain performance.  
**(PI.03.01.01, EPs 16 and 17)**
  - The program has a process to involve patients in the evaluation of care, treatment, and services.  
**(PI.04.01.01, EP 13)**

Yes  No

Comments: \_\_\_\_\_

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*Survey Activity: Opening Conference/Org orientation, Data System Tracer, Leadership, IDT Session*

## VI. Record of Care (RC)

## A. Focus Area: **Information in the medical record**

- A copy of the patient's advance directive is included in the medical record.  
**(RC.02.01.01, EP 28)**
- Members of the IDT and staff are responsible for documenting patient preferences for care and treatment in the medical record.  
**(RC.02.01.01, EP 29)**

Yes  No

Comments: \_\_\_\_\_

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*Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session*

## VII. **Rights and Responsibilities (RI)**

### A. Focus Area: **Respect for patients' rights**

- The program provides care that meets the communication needs of the patient.  
**(RI.01.01.01, EP 33)**
- Program staff provide care that respects the patient's and family's cultural preferences whenever possible to do so.  
**(RI.01.01.01, EP 34)**

Yes  No

Comments: \_\_\_\_\_

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*Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session*

### B. Focus Area: **Right to receive information**

- Program staff ask patients how they want to receive information: what information, in what manner, and who besides the patient should receive the information.  
**(RC.01.01.03, EP 6)**
- Program staff use this information in providing information that is tailored to the needs of the patient; the age, language and ability of the patient to understand are also taken into consideration when providing information.  
**(RC.01.01.03, EP 7)**

Yes  No

Comments: \_\_\_\_\_

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*Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session*

### C. Focus Area: **Right to participate in decision making**

- The organization includes the patient in making decisions about their care:
  - Education about diagnoses and disease processes are provided by staff, so patients are able to make educated decisions.  
**(RI.01.02.01, EP 36)**
  - If a patient has a surrogate decision-maker (caregiver, DPOA for health care, etc.), the program staff are responsible for documenting the name and contact information for this person in the medical record.  
**(RI.01.02.01, EP 37)**
- For organizations that provide CBPC services to pediatric patients:

- The program considers the child's opinions and preferences in providing care, when it is developmentally appropriate to do so.

**(RI.01.02.01, EP 38)**

- The program provides age-appropriate information for the child when approved by the family, and when it is determined appropriate and developmentally appropriate to do so. This may include information about the child's diagnosis, treatment, and other related topics.

**(RI.01.02.01, EP 39)**

Yes  No

Comments: \_\_\_\_\_

*Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session*

## **D. Focus Area: Decisions about end of life care**

- The program defines how staff will provide education and information to the patient and family about end of life care, including an advance care planning discussion. The education and information provided by the staff is appropriate for the patient's condition, and takes into consideration the patient's values, beliefs, cultural background, and preferences for care. The information provided and the patient's responses are to be documented in the medical record.

**(RI.01.05.01, EP 23)**

Yes  No

Comments: \_\_\_\_\_

*Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session*

## **E. Focus Area: Right to have complaints reviewed**

- Program staff notify patients to express any concerns or complaints about their care to the staff.

**J(RI.01.07.01, EP 30)**

- Program staff know the process for handling patient concerns/complaints.

**(RI.01.07.01, EP 31)**

- The organization has a process to address and resolve concerns and ethical issues of patients, families and staff; patients, families, and staff are educated about this process.

**(RI.01.07.01, EP 32)**

Yes  No

Comments: \_\_\_\_\_

*Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session, Leadership Session*