

## Appendix 9.6. Preferred Palliative Care Best Practices for Nursing Homes

Consensus Agreement\* of the IMPACTT PROJECT

***What will the nursing home and its palliative care (PC) team strive to do?***

- 1. Palliative and hospice care will be provided by a team approach that includes professionals and other stakeholders.**
- 2. The PC Team will develop a care plan, supervise care, and regularly review the plan for residents referred to palliative care, based on interdisciplinary assessment.**
- 3. The PC Team will assess, document, and manage physical symptoms (eg, pain, dyspnea, constipation) and side effects in a timely, safe, and effective manner to a level acceptable to the resident and family.**
- 4. The PC Team will assess, document and manage anxiety, depression, delirium, behavioral disturbances, and other common psychological symptoms in a timely, safe, and effective manner to a level acceptable to the resident and family.**
- 5. The PC Team will recognize and document the transition to the active dying phase and communicate the expectation of imminent death.**
- 6. The PC Team will provide adequate dosage of analgesics and sedatives as appropriate and acceptable to the resident and family to achieve comfort during the active dying phase.**
- 7. The facility will provide continuing education to all staff on the domains of palliative and hospice care.**
- 8. The facility will provide adequate training and clinical support to assure that PC Team members are confident in their ability to provide palliative care to residents.**
- 9. The PC Team will assure there is a designated surrogate decision maker for every resident who is referred for palliative care.**
- 10. The PC Team will assure each referred resident's (or their surrogate's) preferences for (the residents) goals of care are documented.**
- 11. The PC Team will assure each referred resident's treatment goals have been converted into medical orders using the MOLST.**
- 12. The PC Team will enable referred residents/families to make informed decisions about their care by educating them on disease processes, prognoses, and benefits/burdens of interventions.**

- 13. The PC Team will recognize and support psychological reactions of residents and families to address emotional suffering (including stress and anticipatory grief) in an ongoing fashion.**
- 14. The PC Team will conduct regular resident and family meetings for referred residents, to provide information, discuss goals of care, disease prognosis, advanced care planning, and offer support.**
- 15. The PC Team will implement a comprehensive social plan of care including the social, practical and legal needs of referred resident/family members.**
- 16. For referred residents, the PC Team will ascertain and document resident and family wishes about the preferred care setting for site of death.**
- 17. The PC Team will provide leadership in treating the body of a deceased resident with respect and with sensitivity to the emotional needs of the other residents, family members and facility staff.**

\*Based on the Delphi survey process conducted in 16 facilities with 48 participants.