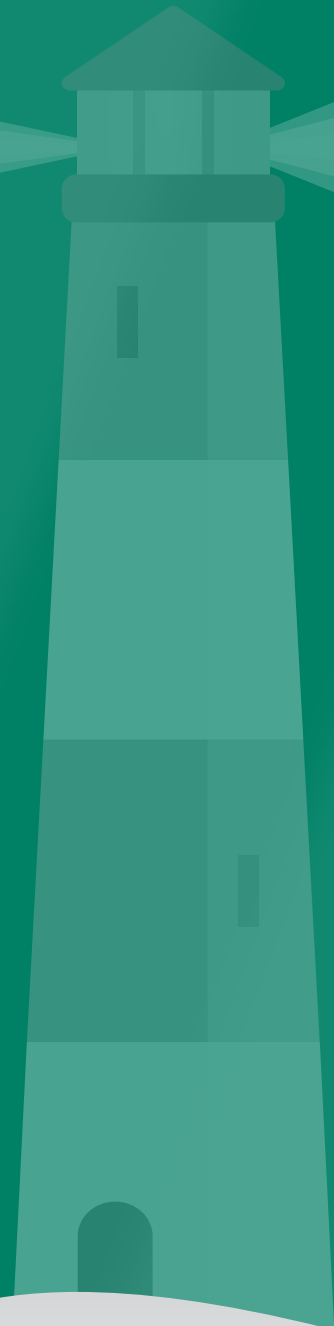




HPCA
CARE & SUPPORT
Hospice Palliative Care Association of South Africa



HPCA

Standards for Palliative Healthcare Services

4th Edition
2020

**THE COUNCIL FOR
HEALTH SERVICE
ACCREDITATION
OF SOUTHERN AFRICA**
C O H S A S A
Quality Improvement in Health Care

 **IEEA** | International Society
for Quality in Health Care
External Evaluation Association
Accredited Standards 2020-2024

**DG
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A INTRODUCTION

PRINCIPLES AND THE PHILOSOPHY OF PALLIATIVE CARE

Hospice Palliative Care Association (HPCA) philosophy of palliative care is the active total care of patients whose disease is no longer responsive to curative treatment. Control of pain, of other symptoms and of psychological, social and spiritual needs is paramount. The goal of palliative care is the achievement of the best quality of life for patients and their families across all healthcare settings.

WORLD HEALTH ORGANISATION (WHO) DEFINITION OF PALLIATIVE CARE FOR ADULTS

Palliative care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of the early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care:

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and in their bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- Will enhance the quality of life, and will also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are implemented to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications (Anti-retroviral therapy is included as an "other" therapy)

WHO November 2002

WHO DEFINITION OF PALLIATIVE CARE FOR CHILDREN

Palliative care for children represents a special, albeit closely related field to adult palliative care. The WHO definition of palliative care, appropriate for children and their families, is as follows (the principles apply to other pediatric chronic disorders (WHO 1998a):

- Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family
- It begins when illness is diagnosed and continues regardless of whether or not a child receives treatment directed at the disease
- Health providers must evaluate and alleviate a child's physical, psychological and social distress
- Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited
- It can be provided in tertiary care facilities, in community health centers and even in children's homes (the child's own home, community home or institution)

WHO November 2002

<https://www.who.int/cancer/palliative/definition/en/>

1. Background development of the HPCA Standards for Palliative Healthcare Services

In the South African healthcare environment, palliative care is provided particularly for patients with advanced, progressive disease, including HIV/AIDS. The focus is on home-based care and extends into the bereavement period.

(Hospice Palliative Care Association, 2001)

In 2005, HPCA identified that the demand for palliative care services far outstripped available resources. HPCA and member organisations, in collaboration with The Council for Health Services Accreditation of Southern Africa (COHSASA), initiated the development of palliative care standards. These standards meet international requirements for standards accreditation in community settings.

A standard is defined as a predetermined expectation set by a competent authority that describes the minimally acceptable level of:

- Structures in place
- Performance of a process
- Measurable outcome that is practically attainable

(COHSASA)

Structures that need to be in place include human and material resources and documented policies. These policies are implemented by the consistent performance of set procedures (process) that ensures patient/family/personnel, volunteers' and learners' safety. The measurable outcome or evidence that a stated policy, for example, regarding patient care, is effectively implemented and documentation is found in the health records.

Improving quality is a continuous process, and all activities linked to monitoring standards need to be as much about developing a culture of quality assurance and continuous improvement within each palliative care programme as meeting external accreditation requirements. Accredited member organisations have the opportunity to be well positioned to provide mentorship on the implementation of palliative care standards to other organisations within their health districts. Recognition of community-based palliative care service providers by the formal healthcare sector, and existing and potential donors will be required to maintain compliance with accredited standards.

The first HPCA standards booklet (Standards for the Provision of Palliative Clinical Care in Hospice) was distributed to member hospices by HPCA in 1998. On implementation of these clinical standards, it became apparent that good clinical care was dependent upon good governance. This resulted in the initial collaboration with COHSASA in the development of the first edition of the comprehensive Hospice Palliative Care Standards, with funding received from the President's Emergency Plan for AIDS Relief (PEPFAR). This first edition of the standards was implemented by HPCA member organisations in 2005 and was the beginning of the HPCA/COHSASA accreditation process. In 2009 the HPCA star rating system was implemented to build capacity and recognise HPCA member organisations for their achievement towards accreditation in providing quality palliative care services.

The development and review process of these standards is aligned with COHSASA and International Society for Quality in Healthcare (ISQua) accreditation processes and is valid for a four-year period. The second edition of the Hospice Palliative Care Standards was awarded accreditation by ISQua in 2010 and the third edition in 2014. Through further development, the HPCA graded star rating system was introduced in 2009, in recognition of member organisations for their continual improvement towards compliance with these standards and their capacity to deliver quality palliative care services. The HPCA Self-Assessment Tool (SAT) was introduced in 2015.

This revised set of standards consists of ten service elements (SE1 – 10) and is divided into four management performance functions, namely:

- Healthcare Organisation Management
- Patient Care
- Ancillary Services
- Education and Research

These ten service elements are listed further on in this document under these four management performance functions.

While there are certain generic functions within service elements one to nine which are required to be performed by palliative healthcare organisation's within community settings, other functions are unique to each specific setting, for example, Education and Research in Service Element 10 (SE 10).

The continued evaluation of these standards had input from various stakeholders for the review of this edition of the palliative care standards which includes the following amendments:

- Incorporating Monitoring, Evaluation and Reporting (MER) into the Governance and Management service element
- Name change of the Fundraising service element to Management of Organisational Sustainable Income which is incorporated as a standard into the Governance and Management service element
- Combined the service elements of Administrative Support and Facility Management into one service element, Administrative Support, Facility and Equipment Management
- The standard for Research and Publications has been integrated into various standards to measure all research activities (clinical and non-clinical) undertaken by the organisation
- Eliminating duplication in all service elements

B HPCA STANDARDS FOR PALLIATIVE HEALTHCARE SERVICES

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1 MANAGEMENT AND LEADERSHIP

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- 1.2 MANAGEMENT OF THE ORGANISATION
- 1.3 FINANCIAL MANAGEMENT
- 1.4 MANAGEMENT OF ORGANISATIONAL SUSTAINABLE INCOME
- 1.5 MANAGEMENT OF DEPARTMENTS AND SERVICES
- 1.6 QUALITY MANAGEMENT
- 1.7 MONITORING, EVALUATION AND REPORTING (MER)

2 HUMAN RESOURCE MANAGEMENT

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- 2.6 VOLUNTEER SERVICE

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- 3.2 HEALTH RECORD MAINTENANCE
- 3.3 PROVISIONING AND SUPPLIES
- 3.4 FACILITIES AND EQUIPMENT
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- 4.1 RISK MANAGEMENT
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- 9.2 LAUNDRY SERVICE MANAGEMENT
- 9.3 HOUSEKEEPING MANAGEMENT

EDUCATION AND RESEARCH (SE 10)

10 EDUCATION AND RESEARCH

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- 10.2 TRAINING CURRICULA AND CLINICAL PLACEMENT
- 10.3 REGISTRATION, SUPPORT AND ASSESSMENT OF LEARNERS
- 10.4 RECORD KEEPING



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