

## IAPC Standards Audit Tool

The **IAPC Standards Audit Tool** is a list of requirements, realization of which is expected to improve the standards of care provided by the services. They look at the facilities and medicines available, sustainability of services, support from the community, government and media, team building and supporting the team members. They are broadly divided in to **Essential** and **Desirable** requirements.

These will evaluate the infrastructure and resources the services have and help to ensure that the basic necessities are met and there is good support for palliative care activities. To evaluate the 'out come', the quantity and quality of care provided we will need different tools. So we see these set of tools not as an end but a beginning which looks at the one end of the broad spectrum of palliative care services and more such tools are to be developed to help evaluating the services and out come.

This IAPC Standards Audit Tool developed from the draft summary of findings from the Indian Standards Audit done by a work group organised by Pallium India Trust, Thiruvananthapuram submitted to the Indian Association of Palliative Care (IAPC). It was further discussed at the Central Council of IAPC and modifications to the tool are suggested and incorporated.

For a palliative care service to develop effective care programmes there should be regular evaluation of its services. This will help to realize both the strengths and weaknesses and also helps to plan the future programmes. Such 'self audit' is not part of many organisations. Driven by the local needs, thrust is often given to service development and such self auditing doesn't make in to a priority list.

IAPC would like to thank Dr. Stephen Connor, the former vice president of National Hospice and Palliative Care Organisation (NHPCO), Houston, USA for his valuable inputs and support. The session of the Central Council of IAPC which discussed and finalized the audit tool was supported by NHPCO and Help the Hospices, UK. IAPC also thank all those who have contributed to the development of this tool kit.

## IAPC Standards Audit Tool

### ESSENTIAL STANDARDS

These essential standards are considered to be the minimum that need to be met for setting up a palliative care service, and all palliative care service providers should try to meet them. This is to ensure that the primary environment for palliative service delivery is made ideal. There can be services which have not met some of these requirements.

### DESIRABLE STANDARDS

These are the requirements recommended to strengthen and expand the services. Services may try to achieve the standards mentioned in this section as and when they feel that they are ready for these.

Standard s	Requirement	No.	Description	Yes/ No
E S S E N T I A L  S T A N D A R D S	Your hospice/palliative care program has a system in place for whole patient assessment, documentation, and management that includes at minimum:	1	Assessment, documentation, and management of pain with at least the body chart and pain scale	
		2	Assessment, documentation, and management of other symptoms	
		3	Assessment, documentation including family tree, and management of psychosocial issues	
		4	Assessment, documentation, and management of spiritual issues	
		5	An uninterrupted supply of step 3 opioids to the patient until the end of life	
		6	Provision of other essential medications to the patient	
		7	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:	8	A trained doctor with a minimum of 10 days clinical training under supervision	
		9	A trained nurse with a minimum of 10 days clinical training under supervision	
		10	Team members with skills to deliver psychosocial and spiritual support to the patient and family	
	The palliative care service engages the community and does not work in isolation, i.e.	11	There is evidence of involvement with the community in the establishment and ongoing operation of the palliative care service	
		12	There is evidence of involvement of other health care professionals in the establishment and ongoing operation of the palliative care service	
	The palliative care service supports	13	Regular monthly palliative care team meetings	

IAPC Standards Audit Tool

	the health of the team through activities such as			
	Your hospice/palliative care program:	14	Makes provision for home based care services	
		15	Provides bereavement follow up with families	

D E S I R A B L E  S T A N D A R D S	Your hospice/palliative care program has:	16	Sufficient access to free essential palliative drugs for poor patients	
		17	Team members with skills to deliver physical rehabilitation support	
		18	The palliative care service has significant contributions from volunteers	
		19	An ethical framework to guide palliative care decisions is in place and utilized	
		20	The government is supportive of palliative care	
		21	Media that are supportive of palliative care work	
		22	Other health care professionals that are supportive of palliative care work	
	The palliative care service fosters a healthy organizational culture which includes:	23	Self-care training	
		24	Conflict resolution	
		25	Staff stress management	
		26	Administrators are supportive of palliative care	
		27	Sufficient funds for all current programs	
		28	Access to funds for future expansion programs	
	A palliative care service has in place a program of education and training that includes:	29	Ongoing continuing professional development for the palliative care team	
		30	Education programs on palliative care for fellow professionals	
		31	Education programs on palliative care for medical/ nursing students	
		32	Education programs on palliative care for volunteers	
		33	Awareness programs on palliative care for the public	
	The palliative care service has a commitment to continuous quality improvement through:	34	Ongoing use of a standardised audit tool	
		35	Regular clinical discussions	
		36	Participation in research	