

TOP **PALLIATIVE CARE** DEFICIENCIES COMPARISON

The chart below includes the top CHAP palliative survey deficiencies ranked 1-10 by Standard for the last three calendar years.

Ranking (1-10)	CY 2025	CY 2024	CY 2023
1.	Standard PCAC.13 Plan of care includes all required elements in the standard.	Standard PCAC.9 Spiritual assessment is included as part of the interdisciplinary team assessment.	Standard PCAC.9 Spiritual assessment is included as part of the interdisciplinary team assessment.
2.	Standard PCAC.14 Policies and procedures define a process of effective communication to support coordination of care with patient and family, IDT members, other identified health care professionals and providers involved in the patient's care.	Standard PPFC.1 There is a Patient/Family Bill of Rights Statement to define and inform patients and families of their rights and responsibilities. The Statement is provided upon admission to the program, and the written Statement includes required elements in the standard.	Standard PCAC.13 Plan of care includes all required elements in the standard.
3.	Standard PCTT.18 The Palliative Care Program has defined policy and procedure to promote continuity of care during a patient's discharge from the Palliative Care Program or transfer of care to a health care facility or other health care provider and contains required components outlined in the standard.	Standard PCAC.13 Plan of care includes all required elements in the standard.	Standard PCIC.3 Bags used to carry medical equipment (e.g., BP cuff) or supplies into or out of the care setting are used in a manner consistent with policy to prevent the spread of infectious and communicable disease.
4.		Standard PCAC.2 An Interdisciplinary Team works together to assess the physical, medical, psychosocial, emotional, and spiritual needs of the patient and family facing serious illness. The IDT includes, but is not limited to, individuals who are qualified and competent to practice in the following professional roles included in the standard.	Standard PPFC.1 There is a Patient/Family Bill of Rights Statement to define and inform patients and families of their rights and responsibilities. The Statement is provided upon admission to the program, and the written Statement includes required elements in the standard.

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5.		Standard PCMG.6 An annual operating budget is developed that reflects the scope and complexity of the palliative care services provided.	Standard PCPI.2 One or more selected Performance Improvement activities address outcomes of palliative care and/or improvement in palliative care processes.
6.		Standard PCTT.5 IDT-registered nurses, including APRNs: <ol style="list-style-type: none"> 1. May provide direct patient care; 2. Provide care and treatment per the palliative care plan; 3. Ensure the immediate and ongoing assessment of patient need; 4. Provide patient and family education per the palliative care plan. 	Standard PCTT.3 The Interdisciplinary Team identifies other health care professionals, providers, and community resources involved in the patient's care and, as appropriate, consults, collaborates, and shares information relevant to the patient's and family's care. The IDT makes referrals to—or recommends referrals to—other health care providers or community resources to address patient and/or family need.
7.		Standard PCTT.8 The Interdisciplinary Team (IDT) completes all required elements of the standard.	Standard PCTT.9 Per policy and procedure, the Interdisciplinary Team ensures that regular and standardized medication reviews are conducted. The medication review includes required elements of the standard.
8.			Standard PPFC.3 Policies and procedures define a complaint management process and include required elements of the standard.

Key Themes Across the Three Years

1. Care Planning & Documentation Remain Persistent Pain Points

Across all three years, PCAC.13 – Plan of Care completeness appears repeatedly and ranks highly.

This signals a long-standing challenge with:

- Ensuring all required elements are consistently documented
- Aligning IDT members on expectations
- Maintaining accuracy and completeness across disciplines

This is the single most consistent theme in the dataset.

2. Holistic, Patient-Centered Assessment Needs Strengthening

Two standards show up multiple times:

- PCAC.9 – Spiritual assessment
- PPFC.1 – Patient/Family Bill of Rights

These could reflect gaps in:

- Holistic assessment (especially spiritual needs)
- Ensuring patients and families are fully informed of their rights
- Standardizing admission and assessment workflows

This theme underscores the need for stronger patient-centered practices.

3. Interdisciplinary Team (IDT) Coordination Is a Recurring Focus

IDT-related standards appear every year, including:

- PCAC.2 – IDT composition and assessment
- PCTT.3 – Collaboration and referrals
- PCTT.5 – RN roles
- PCTT.8 – Completion of required IDT elements
- PCTT.9 – Medication review

This pattern could suggest ongoing challenges with:

- Role clarity
- Communication
- Consistent team processes
- Standardized medication review practices

4. Communication & Continuity of Care Are Increasingly Prioritized

In 2025 especially, standards like:

- PCAC.14 – Communication processes
- PCTT.18 – Continuity during discharge/transfer rise to the top.

This could indicate a growing emphasis on:

- Clear, structured communication with families and providers
- Safe and coordinated transitions of care
- Reducing fragmentation across settings

5. Operational Infrastructure Issues Surface Intermittently

Some standards appear only in one year, such as:

- PCMG.6 – Annual operating budget (2025)
- PCIC.3 – Infection control for equipment bags (2023)

These are likely to represent:

- Episodic compliance gaps
- Organizational transitions or resource constraints

Overall Interpretation

The three-year pattern shows an organization that is:

- Consistently strong in mission and philosophy, but
- Struggling with consistent execution of core processes, especially those requiring coordination across disciplines.

The recurring nature of the findings points to system-level issues—not individual performance gaps—and highlights the need for:

- Standardized workflows
- Clearer role expectations
- Stronger communication structures
- Reinforced training and accountability

The overall interpretation is that the program is stable and mission-driven, but its operational and documentation processes need modernization and tighter integration to meet evolving standards and survey expectations.