TOP **PALLIATIVE CARE** DEFICIENCIES – 2025

CHAP Community Health Accreditation Partner

	Standard	Standard Content
①	PCAC.13	Treatment plan includes all required elements.
②	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.
③	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 Domain Deficiency Analysis, Key Actions, and Performance Improvement Focus

The following is a structured analysis of the standards deficiencies organized into major domains. It identifies what each item is intended to accomplish and highlighted system-level issues these actions address. This gives you a clear, professional-quality evaluation suitable for Quality Assessment Performance Improvement (QAPI), compliance reviews, or internal performance improvement planning.

Policy & Procedure Alignment With Standards

Analysis	Key Actions	Performance Improvement Planning

<u>Intended purpose of the standard</u>
Policies and procedures serve as the operational blueprint for compliance. If they do not fully reflect regulatory or accreditation standards, staff cannot meet expectations, and audits will continue to reveal deficiencies.
 	
<u>System-level issues for assessment</u>
• Outdated or incomplete policies that do not reflect current standards; practice misalignment that undermines compliance and quality.
• Lack of clear operational guidance for staff, resulting in inconsistent practice.
• Gaps in continuity-of-care increase risk in transitions.
	• Review and update policies/procedures to ensure all elements of the standards are included.
	• Review policies to ensure a clearly defined process for continuity of care during:
	• Discharge from the palliative care program
	• Transfer to another health care facility or provider
		• Conduct a comprehensive policy gap analysis against standards.
		• Update policies to include:
		  o Required plan-of-care elements
		  o Coordination-of-care expectations
		  o Defined discharge/transfer processes
		• Create policy quick-reference guides for staff.
		• Implement a formal policy rollout process with sign-off verification.
		• Review findings in Quality/PI Committee meetings.

Staff Education & Competency

Analysis	Key Actions	Performance Improvement Planning

<u>Intended purpose of the standard</u>
Even the best policies and documentation tools fail without knowledgeable staff who understand expectations and apply them consistently. Education is essential for embedding standards into daily practice.
 	
<u>System-level issues for assessment</u>
• Knowledge gaps due to inconsistent or insufficient training.
• Variability in staff practice stemming from unclear or infrequent education.
• Lack of competency validation to ensure staff can apply standards in real-world scenarios.
• Cultural drift where staff rely on habit rather than policy.
	• Provide education on updated policies/procedures during orientation and ongoing.
	• Reinforce expectations related to:
	  o Plan of care documentation
	  o Coordination of care
	  o Discharge/transfer processes
		• Develop structured education modules for:
		• Plan-of-care requirements
		• Coordination-of-care documentation
		• Discharge/transfer processes
		• Provide case-based learning and real-world examples.
		• Implement competency check-offs or return-demonstrations.
		• Offer coaching or mentoring for staff with repeated deficiencies.
		• Use audit findings to tailor ongoing education.
		• Review findings in Quality/PI Committee meetings.

Cross-Cutting Themes Across All Domains

1. Standardization

All deficiencies point to the need for consistent, standardized processes—documentation templates, audit tools, and policy language.

2. Communication

Improved communication is essential across:

- IDT members

- External providers

- Staff and leadership

- Staff and patients/families

3. Accountability

Clear expectations, regular audits, and feedback loops create a culture where compliance is monitored and reinforced.

4. **Education as a Continuous Process**

   Orientation alone is lacking; ongoing reinforcement is necessary to maintain competency and adapt to policy updates.

5. **Policy–Practice Integration**

   Policies must not only exist, but they must also be understood, accessible, and operationalized in daily workflows.

6. **Data-Driven Improvement**

   Audits provide the data needed to identify gaps, measure progress, and guide targeted interventions.