Community-Based Palliative Care Revisions

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO HOME CARE ACCREDITATION PROGRAMS
Effective January 1, 2021

Provision of Care, Treatment, and Services (PC) Chapter

**PC.01.02.01**

The organization assesses and reassesses its patients.

**Element(s) of Performance for PC.01.02.01**

47. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The program assesses the caregiver’s willingness and ability to provide care.  
   Note: This may include administering medication, accessing community resources, and assisting with activities of daily living.

47. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: As part of the initial assessment, the interdisciplinary team assesses and documents the patient’s pain, dyspnea, constipation, and other symptoms; standardized scales should be used when they are available. The scope of this assessment is defined by the program and based on patient needs.

48. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: As part of the initial assessment, the interdisciplinary team assesses and documents the patient’s pain, dyspnea, constipation, and other symptoms; standardized scales should be used when they are available. The scope of this assessment is defined by the program and based on patient needs.
48. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: As part of the initial assessment, the interdisciplinary team assesses and documents the patient’s functional status. The scope of this assessment is defined by the program and based on patient needs.

49. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: As part of the initial assessment, the interdisciplinary team assesses and documents the patient’s functional status. The scope of this assessment is defined by the program and based on patient needs.

49. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: As part of the initial assessment, the interdisciplinary team completes and documents a psychosocial assessment of the patient and family. The scope of this assessment is defined by the program and based on patient needs.

50. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: As part of the initial assessment, the interdisciplinary team completes and documents a psychosocial assessment of the patient and family. The scope of this assessment is defined by the program and based on patient needs.

50. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: As part of the initial assessment, the interdisciplinary team identifies and documents the cultural, spiritual, and religious beliefs and practices important to the patient and family that influence care, treatment, and services. The scope of this assessment is defined by the program and based on patient needs.

51. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: As part of the initial assessment, the interdisciplinary team identifies and documents the cultural, spiritual, and religious beliefs and practices important to the patient and family that influence care, treatment, and services. The scope of this assessment is defined by the program and based on patient needs.

52. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: As part of the initial assessment, the interdisciplinary team assesses and documents the patient’s anxiety, stress, grief, coping, and other psychological symptoms using standardized scales when they are available. The scope of this assessment is defined by the program and based on patient needs.
52. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: For programs that provide care for pediatric patients: Assessment of infants, children, and adolescents must consider both the age and cognitive development of the patient.

53. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: For programs that provide care for pediatric patients: Assessment of infants, children, and adolescents must consider both the age and cognitive development of the patient.

PC.02.01.05

The organization provides interdisciplinary, collaborative care, treatment, or services.

Element(s) of Performance for PC.02.01.05

36. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The program demonstrates teamwork among the interdisciplinary team members and other organization staff who are involved in the patient’s care.

36. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The program demonstrates teamwork among the interdisciplinary team members and other organization staff who are involved in the patient’s care, including responding to and managing incoming referrals and offering consultations.

PC.02.02.01

The organization coordinates the patient’s care, treatment, or services based on the patient’s needs.

Element(s) of Performance for PC.02.02.01

25. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The interdisciplinary team identifies family and caregiver burden and assists in identifying additional resources when needed.

26. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: Staff have the patient’s health information available for use in clinical decision making to provide care, treatment, and services.

26. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: Staff have the patient’s health information available for use in clinical decision making to provide care, treatment, and services.
26. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: In order to coordinate care, the program facilitates the exchange of the patient’s health information among staff, both internal and external to the program, and with other health care providers and organizations involved in the patient’s care. Note: If the patient’s primary care physician is involved in the care of the patient, the program should communicate with the physician to plan and coordinate the patient’s care.

27. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: In order to coordinate care, the program facilitates the exchange of the patient’s health information among staff, both internal and external to the program, and with other health care providers and organizations involved in the patient’s care. Note: If the patient’s primary care physician is involved in the care of the patient, the program should communicate with the physician to plan and coordinate the patient’s care.

27. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The interdisciplinary team conducts regular patient care conferences with its members and other program staff members as needed to discuss patient-centered goals of care, disease prognosis, and advance care planning. The frequency of these patient care conferences is defined by the program and based on the needs of the patients. Note: Patient care conferences include members of the interdisciplinary team and other program staff members as required to meet the needs of the program’s patients and families. These conferences may be done in a variety of formats, including face-to-face meetings, teleconference, or videoconference.

28. For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The interdisciplinary team conducts regular patient care conferences with its members and other program staff members as needed to discuss patient-centered goals of care, disease prognosis, and advance care planning. The frequency of these patient care conferences is defined by the program and based on the needs of the patients. Note: Patient care conferences include members of the interdisciplinary team and other program staff members as required to meet the needs of the program’s patients and families. These conferences may be done in a variety of formats, including face-to-face meetings, teleconference, or videoconference.

28. For home health agencies that elect to use The Joint Commission deemed status option: The home health agency coordinates the patient’s care in the following ways:
   - Coordinates communication with all physicians involved in the plan of care
   - Integrates orders from all physicians involved in the plan of care so all services and interventions provided are coordinated
   - Involves the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities in order to meet patient needs

29. For home health agencies that elect to use The Joint Commission deemed status option: The home health agency coordinates the patient’s care in the following ways:
   - Coordinates communication with all physicians involved in the plan of care
   - Integrates orders from all physicians involved in the plan of care so all services and interventions provided are coordinated
   - Involves the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities in order to meet patient needs