

Jim Doyle
Governor



1 WEST WILSON STREET
P O BOX 2969
MADISON WI 53701-2969

Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-8481
FAX: 608-267-0352
TTY: 888-241-9432
dhs.wisconsin.gov

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DQA Memo 09-042

To: Home Health Agencies
Hospitals
Nursing Homes

HHA 11
HOSP 16
NH 22

From: Alfred Johnson, Director
Bureau of Technology, Licensing and Education

Via: Otis Woods, Administrator
Division of Quality Assurance

Palliative Care

The purpose of this memorandum is to provide information and guidance on the meaning of palliative care and expectations for palliative and supportive care programs.

Under Wisconsin Law, no person may conduct, maintain, or operate a hospice unless the hospice is licensed by the department the Department of Health Services.¹ The statutes mandate that the Department provide uniform, statewide licensing, inspection and regulation of hospices.²

The Division of Quality Assurance (DQA) recognizes, however, a national trend for hospice agencies and other Department-regulated entities to offer palliative and supportive services to individuals who are not terminally ill or who choose not to be admitted to hospice.³ The DQA is aware that other state entities are offering palliative and supportive service programs.

First and foremost, it is important to note that, while there may be no state statutes or administrative codes (other than those relating to hospice agencies) that specifically reference “palliative care” or “supportive care”, the delivery of such care by regulated entities remains subject to existing statutory and code standards for provision of care.

The World Health Organization (WHO) definition of palliative care provides a foundation and context for palliative care in all settings. The WHO definition of palliative care is:

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the

¹ Wis. Stat. § 50.92

² Wis. Stat. § 50.91

³ Code Ch. DHS 131, to qualify as a hospice an agency must be “primarily” engaged in providing palliative and supportive care to individuals with terminal illness, which is a life expectancy of less than 12 months.

prevention and relief of suffering by means of 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 own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- Will enhance the quality of life, and may also positively influence the course of illness;
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes investigations needed to better understand and manage distressing clinical complications.⁴

The National Consensus Project for Quality Palliative Care issued *Clinical Practice Guidelines for Quality Palliative Care, Second Edition* in 2009. These guidelines incorporate the use of the illustration below, which exemplifies palliative care's place in the course of illness.



Palliative care is provided while an individual may be receiving life-prolonging therapy, as well as once the individual has elected the hospice benefit. The expectation is that, when an individual reaches the terminal stage of an illness, hospice options are explored.

The DQA expects entities promoting palliative and supportive care programs as a service to utilize current standards of practice as a basis for their programs. Below is a sample of websites

⁴ WHO 2008

⁵ Illustration used with permission

which contain additional information regarding current palliative care standards of practice and a wealth of information related to palliative care:

- National Consensus Project at: <http://www.nationalconsensusproject.org/>
- The Center to Advance Palliative Care at: <http://www.capc.org/>
- National Quality Forum at: <http://www.qualityforum.org/>

Entities may expect DQA surveyors to review palliative care services and programs during the course of surveys. Applicable regulations may include:

Home Health Agencies

Federal Regulations:

42 CFR §484.12(c) – Standard: Compliance with accepted professional standards and principles.

State Regulations:

Wis. Admin. Code § DHS 133.05(1) (b) – Governing Body;

Wis. Admin. Code § DHS 133.08(1) and (2) – Patient Rights;

Wis. Admin. Code § DHS 133.09 – Acceptance and discharge of patients;

Hospitals

Federal Regulations:

42 CFR §482.11(a) – Compliance with Federal Laws,

42 CFR §482.13(b) (1) – Patient Rights/Participate in Plan of Care

State Regulations:

Wis. Admin. Code § DHS 124.05(3) (a) 1.g. – Patient Right/Governing Board

Nursing Homes

Federal Regulations:

42 CFR §483.10(b) (4) – F155, Right to Refuse Treatment

§42 CFR 483.10(b) (11) – F157, Notification of Changes

42 CFR §483.10(d) (3) – Right to Participate in Care Plan

42 CFR §483.15(b) – F242, Self Determination and Participation

42 CFR §483.20 – F272, Comprehensive Assessment

42 CFR §483.20(k) – F279, Comprehensive Care Plan

42 CFR §483.10(d) (3) – F280, Comprehensive Care Plan Revision

42 CFR §483.20(k) (3) – F281, Services provided meet professional standards of quality

42 CFR §483.25 – F309, Quality of Care

42 CFR §483.40(a) – F385, Physician Services

42 CFR §483.60 – F425, Pharmacy Services
42 CFR 483.75(b) – Compliance with Federal Law Standards of Practice
42 CFR §483.75(i) (2) – F501, Medical Director

State Regulations:

Wis. Admin. Code § DHS 132.51(2) – Other Limitations on Admissions
Wis. Admin. Code § DHS 132.52 – Procedures for admission
Wis. Admin. Code § DHS 132.53 – Transfers and discharges
Wis. Admin. Code § DHS 132.60 – Resident Care
Wis. Admin. Code § DHS 132.60(1) (c) 5 – Provide appropriate assessment and
treatment of pain
Wis. Admin. Code § DHS 132.60(3) – Notification of Changes in Condition or Status of
Resident
Wis. Admin. Code § DHS 132.60(8) – Resident Care Planning
Wis. Admin. Code § DHS 132.61 – Medical Services
Wis. Admin. Code § DHS 132.65 – Pharmaceutical Services

If you have questions regarding palliative care programs, please contact:

Home Health Agencies: Mary Jo Sutton at MaryJo.Sutton@dhs.wi.gov

Hospitals: Michelle Doro at Michelle.Doro@dhs.wi.gov

Nursing Homes: Vicky Griffin at victoria.griffin@dhs.wi.gov

cc: Hospices