
Should Poor End-of-Life Care Still Get Accreditation?



In 2013 65 percent of hospitals with a minimum of 50 beds confirmed that they had a palliative care programme. Hospitals with in excess of 300 beds reported that the figure jumped to 90 percent says a [Healthcare Finance News report](#).

While most hospitals do offer palliative care for people with serious illnesses to manage pain, symptoms and contribute to decisions on their care, the quality of programmes vary widely and the [Joint Commission](#) (responsible for settings standards including those for accreditation) needs to implement more standardisation.

Research continues to indicate that palliative care can help improve the quality of life for patients who are seriously ill and who have complex-long-term care needs. For example. One study showed that seriously ill people who had the chance to discuss needs with their doctor reduced their chances of dying in an intensive care unit, being put on a ventilator or undergoing cardiopulmonary resuscitation.

See Also: [Well-known Hospitals Fail in New Medicare Ratings](#).

Last month's issue of Health Affairs revealed that only 25 percent of 410 palliative care programmes funded bespoke teams for the service. These the four professions recommended by the Joint Commission - a doctor, an advanced practice or registered nurse, a social worker and a chaplain.

In the case of un-funded staff being used for palliative care services – those on loan from other departments – the percentage rose to 39.

Co-author of the study Diane Meier, was not surprised by the results. A professor of geriatrics and palliative medicine at the School of Medicine at Mount Sinai in New York and director of the Center to Advance Palliative Care, Meier stressed that there were no regulatory or accreditation requirements that enforced the staffing guidelines.

While the Joint Commission has recommendations on staffing standards, hospital do not need palliative care teams for accreditation.

"The hope is to shine a light on the gap in what everyone agrees is the [staffing] standard. If we're invested in improving the quality of care, this is what it will take," she said.

Source: [Healthcare Finance News](#)
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