Organizational Readiness Screen

Directions for use: This screen is designed to allow agencies to measure the extent to which they have practices that support engaging in the quality improvement process. We recommend the agency's quality improvement team complete this screening.

As a group, discuss and identify strengths and weaknesses as well as areas where perceptions differ among staff. Items that were answered No could be used to fuel further discussion about needed changes to the current practice for QI implementation.

The items on this screen are geared toward assuring providers are ready to monitor care using the quality measures recommended by the PEACE project. This checklist is not intended to be comprehensive or cover all aspects of "good care." Providers are encouraged to refer to the National Quality Forum publication *A National Framework and Preferred Practices for Palliative and Hospice Care Quality* for a list of preferred practices.

Structure and Process	
Documentation of patient race, ethnicity and primary language	Yes or No
Documentation of staff race, ethnicity and language(s)	Yes or No
Knowledge of community statistics of race, ethnicity and the primary language of the target population	Yes or No

Systematic assessment of patient specific family perceptions of care (using FEHC or similar survey)
 	
  o Recommended at a minimum:
     ▪ family assessment of how well informed they were regarding medication, symptoms and treatment
     ▪ family assessment of communication about the patient
     ▪ family assessment of how well they were informed about what to expect around the time of death
	Yes or No

Periodic collection and review of structured data to summarize quality of care (quality measures) and family satisfaction survey to monitor care	Yes or No
Timely process for providing translator/interpreter when needed for patients who communicate in another language or who are deaf	Yes or No
Timely and systematic investigation of any deviation from the plan of care or adverse events such as falls, medication errors, DME problems, patient/family/staff complaints	Yes or No
Timely and systematic investigation of non-respite hospitalizations, episodes of resuscitation, and episodes of ER transfer or 911 calls.	Yes or No
Process to assess whether patient preferences are being met	Yes or No

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Culturally Appropriate Care	
Availability of interpreter and translator services appropriate to target population o Note: this is minimum requirement for providing culturally appropriate care	Yes or No

Standardization of care for physical symptoms	
Specified timeframe to complete the initial screening for physical symptoms	Yes or No
Specified person responsible for completing initial screening for physical symptoms	Yes or No
Specified instrument(s)/process(es) used to screen for physical symptoms Recommended at a minimum: pain, dyspnea, nausea and constipation	Yes or No
Specified follow up process for clinical assessment and treatment of the physical symptoms found on screening	Yes or No
Specified staff person responsible for assessing and treating physical symptoms	Yes or No
Policy/process for modifying assessment when there are communication concerns (deafness, non-English speaking, confusion, non-verbal)	Yes or No
Policy/process indicating specific time frame(s) for reassessment after treatment to determine if the symptom improved	Yes or No
Policy/process indicating how often screening for physical symptoms should be repeated.	

Standardization of care for psychological symptoms	
Specified timeframe to complete the initial screening for psychological symptoms	Yes or No
Specified person responsible for completing the initial screening for psychological symptoms	Yes or No
Specified instrument(s)/process(es) used to screen for psychological symptoms ○ Recommended at a minimum: anxiety, depression	Yes or No
Policy/process for identifying the level/severity that indicates the need for follow up	Yes or No
Specified follow up process for assessment and treatment for those who screen positive for psychological symptoms	Yes or No
Policy/process for modifying assessment when there are communication concerns (deafness, non-English, confusion, non-verbal)	Yes or No
Policy/process indicating specific time frames(s) for reassessment after treatment to determine if the symptom improved	Yes or No

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Policy/process indicating how often the psychological screening should be repeated.	Yes or No

Standardization of Social Aspects of Care	
Specified person responsible for initial family meeting	Yes or No
Specified timeframe to complete initial family meeting	Yes or No
Policy/process for documenting the family meeting o Recommend include at a minimum: assessing information needs, record information on advance directives including HCPOA and/or surrogate contact information, assessing social support needs, assessing bereavement preparation	Yes or No
Policy/process with parameters indicating need for agency follow up	Yes or No

Standardization of Spiritual Assessment	
Specified person responsible for completing the spiritual assessment	Yes or No
Specified timeframe to complete the spiritual assessment	Yes or No
Policy/process for documenting the meeting	Yes or No
Policy/process with parameters indicating need for agency response to spiritual concerns	Yes or No

Standardization of Care of the Imminently Dying	
Specified person responsible for educating family on what to expect around time of death	Yes or No
Policy/process for documenting the education and family response	Yes or No
Policy/process(s) for staffing and timely response to the needs of the imminently dying patient and their caregivers	Yes or No

Standardization of Ethical and Legal Aspects of Care	
Specified person responsible for assessing preferences for life sustaining treatment(s) and reassessing after any changes in condition	Yes or No
Specified timeframes to complete the assessment/reassessment of preferences	Yes or No
Policy/process for documenting the assessment/reassessment of preferences	Yes or No
Specified person responsible for discussion of an advanced directive (Living Will or HCPOA)	Yes or No
Specified timeframe to complete the discussion on advanced directives	Yes or No
Policy/process for documenting the discussion on advanced directives	Yes or No
Specified person responsible for identifying availability of a HCPOA or other surrogate decision maker	Yes or No
Specified timeframe to initiate contact with HCPOA or other surrogate decision maker	Yes or No

Policy/process for documenting the identification and contact with the HCPOA or other surrogate decision maker	Yes or No