

# Does your hospital pass the palliative care test?

→ Nathan Cherny and Raphael Catane

In a bid to raise standards in palliative care, ESMO has drawn up a list of criteria that hospitals must fulfill to qualify as centres of excellence. Would your hospital pass the test?

Everyone nowadays accepts that patients have a right to good palliative care, but too many treatment centres are still failing to deliver. Now the European Society for Medical Oncology (ESMO) has taken up the challenge to raise standards across the board, through an accreditation scheme that recognises and rewards centres that make the effort to get it right.

The ESMO palliative care working group has been working since 1999 to encourage medical oncologists and treatment centres to integrate all aspects of palliative care into their daily practice. They started off by publishing a set of standards for palliative care, considered the minimal acceptable for any cancer centre:

- Cancer patients receiving active therapy in cancer centres, and those with advanced cancer, in particular,

should be routinely assessed regarding the presence and severity of physical and psychological symptoms and the adequacy of social supports.

- When inadequately controlled symptoms are identified, they must be evaluated and treated with the appropriate urgency (depending on the nature and severity of the problem).
- Skilled emergency care should be provided to patients with inadequately relieved physical and psychological symptoms.
- Patients with advanced cancer who no longer benefit from anti-tumour interventions should

receive a continuous programme of palliative and supportive care.

- Social work and psychological support should be provided as part of routine care.

Now the palliative care group believe it is time medical oncology set its sights higher. Instead of focusing solely on minimal standards it is encouraging centres to aim for excellence, which includes a commitment to

## ROLL OF HONOUR

### Eight centres have so far achieved the status of ESMO designated centres in palliative care

- AZ Middelheim, Antwerp, Belgium
- Cork University Hospital, Wilton, Cork, Ireland
- Istituto Oncologico della Svizzera Italiana, Bellinzona, Switzerland
- Klinik Dr. Hancken GmbH, Stade, Germany
- Kliniken Essen-Mitte, Essen, Germany
- Ospedale SS Giovanni e Paolo, Venice, Italy
- Ospedale Civile San Bortolo, Vicenza, Italy
- Velindre NHS Trust, Cardiff, UK



ESMO's palliative care working group aims to encourage oncologists to address their patients' physical and psychological symptoms and provide appropriate support as a routine part of patient care

## Instead of focussing solely on minimal standards ESMO is encouraging centres to aim for excellence

educating staff in expert palliative care, participating in research, and ensuring that every aspect of support is effectively delivered to both the patient and their family.

The standards of excellence have been codified in 13 criteria (see p. 52). Centres that meet these criteria can apply for accreditation, which will bring them public recognition as ESMO designated centres for palliative care. They will also get special training grants to enable them to offer training to young medical oncologists looking to improve their skills in palliative care.

The applications are evaluated by the palliative care working group once a year. Successful applicants are announced at ESMO conferences and are listed in ESMO publications.

In 2004 ESMO received full applications from 20 centres. Eight were selected from six different countries (see box opposite). The unsuccessful applicants were encouraged to correct the deficiencies and reapply. Dirk Schrijvers, a medical oncologist with expertise

in palliative care who sits on ESMO's working group said, "This is an ongoing quality improvement project and centres are encouraged to rise to the challenge, after which they receive the acknowledgement that they deserve. We hope that this programme will lead to improvement of cancer patient care throughout Europe by highlighting the importance of integrating palliative care in the routine management of all cancer patients."



Staff from the Ospedale SS Giovanni e Paolo in Venice – one of the eight hospitals accredited by ESMO for excellence in palliative care

## Palliative care checklist

### DOES YOUR HOSPITAL...

**1. Provide closely integrated oncology and palliative care clinical services?**

Such centres demonstrate close integration between services with appropriate and routine cross-consultation. This includes: screening of cancer patients to identify patients with specific supportive and palliative care needs, availability of real-time supportive and palliative care interventions as part of routine cancer care, and availability of supportive and palliative care for all cancer patients receiving oncologic care.

**2. Believe in continuity of care and not abandoning the patient?**

Such centres provide a continuity of care for patients with advanced cancer who can no longer benefit from anti-tumour interventions, with an ongoing programme of palliative and supportive care. This care may be provided on-site or in the community. In the case of physical care delivered by proxy by other services, the centre must demonstrate that ongoing support is maintained and that the centre provides backup services if and when needed.

**3. Provide high-level home care with expert backup and coordinate home care with primary cancer clinicians?**

Expert home care services may be provided by the centre itself or they may be contracted out to another provider. In accordance with criterion 2, the centre must provide backup services and maintain coordination and communication regarding patients being cared for at home.

**4. Support family members as a central part of the palliative care programme?**

Needs of the family members of patients with advanced cancer must be routinely evaluated. When required, the care team must provide psychological and social support to family members.

**5. Provide routine patient assessment of physical and psychological symptoms and social support, backed up by an infrastructure that responds with appropriate interventions in a timely manner?**

The physical and psychological symptoms of patients with advanced cancer must be routinely evaluated. When inadequately controlled symptoms are identified, they are evaluated and treated with the appropriate urgency (depending on the nature and severity of the problem). Similarly, the social support of the patients is evaluated routinely and when inadequate support is identified, appropriate care interventions are undertaken.

Specifically, if necessary, urgent respite care is provided. Inpatient palliative care is provided when home care support is inadequate.

**6. Incorporate expert medical and nursing care in the evaluation and relief of pain and other physical symptoms?**

The evaluation and management of pain and other physical symptoms must be performed by the coordinated efforts of medical and nursing services in accordance with accepted professional standards.

**7. Incorporate expert care in the evaluation and relief of psychological and existential distress?**

The centre must provide expert psycho-oncologic care. This may include care provided by psychiatrists, psychologists, chaplains, and any number of ancillary services, including music or art therapy, relaxation, and group therapy.

**8. Provide emergency care for patients with inadequately relieved physical and psychological symptoms?**

Patients with severe physical or psychological symptoms that are not adequately controlled must be identified and receive emergency care either in the treatment centre or at home.

**9. Provide facilities and expert care to stabilise symptoms in an inpatient setting?**

When necessary, the centre must admit patients with poorly controlled symptoms for supervised symptom stabilisation under expert care.

**10. Provide respite care for ambulatory patients unable to cope at home or in cases of family fatigue?**

**11. Provide facilities and expert care for inpatient end-of-life care and adequate relief of suffering for dying patients?**

Patients who are dying and who need inpatient care may be admitted to the centre for inpatient terminal care. Care must be provided by staff with expertise in end-of-life care for the patients and supportive care for the family. The adequacy of comfort of dying patients must be monitored and documented. End-of-life decision-making will be in accordance with the prevailing goals of care and respect norms of autonomy, beneficence, and local ethical norms.

**12. Participate in basic or clinical research related to the quality of life of cancer patients?**

**13. Provide education to help clinicians improve the integration of oncology and palliative care?**