

## Quality indicators for the organisation of palliative care – part 1

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### 1. Access to palliative care

#### 1a. Access and availability

1. A specialist palliative care team is available 24/7.
2. Specialist palliative care advice is available 24/7 to professionals delivering palliative care.
3. Bereaved relatives and/or professionals involved in care of a person in need of palliative care are offered support during the bereavement process if they need or wish to have support.

#### 1b. Out of hours care

4. Opioids are accessible and available for persons in need of palliative care 24/7.
5. Co-analgesics for symptom control are available to treat persons in need of palliative care 24/7.

#### 1c. Continuity of care

6. An (electronic) file of a person in need of palliative care is accessible to professionals in charge of the person 24/7.
7. At each transition between care settings, comprehensive information (including care goals and care plan) of a person in need of palliative care is transferred to the professional(s) in charge in the next setting.
8. The professional in charge of the person is informed before a person in need of palliative care is discharged home or sent to the next setting.
9. Persons in need of palliative care have an assigned contact person who maintains regular contact with the person and their families, and ensures coordinated delivery of health and social care.

### 2. Infrastructure

10. Specialised equipment (e.g. anti decubitus mattresses, suction equipment, stoma care, oxygen delivery, drug administration pumps, hospital beds, etc.) is available to persons in need of palliative care.
11. Single bedrooms are available for persons who are dying and who wish to have one.
12. Family members and friends are able to visit the dying person without restrictions of visiting hours.
13. There are facilities for relatives to stay overnight with their dying relative.
14. There is a private area for saying goodbye to the deceased, nearby or on the ward/unit where the person died.

### 3. Assessment tools

15. There is a regular assessment of pain and other symptoms using a validated instrument.

### 4. Personnel

#### 4a. Team

16. The multidisciplinary team that delivers palliative care services consists of at least:
  - a) a physician and nurse;
  - b) and has access to one or more of the following professionals: physiotherapist, psychologist, occupational therapist, social worker, chaplain, dietician.

#### Contact details

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