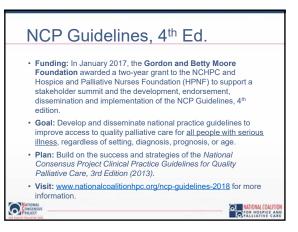




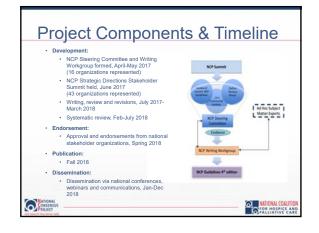
## NCP Background

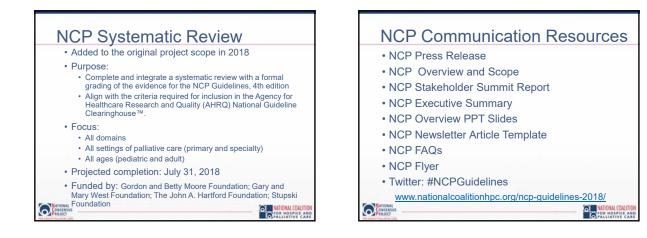
- Began in 2001 with a task force of key national organizations and content experts.
- Three editions of the NCP Clinical Practice Guidelines for Quality
  Palliative Care have been published 2004, 2009, and 2013.
- NCP Guidelines have served as:
- a framework for the National Quality Forum Preferred
  Practices, and
- the hallmark document within the field guiding policy makers, providers, practitioners, accreditation organizations, insurance companies and consumers in understanding and integrating the principles of quality palliative care.
- · More information about the NCP is available at
- www.nationalcoalitionhpc.org/ncp.

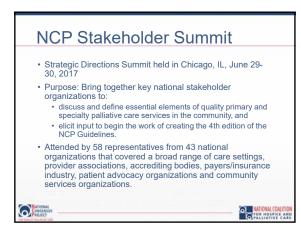
CONSTRUCT ROJECT PALLIATIVE CARE





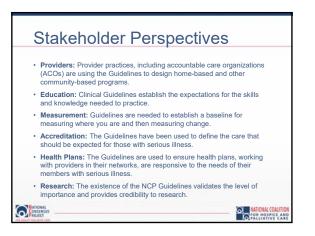




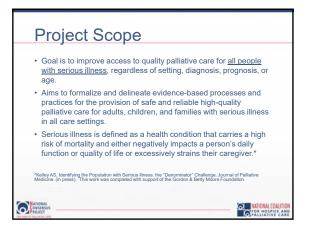




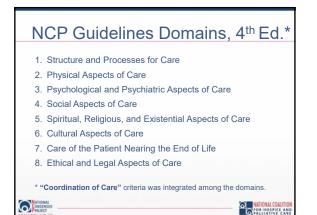


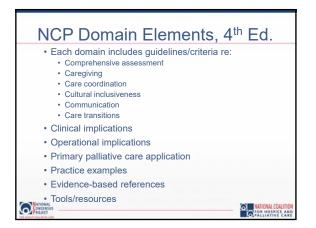




















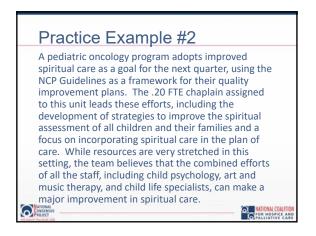
## **Operational Implications**

Domain 5: Spiritual, Religious, and Existential Aspects of Care:

- Specialist-level palliative care programs include salaried professional chaplains and related programmatic expenses.
- Clinicians serving seriously ill populations may develop affiliation agreements with spiritual care departments in health systems, hospitals, or hospice programs that can provide timely access to professional chaplain services.
- If these resources are not available, partnerships with faith community leaders are encouraged and nurtured. The palliative care team has policies and procedures regarding spiritual care consultation and processes for referrals.



Practice Example #1
A large health system has recently expanded to include several outpatient clinics and hospitals across a broad geographic area. The health system has committed to integrating palliative care as a component of patient centered care. The system adapts the NCP Guidelines. Spiritual care is addressed for the increasingly diverse population served and care now includes spiritual assessment on all admissions incorporated in the electronic health record. All staff have been trained in spiritual care and the chaplaincy program is building relationships with community clergy.



## Practice Example #3

A well-established hospice program has made significant strides in reaching an immigrant population from Eastern Europe and is now struggling with how best to honor their cultural practices and beliefs. Patients and families from this region have asked that spiritual care be provided only by their Imam without any involved of the hospice chaplain. The hospice is looking for cultural representatives in the community who can help them understand the context of these requests. The chaplains have reached out to local Imams to develop relationships in support of mutual understanding and education.

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