

February 4, 2003

PALLIATIVE CARE CONSULT TEAMS (PCCT)

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes Palliative Care Consult Teams (PCCT) and their roles at each VHA facility.

2. BACKGROUND:

a. One-fourth of all Americans who died in 2001 were veterans, and 28,000 veterans died in Department of Veterans Affairs (VA) inpatient care. There is a substantial need for hospice and palliative care (HPC) within VHA, and that need is projected to increase for the next several years.

b. The VHA definition of HPC is all care in which the primary goal of treatment is comfort rather than cure in a person with advanced disease that is life-limiting and refractory to disease-modifying treatment; this includes bereavement care to the veteran's family. The term HPC intentionally combines hospice care and palliative care as they collectively represent a continuum of comfort-oriented and supportive services provided in the home, community or inpatient settings for persons in the advanced stages of incurable disease.

c. Palliative care is a broad term that includes hospice care as well as other care that emphasizes symptom management in persons with life-limiting disease but is not restricted to persons near the end of life. Hospice care is one mode of palliative care that generally signifies the presence of a terminal condition, a life expectancy deemed to be less than 6 months, and the decision to not pursue aggressive measures with curative intent. VHA definitions of hospice and palliative care are in VHA Directive 2002-038.

d. HPC is a covered service, on equal priority with any other medical care service as authorized in the Medical Benefits Package, and must be appropriately provided in any outpatient setting and in any inpatient bed location. These services include, but are not limited to: advance care planning, symptom management, inpatient HPC services, collaboration with community hospice providers, and access to home hospice care.

e. The mission of the VA HPC program is to honor veteran's preferences for care at the end of life. Facilities are to have in place a mechanism to identify veterans who may be appropriate for HPC, determine their specific preferences for care, and meet their individual needs in the setting that best meets their needs and wishes.

f. VA must offer to provide or purchase hospice care that VA determines an enrolled veteran needs; this includes inpatient and home hospice care (see Title 38 Code of Federal Regulations (CFR) 17.36 and 17.38). Veterans who need hospice care may choose to receive such care through a non-VA payment source such as Medicare. However, if a veteran in need of hospice care is not eligible for this care through a non-VA source or chooses to receive this care from VA, needed hospice care services are to be provided or purchased by VA. VA facilities are to assist veterans in obtaining needed hospice services through referral or purchase as appropriate.

3. POLICY: It is VHA policy that each Network Director is responsible for ensuring that a fully-functioning PCCT is implemented as a part of each facility's Palliative Care Program by May 1, 2003, using available budgetary resources.

THIS VHA DIRECTIVE EXPIRES JULY 31, 2007

VHA DIRECTIVE 2003-008

February 4, 2003

4. **ACTION:** Each VHA Network Director, or designee, is responsible for:

- a. Ensuring that the facility's Palliative Care Program includes a PCCT.
- b. Designating staff for the PCCT. It is recommended that the PCCT include:

(1) At least 0.25 Full-time Equivalent (FTE) employee in each of these disciplines: physician, nurse, social worker, and chaplain. **NOTE:** *Greater FTE assignments and additional disciplines are encouraged as needed, such as anesthesiology, dietetics, pharmacy and psychology.*

- (2) At least 0.25 FTE administrative support staff.

c. Designating one member of the PCCT as the coordinator, whose responsibilities include: managing referrals from within the facility, coordinating team meetings, ensuring communications with community hospice agencies, serving as a resource for VA staff that make community agency referrals for home hospice care, and ensuring that all members of the PCCT demonstrate their competency in palliative care by current certification or by attendance at continuing education programs no later than September 30, 2003.

d. Ensuring that the PCCT has the clinical expertise and the administrative support to conduct its principal responsibilities. These responsibilities include responding to inpatient consultations for HPC, active case-finding for HPC, assisting in the development of a HPC program for the facility, promoting educational activities in HPC for all facility staff, participating in quality improvement activities in HPC for the facility, and serving as a liaison with community hospice agencies.

e. Having the mechanism in place for PCCTs to receive consults and document results electronically through the use of the Vista modules of Consults, CPRS and TIU. This will be accomplished by having a standard title for the consult request or service of "Palliative Care" and a standard title "Palliative Care Consult" for the consult result, which will be in the form of a TIU document. The use of these titles for Service and Consult result are for national consistency and will aid in the process of national reporting.

f. Submitting a report to the Office of Geriatrics and Extended Care (114), VA Central Office, by the last day of October each year on the number of PCCT consults, the number of inpatient deaths, the percent of inpatient deaths in which the PCCT was consulted, and for those deaths, the average number of days between initial PCCT consultation and the death of the veteran during the prior fiscal year. Submit data on VA Form 10-0405, Format for Annual Reporting Requirement (see Att. A).

5. REFERENCES

- a. VHA Handbook 1004.2, Advance Health Care Planning (Advance Directives), dated July 6, 1998.
- b. VHA Directive 2002-038, Hospice and Palliative Care Workload Capture, dated July 5, 2002.
- c. Accreditation Manual for Hospitals, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 2002.
- d. Comprehensive Accreditation Manual for Long Term Care, JCAHO, 2002-2003, pgs. TX-45, and GL-8.

6. FOLLOW-UP RESPONSIBILITIES: The Chief Consultant for Geriatrics and Extended Care Strategic Healthcare Group (SHG) (114), and the Chief Consultant for Acute care SHG (111), are responsible for the contents of this directive. Questions are referred to 202-273-8540.

7. RESCISSION: This VHA Directive expires July 31, 2007.

S/Jonathan B. Perlin, M.D. for
Robert H. Roswell, M.D.
Under Secretary for Health

Attachment

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ATTACHMENT A

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