Overview

It has been five years since the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care was updated. Since then palliative care has expanded into new settings and is being offered by diverse types of organizations, such as health systems, office practices, cancer centers, dialysis units, home health agencies, hospices, long-term care providers and more.

In January 2017, the Gordon and Betty Moore Foundation awarded the National Coalition for Hospice and Palliative Care a two-year grant to support the development, endorsement, dissemination and implementation of the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, Fourth Edition.

The goal of the fourth edition is to improve access to quality palliative care for all people with serious illness, regardless of setting, diagnosis, prognosis, or age by encouraging organizations and clinicians across the care continuum to integrate palliative care principles and best practices into their routine assessment and care of their patients. The project scope is available here.

Leadership

The collaboration and consensus process for developing the fourth edition significantly expanded from the third edition. Leadership included representatives from the following national organizations who served on the NCP Steering Committee and Writing Workgroup:

- American Academy of Home Care Medicine
- American Academy of Hospice and Palliative Medicine
- American Health Care Association
- American Medical Group Association
- Association of Professional Chaplains
- Center to Advance Palliative Care
- HealthCare Chaplaincy Network
- Hospice and Palliative Nurses Association
- Long-Term Quality Alliance
- National Association of Home Care and Hospice
- National Hospice and Palliative Care Organization
- National Palliative Care Research Center
- National Pediatric Hospice and Palliative Care Collaboration
- National Quality Forum
- Physician Assistants in Hospice and Palliative Medicine
- Social Work Hospice and Palliative Care Network

What’s New

The fourth edition is applicable for both specialty and primary palliative care and has the same eight domains to remain consistent with past editions and reinforce the basis of practice for quality palliative care. The eight domains are:

1. Structure and Processes of Care
2. Physical Aspects of Care
3. Psychological and Psychiatric Aspects of Care
4. Social Aspects of Care
5. Spiritual, Religious and Existential Aspects of Care
6. Cultural Aspects of Care
7. Care of the Patient Nearing the End of Life
8. Ethical and Legal Aspects of Care

Note: the title of Domain 7 was changed from ‘Care of the Patient at the End of Life’ in the third edition.
The fourth edition of the Guidelines expands upon the content in the third edition, specifically focusing on the two key concepts:

1. Palliative care is inclusive of all people with serious illness, regardless of setting, diagnosis, prognosis, or age. As a result, language specific to the care of neonates, children, and adolescents was added throughout the Guidelines; and

2. Timely consideration of palliative care is the responsibility of all clinicians and disciplines caring for the seriously ill including primary care practices, specialist care practices (e.g. oncology or neurology), hospitalists, nursing home staff, as well as palliative care specialist teams such as hospice, hospital and community-based palliative care teams.

In addition, six key themes were added to each domain:

- The elements of a comprehensive assessment are described
- Family caregiver assessment, support, and education are referenced in numerous domains
- The essential role of care coordination, especially during care transitions, is emphasized
- Culturally inclusive care is referenced in all the domains and expanded in the Cultural Aspects of Care domain
- Communication (within the palliative care team, with patients and families, with other clinicians, and with community resource providers) is prerequisite for delivery of quality care for the seriously ill and is emphasized throughout

Other changes to the fourth edition include:

- An emphasis on community-based resources and community-based providers
- More attention to anticipatory as well as post-death grief and bereavement
- Emphasis on continuity of palliative care approaches during ongoing care of patients whether or not they are followed by a specialist level palliative care team

Also, each domain features: clinical and operational implications, practice examples, evidence-based references, and specific tools and resources.

**Systematic Review**

A new addition to the fourth edition is a systematic review with a formal grading of the evidence. The purpose for the systematic review is to identify and validate the evidence for the Guidelines as well as the gaps for future research. The RAND Evidence-based Practice Center is currently undertaking the systematic review to support the guideline development which will be completed by July 31, 2018. Funding for the systematic review was provided by the Gordon and Betty Moore Foundation; Gary and Mary West Foundation; The John A. Hartford Foundation and Stupski Foundation. More information about the systematic review is available [here](#).

**Publication Timeline**

- **June 2018**: The fourth edition will be reviewed and approved for endorsement by organizations representing the NCP Steering Committee and National Coalition for Hospice and Palliative Care.
- **July 2018**: The fourth edition will be distributed to an extensive list of national stakeholder organizations for endorsement. The systematic review of the fourth edition will be completed by July 31.
- **August - September 2018**: The outcomes of the systematic review will be integrated into the fourth edition.
- **October 31, 2018**: The *NCP Clinical Practice Guidelines for Quality Palliative Care, Fourth Edition*, will be published and available online to download and order hard copies.


(Updated June 8, 2018)