The National Consensus Project *Clinical Practice Guidelines for Quality Palliative Care*, Third Edition (2013), identified eight important domains in the creation and maintenance of quality palliative care. Each domain offers guidelines that delineate optimal practice. The guidelines rest on the principles of assessment, information sharing, decision-making, care planning, and care delivery. Within each guideline, there are corresponding descriptions, clarifying statements, and assessment criteria for meeting the expectation. The eight domains of care and elements of best practices are described as follows:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Guidelines</th>
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| **Domain 1: Structure and Processes of Care** | 1.1 A comprehensive and timely interdisciplinary assessment of the patient and family forms the basis of the plan of care.  
1.2 The care plan is based on the identified and expressed preferences, values, goals and needs of the patient and family and is developed with professional guidance and support for patient-family decision making. *Family* is defined by the patient.  
1.3 An interdisciplinary team (IDT) provides services to the patient and family consistent with the plan of care. In addition to chaplains, nurses, physicians and social workers, other therapeutic disciplines who provide palliative care to patients and families may include: child-life specialists, nursing assistants, nutritionists, occupational therapists, recreational therapists, respiratory therapists, pharmacists, physical therapists, massage, art, and music therapists, psychologists, and speech and language pathologists.  
1.4 The palliative care program is encouraged to use appropriately trained and supervised volunteers to the extent feasible.  
1.5 Support for education, training, and professional developments available to the interdisciplinary team.  
1.6 In its commitment to quality assessment and performance improvement, the palliative care program develops, implements, and maintains an ongoing data driven process that reflects the complexity of the organization and focuses on palliative care outcomes.  
1.7 The palliative care program recognizes the emotional impact of the provision of palliative care on the team providing care to patients with serious or life-threatening illnesses and their families.  
1.8 Community resources ensure continuity of the highest quality palliative care across the care continuum.  
1.9 The physical environment in which care is provided meets the preferences, needs, and circumstances of the patient and family, to the extent possible. |
| **Domain 2: Physical Aspects of Care** | 2.1 The interdisciplinary team assesses and manages pain and/or other physical symptoms and their subsequent effects based upon the best available evidence.  
2.2 The assessment and management of symptoms and side effects are contextualized to the disease status. |
| Domain 3: Psychological and Psychiatric Aspects of Care | 3.1 The interdisciplinary team assess and addresses psychological and psychiatric aspects of care based upon the best available evidence to maximize patient and family coping and quality of life.  
3.2 A core component of the palliative care program is a grief and bereavement program available to patients and families, based in assessment of need. |
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| Domain 4: Social Aspects of Care | 4.1 The interdisciplinary team assesses and addresses the social aspects of care to meet patient-family needs, promote patient-family goals, and maximize patient-family strengths and well-being.  
4.2 A comprehensive, person-centered interdisciplinary assessment (as described in Domain 1, Guideline 1.1) identifies the social strengths, needs and goals of each patient and family. |
| Domain 5: Spiritual, Religious, and Existential Aspects of Care | 5.1 The interdisciplinary team assesses and addresses spiritual, religious, and existential dimensions of care.  
5.2 A spiritual assessment process, including a spiritual screening, history questions, and a full spiritual assessment as indicated, is performed. The assessment identifies religious or spiritual/existential background, preferences, and related beliefs, rituals, and practices of the patients and family; as well as symptoms, such as spiritual distress and/or pain, guilt, resentment, despair, and hopelessness.  
5.3 The palliative care service facilitates religious, spiritual, and cultural rituals or practices as desired by patient and family, especially at and after the time of death. |
| Domain 6: Cultural Aspects of Care | 6.1 The palliative care program serves each patient, family, and community in a culturally and linguistically appropriate manner.  
6.2 The palliative care program strives to enhance its cultural and linguistic competence. |
| Domain 7: Care of the Patient at the End of Life | 7.1 The interdisciplinary team identifies, communicates, and manages the signs and symptoms of patients at the end of life to meet the physical, psychosocial, spiritual, social, and cultural needs of patients and families.  
7.2 The interdisciplinary team assesses and, in collaboration with the patient and family, develops, documents, and implements a care plan to address preventative and immediate treatment of actual or potential symptoms, patients and family preferences for site of care, attendance of family, and/or community members at the bedside, and desire for other treatments and procedures.  
7.3 Respectful postdeath care is delivered in a respectful manner that honors the patient and family culture and religious practices.  
7.4 An immediate bereavement plan is activated postdeath. |
| Domain 8: Ethical and Legal Aspects of Care | 8.1 The patient or surrogate’s goals, preference, and choices are respected within the limits of applicable state and federal law, current accepted standards of medical care, and professional standards of practice. Person-centered goals, preferences, and choices form the basis for the plan of care.  
8.2 The palliative care program identifies, acknowledges, and addresses the complex ethical issues arising in the care of people with serious or life-threatening illnesses.  
8.3 The provision of palliative care occurs in accordance with professional, state and federal laws, regulations and current accepted standards of care. |