

Standard Operating Procedures for Hospice Programme in Sri Lanka



National Cancer Control Programme
Ministry of Health, Sri Lanka
2022



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- ◆ Members of the National Steering Committee on Palliative Care
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Message from the Director General of Health Services

In Sri Lanka, palliative care is identified as an essential component in the National Health Policy 2016 – 2025. The National Cancer Control Programme, Ministry of Health published the National Strategic Framework for Palliative Care Development in Sri Lanka (2019 – 2023) and it has identified the importance of services provided by hospices in delivering palliative care to patients.

It is important to provide guidance for performing routine tasks to improve efficiency and compliance with quality standards. By developing “Standard Operating Procedures for Hospice Programme in Sri Lanka”, we expect streamlining and standardizing of those services provided by hospices in Sri Lanka thereby to provide quality service to palliative patients in the country.

I would like to thank the National Cancer Control Programme of Ministry of Health for coordinating this activity and also appreciate the Public Health Sector Regulatory Council and other stakeholders including Non-Governmental Organizations for their contribution in completing this activity.

Dr. Asela Gunawardena

Director General of Health Services

Message from the Deputy Director General (Non Communicable Diseases)

Palliative care is identified as a prioritized area in the Sri Lankan health context and the “National Strategic Framework for Palliative Care Development in Sri Lanka 2019–2023” was developed targeting the integration of palliative care services at all levels of the health care system in Sri Lanka. In delivering palliative care to patients, hospices play a vital role. Presently, non-governmental organizations provide hospice services in Sri Lanka according to their own standards and guidelines. Therefore, it is a timely need to streamline the standard of hospices in Sri Lanka and thereby improve quality of service.

I would like to thank the National Cancer Control Programme of Ministry of Health for taking the initiative to develop the “Standard Operating Procedures for Hospice Programme in Sri Lanka”.

The continuous support provided by other stakeholders: health, non-health and non-governmental organizations for the development of palliative care services in Sri Lanka is highly appreciated.

Dr. Champika Wickramasinghe

Deputy Director General – Non Communicable Diseases

Message from the Director, National Cancer Control Programme

I am pleased to issue a message to the publication on “Standard Operating Procedures for Hospice Programme in Sri Lanka” of the National Cancer Control Programme.

Being the national focal point of the Ministry of Health for palliative care, the National Cancer Control Programme coordinates palliative care related activities conducted at national level and grass root level with the active participation of a wide spectrum of stakeholders.

Hospices play a vital role in delivering palliative care services to patients which is also mentioned in the “National Strategic Framework for Palliative care Development in Sri Lanka (2019 – 2023)”. Presently, there are seven hospices in Sri Lanka which are managed by non-governmental organizations. However, there is no uniformity in standards or quality of services provided by those hospices. Therefore, by developing “Standard Operating Procedures for Hospice Programme in Sri Lanka, we expect to streamline and standardize those services.

I would like to thank Dr. Janaki Vidanapathirana, the Acting Director of the National Cancer Control Programme for the period 2020-2021 for giving leadership for initiating this activity.

The contribution of the Public Health Sector Regulatory Council and the other government and non-government organizations in completing this activity is highly appreciated.

Dr. Eshani Fernando

Director

National Cancer Control Programme

Preface

World Health Organization defines palliative care as “an approach that improves the quality of life of patients and their families facing problems associated with life threatening illness, through prevention, relief of suffering by means of early identification, impeccable assessment, treatment of pain and other problems, physical, psychosocial and spiritual”. The disease entities falling under palliative care can be broadly categorized into cancer and non-cancer chronic diseases, all of which are life limiting.

Hospice care is a special kind of care that focuses on the quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness. Hospice care provides compassionate care for people in the last phases of incurable disease so that they may live as fully and comfortably as possible.

There are seven hospices in Sri Lanka and these hospice services are provided by Civil Society Organisations. However there is no uniformity in standards or quality of services among the initiatives by these various Non-Governmental Organisations (NGO).

This publication provides instructions on how to perform routine tasks to improve efficiency and compliance with quality standards, as well as standardising processes to provide quality and effective services for palliative care patients.

Objectives of establishing minimum standards for hospices

- To ensure provision of standardized quality of palliative care to all the needy palliative patients
- To provide clear guidance for staff to ensure the highest possible standard of care for patients and people important to them (before and after death)
- To promote and strengthen public-private partnership in view of delivering quality hospice care services for the terminally ill patients
- To establish a pathway leading to an accreditation system for / hospice

1. Registration

A hospice must be registered under the Private Medical Institutions Registration Act unless it is managed by the government

The responsible Non-Government Organization should be a government registered organization.

2. Organizational structure, scope of services and support provided

A hospice program must have the following organizational components:

- (a) A formally established governing body
- (b) An organization chart defining the hierarchy
- (c) A sustainable funding source/ sources must be ensured
- (d) Identified scope of care: Basic elements of palliative care should be present: medical, nursing, psychological, social and spiritual support
- (e) Identified functional roles: inpatient hospice service, hospice day care service, respite care, transit care, education centre, research centre
- (f) Target group of patients: clarity on the type of patient it accepts eg: disease, prognosis, geographic location, socioeconomic condition of patient, family members
- (g) A statement of patient rights and the rights of a patient's family, explained and signed at the admission to the hospice
- (h) Job description for all the staff members and volunteers at the level of the institution

3. Human resource

- (a) The team must be interdisciplinary; patients should get registered under the team leader
- (b) Hire, train and supervise hospice staff and ensure that they adhere to hospice protocols
- (c) Hospice must provide a 24-hour nursing service
- (d) A doctor must be on call for the facility over 24 hours
- (e) Depending on the requirement, services of the social service officers from the Department of Social Services can be obtained
- (f) Staff trainings: must be focused on, (Should follow structured curricula for the staff (and volunteer) training, *NCCP will support for staff training programmes of hospices*)
 - hospice philosophy and orientation
 - basic needs of the frail elderly and/or physically disabled persons
 - first aid and handling emergencies
 - basic techniques in observation of patient's mental and physical health
 - basic personal care procedures, including grooming
 - methods of making patients comfortable
 - basic emotional support
 - eliciting and documenting symptoms
 - bowel and bladder care assisting patient mobility, including transfer (e.g. from bed to wheelchair) techniques in lifting
 - food and nutrition
- (g) A formal procedure to recruit and train volunteers
- (h) Palliative care teams of the government hospital should supervise and coordinate with the closest hospices.

4. Protocols/guidelines

- Established protocols for the administration and operation of the programme.
- Criteria for admission and discharge
- Procedures for bereavement referrals and assistance
- A guideline for plan of care
- Collaboration with other health care facilities
- Criteria for referral to other health care facilities
- Method of handling an institutional death according to the existing legal framework

5. Record keeping

- A hospice must maintain a record for each hospice patient ensuring the confidentiality and integrity of the information

Medical record shall include:

- ◆ Patient identification, diagnosis, and prognosis when applicable, Patient's medical history including blood group and allergies
- ◆ Patient's plan of care (hospital should provide a clear discharge plan when referring to a hospice)
- ◆ A record of doctor's hospice orders
- ◆ Progress notes, dated and signed; and evidence of timely action by the patient care team.

6. Design and constructions

(a) Patient's room:

- When bed rooms are available 100 square feet in one-bed room and 80 square feet per bed in two-bed rooms
- When there are common wards – must maintain a minimum distance of 1m between the beds /need to have a separate area for dying patients

(b) Bathroom and toilet facilities:

- At least one toilet for every four patients
- At least one bathing facility for every 12 patients
- Grab bars at each toilet and shower at least in one bathroom and in one toilet accessible to individuals with mobility impairments
- All doors to resident bathrooms shall open outward or slide into the wall and shall be unlockable from the outside.
- Provide a patient bathroom with a call system or communication device that is connected to an area in the hospice that is consistently staffed.

(c) A residential hospice facility must meet the life-safety requirements.

eg : fire safety

7. Meal service

- (a) Food must be served in amounts and variety to meet the needs of each hospice patient.
- (b) Hospice must provide a practical freedom-of-choice diet to patients and assure that patients' favourite foods are included in their diets whenever possible.
- (c) Food service must establish and maintain standards relative to food sources, refrigeration, refuse handling, pest control, storage, preparation, procuring, serving, and handling that are sufficient to prevent food spoilage and transmission of infectious disease.
- (d) A staff member trained or experienced in food management must be appointed to:
 - (i) provide diets as indicated on the plan of care for each patient
 - (ii) supervise meal preparation and service.
- (e) If a hospice patient or patient's family wishes to provide meal services for an individual independent of the required food service of the hospice, either on a periodic or continuous basis, the hospice and patient, and patient's family when appropriate, must work out reasonable arrangements so that the hospice staff may plan accordingly.

8. Medication management

In order to provide pharmaceutical services to patients, a residential hospice must:

- (a) Develop and maintain a system for the safe and sanitary storage, administration, and provision of drugs.
- (b) Develop and maintain a safe method to store / dispense and monitor countable drugs eg: Morphine
- (c) Ensure that all prescription medications are ordered in writing by someone licensed to write prescriptions, dispensed by a licensed pharmacy, received by the patient
- (d) Ensure that all prescription drugs are labelled with a label that includes:
 - (i) Name of the patient
 - (ii) Date prescription filled
 - (iii) Name of the medication
 - (iv) Directions and dosage
 - (v) Expiration date
 - (vi) Quantity dispensed
- (e) Document all medication administration in the patient's record
- (f) Ensure that medications are administered only by a licensed nurse or a doctor or a known caregiver or a relative
- (g) Ensure that medications not stored at the bedside are maintained in locked storage in a central location in the hospice that is near or adjacent to an area for medication preparation and has appropriate refrigeration, a sink for handwashing and locking cabinets.
- (h) Destroy medications when the label is mutilated or indistinct, the medication is beyond the expiration or shelf-life date, or unused portions remain due to discontinuance of use or death or discharge of the patient
- (i) Develop and follow written policies and procedures for destruction of legend drugs that include listing the type of drug(s) destroyed and the amount destroyed.

9. Infection Control

A residential hospice must do the following for infection control:

- (a) Either be equipped to provide an isolation area for patients who have diseases with a high risk of transmission or have in place a method to ensure that such patients are transferred to a health care facility which is adequately equipped to admit such a patient
- (b) Develop a procedure to monitor the infection control program on a regular basis
- (c) Ensure that residents always maintain an acceptable level of personal hygiene.

10. Quality of services

Hospice must undergo a mandatory inspection of facilities by the Ministry of Health representative.

Eg: Regional staff, NCCP etc at the beginning of a new hospice programme / periodically for the existing hospice programmes to evaluate the compliance with these standards.

- Prior to commence any other activity/services not mentioned in guidelines should be communicated with the regional cancer treatment hospital.

11. Death Confirmation

In an institutional death the Medical Officer on-call will confirm the death and fill the Declaration of Death form (B-33). The hospice should then notify the Police and the Coroner. After death investigation, the body of the deceased should be handed over to his / her family / next of kin. In case of the absence of a next of kin or family member, the relevant hospice will have to bear the cost for the disposal of the body of the deceased.

A heart-shaped graphic with a light green background is positioned in the upper left quadrant. It contains the text "Palliative Care: compassionate support on life's journey" in a white, serif font. The background of the entire image shows a close-up of several hands of different skin tones resting on a tree trunk, symbolizing support and care. The background is a soft-focus green forest.

**Palliative Care:
compassionate support
on life's journey**

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