

FROM Group C Expert Committee-Vinod Kumar (Chair), Naveet Wig, Sushma Bhatnagar, Punam Bajaj, AB Dey, Indrani Chakravorti and Prem Kumar Raja

DRAFT MODEL RULES UNDER SPECIFICATIONS AND STANDARDS FOR HOSPICE CARE

DEFINITIONS

1.HOSPICE: An administered non-profit or for Profit Organization, medically directed, nurse coordinated program which provides a continuum of home, outpatients and home like inpatient care for at least 4 terminally ill patients and their families to begin with and gives physical, emotional, spiritual, social, and economic care during the final stages of illness and during dying and bereavement for 24hours a day and 7 days a week.

Hospice can be provided at different settings such as standalone hospice organization, hospital, residential center, or even at patient's own home.

2.ORGANIZATION: Any institution responsible for running and maintaining hospice care which has been established or recognized /registered by Central Govt. or by any State or UT Govt. and is administered by a Governing Body.

3.HOSPICE CARE SERVICES: As listed under clause 1 on hospice definition.

4.HOSPICE INTERDISCIPLINARY TEAM: Members comprising of physician, nurse, clinical psychologist, social worker, counselor (or priest) and whenever required physical therapist, occupational therapist, speech therapist, swallowing therapist, dietician and volunteer.

5.TERMINALLY ILL PATIENT: A patient with a progressive condition with no cure and that can be reasonably expected to cause death of person within foreseeable future as certified by a registered physician. The definition is inclusive of both malignant and non-malignant illness and ageing.

6.PALLIATIVE CARE: Palliative care is the active, holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers

7.INFORMED CONSENT: A documented process in which information regarding the potential and actual benefits and risks of a given procedure or program of care is exchanged between provider and patient.

8.ADVANCED DIRECTIVE: Advance care planning is a process that enables individuals to define goals and preferences for future medical treatment and care, to discuss these goals and preferences with family and health-care providers, and to record and review these preferences if appropriate. Advance care plan is an outcome of advance care planning that states preferences about the person's health and personal care and preferred health outcomes. Advance care directive is a written documentation of the advanced care plan in a formal way as recognised by the statutory, regulatory, or common law, which is completed and signed by a competent adult.

9.GOVERNING BODY: An autonomous Body comprising of at least 5 members to oversee the operationalization through its quarterly or earlier meetings as well as through any other method and be responsible for implementing and monitoring the functioning of hospice care facility.

10.LEVELS OF CARE: Routine home care, continuous home care, general inpatient care and inpatient respite care

11.VOLUNTEER: Means a trained individual who provides support and assistance to the patient, family or organization, without remuneration, in accord with the plan of care developed by the hospice core team and under the supervision of a member of the hospice staff.

SUB CHAPTERS & RULES GUIDING THE SPECIFICATIONS AND STANDARDS OF HOSPICE CARE

SUB CHAPTER 1: SERVICES

Rule 1.1 Hospices services shall be available as an inpatient care 24×7, all days of week including holidays.

Rule 1.2 Hospice services shall comprise of an interdisciplinary team of physician, nurse, social worker, clinical psychologist and counselor available 24×7, all days of week including holidays.

Rule 1.3 Hospice team shall coordinate with other staff to provide dietary, physical, spiritual, speech and occupational care services.

Rule 1.4 Hospice team shall arrange respite care for the family to reduce care giver burden.

Rule 1.5 Hospice team shall offer bereavement services to the family.

Rule 1.6 Hospice nurse shall assess and prepare a documented plan of care for each patient and his family at the time of admission and shall review it periodically.

Rule 1.7 Hospice care shall include administration of drugs including but not limited to opioids for reduction of pain and other troublesome symptoms as and when need arises.

Rule 1.8 Hospice shall have documented guidelines on the need, use, safety, and monitoring on use of drugs and biological including eligibility of persons authorized to administer such drugs.

Rule 1.9 Hospice care shall include laboratory and radiology services for patients when needed.

Rule 1.10 Hospice shall provide continuum of services from patients and family needs, admission to a hospice with facility of 24 hour care including various types of services, referrals to levels of alternate settings, discharge of the patient and/or case transfer to patient's own home.

Rule 1.11 Hospice shall have criteria for determining different levels of care such as routine home care, continuous home care, general inpatient care and inpatient respite care and advise the patient and family/care giver as per their needs.

Rule 1.12 Hospice may have volunteers to provide general assistance to hospice program and to patients and families and to document the predetermined services they provide and to maintain confidentiality of patients and their families.

Rule 1.13 Hospice shall maintain clinical record including documentation of care coordinated by interdisciplinary team, conference meetings, telephone communications, after-hours contacts and actions.

Rule 1.14 Hospice interdisciplinary team shall assist the patient and family/care giver in completing Advance Directives and explain the meanings of these documents on an ongoing basis.

SUB CHAPTER 2: ORGANIZATION AND ADMINISTRATION

Rule 2.1 Hospice organization shall be professionally and legally responsible for all activities for providing hospice care.

Rule 2.2 Registration, regular or provisional or its renewal for a hospice organization shall be mandatory.

Rule 2.3 Formats for application for registration, its renewal, certification of registration, and suspension or cancellation are given in Annexures 1 to 4.

Rule 2.4 Prescribed amount of fee shall be deposited by the applicant organization at the time of application for registration.

Rule 2.5 Application from any organization having less than 4 beds, inadequate staff, inability to care for 24×7 and without holidays or submitting the application without prescribed fee will be summarily rejected.

Rule 2.6 Renewal of registration of an organization is incumbent upon having provided hospice services to at least 10 patients during last 1 year with a 6 monthly report including the budget.

Rule 2.7 There shall be a Governing Body as listed under clause 9 on Governing Body definition.

Rule 2.8 Governing Body shall designate an Administrator or Manager, maintain standards, define services and keep the organizational chart of authority and responsibility of staff.

Rule 2.9 Governing Body shall appoint one or more staff such as physician, nurse, clinical psychologist, social worker, and others (dietician, spiritual counselor etc.) as and when the need arises in accordance with the qualifications and expected responsibilities.

Rule 2.10 Governing Body shall set the admission criteria for patients requiring hospice care based on (i) information provided by the family & a registered physician (ii) application made on a prescribed form & (iii) an informed consent obtained from the patient or family.

Rule 2.11 In case the number of eligible applicants exceeds the number of places available, preference shall be given to more indigent and needy than the less indigent and needy, to more old than the less old and to the female than the male applicants.

Rule 2.12 No distinction shall be made on the basis of religion or cast.

Rule 2.13 State Governments shall issue detailed guidelines/orders from time to time for admission into and management of hospice facility.

Rule 2.14 Governing Body shall frame patient discharge rules and ensure patient's rights and responsibilities.

Rule 2.15 Physical facilities shall be made available for hospice facility as per following guidelines (i) land and space to be commensurate with the size and extent of facility, (ii) safe and noise free premises with proper light including back up and proper ventilation. (iii) age-friendly and fire resistive construction (with NOC from Fire Department) and patient friendly nurses station (iv) clean water, hygienic toilets, clean clothing and linen (v) nutritious diet from a clean kitchen (v) there shall be no sharing with any non-health entity.

Rule 2.16 Hospice facility shall have proper system of biomedical waste disposal.

Rule 2.17 Following registration of hospice facility as per Annexure 1 or its modified form finalized by the competent authority, all supplies shall be ensured including but not limited to procurement, administration and distribution of opioids and other medications and equipment including kitchen and laundry equipment.

Rule 2.18 Hospice care facility shall undergo mandatory audit every 2 years based on a Standard Audit Tool Form for Indian palliative programs (Annexure 5) or its modified form suited for Hospice care. This will include both self-audit and assessment of quality through an accreditation process.

SUB CHAPTER 3: HUMAN RESOURCES

Rule 3.1 Hospice care team shall comprise a registered Physician possessing a MD in palliative medicine or MD/MS in clinical specialties with one year experience in palliative care.

Rule 3.2 Hospice care team shall comprise a registered Nurse possessing GNM or BSc Nursing with one year experience in palliative care.

Rule 3.3 Hospice care team shall comprise a Social worker possessing MSW with one year experience in palliative care.

Rule 3.4 Hospice care team shall comprise a Clinical psychologist possessing MSc/MPhil in Clinical psychology with one year experience in palliative care.

Rule 3.5 Hospice care team shall comprise a Physiotherapist possessing Bachelor of Science in Physiotherapy (BPT).

Rule 3.6 Hospice care team shall comprise a Dietician possessing Master of Science or Post Graduate Diploma in Nutrition & Dietetics.

Rule 3.7 Hospice care team shall comprise a Spiritual councilor possessing MSc/MPhil in Clinical psychology with one year experience in palliative care.

Rule 3.8 Hospice care team shall comprise a Speech therapist possessing BASLP (Bachelor of Science in Audiology and Speech Language Pathology).

Rule 3.9 Hospice care team shall comprise an Occupational therapist possessing BOT (Bachelor of Occupational Therapy).

Rule 3.10 Hospice care team shall comprise a Volunteer from the community interested in providing hospice care and possessing a certificate of having undergone a short-term training in such care.

ANNEXURE 1

REGISTRATION FORM

APPLICATION FOR PERMISSION TO ESTABLISH HOSPICE FACILITY

1. Name and designation of the authorized person furnishing the application
2. Name and address of the applicant organization /agency
(with Pin code, District, Phone number, and Email address)
3. Name and full address of the proposed Hospice Facility:
 Address:
 E-mail ID:
 Panchayat/ Municipality/ Corporation:
 Village:
 Taluk:
 Police station:
4. Ownership and Act/ Acts under which the organization is registered and Register number/numbers
 Private-Corporate/ Government/ Public sector/ Trust-Charitable/ Armed forces/ others
5. Date of registration under act and expiry of validity of registration
6. GST numbers of the organisation (if applicable)

7. PAN numbers of the organisation (if applicable)
8. TAN numbers of the organisation (if applicable)
9. Source of income of the organization to run the organisation
10. Bank accounts operated by the organisation and balance available in each account on the date of application
11. Whether foreign assistance received/receivable by the organization
12. FCRA Account number and Name of Bank
13. A brief description of the of the organization explaining its objectives and activities
14. Whether the organization is running any other Institution (if yes, details)
15. Experience of the organization in senior citizen related Activities (in completed years)
16. Date on which the Hospice is proposed to start functioning
17. Number of total persons to be admitted
18. Whether the facility of the organisation is owned or rented building
19. Plinth area of the building in sq. mts.:
24. Carpet area of the building in sq. mts.
25. Whether sanitation certificate and fitness certificate obtained
26. Whether qualified staff appointed or ready for appointment at the time the organisation starts functioning
27. Whether the organization received any assistance from state or Central governments or any other agencies during last 3 years (if yes give details)
28. Additional information if any

Declaration

I, the applicant, do hereby declare that:

- (1) all the information furnished above are true, and
- (2) I agree to abide by all the provisions contained in the MPWSC Act & rules/ Amendments (if any) and all other orders, rules, regulations etc. relevant in this regard.

Place:
Date:

Signature and Name of authorized person

Recommendation of the District Social Welfare Officer

Date

Seal

signature

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(Attach additional sheets if necessary)

List of documents required to be attached with the application:

1. Copy of registration certificate/s of the organization
2. Copies of Bank pass Books showing account number, other identity and transactions
3. Copy of order sanctioning foreign contribution, and copy of statement filed with the Central Home department for the last year
4. If no foreign assistance received or receivable by the organisation/care home, a certificate of the applicant to that effect.
5. a. Copies of Bye-laws/memorandum of association
 - b. Statement showing name, address and other details of governing body members including educational qualification, annual income, age, occupation and relationship with other members.
 - c. Annual report of the last year
 - d. Audited annual income and expenditure statement of the last year
6. Copy of ownership certificate of the building received from the local body in case of own building, or copy of rent or lease agreement in case of rented building
7. Copy of the building plan showing total plinth area and carpet area of each room
8. Copy of sanitation certificate obtained from the Health services authorities
9. Copy of building fitness certificate obtained from the PWD/ Local body engineer/licenced engineer
10. If staff appointed, a list showing name, gender, name of post, qualification, experience and age

ANNEXURE 2
RENEWAL OF REGISTRATION FORM

APPLICATION FOR RENEWAL OF REGISTRATION FOR HOSPICE FACILITY

9. Name and designation of the authorized person furnishing the application
10. Name and address of the applicant organization /agency
(with Pin code, District, Phone number, and Email address)
- Registration No:
11. Name and full address of the Hospice Facility:
- Address:
- E-mail ID:
- Panchayat/ Municipality/ Corporation:
- Village:
- Taluk:
- Police station:
12. Ownership and Act/ Acts under which the organization is registered and Register number/numbers
Private-Corporate/ Government/ Public sector/ Trust-Charitable/ Armed forces/ others
13. Date of registration under act and expiry of validity of registration
14. GST numbers of the organisation (if applicable)
15. PAN numbers of the organisation (if applicable)
16. TAN numbers of the organisation (if applicable)
20. Source of income of the organization to run the organisation
21. Bank accounts operated by the organisation and balance available in each account on the date of application

22. Whether foreign assistance received/receivable by the organization
23. FCRA Account number and Name of Bank
24. A brief description of the of the organization explaining its objectives and activities
25. Whether the organization is running any other Institution (if yes, details)
26. Experience of the organization in senior citizen related Activities (in completed years)
27. Date on which the Hospice is proposed to start functioning
28. Number of total persons admitted in last one year:

29. No. of service users in the Hospice facility for the last six months:
(In case of homes with lesser period of existence information for the actual period)

Sl	Male	Female	Transgender	Total

30. Whether the facility of the organisation is owned or rented building
31. Plinth area of the building in sq. mts.:
- 24 Carpet area of the building in sq. mts.
29. Whether sanitation certificate and fitness certificate obtained
30. Whether qualified staff appointed or ready for appointment at the time the organisation starts functioning
31. Whether the organization received any assistance from state or Central governments or any other agencies during last 3 years (if yes give details)
32. Additional information if any

Declaration

I, the applicant, do hereby declare that:

- (3) all the information furnished above are true, and
- (4) I agree to abide by all the provisions contained in the MPWSC Act & rules/ Amendments (if any) and all other orders, rules, regulations etc. relevant in this regard.

Place:

Signature and Name of authorized person

Date:

Recommendation of the District Social Welfare Officer

Date

Seal

signature

=====

(Attach additional sheets if necessary)

List of documents required to be attached with the application:

3. Copy of registration certificate/s of the organization
4. Copies of Bank pass Books showing account number, other identity and transactions
3. Copy of order sanctioning foreign contribution, and copy of statement filed with the Central Home department for the last year
4. If no foreign assistance received or receivable by the organisation/care home, a certificate of the applicant to that effect.
5. a. Copies of Bye-laws/memorandum of association
 - e. Statement showing name, address and other details of governing body members including educational qualification, annual income, age, occupation and relationship with other members.
 - f. Annual report of the last year
 - g. Audited annual income and expenditure statement of the last year
6. Copy of ownership certificate of the building received from the local body in case of own building, or copy of rent or lease agreement in case of rented building
7. Copy of the building plan showing total plinth area and carpet area of each room
8. Copy of sanitation certificate obtained from the Health services authorities
9. Copy of building fitness certificate obtained from the PWD/ Local body engineer/licenced engineer
10. If staff appointed, a list showing name, gender, name of post, qualification, experience and age

ANNEXURE 3**CERTIFICATE OF REGISTRATION FOR HOSPICE FACILITY**

Certificate Number

Date of issue

- I. This certificate of registration for Hospice Facility is awarded to..... (full name and address of organization, with district and Pin code) registered as No. underMWPSC Act.
- II. The Hospice Facility is permitted to admitservice users including men, women and transgender persons.
- III. The Hospice Facility will function on payment basis/charity basis
- IV. The certificate for Hospice facility is valid till
- VI. This certificate of registration is not transferable.
- VII. All the conditions stipulated in the MWPSC Act & Rules are applicable to the Hospice Facility for which registration is granted in this Certificate.

Place: (Seal of competent authority)

Signature of competent authority

ANNEXURE 4

ORDER OF REFUSAL OF CERTIFICATE FOR REGISTRATION/RENEWAL/ CANCELLATION OF REGISTRATION OF HOSPICE FACILITY

The state competent authority to grant certificate of registration for hospice facility for senior citizens/ renewal of certificate of registration for hospice facility for senior citizens:

after due enquiry on the application received from
..... (name and address of applicant organization) and considering the arguments put forth by the organization during the personal hearing on as per the provisions of the MWPSC Act & rules concludes that the applicant does not merit a certificate of registration/renewal of registration due to the following reasons:

1.

2.

Hence the application is rejected.

The applicant may appeal against this order to the state Government within thirty days from the date of receipt of this Order.

The Order of the State Government shall be final.

Where no appeal has been preferred immediately on the expiry of thirty days this order will take effect and the hospice facility shall cease to function. A separate order will be issued regarding the arrangements to be made for dealing with the service users of the institution.

Place

Signature

Date

(seal)

Name and designation of the competent authority

ANNEXURE 5
STANDARDS AUDIT TOOL FOR INDIAN PALLIATIVE CARE PROGRAMS

Please describe your program

A. Type of Services (please select one):

1. Government Hospital	
2. Private Hospital	
3. Standalone	
4. NGO	
5. Community	
6. Medical College	
7. Other	

If "other" please explain: _____

B. Focus of work (Please put a tick in the boxes that is applicable to your programme)

Provide Palliative Care as and when opportunity arises, but not the main focus of work	
Focus of work is Palliative Care in cancer	
Main focus of work is Palliative care in different settings (Both malignant and non-malignant)	
Actively involved in education relating to Palliative Care	
Actively involved in research relating to Palliative Care	

C. Descriptors	
Size of the programme	Average daily census
In-patient	
Out -patient	
Home based care	
Cross consultation service	

Part A: ESSENTIAL

The Hospice/Palliative Care Program:	Never	Rarely	Sometimes	Often	Always
Has a system in place for whole patient assessment, documentation, and management that includes at minimum					
1. Assessment and documentation of pain, pain scale					
2. Assessment and documentation of other symptoms					
3. Regular review of pain and other symptoms and titration of medications					
Provides access to essential medications as demonstrated by:					
4. An uninterrupted supply of immediate release oral morphine					
5. Access to essential medicines and equipment. (Essential Package)					
6. A system for documentation of step 3 opioids use including names of patient and identification number, quantity dispensed each time and balance of stock after each transaction					
A Palliative service should adopt a team approach. It should have at least:					
7. Trained Doctor with a minimum of 10 days clinical palliative care training under supervision					
8. Trained Nurse with a minimum of 10 days clinical palliative care training under supervision					
9. Designated team members trained to deliver psychological, social and spiritual support					
The palliative care service engages the community and does not work in isolation.					
10. There is evidence of interaction between the community and health care professionals in the establishment and ongoing operation of the services					
The palliative care service supports the health of the team through activities such as:					
11. Regular team meetings					
12. Self-care training					
13. Debriefing					
The palliative care service has a programme of education and training					

14. Ongoing continuing professional education for the palliative care team					
15. Educational programmes on palliative care for fellow professionals					

Part B: DESIRABLE

The Hospice/Palliative Care Programme:	Never	Rarely	Sometimes	Often	Always
16. Has sufficient access to free morphine (essential package for poor patients)					
17. Provides home care services directly/ indirectly					
18. Provides after hours support directly / indirectly					
19. Has an institutional policy for Pain Management					
20. Has an institutional policy for End-of-life care					
21. Has access to ancillary services- Dietetics, Physical Therapy, occupational therapy, Physical Rehabilitation					
22. Provides caregiver support including bereavement support					
23. Has significant contributions from volunteers					
24. Has support of other health care professionals for palliative care work					
25. Conducts programmes to promote awareness, advocacy for palliative care work through media support, IMA, etc					
The palliative care service fosters a healthy organizational culture which includes:					
26. Regular team activities that foster team building					
27. Conflict resolution	Yes			No	
28. Administrators are supportive of palliative care	Yes			No	
The palliative care service has in place a programme of education and training which includes:					
29. Education programs on palliative care for medical/nursing students/social work students	Yes			No	
30. Education programs on palliative care for volunteers	Yes			No	
31. Awareness programs on palliative care for the public	Yes			No	
32. Access to teaching material, textbooks and journals	Yes			No	
33. Participation in conferences and CMEs	Yes			No	

The palliative care service has a commitment to continuous quality improvement though:					
34. Ongoing audit	Yes		No		
35. Participation in research	Yes		No		
The palliative care service participates in institutional activities					
36. Integration with mainstream care					
37. Participation in Journal Club, Ethic Committee, Multidisciplinary team meeting, tumour board, etc.					