

**CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS
PROPOSAL IN STP FORMAT**

PROPOSAL E

PROPOSAL: To Adopt CSHP Professional Policy on Hospice and Palliative Care

SUBMITTED BY: Victoria Ferraresi (Chair, House of Delegates)

DATE SUBMITTED: June 17, 2011

SITUATION:

1. In 2001 the CSHP House of Delegates approved Professional Policy [endorsing Last Acts'](#) Precepts of Palliative Care. The policy was reaffirmed in 2006 (P-20064).

2. [Last Acts, a project of the Robert Wood Johnson Foundation from 1995-2005, was created to raise awareness of and to improve end-of-life care in the United States.](#)

~~2.3.~~ ASHP has a Statement on the Pharmacist's Role in Hospice and Palliative Care (www.ashp.org/DocLibrary/BestPractices/SpecificStHospice.aspx) This document states:

Medicare regulations state that the hospice must "employ a licensed pharmacist; or have a formal agreement with a licensed pharmacist to advise the hospice on ordering, storage, administration, disposal, and record keeping of drugs and biological".

This is only applicable for a hospice inpatient unit where drugs are purchased, stored and dispensed (42 CFR §418.106(2)). The majority of hospice care in the United States is provided in patient homes or in the long-term care or assisted living facilities where they reside. There is no mandate for pharmacist services of any kind in these settings in Medicare regulations

~~3.4.~~ ASHP Policy Statement 0307, Pharmacist Support for Dying Patients promotes the role of pharmacists in providing care to these patients but does not address the pharmacist as part of the hospice or palliative care interdisciplinary group.

~~4.5.~~ In 2004 the National Quality Consensus Project for Quality Palliative Care published Clinical Practice Guidelines for Quality Palliative Care. This was updated in 2009, available at www.nationalconsensusproject.org. [Forty professional organizations endorsed the 2004 guidelines; as of November 1, 2011, twenty professional organizations have endorsed the 2009 guidelines. None are pharmacy organizations. \(See Appendix A.\)](#)

~~5.6.~~ Although the 2009 guidelines acknowledge the input of ~~seven~~six pharmacist leaders in palliative care, there is only passing mention of pharmacists twice in the document, as an optional part of the interdisciplinary team (on pages 9 and 72, bolded font added for emphasis here):

*...a core group of professionals from medicine, nursing and social work, **and may include some combination** of volunteer coordinators, bereavement coordinators, chaplains, psychologists, **pharmacists**, nursing assistants and home attendants, dietitians, speech and language pathologists, physical, occupational, art, play, music, and child-life therapists, case managers, and trained volunteers.*

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PROPOSAL IN STP FORMAT**

7. Drug therapy is a key component of the palliation of pain and other symptoms. Other palliative care cannot take place in the face of unremitting symptoms such as pain or nausea and vomiting.

~~6.8.~~ In 2008, the Medicare Hospice Conditions of Participation were updated to add:

42 CFR §418.106(a) The hospice must ensure that the interdisciplinary group confers with an individual with education and training in drug management as defined in hospice policies and procedures and State law...to ensure that drugs and biologicals meet each patient's needs.

~~7.9.~~ The Medicare Hospice Conditions of Participation currently specify the following as required members of the interdisciplinary group—a doctor of medicine or osteopathy, a registered nurse, a social worker, and a pastoral or other counselor (42CFR §418.56).

~~8.10.~~ Current CSHP Professional Policy 2006-07, Pharmaceutical Care, supports the collaborative efforts of the multi-disciplinary patient care team which includes pharmacists.

TARGET:

1. Endorse the 2009 Clinical Practice Guidelines for Quality Palliative Care from the National Quality Consensus Project for Quality Palliative Care.
2. Acknowledge and educate other health care providers and stakeholders on the role of pharmacists in the provision of hospice and palliative care.
3. Advocate for the inclusion of pharmacists as active members of hospice and palliative care interdisciplinary teams. (And eventually in hospice as core providers specified in the Medicare Conditions of Participation.)

PROPOSAL:

1. ~~Create~~ Adopt new Professional Policy,

Hospice and Palliative Care

CSHP endorses the 2009 Clinical Practice Guidelines for Quality Palliative Care (from the National Quality Consensus Project for Quality Palliative Care) and advocates for the active participation of pharmacists as integral members of hospice and palliative care interdisciplinary teams.

Full text of the guidelines (~~76-80 pages~~) is available at www.nationalconsensusproject.org/guideline.pdf

ESTIMATED RESOURCES REQUIRED FOR PROPOSED ACTION(S)

Financial:

EVP time:

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Staff time:

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CSHP BOARD ACTION:

At its July 8-9, 2011 meeting, the board approved the proposal.

At its November 2, 2011 meeting, the board modified and approved the revised proposal

[Appendix A](#)

[Organizations Endorsing the 2009 Guidelines](#)

www.nationalconsensusproject.org/SupportingOrgs.asp Accessed 11/2/2011.

["We have endorsed the Clinical Practice Guidelines for Quality Palliative Care developed by the National Consensus Project for Quality Palliative Care. These guidelines are for all health care professionals to help address the growing population of patients with advanced illness."](#)

[Hospice and Palliative Care Coalition including:](#)

[American Academy of Hospice and Palliative Medicine](#)

[Center to Advance Palliative Care](#)

[Hospice and Palliative Nurses Association](#)

[National Hospice and Palliative Care Organization](#)

[American Academy of Ambulatory Care Nursing](#)

[American Alliance of Cancer Pain Initiatives](#)

[American Association of Critical Care Nurses](#)

[American Association of Neonatal Nurses](#)

[American Association of Spinal Cord Injury Nurses](#)

[American College of Nurse Practitioners](#)

[American Nephrology Nurses Association](#)

[American Society for Pain Management Nursing](#)

[American Society of Plastic Surgical Nurses](#)

[Association of Nurses in AIDS Care](#)

[Association of Pediatric Hematology/Oncology Nurses](#)

[Hospital Corporation of America](#)

[National Association of Directors of Nursing Administration for LongTerm Care](#)

[Oncology Nursing Society](#)

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PROPOSAL IN STP FORMAT**

[Sigma Theta Tau \(Honorary Nursing Society\)](#)

[Society of Critical Care Medicine](#)