



Hospice and Palliative Credentialing Center (HPCC) CHPN[®] Hospice and Palliative Accrual for Recertification (CHPN[®] HPAR)

All professional development activities achieved in the process of renewal of certification by the accrual method should extend knowledge and improve the candidate's practice of hospice and palliative care. The requirements of HPAR help to demonstrate continuing competence by allowing professionals to exhibit critical thinking skills and express competencies through continuing education, scholarly accomplishments, and professional contributions. These activities should be consistent with the scope of hospice and palliative nursing practice as stated in the ANA/HPNA *Palliative Nursing: Scope and Standards of Practice –An Essential Resource for Hospice and Palliative Nurses* and the vision and mission of HPCC.

CHPN[®]s are required to renew their certification through the HPAR process. CHPN[®] HPAR applications must be submitted through the online platform called *LearningBuilder*. Each certificant has their own Learning Plan available, which allows the certificant to record their professional development activities and earn HPAR points toward successful recertification. More information about *LearningBuilder* is available at www.goHPCC.org.

The HPAR policy and application process are reviewed annually by the HPCC Board of Directors. It is your responsibility, before finalizing your HPAR submission, to assure that you are using the most current policy and process for the year in which you are submitting your HPAR application. Please note, you can submit your application during the 12 months prior to your certification expiration date.

Renewal of certification requirements: Professional development and and practice hours

- Hold a current CHPN[®] certification
- Hold a current, unrestricted registered nurse license in the United States, its territories, or the equivalent in Canada
- Complete the required practice hours in the specialty
- Complete the professional development point accrual
- Pay the renewal fee

Reactivation of credential:

Candidates who missed the deadline for recertification beginning in December of 2015 and meet the requirements for reactivation may use the *LearningBuilder* platform to submit for reactivation. The reporting period time for which you can take credit for professional development activities will be adjusted according to your current reporting period and the dates of submission. Reactivation will be available for three years after expiration of credential. Nurses may not use the credential after it expires but may use it again after being notified that their certification has been reactivated. Reactivation is **NOT** retroactive, and the certification period will begin when notified and continue for four years from that date. **Certificants interested in pursuing the reactivation process must notify HPCC by phone or email of their intention to reactivate. Learning plans will not be accessible without contacting HPCC.**

Example: If a nurse who was due to renew in 2017 missed the final deadline and applies for and is granted reactivation on February 15, 2018, that certification will expire February 14, 2022. If the original reporting period was 03/15/2013-12/31/2017, the new reporting period would be 03/15/2014- 12/31/2018.

Reactivation for expired certification requirements: Professional development and practice hours

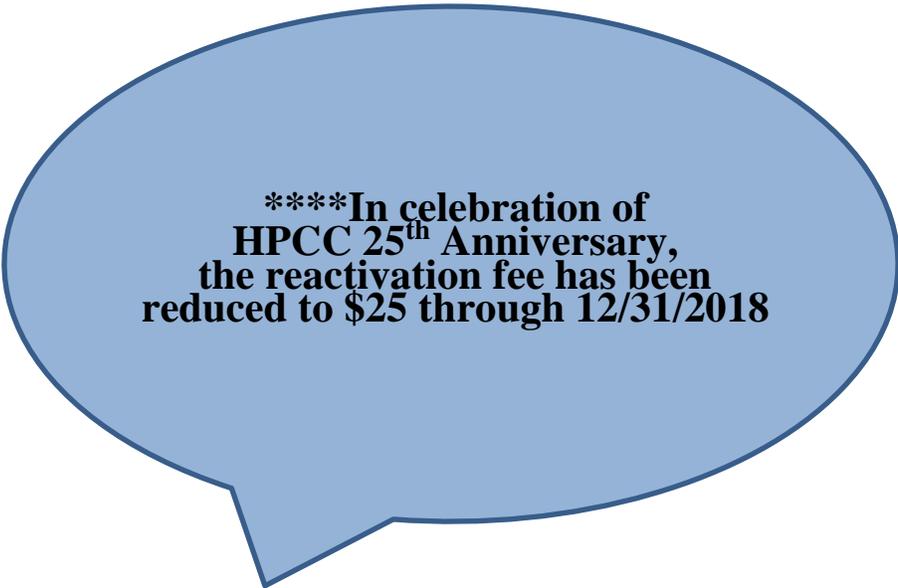
- CHPN® certification has been expired for less than 3 years.
- Hold a current, unrestricted registered nurse license in the United States, its territories or the equivalent in Canada.
- Contact HPCC with your intention to pursue reactivation.
- Complete the professional development point accrual during the **Reporting Period** as designated in your learning plan within LearningBuilder.
- Complete the required practice hours in the specialty.
- Pay the renewal fee plus a reactivation fee.

Renewal Application Deadlines and Fees

CHPN® HPAR Fees				
	Renewal Fee*	Extended Fee** (Renewal + \$100)	Reactivation Fee*** (Renewal + \$175)	Reactivation Fee**** (Renewal + \$25) Valid through 12/31/18
HPNA member	\$260	\$360	\$435	\$285
HPNA non-member	\$380	\$480	\$555	\$405

Note: The price of the SJE (\$60) is included in the Renewal Fee and is purchased through PSI. The final payment will be the remaining balance upon submission of your learning plan.

- * On or before October 31st
- ** After October 31st
- *** Up to 3 years after your certification expiration date



Certified Hospice and Palliative Nurse Hospice and Palliative Accrual for Recertification (CHPN® HPAR)

Requirements:

I. Practice Hours: 500 practice hours in hospice/palliative care during the most recent 12 months or 1000 practice hours in hospice/palliative care during the most recent 24 months prior to submission of application.

II. Professional Development Activities: Total of 100 points

Activity	Points
A. Situational Judgment Exercise (SJE) – Required (Amount of HPAR points dependent on performance)	20/10/5
B. Continuing Education	Max. Limit
Continuing Education: Nursing/Medical/Other healthcare disciplines (live or self-study) (All programs must be accredited.) 60 minutes = 1 Contact Hour = 1 HPAR point 30 minutes = 0.5 Contact Hour = 0.5 HPAR point	None
C. Scholarly Accomplishments	Max. Limit
1. Academic education 1 academic semester credit = 15 HPAR points	45
2. Professional presentations 1 HPAR point awarded for every 10 minutes starting with 20 minutes	30
3. Professional publications (Detailed listing of type and points in packet)	75
D. Professional Contributions	Max. Limit
1. Precepting students enrolled in an accredited, academic healthcare program 25 hours = 10 HPAR points	30
2. Orienting Staff 40 hours = 10 HPAR points	20
3. Volunteer service in healthcare-related organizations 1 year of service = 10 HPAR points	20

All activities must relate to the CHPN® Detailed Content Outline (see page 11).

I. Practice Hours and Licensure

1. Hold a current, unrestricted registered nurse license in the United States, its territories, or the equivalent in Canada.
2. Work as a registered nurse in the specialty of hospice/palliative care for 500 hours in the most recent 12 months or 1000 hours during the most recent 24 months prior to application.

II. Professional Development Activities

1. HPAR points may be accrued throughout your reporting period noted on your individual Learning Plan. We encourage you to add activities into your plan as they are completed.
2. Each candidate must earn a minimum of 100 points during the accrual period of four years. **All points must be earned through activities that provide content specific to or with direct application to hospice and palliative care and must relate to the CHPN® detailed content outline (see pages 11-13).**

Candidates are not required to submit points in every category; however, some professional development activities have a maximum number of HPAR points that can be awarded.

Submission of more than 100 points is highly encouraged in the event some points are disallowed.

3. A percentage of applications are selected each year for random audit. Candidates whose applications are selected for audit are required to submit additional documentation regarding point accrual activities, such as continuing education certificates. Refer to the Audit Documentation chart at the back of this packet.
4. It is your responsibility to confirm that all information is complete and accurate. You may print the information from a CE tracking tool and enter it into your Learning Plan. (There is NOT an automated import function because *LearningBuilder* and CE tracking are different systems.)

POINT ACCRUAL CATEGORIES

A. SITUATIONAL JUDGMENT EXERCISE

Completion of the Situational Judgment Exercise (SJE) is a **required** component of the CHPN® HPAR. The SJE is an open book online exercise which uses a series of case based scenarios to demonstrate critical reasoning and clinical application of content beyond the level of the initial certification exam. The SJE provides an in-depth assessment of the approach taken by the CHPN® to handle the complexity of real life clinical situations. In addition to assessment and treatment decision making, it also addresses ethical and professional topics including team building, communication, public policy, and research.

The SJE scenarios are designed with the intention of Information Gathering (IG) and Decision Making (DM) reflecting two different underlying constructs relevant to hospice and palliative nursing practice. Previous analysis has indicated that IG and DM are measuring different competencies. Your score on the Information Gathering (IG) and Decision Making (DM) sections is compared to a “minimum performance level” (MPL) established by the subject matter experts who created the SJE.

- How scores meet or exceed the total MPL on both the IG and DM will determine the number of HPAR points earned.

Performance Category	HPAR Points
Meet or Exceed MPL (Passing Score) on <i>Both</i> IG and DM	20
Meet or Exceed MPL (Passing Score) on <i>Either</i> IG or DM	10
Below MPL (Passing Score) on both IG and DM	5

After completing the SJE, your SJE score will be uploaded into your Learning Plan. Allow one business day for these results to be added to your plan.

Detailed information on the SJE can be found on the HPCC website www.goHPCC.org under Certification.

B. CONTINUING EDUCATION

Through attendance at live programs or through self-study educational programs, either in print or online (such as journals, professional organizations, or hospitals) that award contact hours offered by providers that have been approved by an accredited approver of nursing, medical or other health care discipline continuing education.

Several state boards of nursing require continuing education for renewal of licensure. However, NOT all state boards require that the continuing education be offered by accredited or approved providers or have been approved by an accredited approver.

Therefore, some continuing education programs may be acceptable for candidate re-licensure in their state but NOT acceptable for renewal of certification through CHPN® HPAR by HPCC.

Activities should be selected to enhance expertise in hospice and palliative nursing and must relate to the CHPN® detailed content outline.

Activities relevant to general nursing cannot be utilized for HPAR points. These include the following topics:

- CPR
- ACLS
- OSHA
- HIPAA
- Domestic Violence
- Adult/pediatric neglect and abuse
- Infection Control/ Hand Hygiene
- Blood-Borne Pathogens/Basic HIV/AIDs

Only those state boards of nursing listed below are acceptable.

The following organizations are acceptable to HPCC to grant approval to providers of continuing education contact hours:

- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Council for Pharmacy Education (ACPE)
- American Academy of Medical Administrators (AAMA)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Professional Coders (AAPC)

- American Association of Critical-Care Nurses (AACN)
 - American Association of Nurse Anesthetists (AANA)
 - American College of Health Care Administrators (ACHCA)
 - American Health Information and Management Association (AHIMA)
 - American Nurses Credentialing Center (ANCC)
 - Association of Pediatric Hematology/Oncology Nurses (APHON)
 - American Psychological Association (APA)
 - American Society of Association Executives (ASAE)
 - Association of Social Work Boards (ASWB)
 - Association of Women’s Health, Obstetric & Neonatal Nurses (AWHONN)
 - Continuing Professional Education (CPE)
 - Human Resources Certification Institute (HRCI)
 - International Association for Continuing Education and Training (IACET)
 - National Association of Neonatal Nurses (NANN)
 - National Association of Pediatric Nurse Associates & Practitioners (NAPNAP)
 - National Association of Social Workers (NASW)
 - National Board for Certified Counselors (NBCC)
 - National League for Nursing (NLN)
 - Nurse Practitioners in Women’s Health (NPWH)
 - Oncology Nursing Society (ONS)
 - Royal College of Nursing
 - State Nurses Associations (all)
 - State Boards of Nursing in: **Alabama, California, Florida, Iowa, Kansas, Kentucky, Louisiana, Nevada, Ohio, West Virginia**
 - U.S. Chamber of Commerce Institute for Organizational Management
 - Wisconsin Society for Health Education and Training (WISHET)
- **One 60-minute contact hour = 1 HPAR point**
 - **Repetition of continuing education programs with identical content during the accrual period will not be accepted.**
 - **Each continuing education program, regardless of length, must be a separate entry and reflect each continuing education certificate.**

C. SCHOLARLY ACCOMPLISHMENTS

1. Academic Education

- **(Preapproval is required. Please allow five (5) business days for review and approval.)**
- Through completion of courses that are required within a degree program **OR** other academic courses that are relevant to hospice and palliative nursing.
- **You must submit a transcript or grade report with this activity (including your name, academic institution, and dates).**
- Enrollment in a degree program is not required.
- Courses must be provided by accredited colleges or universities.
- A grade of “C” or higher must be achieved for a course.
- **One academic semester credit = 15 HPAR points**
- Limited to a maximum of 45 HPAR points

2. Professional Presentations

- Through formal structured educational presentations made to nurses, other healthcare providers, or the public (e.g., seminars, conferences, in-services, public education)
- Content of the presentation must be related to the field of hospice and palliative care.
- Presentations given as part of requirements within your job description are not acceptable. Educators that teach courses as part of employment responsibilities would count this activity as required hours in the profession, but not as formal presentations. **Presentations may be done in the workplace if they are not part of the routine job requirements.** Examples include: providing education on a different unit, during the interdisciplinary team meeting or at another organizational worksite/outreach facility.
For instance, a one-hour presentation to staff members on a new clinical topic or the findings from researching an evidence-based treatment would be 60 minutes = 6 HPAR points.
- Length of the presentation must be at least 20 minutes.
- HPAR Points are awarded based on presentation time:
 - **One 20-minute presentation = 2 HPAR points**
 - One point awarded for each 10 minutes thereafter the initial 20 minute presentation
 - **Poster presentation = 2 HPAR points**
- HPAR points are not awarded for repeat presentations of the same material, regardless of different audiences
- Limited to a maximum of 30 HPAR points

3. Professional Publications

- Through items published in books, journals, professional newsletters, or electronic media (e.g., DVD, video) that are original and require review and synthesis of current literature.
- Except for publications aimed at patient and family education, published items must be directed at a professional audience.
- Publications may be done in the workplace if they are not part of the routine job requirements. Examples may include: writing a patient education pamphlet or article in the workplace newsletter or journal.
- Must be the author, co-author, editor, or co-editor
- Item must have been accepted for publication during renewal period even if actual publication date is to be past renewal period.
- Academic hours awarded for a dissertation or thesis used in this category may NOT also be used in the Academic Education category.
- Points are not awarded for repeat activities with identical content.
- Limited to a maximum of 75 HPAR points

PUBLICATION POINT VALUES	
Type of Publication	HPAR Points Awarded
<i>Doctoral dissertation</i>	<i>75 points</i>
<i>Authored textbook (>300 pages)</i>	<i>60 points</i>
<i>Authored textbook (<300 pages)</i>	<i>40 points</i>
<i>Master's thesis</i>	<i>25 points</i>
<i>Textbook editor</i>	<i>20 points</i>
<i>Chapter in a book</i>	<i>15 points</i>
<i>Written review of book or media</i>	<i>5 points</i>
<i>Patient/Family Teaching Sheet</i>	<i>5 points</i>
<i>Educational pamphlet</i>	<i>5 points</i>
<i>Position Statement</i>	<i>5 points</i>
<i>Editorial in professional journal</i>	<i>2 points</i>
<i>Column in a professional journal</i>	<i>2 points</i>
<i>Article in professional organization newsletter</i>	<i>2 points</i>
<i>Article in workplace newsletter</i>	<i>2 points</i>
<i>Research abstract</i>	<i>2 points</i>
<i>Original research article in a peer reviewed journal</i>	<i>15 points</i>
<i>Original journal article in a peer reviewed journal</i>	<i>10 points</i>

D. PROFESSIONAL CONTRIBUTIONS

1. Precepting Students

- Direct supervision provided to a student enrolled in a formal, accredited academic healthcare education program.
- The precepting should be in a one-on-one relationship with specific goals to learn information about the specialty of hospice and palliative care and the role of the disciplines involved. One-day shadowing experiences **cannot** be accepted for HPAR point requirements
- Information provided must include: dates of precepting, instructor/faculty name, academic course title, institution (college/university), number of students, number of combined hours and contact email for supervising faculty.
- One entry is required for each academic course.
- **25 hours of precepting = 10 HPAR points**
- Limited to a maximum of 30 HPAR points

2. Orienting Staff

- Time spent on the job with healthcare professionals sharing knowledge, skills, and experience.
- Orientation done as part of requirements within your job description would count as required practice hours, but not as an orienting staff activity.
- The orientation should have specific goals to learn information about the specialty of hospice and palliative care and the role of the disciplines involved.
- Information provided must include: dates of orientation, supervisor name, organization/workplace, number of new staff, number of combined hours and contact information for supervisor.
- A separate entry is required for each place you have worked.

- **40 hours of orienting = 10 HPAR points**
- Limited to maximum of 20 HPAR points

3. Volunteer Service in Organizations

- Volunteer service includes positions held with local, state, or national healthcare related or hospice and palliative care organizations.
- Employer-related activities are accepted, such as serving on the ethics committee, institutional review board, pharmacy and therapeutics committee, professional practice council or community outreach task force.
- Committee memberships done as part of requirements within your job description are not acceptable.
- Positions include being a member of a board of directors, editorial or review board, council, committee, task force, project team, or work group.
- **One year of service = 10 HPAR points**
- Limited to a maximum of 20 HPAR points.

For Help and Assistance

LearningBuilder is an easy-to-use online system that will streamline your recertification process. However, if you find that you need some help or assistance, then just call the HPCC national office at 412-787-1057, or email us at hpcc@goHPCC.org.

Submitting Your Application

Once you have met all of the requirements for recertification, you will be able to submit your application. During the submission process, you will be required to attest that you meet all requirements for recertification and make payment for your application by credit card. **You will be notified within 15 days of the status of your application.**

Ongoing Notifications and Reminders via email

You will receive regular notifications and reminders of actions you need to take to ensure you complete the recertification process in a timely manner. These emails include upcoming deadlines and more. You can see your notifications and reminders under 'My Account/My Communications.'

Please confirm or edit your **Profile Information** under "My Account". It is important to have the current email address for frequent communications and all postal mailings are sent to your home address.

Refund Policy

Once payment is made for recertification through LearningBuilder, no refunds are provided.

Random Auditing

Some submitted Learning Plans will be selected for random auditing. You will be notified if your Plan is selected for random auditing, and supporting documentation for your completed activities will be requested. The chart below provides greater detail on the documentation needed for a successful audit process:

HPAR Categories	Required Audit Documentation
Practice Hours and Licensure	<ul style="list-style-type: none"> • Copy of current valid nursing license indicating expiration date or online verification document of licensure through state board of nursing • Completed Practice Hour Audit Form or Electronic Reference Verification
Continuing Education	<ul style="list-style-type: none"> • Continuing education certificate awarded by provider and includes: <ul style="list-style-type: none"> ○ Participant name ○ Title of activity ○ Date of activity ○ Number of hours awarded ○ MUST have accreditation statement and/or provider number
Professional Presentations	<ul style="list-style-type: none"> • Copy of program brochure, flyer or email invitation that provides: <ul style="list-style-type: none"> ○ Information about presentation ○ Date and time ○ Name of candidate ○ Title of presentation and content • Copies of slide presentations ARE NOT accepted
Professional Publications	<ul style="list-style-type: none"> • Copies of publication(s) • If large publication, provide: <ul style="list-style-type: none"> ○ Title page and table of contents where candidate name is listed as author • Copy of publisher notification of acceptance if publication date occurs after submission of renewal application • Evidence of peer review process from journal or via specific URL
Precepting Students (available to download in the Learning Builder platform) – Please refer to page 8 for complete details	<ul style="list-style-type: none"> • Completed Precepting Audit Form <ul style="list-style-type: none"> ○ Course title, Description, Goals, Student names, Dates of orientation, Location of preceptorship OR • Electronic Reference Verification <ul style="list-style-type: none"> ○ Current contact information for Supervising Faculty
Orienting Staff (available to download in the Learning Builder platform) – Please refer to page 8 for complete details	<ul style="list-style-type: none"> • Completed Orienting Audit Form <ul style="list-style-type: none"> ○ Description of services, Staff names, Dates of orientation OR • Electronic Reference Verification <ul style="list-style-type: none"> ○ Current contact information for Supervisor
Volunteer Service in Organization – Please refer to page 9 for complete details	<ul style="list-style-type: none"> • Letter from organization with listing date(s) of volunteer service OR • Electronic Reference Verification from contact person at the organization

DETAILED CONTENT OUTLINE

1. Patient Care: Life-Limiting Conditions in Adult Patients 18%

- A. Identify and respond to indicators of imminent death
- B. Identify specific patterns of progression, complications, and treatment for conditions related to:
 1. hematologic, oncologic, and paraneoplastic disorders (e.g., cancer and associated complications)
 2. neurological disorders
 3. cardiac disorders
 4. pulmonary disorders
 5. renal disorders
 6. gastrointestinal and hepatic disorders
 7. dementia
 8. endocrine disorders (e.g., diabetes as a comorbidity)

2. Patient Care: Pain Management 22%

- A. Assessment
 1. Perform comprehensive assessment of pain (e.g., verbal vs. non-verbal)
 2. Identify etiology of pain
 3. Identify types of pain or pain syndromes
 4. Identify factors that may influence the patient's experience of pain (e.g., fear, depression, cultural issues)
- B. Pharmacologic Interventions
 1. Identify medications appropriate to severity and specific type of pain (e.g., routes, initiation, scheduling)
 2. Titrate medication to effect using baseline and breakthrough doses
 3. Administer analgesic medications
 4. Identify dosage equivalents when changing analgesics or route of administration
 5. Administer adjuvant medications (e.g., NSAIDs, corticosteroids, anticonvulsants, tricyclic antidepressants)
 6. Identify the need for palliative sedation

C. Non-pharmacologic and Complementary Interventions

1. Respond to psychosocial, cultural, and spiritual issues related to pain
2. Implement non-pharmacologic interventions (e.g., ice, heat, positioning, distraction)
3. Identify the potential benefit of the following non-pharmacologic interventions (e.g., palliative surgery, procedures, radiation, counseling, or psychological therapy)
4. Identify the potential benefit of the following complementary and alternative therapies (e.g., Reiki, hypnosis, acupressure, massage, pet therapy, music therapy)

D. Evaluation

1. Assess for and respond to complications (e.g., side effects, interactions) and efficacy

3. Patient Care: Symptom Management 24%

A. Neurological

- Apply the nursing process to the following actual or potential symptoms or conditions*
1. aphasia
 2. dysphagia
 3. level of consciousness
 4. myoclonus
 5. paraesthesia or neuropathies
 6. seizures
 7. extrapyramidal symptoms
 8. paralysis
 9. spinal cord compression
 10. increased intracranial pressure

B. Cardiovascular

- Apply the nursing process to the following actual or potential symptoms or conditions*
1. coagulation problems
 2. edema
 3. syncope
 4. angina
 5. superior vena cava syndrome
 6. hemorrhage

C. Respiratory

Apply the nursing process to the following actual or potential symptoms or conditions

1. congestion
2. cough
3. dyspnea and shortness of breath
4. pleural effusions
5. pneumothorax
6. increased secretions

D. Gastrointestinal

Apply the nursing process to the following actual or potential symptoms or conditions

1. constipation
2. diarrhea
3. bowel incontinence
4. ascites
5. hiccoughs
6. nausea or vomiting
7. bowel obstruction
8. bleeding

E. Genitourinary

Apply the nursing process to the following actual or potential symptoms or conditions

1. bladder spasms
2. urinary incontinence
3. urinary retention
4. bleeding

F. Musculoskeletal

Apply the nursing process to the following actual or potential symptoms or conditions

1. impaired mobility or complications of immobility
2. pathological fractures
3. deconditioning or activity intolerance

G. Skin and Mucous Membrane

Apply the nursing process to the following actual or potential symptoms or conditions

1. dry mouth
2. oral and esophageal lesions
3. pruritis
4. wounds (e.g., pressure ulcers, tumor extrusions, non-healing wounds)

H. Psychosocial, Emotional, and Spiritual
Apply the nursing process to the following actual or potential symptoms or conditions

1. anger or hostility
2. anxiety
3. denial
4. depression
5. fear
6. grief
7. guilt
8. loss of hope or meaning
9. nearing death awareness
10. sleep disturbances
11. suicidal or homicidal ideation
12. intimacy/relationship issues

I. Nutritional and Metabolic

Apply the nursing process to the following actual or potential symptoms or conditions

1. anorexia
2. cachexia or wasting
3. dehydration
4. electrolyte imbalance (e.g., hypercalcemia, hyperkalemia)
5. fatigue
6. hypoglycemia/hyperglycemia

J. Immune/Lymphatic System

Apply the nursing process to the following actual or potential symptoms or conditions

1. infection or fever
2. myelosuppression (i.e., anemia, neutropenia, thrombocytopenia)
3. lymphedema

K. Mental Status Changes

Apply the nursing process to the following actual or potential symptoms or conditions

1. level of consciousness
2. agitation or terminal restlessness
3. confusion
4. delirium
5. hallucination

4. Patient and Family Care, Education, and Advocacy 24%

A. Goals of Care

1. Identify patient/family goals and expected outcomes
2. Develop a plan of care to achieve goals and expected outcomes
3. Evaluate progress toward outcomes and update goals

B. Resource Management

1. Explain Medicare and Medicaid hospice benefits
2. Explain care options possible under private insurance benefit plans
3. Provide education about access and use of services, medications, supplies, and durable medical equipment (DME)
4. Modify the plan of care to accommodate socioeconomic factors
5. Assess and respond to environmental and safety risks (e.g., falls, oxygen)
6. Advise on adaptation of the patient's environment for safety
7. Monitor controlled substances (e.g., use, diversion, disposal)
8. Identify available community resources

C. Psychosocial, Spiritual, and Cultural

1. Assess and respond to psychosocial, spiritual, and cultural needs
2. Assess and respond to family systems and dynamics
3. Identify unresolved interpersonal matters
4. Facilitate effective communication

D. Grief and Loss

1. Encourage life review
2. Counsel or provide emotional support regarding grief and loss for adults
3. Counsel or provide emotional support regarding grief and loss for children
4. Provide information regarding funeral practices/preparation
5. Provide death vigil support
6. Provide comfort and dignity at time of death
7. Facilitate and coordinate support at the time of death (e.g., pronouncement and notification for family and coworkers)
8. Facilitate transition into bereavement services
9. Participate in formal closure activity (e.g., visit, call, send card)

E. Caregiver Support

1. Monitor primary caregiver confidence and ability to provide care

2. Promote family self-care activities
3. Assess and respond to caregiver fatigue or burden

F. Education

1. Assess knowledge base and learning style
2. Assess ability to learn and respond to barriers
3. Teach caregiver skills for patient care
4. Teach the signs and symptoms of imminent death
5. Teach end-stage disease progression
6. Teach pain and symptom management
7. Discuss benefit versus burden of treatment options
8. Teach medication management
9. Evaluate educational intervention and materials for patients and family

G. Advocacy

1. Monitor need for changes in levels of care
2. Identify barriers to communication
3. Facilitate effective communication between patient, family, and care providers
4. Make referrals to interdisciplinary team/group
5. Support advance care planning (e.g., advance directives, life sustaining therapies)
6. Assist the patient to maintain optimal function and quality of life
7. Facilitate self-determined life closure
8. Monitor care for neglect and abuse
8. Facilitate discussions about ethical issues related to end of life

5. Practice Issues 12%

A. Care Coordination

1. Coordinate patient care with other health care providers
2. Delegate tasks to assistive personnel and supervise outcomes
3. Coordinate transfer to a different level of care within the Medicare or Medicaid Hospice Benefit
4. Coordinate transfer to a different care setting

B. Collaboration

1. Collaborate with attending/primary care provider
2. Evaluate eligibility for admission and hospice recertification
3. Encourage patient/family participation in interdisciplinary team/group discussions
4. Participate in development of an individualized, interdisciplinary plan of care with the interdisciplinary team/group
5. Identify needs for volunteer services

C. Scope, Standards and Guidelines

1. Identify and resolve issues related to scope of practice
2. Incorporate national hospice and palliative standards into nursing practice
3. Incorporate guidelines into practice (e.g., American Pain Society, National Consensus Project)
4. Incorporate legal regulations into practice (e.g., OSHA, CMS, HIPAA)
5. Educate the public on end-of-life issues and palliative care
6. Educate health care providers regarding hospice benefits under Medicare/Medicaid
7. Participate in continuous quality improvement activities

D. Professional Development

1. Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor
2. Identify strategies to address ethical concerns related to the end of life
3. Maintain professional boundaries between patient/family and staff
4. Incorporate strategies for self-care and stress management into practice
5. Participate in professional nursing activities
6. Maintain personal professional development plan
7. Maintain current knowledge of trends in legislation, policy, health care delivery, and reimbursement as they impact hospice and palliative care