GOVERNMENT OF KERALA

Abstract

State Palliative Care Policy - Action Plan - Approved - Orders issued.

HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(Rt)No.1592/2023/H&FWD Dated,Thiruvananthapuram, 03-07-2023

Read 1 G.O (P) No. 107/2019/H&FWD dated 16.12.2019

2 G.O (Rt) No. 2744/2022/H&FWD dated 16.11.2022

3 Minutes of high power and working meeting on 04.01.2023.

4 Minutes of meeting held on 22.05.2023.

5. Letter number ADMIN U 379/2023 / SHSRC-K dated 30.05.2023 from Executive Director, State Health Systems Resource -Kerala.

O R D E R

As per the Government order read as 1 st paper above, a Palliative Care Policy, 2019 has been issued. In order to oversee and implement all actions of palliative care policy a high power committee and working group has been constituted as per Government order read as 2nd paper above. The Executive Director, State Health Systems Resources Centre-Kerala has submitted action plan for State Palliative Care Policy based on the decision of first High Power Committee and working group as per letter read as 5th paper above.

2. Government have examined the matter in detail and are pleased to approve the action plan on State Palliative Care Policy as appended to this order.

3. The activities in Action Plan are to be strictly followed by the responsible authority/ Officer within the time limit prescribed.

(By order of the Governor)
A P M MOHAMMED HANISH
PRINCIPAL SECRETARY

To:
The Director of Medical Education, Thiruvananthapuram
The Director of Health Services, Thiruvananthapuram
The State Mission Director, National Health Mission, Thiruvananthapuram
The Executive Director, State Health Systems Resource Centre-Kerala, Thiruvananthapuram

All District Medical Officers (Health)
The Principal Accountant General (A&E/Audit),Kerala, Thiruvananthapuram
Finance Department
Local Self Government Department
Social Justice Department
Youth Affairs Department
Home Department
Revenue Department
Ayush Department
I & PRD (Web & New Media)
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Forwarded /By order

Signed by
J Vijayanath
Date: 05-07-2023 11:07:35

Section Officer

Copy to:-
PS to Minister Health,Women and Child Development Department
PA to Principal Secretary, Health and Family Welfare Department
CA to Additional Secretary, Health and Family Welfare Department

STATE PALLIATIVE CARE POLICY – ACTION PLAN

Objective	Action	Responsibility	Time line	Explanatory Note
Palliative care at primary level *Strong and active Neighbourhood Network in Palliative Care (NNPC) in each ward*	Identification and prioritization of patients who are in need of care	Community nurses and *Janakeeya Aarogya Kendram* team	October 2023	*'SHAILI'* app shall be used to classify persons above 30 years of age into four categories: I - Bedbound II - Homebound III - Those with chronic illness on medication IV - Active without illness. All patients belonging to the I category need palliative care. Care of these patients should be coordinated by community palliative home care team led by the community nurse. Patients belonging to II and III categories shall be screened for Serious Health Related suffering (SHS) by the Mid Level Service Provider (MLSP) of the Janakeeya Aarogya Kendram. Those with SHS need palliative care and their care should be coordinated by the Janakeeya Aarogya Kendram team with the support of all available palliative care services. The same process should be extended for persons belonging to 18-30 years either through 'SHAILI' or some other mechanism next year.

Objective	Action	Responsibility	Time line	Explanatory Note
				Guidelines for identification of SHS is attached as **Annexure 1**
	At least one volunteer should be linked to each bed bound patient; the same process should be extended to those patients in II and III categories with SHS. Those who are already taking care of the patient should be given preference but should not be a member of the patient's household; patient's choice should be taken into consideration	LSGD	December 2023 for patients belonging to 1st category December 2024 for other patients with SHS	All the persons outside the patient's family providing care/ facilitation along with the ward team would constitute the Neighbourhood Network in Palliative Care (NNPC) team of that ward. The details of NNPC members should be maintained by the local self governments. For urban areas the same strategies shall be followed with focused intervention from different departments of the Government
	All linked volunteers in each ward should be motivated to undergo three days Palliative Care training conducted by the community palliative care team. The activities of these volunteers should be facilitated by the ward team which consists of ward member/		To be started by July 2023 and to be completed by December 2023.	A standard template/ checklist for regular monitoring to make sure that the activity does not get diluted. The template for monitoring community level activities shall be prepared by State Health Systems Resource Centre – Kerala.

Objective	Action	Responsibility	Time line	Explanatory Note
	Counsellor, Anganwadi worker, ASHA, CDS member, registered/ registered representatives of Community Based Organizations(CBO)/ Non Government Organization (NGO) active in that ward. Major activities - Psychosocial support, provision of comfort devices, identifying unmet needs of the patients, getting feedback from patient, ensure pensions and other benefits provided by Govt. and NGOs			
	Patients and caregivers should be empowered regarding the management of their illness through hand book, short videos, demonstration and hands on training	Community nurse and volunteers	December 2023	Comprehensive plan for each patient which consists of the need for psychosocial support, drugs, support for livelihood etc. needs to be prepared at community level.
	Provide handbook and necessary	SHSRC-Kerala	July 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	videos for dissemination and run a series of trainer workshops			
Care at Janakeeya Aarogya Kendram level	Compilation of data of patients in each ward whose care is coordinated by community palliative care nurse	*Janakeeya Aarogya Kendram* team	November 2023	
	Screening of patients belonging to II and III categories in each ward for SHS and coordination of care of these patients			
	Provision of Comfort devices, dressing materials and those services which can be provided through *"Janakeeya aarogya kendram"*			
LSGD level – Home Care (In local bodies with more than one health institution, the different hospitals need to be coordinated)-	Basic Nursing care- Head to foot care including oral care and perineal care, pressure sore prevention, ensure bed bath and general personal hygiene, catheterisation, wound management, Ryle's tube insertion, family training and	Community palliative care nurse		LSGD who feel the need and can afford can appoint a community nurse for 20000 population

Objective	Action	Responsibility	Time line	Explanatory Note
	empowerment for care giving.			
Delivery of medicines	Medicines available at Family Health Centre (FHC) shall be given to the registered palliative care patients without any interruption through OP For those patients who lack carers or for patients belonging to extreme poverty list, medicines shall be provided at door step by any staff/Community nurse/ASHA/ volunteer	FHC Medical Officer	To be initiated by July 2023	**Annexure 3(A)**
Comfort devices	Provide comfort devices and assistive devices when required	Community palliative care nurse and *Janakeeya Aarogya Kendram* team		Assistive devices including oxygen concentrators and BiPAP etc List of essential/ desirable comfort and assistive devices is attached as **Annexure 2**
Training	Continuous training for community nurses All clinical and field staff would attend three days training	Training centres Family Health Centre Medical Officer Community Health	First cycle to be completed by December 2023 and then every year December	Six days refresher training to be arranged by District Training Centers

Objective	Action	Responsibility	Time line	Explanatory Note
	For health professionals conducted by secondary palliative care unit at Community Health Centre (CHC)	Centre Medical Officer should facilitate	2023	
Palliative care at secondary level				
Recognized Medical Institutions (RMI) Status	Approval as RMI status to been ensured with the presence of a trained doctor in all secondary units (CHCs and major hospitals)	District Medical Officer and Medical Officer in charge/ superintendent	December 2023	
Provision of medicines	Medicines available at CHC shall be given to the registered Palliative care patients without any interruption through OP Steps should be taken to ensure supply of medicines and other supplies not routinely available in the CHC and needed for special care of registered patients with SHS through the OP using fund sources like Local Self Government Fund,	Medical officer in charge Director of Health Services will issue guidelines for operationalisation	July 2023	The list of medicines for CHC is attached as **Annexure 3B**

Objective	Action	Responsibility	Time line	Explanatory Note
	donations, Hospital Management Committee fund etc. Permission for the delivery of medicines at home by the palliative care team including parenteral administration of drugs and fluids for the needy patients as prescribed by palliative care doctors. List of medicines to be carried by the home care team and Standard Operating Procedure (SOP) for filling home care medicine box/ accounting and reporting stock to be generated There should be provision to distribute medicines through volunteers/ family members for the patients without active carers, as per report of the palliative nurse.			
Inpatient care	Beds to be made	Block Medical	50% CHCs	

Objective	Action	Responsibility	Time line	Explanatory Note
beds for chronic patients	available for patients requiring Physiotherapy, wound care, End of life care, respite care etc.	Officer	by December 2023 Remaining 50% CHCs by December 2024	
Home care	Nurse's home care minimum three days a week- for patients requiring active symptom management Anticipatory medicines for symptom control including injection can be kept at home. Specialist nursing care at home -Ryles tube insertion, difficult catheterisation, stoma care, lymphoedema care, specialised wound care, ascites tapping, Peritoneal dialysis, assistive ventilatory support, Doctors consultation, delivery of drugs including parenteral medications etc. Additional doctors home care at least	Palliative care medical officer and nursing officer at secondary palliative care unit	Director of Health Services will issue guideline by July 2023	List of anticipatory medicines is attached as **Annexure 4.**

Objective	Action	Responsibility	Time line	Explanatory Note
	once a week for patients require doctor's consultation at home			
Physiotherapy Services	OP thrice a week, Home care linked with primary units- All primary units should get at least one day physiotherapy home care visit per month IP services as per the facility available in the hospital	Block Medical officer	July 2023	
	Block Panchayats, Grama Panchayats, Municipalities, Corporations can appoint additional full time / part time physiotherapist (including piece rate) as per need for improving the physiotherapy services provided wherever resources permit	Local Self Government Department	December 2023	
Training for Staff	All staff of CHC should undergo three days training as per module	Block Medical Officer	December 2023	
	At least one Doctor and one Nursing Officer from Health	District Nodal Officer Palliative Care	December 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	Service should undergo 10 days training as per module			
	At least one Doctor and one Nursing Officer in every CHC should undergo 6 weeks training as per module	District Nodal Officer Palliative Care	December 2024	
Facilitate services at primary level	Facilitate all community palliative nurses working in Government/ registered NGOs/CBOs by conducting regular monthly clinical care review	CHC palliative care team	July 2023	
	Refresher training for Community palliative nurses every year as per the standard module	District Training Centre	December 2023	
Taluk Hospital-as First Referral Units for bedbound and home bound patients needing admission for management of acute symptoms	Equip casualty department to handle acute symptom management of palliative care patients by providing specific guidelines	Superintendent, Taluk Hospital	December 2023	Guidelines shall prepared by State Level Committee
	Clinical staff of all wards should be equipped to manage the Palliative care needs of patients	Superintendent, Taluk Hospital	December 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	admitted in their wards. Additional consultation from Palliative care unit in the hospital may be taken for these patients			
	Provision should be there in each ward to give additional care including comfort devices, parenteral medicines, privacy, psychosocial support and end of life care.	Superintendent, Taluk Hospital	December 2023	
	Discharge should be planned to link the patient to the primary home care team to ensure continuity of care at home	Palliative Care Medical Officer and Nursing Officer	December 2023	
Homecare	Nurse's home care minimum three days a week- for patients requiring active symptom management Anticipatory medicines for symptom control including injection can be kept at home. Specialist nursing care at home– Ryles tube insertion, difficult	Palliative Care Medical Officer and Nursing Officer at secondary Palliative Care Unit	Director of Health Services will issue guideline by August 2023	The list of anticipatory medicines is attached as **Annexure 4.**

Objective	Action	Responsibility	Time line	Explanatory Note
	catheterisation, stoma care, lymphoedema care, specialized wound care, ascites tapping, Peritoneal dialysis, assistive ventilator support, Doctors consultation, delivery of drugs including parenteral medications etc. Doctors Home care at least once a week			
Provision of medicines	Medicines available at Taluk shall be given to the registered palliative care patients without any interruption through OP Steps should be taken to ensure supply of medicines and other supplies not routinely available in the Taluk and needed for special care of registered patients with SHS through the OP using fund sources like Local Self Government fund, Hospital Management	Superintendent of the institution DHS will issue guidelines for operationalisation	August 2023	The list of medicines for Taluk is attached as **Annexure 3 B**

Objective	Action	Responsibility	Time line	Explanatory Note
	Committee fund, donations etc. Permission for the delivery of medicines at home by the palliative care team including parenteral administration of drugs and fluids for the needy patients as prescribed by palliative care doctors List of medicines to be carried by the home care team and Standard Operating Procedure (SOP) for filling home care medicine box/accounting and reporting stock to be generated			
	At least two Doctors and two Nursing Officers from Health Service in each major hospital should undergo ten days training as per module	District Nodal Officer Palliative Care Director of Health Services shall monitor and ensure	December 2023	
	At least one Doctor and one Staff Nurse in each major	District Nodal Officer Palliative care Director of Health	March 2024	

Objective	Action	Responsibility	Time line	Explanatory Note
	hospital should undergo 6 weeks training as per module	Services shall monitor and ensure		
Palliative care at tertiary level – in Medical Colleges				
Setting up of Palliative Care division in all Government Medical Colleges.	Formation of a core group at State level to guide implementation of palliative care order for Medical Colleges by Director of Medical Education	Director of Medical Education	June 2023	
	Identification of a Nodal Officer and constitution of a monitoring body (as per order) in each Medical College for implementation	Principals	June 2023	
	Infrastructural development for providing tertiary level advanced & comprehensive palliative care services	Principal, Superintendent	July 2023 onwards	To include in planning proposal of institution
OP services	Instituting OP services in every Medical college	Monitoring team of the institution	August 2023	
IP services	Planning and including beds in IP for palliative care in designated departments.	Monitoring team of the institution	July 2023 to December 2023	Conscious effort to see that all patients admitted to any wards in Medical Colleges for any ailments receive symptom relief eg.- pain relief /care as envisaged under Palliative care policy

Objective	Action	Responsibility	Time line	Explanatory Note
IP for advanced & specialized care	Development of Division of Palliative care with separate in patient ward for advanced and temporary palliation of symptoms	Principal, Supdt., All Heads of Departments	June 2023to March 2024	
Home care services	Planning home care services- geographic area to be decided with support of LSG and CBO/NGO Student involvement in home care services to be planned linking primary & secondary home care network of the district	Head, Dept of Community Medicine/Nodal Officer Palliative Care in consultation with the Principal /District Medical Officer/ District Programme Manager	August 2023	
Utilisation of the services of registered NGO/ CBO	Services of the willing registered NGOs/CBOs should be utilized for OP/IP and home care activities of the palliative care units	Principal	August 2023	
Incorporation of concepts & practice of palliative care in medical curriculum	Workshop at state level (online or on site) to detail the curriculum in Palliative care and modules for medical students for phase 1,2,3, electives &	Director of Medical Education core group for palliative care National Health Mission	July 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	internship.			
	Constitution of core team at institutional level for incorporation into medical education & capacity building	Principal	July 2023	
Capacity building for Palliative Care	Capacity building planning calendar for institutions based on palliative care order	Core team capacity building/ education in each Medical College	June - July 2023	
	Completing targets for institutional capacity building – Sensitization to 100% staff	Core team	June 2023 to December 2023	
	Completing targets for institutional capacity building – 25%- Three days training	Core team	June 2023 to December 2023	
	- At least one Doctor & Nurse from each department for 10 days training	Core team	June 2023 to March 2024	
	- At least two Doctors and two Nurses for six weeks training	Principal	June 2023 to March 2024	Orders for deputation of doctors enrolled by Director of Medical Education. The institution head shall relieve the persons to attend training and make charge arrangements. The trainees shall be entitled with TA but not DA and the training period including the actual
	Interested faculty one or more for fellowship course in Kerala	Principal	June 2023 to March 2024	
	Fellowship/training in invasive procedures for interested faculty	Principal	June 2023 to March 2024	

Objective	Action	Responsibility	Time line	Explanatory Note
				journey period shall be treated as duty.
	Sensitization of administrative staff in Directorate of Medical Education (100%)	Core team	June 2023 to December 2023	
	Sensitization of administrative staff in office of superintendent, department level offices and Principal Office (100%)	Core team	June 2023 to December 2023	
	Orders for deputation of doctors enrolled in Palliative care - 10 days/ six weeks/ Fellowship courses as per order	Director of Medical Education	From time of release of order for Medical Colleges	The technical hitches raised by clerical staff to be addressed effectively & timely manner
Development of full-fledged Department of Palliative Medicine in Medical colleges at least in two Medical Colleges	Initiate discussion for additional human resource required as per norms			
Planning for specialized courses MD in Palliative Medicine MD *Fellowship in*	Starting postgraduate MD programmes in palliative medicine in compliance with the current stipulated	Director of Medical Education, Kerala University of Health Science, Concerned Principal Director of Medical Education/Principal	April 2024 onwards	

Objective	Action	Responsibility	Time line	Explanatory Note
Palliative Medicine	guidelines from National Medical Council and Kerala University of Health Science Institute Fellowship courses in Palliative Medicine			
Review of Activities as per order	Review of activities under the following heads - Setting up Palliative care division - IP/OP/Special IP services/ - Homecare services - Capacity Building - Incorporation into Medical education - Specialised Palliative care courses	Institutional level- once in 3 months by Principal Director of Medical Education level once in six months by Secretary Health/ Director of Medical Education/ State core team and Principals	From July 2023 onwards	
Research	Operational research may be encouraged among students and faculty in Medical colleges utilizing State Board of Medical Research (SBMR) funds allotted to Medical Colleges	Principals of Medical Colleges/ Director of Medical Education/ SBMR committee	Dec 2023	
Palliative care at tertiarylevel–in Government regulated Cancer Centres				
Setting up of	Ensure setting up	Director of,	Dec 2023	Human resources shall be

Objective	Action	Responsibility	Time line	Explanatory Note
the division of Palliative Medicine in all cancer centres with designation as Independent clinic	of Palliative Medicine division designated as Independent Clinic with authority to receive referrals and provide referrals from/to outside the institution with OP, IP, home care services. Any existing palliative care division should be upgraded to Independent Clinic status. The division should have atleast one full time doctor, one part time doctor and 2 full time nurses. Doctors & Nurses should have minimum 6 weeks training in palliative care from registered institutions	respective Cancer Centres – monitored by Secretary Health		met by redeployment.
Constitution of monitoring body to streamline the process of integration	Monitoring body to be constituted in each cancer centre with Head of the Division of Palliative Medicine, Additional Directors &	Director of respective cancer centres	July 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	Medical Superintendent to coordinate & monitor the process for ensuring integration. Monitoring body should report to the Director & update on a regular basis.			
Capacity building of staff or comprehensive palliative care integrated with oncology practice	Training calendar for capacity building for each institution for different categories of staff	Monitoring body	July 2023	
	Mandatory sensitization and training of staff as follows:- - Sensitization sessions for all staff (Academic/ administrative/ security) (100% staff) - Training of academic medical faculty (3 days training for all (100%) and 10 days training for at least 1 doctor/	Monitoring body & Chief Nursing Officer	To be initiated from August 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	department) - Training of PG/ super speciality PG students (mandatory 2 weeks training) - Training of nursing staff (3 days training to all and 10 days training to at least 2 nurses /ward) & Onco nursing students & trainees (mandatory 2 weeks training) in basic palliative care in accordance with Competency Based Medical Education curriculum. - Training of all the supporting staff - Nursing assistants, technicians, cleaning staff to undergo 1-3 days palliative care training			
	- Interested faculty for Fellowship course	Director	To be initiated from August 2023	
	- Interested faculty for fellowship/	Director		

Objective	Action	Responsibility	Time line	Explanatory Note
	training in-Interventional pain & palliative procedures			
Community/ home based palliative care by linking with primary & secondary palliative care programmes of the state.	Planning& issuing guidelines to link, collaborate and coordinate palliative care services with primary and secondary palliative care programmes of health services, LSG, NHM, registered NGOs, CBOs and volunteers for community based palliative care services, home care & training MoU for the same should be constituted with the concerned authority as required	Director of respective cancer centres Director of Health Services & Concerned authorities of LSG, NHM, NGOs & CBOs to facilitate the process	June 2023	Proposal will be submitted urgently.
Conducting tertiary level training programmes in palliative care	Functional collaboration with primary & secondary palliative care programmes Monitoring body to coordinate, facilitate & streamline the process of collaboration.	Director of respective cancer centers Director of respective cancer centres. Concerned authorities of NHM & district palliative team to facilitate the process	July 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	Monitoring body should report to the Director & update on a regular basis. Issue guidelines for conducting tertiary level training programmes in coordination with NHM & District Palliative Care team			
Conducting tertiary level training programmes in palliative care	Issue guidelines for conducting tertiary level training programmes in coordination with NHM & district palliative care team	Director of respective cancer centres. Concerned authorities of NHM & district palliative team to facilitate the process	July 2023	
	Provision of tertiary level training in palliative medicine & nursing	Monitoring body constituted for each cancer centre	December 2023	
Development of existing Divisions of Palliative medicine in to full fledged Department of Palliative medicine	Infrastructural development & capacity building for providing tertiary level advanced & comprehensive palliative care services with OP, IP, consultation services, daycare services,	Director of respective cancer centres-monitored by Secretary Health	July-December 2023	Government to give preliminary direction by GO

Objective	Action	Responsibility	Time line	Explanatory Note
	hospice/home care services, acute palliative care services academic/research activities.			
	Planning & issuing guidelines for Capacity building & Infrastructural development	Monitoring body constituted for each Cancer Centre	June 2023	
	Recruiting staff in existing vacancies as per the situation in each cancer center	Directors of respective cancer centers	Dec 2023	
	Initiate discussion for additional human resource as per norms			
	Provision of minimum standard essential requirements of the following • Academic medical staff, nursing staff, paramedical staff • OP rooms, Procedure room • Counselling room • IP ward with 30 dedicated beds for advanced & specialized	Director of respective cancer centres -monitored by Secretary Health	December 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	Palliative care (10 acute care beds, 12 hospice care beds, 8 dedicated beds for the department of palliative medicine in other specialities) • Seminar room, departmental library, departmental office with staff, office space for faculty, duty room for duty Medical Officers, room for paramedical staff etc • Planning for home care services linking primary & secondary home care networks of the state			
Starting and conducting higher post graduate academic programmes	Planning and issuing guidelines for starting post graduate academic programmes and research in	Monitoring body	June 2023	Monitoring body should report to the Director & update on a regular basis.

Objective	Action	Responsibility	Time line	Explanatory Note
in Palliative Medicine in Government regulated cancer centres	palliative medicine in compliance with the current speculated guidelines from National Medical Council and Kerala University of Health Science			
	MoU for clinical posting for non-cancer palliative care in other tertiary institutions and accredited palliative care training centres	Director of respective cancer centres.	July 2023	
	Functionalising of full-fledged department of palliative medicine with higher PG academic training programmes as envisioned by the State Palliative Care policy Monitoring body to coordinate & streamline the process. Monitoring body should report to the Director & update on a regular basis.	Director of respective cancer centre	2023-24 academic year	
	Starting MD/DNB in Palliative Medicine	Director of respective Cancer Centre	Application processes to KUHS &	

Objective	Action	Responsibility	Time line	Explanatory Note
			NMC to start PG courses in 2024-25 academic year	
	Starting Fellowship in Palliative Medicine	Director of respective Cancer Centre	From 2023 onwards	As per the interest of the institution
Review of Activities	Review of activities under the following heads:- • Integration of palliative medicine in oncology practice • Infrastructural facilities-OP, IP, Homecare • Capacity building and training programmes • MD and Fellowship programmes	Monitoring body-Once in a month Director level-once in 3 months Monitoring body-once in a month Director level once in 3 months Monitoring body-Once in 3 months Director level-once in 6 months Monitoring body-Once in 3 months Director level - Once in 6 months.	From June 2023 onwards Once in 3 months From June 2023 onwards Once in 3 months From June 2023 onwards	Monitoring body should report to the Director & update on a regular basis. Monitoring body should report to the Director & update on a regular basis. Monitoring body should report to the Director & update on a regular basis.
Training and Capacity building				
Training and Capacity building-*Community level training centres*	Three days training for volunteers should be conducted in these centres. Trained nurse who leads minimum of four homecare per week can lead the training in these centres. All Govt.	Medical Officer PHC/ FHC/ NGO/ CBO	July 2023	All Trainings conducted by all agencies including CBO/NGO should be informed to LSGD during monthly review meeting

Objective	Action	Responsibility	Time line	Explanatory Note
	and registered NGO/CBOs can conduct this training. This should be as per norms published by the authorities from time to time			
	High quality handbook should be developed to be distributed to different stake holders who are attending the training.	SHSRC-K	July 2023	
Training and Capacity building- Secondary level training centres	Three days and ten days training for Professionals, five days training for Care home workers, three days Training for Nursing students can be conducted. Nurses home care for at least three days a week, linkage with recognised primary palliative care units to provide clinical exposure, Palliative care trained Doctors, Nurses and physiotherapists (as per the profession of trainees) are the	Block Medical Officer/ registered CBOs/ NGOs	July 2023	Minimum seating capacity of 20, audio-visual aids, internet facility, library and mannequin should be available for training

Objective	Action	Responsibility	Time line	Explanatory Note
	minimum requisites for conducting training.			
	Each institution should prepare a training calendar to ensure that all staff have undergone three days training. Newly recruited staff should also undergo training within one year of joining	Head of institution	July 2023	
Training and Capacity building- Tertiary level training centres	There should be atleast one tertiary level training centre in Directorate of Health Services system in all Districts. Registered NGO/CBO units which comply with the prescribed standards can also function as Training centres.	Director of Health Services	December 2023	Nurses Home care for at least four days a week, Oral morphine availability and dispensing facility, Linkage with primary and secondary units including those conducted by registered CBOs/ NGOs, IP exposure, Lecture hall with seating capacity of 50, audio visual aids, library, internet facility, drinking water and toilet facility are required. The training centres can use the resource persons from the state pool as trainers and examiners.
	All Palliative care training courses recognized by the state may be conducted in these	Head of the training centre	July 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	Centres.			
	Ensure that professionals from health service, Directorate of Medical Education and Cancer Centres are deputed for various palliative care professional trainings	Director of Health Services, Director of Medical Education and heads of cancer centres.	Deputation process to be streamlined by July 2023	Expenses for training the Professionals shall be met from the different fund sources available.
All existing training centres duly accredited to facilitate minimum standards for various courses	Accreditation for training centers to conduct Basic Certificate Cource in Palliative Medicine (BCCPM)/ Basic Certificate Cource in Palliative Nursing (BCCPN)/ Certificate Course in Community Palliative Nursing (CCPN)/ 10 days foundation course for health professionals. Certificate for candidates of these courses shall be issued centrally after establishing centralized valuation process	Director of Health Services	August 2023	All Training centres should give pro actively details of their infrastructure, human resources etc. All the training centres should have details on how to access training programmes . Also trainee evaluation is a must which needs to be consolidated and published.(see **Annexure 5**)
	Introduction of a new course for nurses providing continuous care at	SCOLE Kerala- Education department Palliative care units	August 2023	It will be a course upgrading the skills and status of persons involved in home nursing

Objective	Action	Responsibility	Time line	Explanatory Note
	home-certificate course in domiciliary nursing care (six months course)	run by government and registered CBOs/ NGOs		
	A pool of resource persons to explain key concepts of Palliative care shall be made at state level. The pool may be updated annually	SHSRC-K	July 2023	
	Training of Trainers to be conducted at all Tertiary level training centres	SHSRC-K	To be initiated from June 2023	
	Preparation of a training calendar for the state	SHSRC-K	July 2023	Training - For training of staff an annual calender should be prepared by the controlling authority by DHS, DME, DMO and Directors of respective government cancer centres. The institution head shall relieve the persons to attend training and make charge arrangements. The trainees shall be entitled with TA but not DA and the training period including the actual journey period shall be treated as duty.
All elected heads of Local Government, members of Health	All elected heads of local governments, members of Health standing committee and	Kerala Institute of Local Administration	April 2024	

Objective	Action	Responsibility	Time line	Explanatory Note
standing committee and Secretaries of Local Governments to be trained	Secretaries of LSGD to be trained in various aspects of Palliative care			
Capacity building of NGOs/CBOs	Tertiary level training centre will be conducting the training	SHSRC-K	December 2023	SHSRC-K will be conducting a training need assessment
Training to staff of private hospitals who volunteer to associate with government Palliative care programmes	Training will be given to staff of private hospitals who volunteer to associate with Government Palliative care programmes	Tertiary training centres	December 2024	Training will be given free of cost for those institutions providing free palliative care service
Facilitate Distance learning	Online modules to be developed on Palliative care adopting National Health Systems Resource Centre modules	SHSRC-K in Collaboration with Institute of Palliative Medicine(IPM) and Trivandrum Institute of Palliative Science(TIPS).	March 2024	Existing training programmes of IPM and TIPS to be reviewed
Development of knowledge portal	Develop a comprehensive portal for knowledge, skill, services in Palliative care	e-health and SHSRC-K	December 2024	
Citizen Education				
Promotion of student's involvement	One hour awareness session for all students	Education Department	To be initiated from July	

Objective	Action	Responsibility	Time line	Explanatory Note
in palliative care	from 8th Standard onwards		2023	
	Three days training with one day clinical exposure for selected students	Education department Head of the schools/colleges Respective state Coordinators of NCC,NSS,SPC, JRC, Scouts and Guides	One batch in each school/ college to be completed by April 2024	The students can be selected from NCC, NSS, SPC, JRC, Scouts and Guides after initial one hour training. The training will be provided by secondary level registered Palliative Care Units.
	Setting up of Students Palliative care units in all educational institutions including professional colleges	Head of School/ College Education/ Universities	April 2024	
Incorporation of palliative care in nursing education	Ensure that one nursing faculty in every Nursing School/ College has undergone minimum 10 days training in Palliative care	Joint Director of Nursing Education (JDNE) and Principal of Nursing School/ Nursing College	December 2023	Training to be organized by District Training Centres
	Ensure that all nursing students in every nursing school/ college has undergone three days training in palliative care	Principal of Nursing School/ Nursing College Trained faculty	March 2024	Training to be organised by the Trained faculty and Secondary level training centre
Sensitisation training for all neighbourhood groups of Kudumbasree and other self-help	Development of training calendar	Executive Director Kudumbasree, LSGD facilitated by Primary unit	December 2023	Trainings to be organised by community level training centres- primary palliative care units

Objective	Action	Responsibility	Time line	Explanatory Note
groups				
Sensitisation training for Residents association, youth club, village libraries and other social groups	Development of training calendar	LSGD palliative unit	December 2023	Trainings to be organised by community level training centres- primary palliative care units
Introduction of palliative care module in all programmes of State Literacy Mission	Discussion with Mission Director	Secretary, Health	July 2023	
	Joint working group to be formulated	SHSRC -K and Literacy Mission	July 2023	
	Training of trainers		December 2023	
	Exposure in the Primary palliative care unit			
Palliative care information to be incorporated in all social media platforms of health	Training for mass media wing of DHS and NHM	Director of Health Services and State Mission Director, National Health Mission	June 2023	
Special focus on end of life care and bereavement support	Development of module–including Death Literacy, End of life care & Bereavement support	SHSRC-K shall prepare modules for different community level palliative care training programmes to be incorporated in citizen education	December 2023	Ongoing training program for bereavement support may be reviewed and adopted
Access to essential medicines including opioids				
Access to opioids and other	*Ensure uninterrupted drug supply for*	Head of the institution	July 2023	LSG should meet expenses for additional medicines from own

Objective	Action	Responsibility	Time line	Explanatory Note
essential medicines for palliative care patients	*palliative care in all institutions* An annual estimate of the medicines needed for the palliative care patients should be prepared and to be included in the annual indent of the institution. To the extent possible KMSCL should meet the requirements of Medicines not belonging to Essential Drug List (EDL) and those in Essential Drug List which are not available through KMSCL may be purchased off the shelf from Neethi store, Karunya, Jan Oushadhi etc to avoid break of the same in supply using LSGD fund			fund/ non road maintenance fund or general purpose fund/ through donations
	Preparation of list of essential palliative care medicines to be added to Essential Drug List (EDL) made by the internal committee and then given to	KMSCL	July 2023	The list shall be prepared by the subcommittee and then submit to KMSCL attached as **Annexure 3 C**

Objective	Action	Responsibility	Time line	Explanatory Note
	KMSCL			
	Submission of annual opioid consumption statistics every November (as per stipulation of Recognised Medical Institution)	All institutions with Recognised Medical Institution status by Medical officer/ superintendent		
NGO/CBO registration				
Role of NGO/CBO	Norms for registration shall be created	Registration Committee, high level committee	July 2023	Attached as **Annexure 6**
	Units which provide nursing care alone or with medical care shall be registered by the committee.	Registration Committee, high level committee	July 2023	
	Draft list of agencies will be published in the official websites. Site inspection shall be carried out by members nominated by the committee when necessary. Rejection order shall be speaking	Registration Committee, high level committee	July 2023	
	Institutions providing Psychosocial Support NGO/CBO/group of individuals (not individuals alone) should submit application to	In consultation with Health Department, LSGD to issue a Government Order	July 2023	Proposal to be taken up by Health Department with Local Self Government Department.

Objective	Action	Responsibility	Time line	Explanatory Note
	LSGD			
Local Self Government Department				
Role of LSGD	LSGD to register non-Governmental agencies in their area delivering services as per the standards and benchmarks document	LSGD	October 2023	
	Detailed family-based care plan for all patients and family in convergence with all branches (including AYUSH) of medicine	Health standing committee to coordinate	December 2023	
	LSGD shall provide a treatment record book for all patients registered under palliative care	LSGD & all units providing palliative care	Decembr 2023	All units providing care to the registered patients at home /OP /IP shall use this record book for documenting the care/ treatment details
	Institution level palliative care plan under the LSGD, including provision of medicine, equipment, infrastructure and HR if required	Health standing committee to coordinate	December 2023	Templates/consolidation/ approvals/ software for the purpose/ roles and responsibilities should be prepared. There will be a plan for palliative care local government wise. It should be incorporated in the software
	All Vayomithram staff to be trained in palliative care and aim for	LSGD/ Social Justice Dept.	July 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	convergence through LSGD			
	Citizens Charter to be prepared by all LSGDs which include Frequency of Homecare, which all drugs will be provided free, what will be the response to a call	LSGD	December 2023	
AYUSH				
Role of AYUSH	Training modules for health care professionals and implementation plan to be prepared	Director, Indian System of Medicine/ Director , Homoeo	July 2023	
	Training and coordination centres to be started in all districts	DHS/ ISM/ Homoeo	December 2023	
	Training Of Trainers(TOT) for resource persons in AYUSH Palliative care to be identified	DHS/ISM/Homoeo	July 2023	
	Develop palliative care services in ISM/ Homoeo Medical Colleges and to include palliative care in UG and PG curriculum	Director ISM/ Director, Homoeo	May 2024	Submit proposal to Government
Focus on vulnerable population				
Tribal/	While we plan in	State Mission	July 2023	Funds from TSP (Tribal

Objective	Action	Responsibility	Time line	Explanatory Note
fishermen	these areas special focus on tribal and hamlet of fisher folk. Find people from their own community (one person from each hamlet) and provide palliative care training. Tribal mobile unit as well as hamlet ASHAs can be trained.	Director, National Health Mission		Sub Plan)to be utilized for this. Relaxation in qualification can be given for tribals willing to undergo training in various palliative care professional courses. Special focus for filarial lymphoedema management
People with HIV/AIDS & MDRTB	Initiate discussion and develop followup plans with KSACS/ StateTB cell	State Mission Director, National Health Mission	July 2023	Convergence with their own programs
LGBTQAI+	Need to link with the NHM initiative in LGBTQ. They must be included in the policy making discussion	State Mission Director, National Health Mission/ Social Justice Department	July 2023	
Migrants	Discuss with NHM field team, migrant link workers and NGOs working in Ernakulam with migrants to understand their palliative care needs.	State Mission Director, National Health Mission/ Labour Department/ LSGD	July 2023	Can be applied to other places with guest workers
Care Homes– Juvenile, old age, psychiatry	To be linked formally with the local primary and secondary palliative system and provide consumables and	Social Justice Department Primary and secondary palliative care units	July 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	medicines. All carers to be trained			
Prisoners	Meeting with DGP prisons. Identify prisoners with palliative care needs and link with local primary, secondary and CBO/NGOs. Train care givers	State Mission Director, National Health Mission	July 2023	
Special focus for paediatric palliative care				
Paediatrics	To create data base of children below 18 from existing institution and identify children with palliative care needs including cancer, haematological disorders, neurological disease, musculoskeletal disorders, CP and other congenital and metabolic diseases..	State Mission Director, National Health Mission and Social Justice (Women and child development) Secretary	July 2023	Include set of problems faced by mothers Link with Paediatric Dept of tertiary centre (Govt. Medical college) regarding problem faced and also discuss with Indian Academy of Paediatrician (IAP). In the local Government plans, the plan for children to be prepared separately
Livelihood				
Socio economic rehabilitation of palliative care patients	Those who require support for livelihood to be identified from comprehensive care plan of each LSG. Vocational	LSGD Kudumbasree Palliative care unit	April 2024	Training of these personnel Quality raw materials, quality check and marketing to be routed through Kudumbasree and if possible, create a sub platform.

Objective	Action	Responsibility	Time line	Explanatory Note
	rehabilitation training to be given Regular supply of quality raw materials to be ensured Marketing and quality check mechanism to be ensured			National Urban Livelihoods Mission and National Rural Livelihoods Mission/ LSGI to assist in funding
Research and documentation				
Documentation and Research	Form five research fellowships to be guided by competent institutions and find resource needed to maintain these fellowships Operational research can be made by medical colleges, SHSRC-K and budgeted within SHSRC-K and SBMR funds	SHSRC-K DME / Principals of Medical colleges	April 2024	
Health Technology Assessment	Competent institutions will be requested to undertake HTA with selected units to improve usage of Health assistance devices	SHSRC-K / DME / Principals of Medical colleges	April 2024	
Quality standards, monitoring & evaluation				
Quality Standards	Quality improvement programme in line with KAYAKALP to be initiated for	SHSRC-K & NHM	To be initiated by July 2023	**Annexure 7**

Objective	Action	Responsibility	Time line	Explanatory Note
	the palliative care units at different levels based on accepted standards			
Monitoring and evaluation	Community Based assessment Committee monitoring at different levels. Independent monitoring by specially trained quality monitors Independent assessment by a reputed external agency once in five years	LSGD / SMD,NHM / Secretary, Health	To be initiated by July 2023	LSGD shall been trusted with the task of monitoring the quality of services (Home Care/ OP/ IP) in their area and to support action to improve quality both in the Government and non-government sector
Social auditing	Social auditing- NHM, to asses regarding records	NHM & LSGD	To be initiated by January 2024	
Action by other departments				
Social Justice	Training needs to be imparted for all employees from Director to Anganwadi worker. Specific module and sensitisation strategies to be prepared and administered. Mainstream Palliative care in all institutions run by the Department. Linking of different	Department head	To be initiated by July 2023	

Objective	Action	Responsibility	Time line	Explanatory Note
	programmes run/ supervised by the Department with Palliative care.			
Youth Affairs	Training for youth, involving Youth clubs, identifying and training Youth volunteers	Department head	To be initiated by May 2023	
Home	Janamaithri police to keep track of all bedridden patients, Awareness programmes for Police, involvement of police personal in home care, legal services	Department head	To be initiated by July 2023	
Revenue	Door step delivery of services to home bound and bed bound, living alone. RDO to take action for bedridden Patients who are not looked after by relatives.	Department head	To be initiated by July 2023	
Palliative care grid				
Comprehensive software for palliative care	Develop a software which can include all palliative care services in the state as envisaged in the action plan	e-Health	To be initiated by July 2023	Details are given in the **annexure 8**
Code of Ethics				
Code of Ethics	Preparation of general code of ethic for palliative care	Working group	June 2023	Attached as **Annexure 9**

Annexure I

Criteria for patients needing palliative care services with Serious Health related Sufferings

Serious Health related Suffering (SHS) - Suffering is health-related when it is associated with illness or injury of any kind.
Health related suffering is serious when it cannot be relieved without medical intervention and when it compromises physical, social, spiritual and/or emotional functioning. SHS is most often used in the context of severe illness. Severe illness is a condition that carries a high risk of mortality, negatively impacts quality of life and daily function, and/or is burdensome in symptoms, treatments, or caregiver stress

The whole population can be categorized into 4;
Category 1- Bed bound people
Category 2 - Home bound people
Category 3- People with Chronic disease/disability on continuous medication
Category 4 - Active without any chronic disease/ disability

Everyone in category 1 needs palliative care services
Category 2/3 with following criteria will need palliative care services

- Haemo/ Peritoneal dialysis
- Post transplant - Kidney, liver, heart
- On assistive respiratory devices (BiPAP, CPAP, oxygen cylinder/concentrator etc.)
- On artificial stoma (Colostomy, ileostomy, tracheostomy,Urostomy etc.)
- Cancer patients on active treatment
- Having symptoms seriously affecting daily routine activities.

List of few conditions which can cause severe symptoms are mentioned below but the carers have to identify people having symptoms seriously affecting daily routine activities from this group.

- ✓ Congestive Cardiac Failure

- ✓ Congenital Heart Disease
- ✓ Coronary Artery Disease
- ✓ COPD
- ✓ Bronchial Asthma
- ✓ CerebroVascular Accidents
- ✓ Chronic Dementia
- ✓ Alzhiemers
- ✓ Parkinsonism
- ✓ Oncology spectrum
- ✓ Psychiatric disorders
- ✓ Chronic Kidney disease
- ✓ Hepatic Failure
- ✓ Neuromuscular disorder
- ✓ Musculoskeletal disorders
- ✓ Haematological disorders
- ✓ Rheumatological disorders
- ✓ Genetic disorders
- ✓ Any other debilitating illness

Annexure 2

List of essential/desirable comfort and assistive devices

Essential devices

Water bed

Wheel chairs based on functional independence

Air bed

Walker

Crutches

Adjustable cot

Stool commode

Back rest

Tripod

Water/air/specialised cushions

Desirable

Electronic wheel chair

Oxygen concentrators

BiPAP

Oxygen cylinders

Foot drop preventive devices

CP chair

DVT pump

Annexure 3 (A)

Medicines to be included in the Annual Indent of PHC/FHC

Sl. No	Name of Medicines	Drug code
	ITEMS FROM THE ESSENTIAL DRUG LIST	
1	AZATHIOPRINE TAB IP, 50 MG	D24167C
2	BUDESONIDE AND FORMOTEROL FUMARATE POWDER FOR INHALATION IP, 100MCG + 6MCG Rotacap	D03026
3	BUDESONIDE INHALER, 100 mcg/puff	D03022
4	BUDESONIDE NEBULISER SUSPENSION, 0.5mg/ml	D03025
5	CALCITRIOL TAB, 0.25 MCG	D220062
6	CALCIUM ACETATE TAB, 667 MG	DD22061
7	CILOSTAZOL TAB IP, 50 mg	D13073
8	DEXAMETHASONE TAB IP, 4 mg	D24169C
9	DEXAMETHASONE TAB IP, 8mg	D2416C
10	ERYTHROPOETIN RECOMBINANT INJ, 4000 IU	D12022
11	GEFITINIB TAB IP, 250mg	D24103C
12	GLICLAZIDE TAB, 40 MG	D21078
13	GLUCOSAMINE TAB USP, 500 mg	D33001
14	GLYCERINE AND SODIUM CHLORIDE ENEMA	D20104
15	IMATINIB TAB IP, 100 mg	D24165C
16	IMATINIB TAB IP, 400 mg	D24164c
17	IRON SUCROSE INJ USP, 20mg elemental Iron/ml	D22016
18	LAMOTRIGINE TAB BP/USP, 50 mg	D17068
19	LETROZOLE TAB IP/USP, 2.5mg	D24120C
20	LAPATINIB TAB IP, 250mg	D24118C
21	LEVOCETIRIZINE TAB IP, 5mg	D05027
22	MECOBALAMINE TAB, 500mcg	D22031
23	METHOTREXATE TAB IP, 2.5mg	D24128C
24	NALOXONE INJ IP, 400 mcg/ml	D06003
25	NEBIVOLOL TAB IP, 5mg	D13064
26	NELATON CATHETER, Size 12	S27221
27	NICORANDIL TAB IP, 5mg	D13084

Sl. No	Name of Medicines	Drug code
28	PIOGLITAZONE TAB IP, 15 mg	D21027
29	PREGABALIN TAB, 75 mg	D01053
30	RANOLAZINE EXTENDED RELEASE TAB, 500 mg	D13089
31	ROSUVASTATIN TAB IP, 10mg	D13094
32	RYLES TUBE, SIZE 10 F	S27076
33	RYLES TUBE, SIZE 12 F	S27077
34	SALMETEROL AND FLUTICASONE PROPIONATE POWDER FOR INHALATION, 50 MCG + 250 MCG Rotacap	D03031
35	SEVALAMER CARBONATE TAB, 400 MG	D19013
36	SILDENAFIL TAB IP, 25 mg	D21054
37	SULFASALAZINE TAB BP/USP, 500mg	D01015/12
38	TAMOXIFEN TAB IP, 20mg	D24150C
39	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE AND DUTASTERIDE CAP IP, 0.4 mg + 0.5 mg	D241056
40	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE AND DUTASTERIDE CAP IP, 0.4 mg + 0.5 mg	D21056
41	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE CAP IP, 0.4 MG	
42	TENELIGLIPTIN TAB IP, 20 MG	D21058
43	TICAGRELOR TAB IP, 90 MG	D13091
44	TOLVAPTAN TAB, 15 mg	D13092
45	TORSEMIDE TAB IP, 10 mg	D19008
46	TORSEMIDE TAB IP, 20 mg	D19009
47	TRAMADOL+ PARACETAMOL TAB, 37.5MG+325MG	D01054
48	URSODEOXYCHOLIC ACID TAB IP, 300mg	D20037
49	VITAMIN E CAP USP, 400mg	D22035
50	VOGLIBOSE TAB IP, 0.2mg	D21038
51	VOGLIBOSE TAB IP, 0.3mg	D21039
52	ZOLPIDEM TAB IP, 10mg	D17059
53	FEBUXOSTAT TAB, 40 mg	D21048
54	SALMETEROL AND FLUTICASONE PROPIONATE POWDER FOR INHALATION, 50 MCG + 250 MCG Rotacap	D03031
55	SODIUM BICARBONATE TAB USP, 500MG	D20052
56	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE AND DUTASTERIDE CAP IP, 0.4 mg + 0.5 mg	D21056

Sl. No	Name of Medicines	Drug code
57	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE CAP IP, 0.4 MG	D21057
58	URINE COLLECTING BAG WITH VALVE OUTLET, 2 LITRE	S27095
59	FOLLEYS CATHETER SIZE 14 F X 30 ml	S27193
60	LEVETIRACETAM TAB IP, 500mg	D07018
	ITEMS TO BE INCLUDED IN THE ESSENTIAL DRUG LIST	
61	CONDUM CATHETER LARGE/MEDIUM/SMALL	
62	LIQUID PARAFFIN+MILK OF MAGNESIA+SODIUM PICO SULPHATE SUSPENSION	
63	COLOSTOMY BAG	
64	NELATON CATHETER SIZE 10	
65	TAB. FERROUS FUMERATE AND FOLIC ACID	
66	TAB. LEVODOPA+CARBIDOPA 110MG	
67	TAB. NEOMERCAZOLE 10MG/5MG	
68	TAB. ACENOCOUMAROLE 2 MG/4MG/6MG	
69	METOCLOPROMIDE 10MG	
70	IPRATROPIUM+LEVOSALBUTAMOL INHALER	
71	TAB. THEOPHYLLINE+ETOPHYLLINE 150MG/300 MG	
72	TAB. DOXOPHYLLINE 400 MG	
73	TAB. ACEBROPHYLLINE 100 MG	
74	TAB. NIFEDIPINE 30 MG SR	
75	TAB. MORPHINE SULPHATE 20 MG	
76	CRAPE BANDAGE SIZE 4, 8	

Annexure 3(B)

Medicines to be included in the CHC/THQH Indent

Sl. No	Name of Medicines	Drug code
	ITEMS FROM THE ESSENTIAL DRUG LIST	
1	AZATHIOPRINE TAB IP, 50 MG	D24167C
2	BUDESONIDE AND FORMOTEROL FUMARATE POWDER FOR INHALATION IP, 100MCG + 6MCG Rotacap	D03026
3	BUDESONIDE INHALER, 100 mcg/puff	D03022
4	BUDESONIDE NEBULISER SUSPENSION, 0.5mg/ml	D03025
5	CALCITRIOL TAB, 0.25 MCG	D220062
6	CALCIUM ACETATE TAB, 667 MG	DD22061
7	CILOSTAZOL TAB IP, 50 mg	D13073
8	DEXAMETHASONE TAB IP, 4 mg	D24169C
9	DEXAMETHASONE TAB IP, 8mg	D2416C
10	ERYTHROPOETIN RECOMBINANT INJ, 4000 IU	D12022
11	GEFITINIB TAB IP, 250mg	D24103C
12	GLICLAZIDE TAB, 40 MG	D21078
13	GLUCOSAMINE TAB USP, 500 mg	D33001
14	GLYCERINE AND SODIUM CHLORIDE ENEMA	D20104
15	IMATINIB TAB IP, 100 mg	D24165C
16	IMATINIB TAB IP, 400 mg	D24164c
17	IRON SUCROSE INJ USP, 20mg elemental Iron/ml	D22016
18	LAMOTRIGINE TAB BP/USP, 50 mg	D17068
19	LETROZOLE TAB IP/USP, 2.5mg	D24120C
20	LAPATINIB TAB IP, 250mg	D24118C
21	LEVOCETIRIZINE TAB IP, 5mg	D05027
22	MECOBALAMINE TAB, 500mcg	D22031
23	METHOTREXATE TAB IP, 2.5mg	D24128C
24	NALOXONE INJ IP, 400 mcg/ml	D06003
25	NEBIVOLOL TAB IP, 5mg	D13064
26	NELATON CATHETER, Size 12	S27221
27	NICORANDIL TAB IP, 5mg	D13084
28	PIOGLITAZONE TAB IP, 15 mg	D21027

Sl. No	Name of Medicines	Drug code
29	PREGABALIN TAB, 75 mg	D01053
30	RANOLAZINE EXTENDED RELEASE TAB, 500 mg	D13089
31	ROSUVASTATIN TAB IP, 10mg	D13094
32	SALMETEROL AND FLUTICASONE PROPIONATE POWDER FOR INHALATION, 50 MCG + 250 MCG Rotacap	D03031
33	SEVALAMER CARBONATE TAB, 400 MG	D19013
34	SILDENAFIL TAB IP, 25 mg	D21054
35	SULFASALAZINE TAB BP/USP, 500mg	D01015/12
36	TAMOXIFEN TAB IP, 20mg	D24150C
37	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE AND DUTASTERIDE CAP IP, 0.4 mg + 0.5 mg	D241056
38	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE AND DUTASTERIDE CAP IP, 0.4 mg + 0.5 mg	D21056
39	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE CAP IP, 0.4 MG	
40	TENELIGLIPTIN TAB IP, 20 MG	D21058
41	TICAGRELOR TAB IP, 90 MG	D13091
42	TOLVAPTAN TAB, 15 mg	D13092
43	TORSEMIDE TAB IP, 10 mg	D19008
44	TORSEMIDE TAB IP, 20 mg	D19009
45	TRAMADOL + PARACETAMOL TAB, 37.5MG + 325MG	D01054
46	URSODEOXYCHOLIC ACID TAB IP, 300mg	D20037
47	VITAMIN E CAP USP, 400mg	D22035
48	VOGLIBOSE TAB IP, 0.2mg	D21038
49	VOGLIBOSE TAB IP, 0.3mg	D21039
50	ZOLPIDEM TAB IP, 10mg	D17059
51	FEBUXOSTAT TAB, 40 mg	D21048
52	SALMETEROL AND FLUTICASONE PROPIONATE POWDER FOR INHALATION, 50 MCG + 250 MCG Rotacap	D03031
53	SODIUM BICARBONATE TAB USP, 500MG	D20052
54	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE AND DUTASTERIDE CAP IP, 0.4 mg + 0.5 mg	D21056
55	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE CAP IP, 0.4 MG	D21057
56	URINE COLLECTING BAG WITH VALVE OUTLET, 2 LITRE	S27095
57	LEVETIRACETAM TAB IP, 500mg	D07018

Sl. No	Name of Medicines	Drug code
	ITEMS TO BE INCLUDED IN THE EDL LIST	
58	CONDUM CATHETER LARGE/MEDIUM/SMALL	
59	LIQUID PARAFFIN + MILK OF MAGNESIA + SODIUM PICO SULPHATE SUSPENSION	
60	COLOSTOMY BAG	
61	NELATON CATHETER SIZE 10	
62	TAB. FERROUS FUMERATE AND FOLIC ACID	
63	TAB. LEVODOPA+CARBIDOPA 110MG	
64	TAB. NEOMERCAZOLE 10MG/5MG	
65	TAB. ACENOCOUMAROLE 2 MG/4MG/6MG	
66	METOCLOPROMIDE 10MG	
67	IPRATROPIUM + LEVOSALBUTAMOL INHALER	
68	TAB. THEOPHYLLINE + ETOPHYLLINE 150MG/300 MG	
69	TAB. DOXOPHYLLINE 400 MG	
70	TAB. ACEBROPHYLLINE 100 MG	
71	TAB. NIFEDIPINE 30 MG SR	
72	TAB. MORPHINE SULPHATE 20 MG	
73	CRAPE BANDAGE SIZE 4, 8	

Annexure 3 (C)

Items to be included in the Essential Drug List

Sl. No	Name of item
1	CONDUM CATHETER LARGE/MEDIUM/SMALL
2	LIQUID PARAFFIN + MILK OF MAGNESIA + SODIUM PICO SULPHATE SUSPENSION
3	COLOSTOMY BAG
4	NELATON CATHETER SIZE 10
5	TAB. FERROUS FUMERATE AND FOLIC ACID
6	TAB. LEVODOPA + CARBIDOPA 110MG
7	TAB. NEOMERCAZOLE 10MG/5MG
8	TAB. ACENOCOUMAROLE 2 MG/4MG/6MG
9	METOCLOPROMIDE 10MG
10	IPRATROPIUM + LEVOSALBUTAMOL INHALER
11	TAB. THEOPHYLLINE + ETOPHYLLINE 150MG/300 MG
12	TAB. DOXOPHYLLINE 400 MG
13	TAB. ACEBROPHYLLINE 100 MG
14	TAB. NIFEDIPINE 30 MG SR
15	TAB. MORPHINE SULPHATE 20 MG
16	CRAPE BANDAGE SIZE 4, 8

Annexure 4

Anticipatory medicines for End of Lifecare

SL No	NAME	USE IN END OF LIFE	ROUTE
1	GLYCOPRRONIUM BROMIDE	RESPIRATORY TRACT SECRETONS	SC, INHALATIONAL, BUCCCAL
2	HYOSCINE HYDROBROMIDE	RESPIRATORY TRACT SECRETONS	SC
3	ATROPINE	RESPIRATORY TRACT SECRETONS	BUCCAL
4	MIDAZOLAM	DISTRESS, SEDATION, SEIZURE	SC, INTRANASAL
5	DIAZEPAM	DISTRESS, SEDATION, SEIZURE	BUCCAL, PR
6	LORAZEPAM	DISTRESS, SEDATION, SEIZURE	BUCCAL, PR, SC
7	CLONAZEPAM	DISTRESS, SEDATION, SEIZURE	BUCCAL, PR, SC
8	MORPHINE	PAIN, RESPIRATORY DISTRESS	BUCCAL, PR, SC
9	HALOPERIDOL	AGITATION, DELIRIUM, VOMITING	SC, INTRANASAL
10	METOCLOPROMIDE	VOMITING	SC
11	LEVOMEPROMAZINE	VOMITING,ANTIPSHYCOTIC	SC
12	CYCLIZINE	VOMITING	SC
13	OCTREOTIDE	BLEEDING	SC
14	LIDOCAINE	NEUROPATHIC PAIN	SC
15	BUPINORPHINE	PAIN	SC, TRANSDERMAL, SL
16	FENTANYL	PAIN	SC, TRANSDERMAL, SL
17	ONDENSETRON	VOMITING	SC
18	DEXAMETHASONE	BREATHLESSNESS	SC
19	FUROSEMIDE	FLUID OVERLOAD	SC
20	LEVITRACETAM	EOL SEIZURES	SC

Annexure 5

Training Centre Requisites

Foundation courses for Nurses
Infrastructure
Lecture hall with a seating capacity of minimum 20
Availability of audio-visual aids for the use of faculty and trainees
Training centre has adequate drinking water facility
Training centre is elderly friendly
Training centre is disable friendly
Training centre has library with reference books
Training centre has internet facility
Faculty
Availability of a pool of experts in various palliative care aspects as faculty
At least two staff nurses with minimum qualification of BCCPN is available for working full time as trainer
At least one doctor with minimum qualification of BCCPM is available for working full time as trainer
Palliative care learning facilities
Nurses home care is present for at least four days a week
Provision of IP exposure from different wards in the Hospital
Oral Morphine is dispensed from the hospital attached to the training centre
Has facility for providing IP exposure for trainees
Linkage with primary and secondary palliative care units with trained nurse to give clinical exposure
Training centre has mannequin with facility for doing all required procedures

Foundation courses for Physiotherapists

Infrastructure
Lecture hall with a seating capacity of minimum 15
Availability of audio-visual aids for the use of faculty and trainees
Training centre has adequate drinking water facility
Training centre is elderly friendly
Training centre is disable friendly
Training centre has library with reference books
Training centre has internet facility
Faculty
Two Physiotherapists with at least two years of experience in Palliative care must be available as Trainers for the course duration.
Availability of a pool of experts in various palliative care aspects as faculty
Palliative care learning facilities
Nurses home care is present for at least three days a week
Linkage with primary and secondary palliative care units with trained nurse to give clinical exposure
Functional Physiotherapy unit with at least two days Physiotherapy Home care and two days OP should be linked to the training centres

Foundation courses for Doctors

Infrastructure
Lecture hall with a seating capacity of minimum 20
Availability of audio-visual aids for the use of faculty and trainees
Training centre has adequate drinking water facility
Training centre is elderly friendly
Training centre is disabled friendly
Training centre has library with reference books
Training centre has internet facility
Faculty
At least two staff nurses with minimum qualification of BCCPN is available for working full time as trainer
At least one doctor with minimum qualification of BCCPM is available for working full time as trainer
Availability of a pool of experts in various palliative care aspects as faculty
Palliative care learning facilities
Nurses home care is present for at least four days a week
Provision of IP exposure from different wards in the Hospital
Oral Morphine is dispensed from the hospital attached to the training centre
Has facility for providing IP exposure for trainees
Linkage with primary and secondary palliative care units with trained nurse to give clinical exposure
Training centre has mannequin with facility for doing all required procedures

Certificate Course in Community Palliative Nursing (CCCPN)

Infrastructure
Lecture hall with a seating capacity of minimum 20
Availability of audio-visual aids for the use of faculty and trainees
Training centre has adequate drinking water facility
Training centre is elderly friendly
Training centre is disabled friendly
Training centre has library with reference books
Training centre has internet facility
Faculty
Availability of a pool of experts in various palliative care aspects as faculty
At least two staff nurses with minimum qualification of BCCPN is available for working full time as trainer
At least one doctor with minimum qualification of BCCPM is available for working full time as trainer
Palliative care learning facilities
Nurses home care is present for at least four days a week
Provision of IP exposure from different wards in the Hospital
Oral Morphine is dispensed from the hospital attached to the training centre
Has facility for providing IP exposure for trainees
Linkage with primary and secondary palliative care units with trained nurse to give clinical exposure
Training centre has mannequin with facility for doing all required procedures

Annexure 6

Norms for registration of NGOs/CBOs providing Palliative care

General norms-

Open access for all sections of the society

Must be a Registered Society/Trust/Section 8 company

Records must be well maintained and regularly updated

Financial transparency- financial report at least to be published once in a year

Providing free services

Interested units can fill out a common application form including the following details:

Nature of the organisation

Office bearers

Mode of funding

Latest audited statement available (not less than two years ago)

Activities

Human resources with qualifications and experience

Type of services provided as part of palliative care

Service area,

Number of families covered or can be covered

Willingness to join palliative care grid

Names, address, contact details including email and website address if any, register number and other services

Details of LSG level registration for Institutions providing Psychosocial Support NGO/CBO/group of individual (not individuals alone) -

Nature of the organisation

Office bearers

Mode of funding

Activities

Human resources with qualifications and experience

Trained volunteers under the organisation

Type of services provided as part of palliative care

Service area

Number of families covered or can be covered

<u>Norms for state level registration of Units providing nursing care at home</u>: should have at least one nurse who has undergone training from an accredited Training Centre. Community nurse/ANM with minimum 3 months palliative training or GNM/BSc Nurse with 6 weeks palliative care training. For the first year minimum of one home visit day a week, second year onwards at least 2 home visit days per week. Organisation should not be black listed by any public agencies. Willing to be part of the decentralised palliative care program. Willing to conduct training programs for volunteers. Written expressed willingness to provide psychosocial support and empowerment of patient and family. Proper documentation of patient care as per protocols

<u>Norms for state level registration of Units providing medical and nursing care at home</u>: should have at least one trained doctor with minimum 10 days Foundation course in Palliative care and one nurse who has undergone training from the accredited training centre. Community nurse //ANM with minimum 3 months palliative training or GNM/BSc Nurse with 6 weeks palliative care training. One home visit day a week by doctor and weekly 3 days nursing care. Organisation should not be black listed. Willing to be part of the decentralised palliative care program. Willing to conduct training programs for volunteers. Written expressed willingness to provide psychosocial support and empowerment of patient and family. Proper documentation of patient care as per protocols.

Annexure - 7

Quality indicators

(A) - Primary

Ref. No.	Criteria	Assessment Method	Means of Verification
A.	**Home Care**		
A1	**Target Population, Frequency and timing**		
	The unit caters to a population less than 30,000	RR	Check baseline data of the LSG
	Conducts a minimum of 16 days of home care per month	SI/RR	Check Home care report book, ask staff
	Home care starts by 10 am	SI/RR	Check Home care report book and vehicle log book, ask staff
	Home care ends by 4 pm	SI/RR	Check Home care report book and vehicle log book, ask staff
A2	**Availability of vehicle and Home care kit**		
	Vehicle with banner indicating name of unit and purpose of vehicle is available on a regular basis	OB/ RR/ SI	Observe, check the vehicle log book, interview driver
	Home care kit is available with all required items	OB	Check that Home care contains all items necessary to give basic nursing care
	There is a system to check contents of kit are available and regularly replenished	OB/SI	Check indent book, whether list of contents are pasted on the kit
A3	**Home care team**		
	Participation of Field staff (JPHN/JHI/MLSP) in every Home care	RR/ SI	Check Home care report book, tour programme of field staff, also ask them about their participation
	Participation of elected representative in Home care at least once in a month	RR/SI/CI	Check Home care report book, ask Staff and community
	Participation of ASHAs in every Home care	RR/SI/CI	Check Home care report book, ask Staff and community
	Participation of trained volunteers (other than ASHA)in every Home care	RR/SI/CI	Check Home care report book, ask Staff and community
	Participation of Modern medicine Doctors in Home care once a month	RR/SI/CI	Check Home care report book, ask Staff and community
	Participation of ISM Doctors in Home care once a month	RR/SI/CI	Check Home care report book, ask Staff and community
	Participation of Homeo Doctors in Home care once a month	RR/SI/CI	Check Home care report book, ask Staff and community
A4	**Home care Planning**		

Ref. No.	Criteria	Assessment Method	Means of Verification
	Monthly route plan is prepared in advance	RR/SI	Check for written monthly plan, ask MO, CPN
	Time is set apart in every Home care to see new patients and for unplanned visits	RR	Check monthly route plan
A5	Home care activities		
	Head to foot care is given for all bed bound patients	OB/ CI	Observe during Home care, enquire from community
	Community nurse follows the correct handwashing method before every procedure	OB	Observe during Home care
	Community nurse follows the correct procedure when giving nursing care such as Catherisation, wound care, PRE Enema etc.	OB	Observe during Home care
	Community nurse uses sterile material in sterile bin/ tray to do sterile procedure	OB	Observe during Home care
	The team enquires about the psychological, social and financial issues of patients and families	OB/ CI	Observe during Home care, enquire from community
	Appropriate communication with patients and families at all times	OB	Observe during Home care, enquire from community
	Community nurse teaches care and gives correct instructions to caregivers	OB/ CI	Observe during Home care, enquire from community
	Community nurse involves and gives appropriate roles for all other team members	OB	Observe during Home care
	Case sheets are well maintained and completed during the visit itself	OB/RR	Check case sheets during Home visit
	Summary of patient's condition is written in the treatment record which is kept with the patient	RR	Check whether all patients have up to date treatment records
	Home care report book and Follow up register are up to date	RR	Check home care report book and Follow up register
	Community nurse checks regularly for drug compliance and gives advice regarding drug intake	OB/ CI	Observe during Home care, enquire from community
	A treatment record is issued to the patient with all relevant information about his disease and treatment and the condition/ procedure done is recorded in every visit	RR	Check whether treatment record is issued to all patients and is regularly maintained
	The team routinely provides bereavement support to the family members	RR	Check registers and interview with staff

Ref. No.	Criteria	Assessment Method	Means of Verification
	Community nurse empowers family memebers to segregate and handle biomedical waste as per protocol	OB	Observe during Home care
	The waste disposal is as per the policy of the local government	BI	Interview with beneficiaries
B	**Drug and Medical care**		
B1	**Drug Supply**		
	All patients get uninterrupted supply of their regular and essential drugs	RR/SI/CI	Check treatment records, feedback from MO, Pharmacist, community
	Frequency, dosage and indication of new drugs are clearly explained to patients/bystanders	CI	Patients/relatives are asked about the drugs they are taking
	Patients/bystanders can get the drugs on any working day	OB/RR	Check issue register kept at Pharmacy
B2	**Doctor's care**		
	Doctor has basic training in Palliative care and knows about pain management	RR/ SI	Check whether Doctor has undergone at least three days training in Palliative care and knows basics about Pain management
	Doctor checks Nurse's notes in Treatment record and asks patient/ relative regarding patient's condition before prescribing drugs	RR/ SI	Check whether Doctor writes about patients condition in Treatment record
	Doctor adopts some method to communicate to Community Palliative Nurse regarding further care of patients seen in OP	RR/SI	Check whether Doctor marks in his OP register about patients requiring further care or adopts similar measures to ensure continuity of care
B3	**Referral/Specialist care**		
	Patients with advanced Palliative care Nursing needs are referred to Secondary Nurses	RR/SI/CI	Check in treatment record whether all patients who are completely bedridden, or need Stoma care, Ryles tube insertion, lymphodema care or have large fungating wound are seen by Secondary Palliative nurse also
	Patients with difficult symptoms are referred to Secondary units for Doctor's care	RR/SI	Check whether patients with severe symptoms get Palliative care trained Doctor's care
	Patients with need get Physiotherapy care	RR/CI	Check Home care report book for Physiotherapist's visits
C	**Psycho social support and community participation**		

Ref. No.	Criteria	Assessment Method	Means of Verification
C1	**Ward level activities**		
	Ward level list of all patients with Serious health related suffering is available	RR	Check whether ward level list is available
	All patients in the list are visited and supported by Volunteers	OB/CI	Patients from ward list can be randomly called and enquired regarding support from volunteers
	There is ward level group of volunteers in every ward of the local body	RR/ CI	Check records if volunteers meetings
	Each patient has one volunteer to support him/her	RR/PI/ CI	Check case sheets for entry of volunteers names, interview patients snd families
	There are regular meetings of the volunteer group in the ward to discuss the patients' issues and possible solutions	RR	Check volunteers meetimg minutes
	Comfort devices are available for all needy patients	OB/ RR	Observe whether patients needing such devices have been provided with required equipmemnts
	All eligible persons receive pensions/benefits	OB/ CI	Check whether all eligible persons get pensions
C2	**Subcentre level activities**		
	Subcentre level list of all home bound and bed bound patients is available	RR	Check whether subcentre level list is available
	All necessary dressing materials and comfort devices are available in the subcentre	OB/CI	Check whether dressing materials and comfort devices are available in sub centre
	Palliative care is discussed in all sub centre meetings	RR	Check subcentre review meeting minutes book
C3	**Involvement of Community**		
	Patient/ relative meet/ Day care is conducted	RR	Check whether patients meet is conducted in the last year
	Educational/ economic/ medicine/ food support is given through sponsorship/ donation	RR/CI	Check whether such support is given
	Donations are received for any regular activities of the palliative care project	RR/CI	Check registers
	Home care food/ vehicle expense is met through donations	RR/CI	Check vehicle and food bills
	Undertakes rehabilitation activities for patients	RR/PI/ CI	Visit paraplegia patients and talk about rehabilitation
	Awareness programme or campaigns are conducted with the support from volunteers or residential associations or other NGOs during the last year	RR/CI	Verify whether such awareness programmes for advocacy are conducted

Ref. No.	Criteria	Assessment Method	Means of Verification
	CBOs/ NGOs of the area working in Palliative care are supported	CI/ RR	Check whether CBOs of the area are included in PMC, in providing psychosocial support, and are supported with technical advice
	Participation of kudumbasree / self help groups	RR/SI	Check whether Kudumbasree and other SHGs participate in review meetings and trainings
	LSG coordinates the Palliiative care activities of various governmental and non government agencies conducting Palliiative care activities in the area	RR/SI	Check whether LSGD plays a coordinating role through involving all agencies in planning and review meetings
D	**Training**		
	Conducts three days Volunteers training programme at least annually	RR	Check attendance list /photo of such class or training
	At least 100 persons undergo three days training for volunteers	RR	Check attendance list /photo of such class or training
	Gives awareness and Home care exposure to students, interested persons and professionals	RR	Check attendance list /photo of such class or training
E	**Review, Audit and Quality Improvement**		
E1	**Review**		
	Palliative care activities are reviewed weekly by Medical officer	RR/SI	Minutes book of weekly institutional review
	Palliative care is an agenda in Monthly conference of the institution	RR/SI	Minutes book of monthly institutional review
	Palliative nurse actively participates in monthly review conducted by the secondary unit	RR/SI	Check whether Palliative nurse has attende secondary review meetings
	Palliative care is discussed in the monthly Panchayath level review meeting	RR	Minutes of Health Standing committee
E2	**Audit**		
	Stock book is up to date	RR	Verify stock book- whether regular entries are made
	Financial dealings are well accounted and transparent	RR	Check whether accounts are maintained in separate cash book, bank pass book is maintained and all donations are given accurate receipts
	Social audit is conducted annually	RR/CI	Check whether social audit has been conducted and whether all aspects of care were discussed
E3	**Quality improvement**		

Ref. No.	Criteria	Assessment Method	Means of Verification
	Community nurse has undergone refresher training of a minimum of three days in the past 12 months	RR/SI	Verify whether Palliative nurse has certificates of refresher training
	All staff of the institution have at least three days training in Palliative care	RR/SI	Check certificates of training
	Any mechanism for collecting patient feedback is available	RR/PI	Check whether any written or oral feedback is obtained or assessed
	Any mechanism for collecting community feedback is available	RR	Check whether any written or oral feedback is obtained or assessed
	The unit has received any award or appreciation from any recognised body for the services offered	RR	Check whether the unit has received any such award
	Innovative initiatives in any aspect of Primary palliative care are done	RR/SI/CI	Verify records, interview staff regarding the same

(B) – Secondary CHC

Ref. No.	Criteria	Assessment Method	Means of Verification
A.	**HOME CARE**		
A1	**Target Population, Frequency and timing**		
	Has a well defined target area	SI/RR	Check area map
	Patients referred by Community palliative nurses and those coming directly to the CHC are given services	RR	Check nominal and Follow up register
	Conducts a minimum of 16 Home care days per month	SI/RR	Check Home care report book, ask staff
	Home care starts by 10 am	SI/RR	Check Home care report book and vehicle log book, ask staff
	Home care ends by 4 pm	SI/RR	Check Home care report book and vehicle log book, ask staff
A2	**Availability of vehicle and Home care kit**		
	Vehicle with banner indicating name of unit and purpose of vehicle is available on a regular basis	OB/ RR/ SI	Observe, check the vehicle log book, interview driver
	Home care kit is available with all items required for giving advanced care (stoma care, lymphodedema care, end of life care, parenteral medications etc.)	OB	Check that Home care contains all items necessary to give advanced nursing care
	There is a system to check all items listed in home care kit are available and regularly replinished	OB/SI	Check indent book, whether list of contents are pasted on the kit
A3	**Home care team**		

Ref. No.	Criteria	Assessment Method	Means of Verification
	Home care is led by trained Staff nurse	RR	Check Home care report book
	One regular Nursing Officer of the department is given charge of Palliative care and he/she participates in Home care	OB/RR	Verify Home care report book
	Every field staff (JPHN/JHI/MLSP) participates in home care once every month	RR/ SI	Check Home care report book, tour programme of field staff, also ask them about their participation
	Trained volunteers participate in every Home care	RR/SI/CI	Check Home care report book, ask Staff and community
	Participation of Palliative care trained Doctor in Home care once a week	RR/SI/CI	Check Home care report book, ask Staff and community
A4	**Home care Planning**		
	Monthly route plan is prepared in advance	RR/SI	Check for written monthly plan, ask MO, Staff nurse
	Time is set apart in every Home care to see new patients and for unplanned visits	RR	Check monthly route plan
	Home care is scheduled in discussion with other home care units in the area	RR/SI/PI	Check whether each patient gets primary and secondary care at almost equal intervals
A5	**Home care activities**		
	Staff nurse follows the correct handwashing method before every procedure	OB	Observe during Home care
	Staff nurse follows the correct procedure when giving nursing care such as Catherisation, wound care, PRE Enema, Stoma care, Lymphedema care etc.	OB	Observe during Home care
	Staff nurse uses sterile material in sterile bin/ tray to do sterile procedure	OB	Observe during Home care
	Appropriate communication with patients and families at all times	OB	Observe during Home care, enquire from community
	The team enquires about the psychological, social and financial issues of patients and families	OB/ CI	Observe during Home care, enquire from community
	Staff nurse teaches care and gives correct instructions to caregivers	OB/ CI	Observe during Home care, enquire from community
	Staff nurse discusses care plan with concerned community nurse after visiting a new patient	RR	Check treatment record and secondary case sheet to see whether staff nurse has communicated with community nurse regarding patient support
	Staff nurse involves and gives appropriate roles for all other team members	OB	Observe during Home care
	Case sheets are well maintained and completed during the visit itself	OB/RR	Check case sheets during Home visit

Ref. No.	Criteria	Assessment Method	Means of Verification
	Home care report book and Follow up register are up to date	RR	Check home care report book and Follow up register
	Staff nurse checks regularly for drug compliance and give advice regarding drug intake	OB/ CI	Observe during Home care, enquire from community
	All relevant information about disease and treatment of the patient and the procedure done is recorded during every visit in the treatment book available with the patient / newly issued.	RR	Check whether treatment record is issued to all patients and is regularly maintained
	Staff nurse empowers family members to segregate and handle biomedical waste as per protocol	OB	Observe during Home care
	Waste disposal is as per the policy of the local government	BI/SI	Interview beneficiaries
A6	**End of life care at home**		
	Team discusses with family/caregivers regarding end of life care	BI/SI	Check whether the team has discussed with family regarding end of life care plan- place of death, probable symptoms, management, whom to contact etc.
	Team ensures aniticipatory medicines needed for end of life care are available at home	OB	Observe whether drugs are made available
	Professionals and volunteers trained in palliative care are linked to support end of life care at home	BI/ RR	Check whether contact details of nearby health care professionals are provided
	The team routinely provides bereavement support to the family members	RR	Check registers and interview with staff
B	**Drug and Medical care**		
B1	**Drug Supply**		
	Palliative OP is conducted at least once a week by Palliative care trained Doctor	RR/SI/BI	Check whether Palliative patients are issued drugs from the Pharmacy at least once a week
	All patients get uninterrupted supply of their regular and essential drugs	RR/SI/CI	Check treatment records, feedback from MO, Pharmacist, community
	Institution has RMI status	RR	Check whether valid RMI License is available
	Oral morphine is available to patient in all working days	RR	Check Morphine registers in Pharmacy
	Frequency, dosage and indication of new drugs are clearly explained to patients/bystanders	CI	Patients/relatives are asked about the drugs they are taking
B2	**Doctor's care**		

Ref. No.	Criteria	Assessment Method	Means of Verification
	At least one doctor has ten days training in Palliative care	RR/ SI	Check whether Doctor has undergone at least ten days training in Palliative care and knows basics about Pain and other symptom management
	Doctor checks Nurse's notes in Treatment record and asks patient/ relative regarding patient's condition before prescribing drugs	RR/ SI	Check whether Doctor writes about patients condition in Treatment record
	Doctor adopts some method to communicate to Staff Nurse regarding further care of patients seen in OP	RR/SI	Check whether Doctor marks in his OP register about patients requiring further care or adopts similar measures to ensure continuity of care
	Patients needing further expert care are referred to major hospitals when necessary	RR	Verify referral/IP register
B3	**IP Care**		
	Provides **continous** IP care for respite care, end of life care and symptom management	OB	Observe whether dressing materials, comfort devices and essential drugs are available in all wards
	There are facilities in the wards to care for patients with Palliative needs	OB	Observe whether dressing materials, comfort devices and essential drugs are available in all wards
	There is a system for regularly informing the palliative care team regarding the admission of patients with palliative care needs	SI	Check whether such a system is in place
	Staff nurse of the palliativcare unit regularly visits patients needing palliative care admitted in the wards and facilitates nursing care and discharge planning	RR/SI	Check IP register for details of visits and care given to admitted patients
	Staff in each ward has basic awareness regarding care of admitted patients with palliative care needs	SI	Check whether staff have basic awareness
	Staff in each ward has basic awareness on communication skills	SI	Check whether staff have basic awareness
	Patients with Palliative care needs are back referred to respective Primary units at the time of discharge	RR	Check IP register to see whether patients are referred back to Community nurses
	At the time of hospital stay. patients and care givers are empowered for confidently providing care at home	OB /SI/ CI/BI	Observe and check whether patients and care givers are being empowered for caregiving
B4	**Physiotherapy**		
	Physiotherapist OP is conducted a least three days week from 9.00 am to 1.00 pm		

Ref. No.	Criteria	Assessment Method	Means of Verification
	Physiotherapist faciliates the community palliative care nurses in planning physiotherapy interventions for the needy patients by participating in every primary home care at least one day per month	SI /RR	Interview with community palliative care nurse, check Home care report book of Physiotherapist
	There is provision for admitting patients who require specific Physiotherapy interventions	RR	Check IP register
B5	**Support system for patients with special needs**		
	There is special provision for care of lymphoedema patients	RR/ SI	Check Attendance register of special clinics and verify whether there are patients with such needs in the area
	There is special provision for care of hemodialysis patients		Check whether there is regular supply of erythropoetin and other costly medicines; Disposable needed for Dialysis patients, conduct of group meetings / support groups
	There is special provision for care of peritoneal dialysis patients	SI/BI	Training on steps of peritoneal dialysis; fluids are available; psychosocail support
	There is special provision for care of Stoma patients		Training on stoma care, provision of stoma bags and other accessories needed, tarining on support for colostomy irrigation, conduct of group meetings / support groups
	There is special provision for care of Haemophilia patients	SI/BI	Check whether there is regular supply of emergency medicines ; prevention of complications
	There is special provison of care of patients requiring respiratory supportive devices at home	SI/BI	Check availability and provision of oxygen concentrators, oxygen cylinders, Bi PAP etc for use at home
C	**Psycho social support and community participation**		
	Comfort devices such as air bed, water bed, wheel chair, backrest etc. are provided to the needy when necessary	RR	Verify appliance issue register
	Patient/ relative meet/ Day care is conducted at least once in a year	RR	Check whether patients meet is conducted in the last year
	Receives donations for any activity related to palliative care	RR/CI	Check relevant registers / bills
	Undertakes rehabilitation activities for Paraplegia patients, patients with psychiatric illness etc.	RR/PI/ CI	Visit paraplegia patients and talk about rehabilitation

Ref. No.	Criteria	Assessment Method	Means of Verification
	Awareness programme or campaigns are conducted with the support from volunteers or residential associations or other NGOs during the last year	RR/CI	Verify whether such awareness programmes for advocacy are conducted
	CBOs/ NGOs of the area working in Palliative care are supported	CI/ RR	Check whether CBOs of the area are included in PMC / LSG level meetings, in providing psychosocial support, and are supported with technical advice
	All care homes in the area are supported	RR/ CI	Check with community whether such homes are in the area and how they are supported
D	**Training**		
	Has conducted three days training for health care professionals at least once in the year	RR	Check attendance list /photo of such class or training
	Home care exposure is given to at least ten students / volunteers / professionals outside health system during last year	RR	Check attendance list /photo of such class or training
	Has conducted at least two awareness programmes for public / professionals outside health system during last year		
	Has conducted five days training for care home care givers in the area	RR	Check attendance list /photo of such class or training
E	**Review, Audit and Quality Improvement**		
E1	**Review of secondary unit activities**		
	Palliative care activities are reviewed weekly by Medical officer	RR/SI	Minutes book of weekly institutional review
	Palliative care is an agenda in Monthly conference of the institution	RR/SI	Minutes book of monthly institutional review
	Palliative care is discussed in the health review meetings of the concerned LSGI	RR	Verify minutes of Health Standing committee
E2	**Conduct of review of primary units**		
	The doctor and Staff nurse in charge of Palliative care take leadership in conducting review of the Primary units in the area	RR	Minutes of monthly review of Primary units
	Nurses of units run by CBOS / NGOs registered at state level are also participating in the monthly review	RR	Minutes of monthly review
	Care of individual patients (new and those requiring additional support and care) is discussed in the review	RR	Minutes of monthly review of Primary units
E3	**Audit**		

Ref. No.	Criteria	Assessment Method	Means of Verification
	Stock book is up to date	RR	Verify stock book- whether regular entries are made
	Financial dealings are well accounted and transparent	RR	Check whether accounts are maintained in separate cash book, bank pass book is maintained and all donations are given accurate receipts
E4	Quality improvement		
	Palliative nurse actively participates in monthly review conducted by the district	RR/SI	Check whether Palliative nurse has attended district level review meetings
	Staff nurse has undergone refresher training of a minimum of three days in the past 12 months	RR/SI	Verify whether Staff nurse has certificates of refresher training
	Structured mechanism for collecting patient feedback is available	RR/PI	Check whether any written or oral feedback is obtained or assessed
	Structured mechanism for collecting community feedback is available	RR	Check whether any written or oral feedback is obtained or assessed
	Any innovative initiative to improve patient care/ functioning of secondary unit	RR/SI/CI	Verify conduct/implementation of such initiatives

(C) – Secondary Major

Ref. No.	Criteria	Assessment Method	Means of Verification
A.	**HOME CARE**		
A1	**Target Population, Frequency and timing**		
	Has a well defined target area	SI/RR	Check area map
	Conducts a minimum of 12 Home care per month	SI/RR	Check Home care report book, ask staff
	Home care starts by 10 am	SI/RR	Check Home care report book and vehicle log book, ask staff
	Home care ends by 4 pm	SI/RR	Check Home care report book and vehicle log book, ask staff
A2	**Availability of vehicle and Home care kit**		
	Vehicle with banner indicating name of unit and purpose of vehicle is available on a regular basis	OB/ RR/ SI	Observe, check the vehicle log book, interview driver
	Home care kit is available with all items required for giving advanced care (stoma care, lymphodedema care, injections etc.)	OB	Check that Home care contains all items necessary to give advanced nursing care
	There is a system to check all items listed in home care kit are available and regularly replinished	OB/SI	Check indent book, whether list of contents are pasted on the kit
A3	**Home care team**		

Ref. No.	Criteria	Assessment Method	Means of Verification
	Home care is led by trained Staff nurse	RR	Check Home care report book
	One Staff nurse appointed by PSC is given charge of Palliative care and he/she participates in Home care	OB/RR	Verify Home care report book
	Every field staff participates (JPHN/JHI/MLSP) in home care at least once in a month	RR/ SI	Check Home care report book, tour programme of field staff, also ask them about their participation
	Participation of trained volunteers in every Home care	RR/SI/CI	Check Home care report book, ask Staff and community
	Participation of Palliative care trained Doctor in Home care once a week	RR/SI/CI	Check Home care report book, ask Staff and community
A4	**Home care Planning**		
	Monthly route plan is prepared in advance	RR/SI	Check for written monthly plan, ask MO, Staff nurse
	Time is set apart in every Home care to see new patients and for unplanned visits	RR	Check monthly route plan
	Home care is planned after discussion with community nurse so that patient does not get care from both teams on adjacent days	RR/SI/BI	Check whether each patient gets primary and secondary care at almost equal intervals
A5	**Home care activities**		
	Staff nurse follows the correct hand washing method before every procedure	OB	Observe during Home care
	Staff nurse follows the correct procedure when giving nursing care such as Catherisation, wound care, PRE Enema, Stoma care, Lymphedema care etc.	OB	Observe during Home care
	Staff nurse uses sterile material in sterile bin/ tray to do sterile procedure	OB	Observe during Home care
	Appropriate communication with patients and families at all times	OB	Observe during Home care, enquire from community
	The team enquires about the psychological, social issues of patient's and families	OB/ CI	Observe during Home care, enquire from community
	Staff nurse teaches care and gives correct instructions to caregivers	OB/ CI	Observe during Home care, enquire from community
	Staff nurse involves and gives appropriate roles for all other team members	OB	Observe during Home care
	Case sheets are well maintained and completed during the visit itself	OB/RR	Check case sheets during Home visit
	Home care report book and Follow up register are up to date	RR	Check home care report book and Follow up register
	Staff nurse checks regularly for drug compliance and give advice regarding drug intake	OB/ CI	Observe during Home care, enquire from community

Ref. No.	Criteria	Assessment Method	Means of Verification
	All relevant information about disease and treatment of the patient and the procedure done is recorded during every visit in the treatment book available with the patient / newly issued.	RR	Check whether treatment record is issued to all patients and is regularly maintained
	Staff nurse discusses care plan with community nurse after visiting a new patient	RR	Check treatment record and secondary case sheet to see whether staff nurse has communicated with community nurse regarding patient support
	Staff nurse empowers family members to segregate and handle biomedical waste as per protocol	OB	Observe during Home care
	Waste disposal is as per the policy of the local government	SI	Interview beneficiaries
A6	**End of life care at home**		
	Team discusses with family/caregivers regarding end of life care	BI/SI	Check whether the team has discussed with family regarding end of life care plan- place of death, probable symptoms, management, whom to contact etc.
	Team ensures aniticipatory medicines needed for end of life care are available at home	OB	Observe whether drugs are made available
	Professionals and volunteers trained in palliative care are linked to support end of life care at home	BI/ RR	Check whether contact details of nearby health care professionals are provided
	The team routinely provides bereavement support to the family members	RR	Check registers and interview with staff
B	**Drug and Medical care**		
B1	**Drug Supply**		
	Palliative OP is conducted at least once a week by Palliative care trained Doctor	RR/SI/BI	Check whether Palliative patients are issued drugs from the Pharmacy at least once a week
	All patients get uninterrupted supply of their regular and essential drugs	RR/SI/CI	Check treatment records, feedback from MO, Pharmacist, community
	Institution has RMI status	RR	Check whether valid RMI License is available
	Oral morphine is available to needy patients	RR	Check Morphine registers in Pharmacy
	Frequency, dosage and indication of new drugs are clearly explained to patients/bystanders	CI	Patients/relatives are asked about the drugs they are taking
B2	**Doctor's care**		

Ref. No.	Criteria	Assessment Method	Means of Verification
	At least one doctor has ten days training in Palliative care	RR/ SI	Check whether Doctor has undergone at least ten days training in Palliative care and knows basics about Pain and other symptom management
	Doctor checks Nurse's notes in Treatment record and asks patient/ relative regarding patient's condition before prescribing drugs	RR/ SI	Check whether Doctor writes about patients condition in Treatment record
	Doctor adopts some method to communicate to Staff Nurse regarding further care of patients seen in OP	RR/SI	Check whether Doctor marks in his OP register about patients requiring further care or adopts similar measures to ensure continuity of care
B3	**IP Care**		
	There are facilities in all wards to care for patients with Palliative needs	OB	Observe whether dressing materials, comfort devices and essential drugs are available in all wards
	There is a system for regularly informing the palliative care team regarding the admission of patients with palliative care needs	SI	Check whether such a system is in place
	Staff nurse of the palliative care regularly visits patients needing palliative care admitted in the wards and facilitates nursing care and discharge planning	RR/SI	Check IP register for details of visits and care given to admitted patients
	Staff in each ward has basic awareness regarding care of admitted patients with palliative care needs	SI	Check whether staff have basic awareness
	Staff in each ward has basic awareness on communication skills	SI	Check whether staff have basic awareness
	Patients with Palliative care needs are back referred to respective Primary units at the time of discharge	RR	Check IP register to see whether patients are referred back to Community nurses
	At the time of hospital stay. patients and care givers are empowered for confidently providing care at home	OB /SI/ CI/BI	Observe and check whether patients and care givers are being empowered for caregiving
B4	**Emergency care**		
	Medicines are available in casualty to relieve palliative care symptoms	OB/RR	Check whether adequate drugs are available
	Nurses in the casuality have skills for managing acute palliative care symptoms	SI/RR	Check whether Subcutaneous administration of medicines / fluids, parentral morphine, managing overflow diarrhoea etc is done by casualty nurse

Ref. No.	Criteria	Assessment Method	Means of Verification
	Doctors in the casuality have skills for managing acute palliative care symptoms	SI	Check whether Doctor is confident about managing distress due to ascitis, chemotherapy induced vomiting, spinal cord compression due to tumor, SVC obstruction, intestinal obstruction etc.
B5	**Physiotherapy**		
	Physiotherapy OP is conducted atleast three days per week	RR/OB	Check Physio OP attendance register
	Physiotherapist faciliates the community palliative care nurses in planning physiotherapy interventions for the needy patients	SI /RR	Interview with community palliative care nurse, check Home care report book of Physiotherapist
	There is provision for admitting patients who require specific Physiotherapy interventions	RR	Check IP register
B6	**Special clinics**		
	There is special provision for care of lymphoedema patients	RR/ SI	Check Attendance register of special clinics and verify whether there are patients with such needs in the area
	There is special provision for care of hemodialysis patients		Check whether there is regular supply of erythropoetin and other costly medicines; Disposable needed for Dialysis patients, conduct of group meetings / support groups
	There is special provision for care of peritoneal dialysis patients	SI/BI	Training on steps of peritoneal dialysis; fluids are available; psychosocail support
	There is special provision for care of Stoma patients		Training on stoma care, provision of stoma bags and other accessories needed, training on support for colostomy irrigation, conduct of group meetings / support groups
	There is special provision for care of Haemophilia patients		Check whether there is regular supply of emergency medicines ; prevention of complications
	There is special provison of care of patients requiring respiratory supportive devices at home	SI / BI	Check availability and provision of oxygen concentrators, oxygen cylinders, Bi PAP etc for use at home
C	**Psycho social support and community participation**		
	Comfort devices such as air bed, water bed, wheel chair, backrest etc. are provided to the needy when necessary	RR	Verify appliance issue register

Ref. No.	Criteria	Assessment Method	Means of Verification
	Patient/ relative meet/ Day care is conducted	RR	Check whether patients meet is conducted in the last year
	Donations are received for any regular activities of the palliative care project	RR/CI	Check registers
	Undertakes rehabilitation activities for Paraplegia patients, patients with psychiatric illness etc.	RR/BI/ CI	Visit paraplegia patients and talk about rehabilitation
	Awareness programme or campaigns are conducted with the support from volunteers or residential associations or other NGOs during the last year	RR/CI	Verify whether such awareness programmes for advocacy are conducted
	Registered CBOs/ NGOs of the area working in Palliative care are supported	CI/ RR	Check whether CBOs of the area are included in PMC, in providing psychosocial support, and are supported with technical advice
	Old age/ day care homes in the area are supported	RR/ CI	Check with community whether such homes are in the area and how they are supported
	Training		
	Has conducted three days training for health care professionals at least once in the year	RR	Check attendance list /photo of such class or training
	Home care exposure is given to at least ten students / volunteers / professionals outside health system during last year	RR	Check attendance list /photo of such class or training
	Has conducted at least two awareness programmes for public / professionals outside health system during last year		
	Has conducted five days training for care home care givers in the area	RR	Check attendance list /photo of such class or training
E	**Review, Audit and Quality Improvement**		
E1	**Review of secondary unit activities**		
	Palliative care activities are reviewed weekly by Medical officer	RR/SI	Minutes book of weekly institutional review
	Palliative care is discussed in the health review meetings of the concerned LSGI	RR	Verify minutes of relevant meetings of concerned LSGI
	Palliative care is an agenda in Monthly conference of the institution	RR/SI	Minutes book of monthly institutional review
E2	**Audit**		
	Stock book is up to date	RR	Verify stock book- whether regular entries are made

Ref. No.	Criteria	Assessment Method	Means of Verification
	Financial dealings are well accounted and transparent	RR	Check whether accounts are maintained in separate cash book, bank pass book is maintained and all donations are given accurate receipts
E3	**Quality improvement**		
	Palliative nurse actively participates in monthly review conducted by the district	RR/SI	Check whether Palliative nurse has attended district level review meetings
	Staff nurse has undergone refresher training of a minimum of three days in the past 12 months	RR/SI	Verify whether Staff nurse has certificates of refresher training
	Doctor in charge regularly attends refresher trainings	RR/SI	Verify whether Doctor has certificates
	Any mechanism for collecting patient feedback is available	RR/PI	Check whether any written or oral feedback is obtained or assessed
	Any mechanism for collecting community feedback is available	RR	Check whether any written or oral feedback is obtained or assessed
	Any innovative initiative to improve patient care/ functioning of secondary unit	RR/SI/CI	Verify conduct/implementation of such initiatives

(D) – Training Centre

Ref. No.	Criteria	Assessment Method	Means of Verification
A.	**HOME CARE**		
A1	**Target Population, Frequency and timing**		
	Has a well defined target area	SI/RR	Check area map
	Conducts a minimum of 12 Home care per month	SI/RR	Check Home care report book, ask staff
	Home care starts by 10 am	SI/RR	Check Home care report book and vehicle log book, ask staff
	Home care ends by 4 pm	SI/RR	Check Home care report book and vehicle log book, ask staff
A2	**Availability of vehicle and Home care kit**		
	Vehicle with banner indicating name of unit and purpose of vehicle is available on a regular basis	OB/ RR/ SI	Observe, check the vehicle log book, interview driver
	Home care kit is available with all items required for giving advanced care (stoma care, lymphodedema care, injections etc.)	OB	Check that Home care contains all items necessary to give advanced nursing care
	There is a system to check contents of kit are available and regularly replinished	OB/SI	Check indent book, whether list of contents are pasted on the kit
	Home care team		

Ref. No.	Criteria	Assessment Method	Means of Verification
	Home care is led by trained Staff nurse	RR	Check Home care report book
	One Staff nurse appointed by PSC is given charge of Palliative care and he/she participates in Home care	OB/RR	Verify Home care report book
	Every field staff participates (JPHN/JHI/MLSP) in home care at least once in a month	RR/ SI	Check Home care report book, tour programme of field staff, also ask them about their participation
	Participation of trained volunteers in every Home care	RR/SI/CI	Check Home care report book, ask Staff and community
	Participation of Palliative care trained Doctor in Home care once a week	RR/SI/CI	Check Home care report book, ask Staff and community
A4	**Home care Planning**		
	Monthly route plan is prepared in advance	RR/SI	Check for written monthly plan, ask MO, Staff nurse
	Time is set apart in every Home care to see new patients and for unplanned visits	RR	Check monthly route plan
	Home care is planned after discussion with community nurse so that patient does not get care from both teams on adjacent days	RR/SI/BI	Check whether each patient gets primary and secondary care at almost equal intervals
A5	**Home care activities**		
	Staff nurse follows the correct handwashing method before every procedure	OB	Observe during Home care
	Staff nurse follows the correct procedure when giving nursing care such as Catherisation, wound care, PRE Enema, Stoma care, Lymphedema care etc.	OB	Observe during Home care
	Staff nurse uses sterile material in sterile bin/ tray to do sterile procedure	OB	Observe during Home care
	Appropriate communication with patients and families at all times	OB	Observe during Home care, enquire from community
	The team enquires about the psychological, social issues of patient's and families	OB/ CI	Observe during Home care, enquire from community
	Staff nurse teaches care and gives correct instructions to caregivers	OB/ CI	Observe during Home care, enquire from community
	Staff nurse involves and gives appropriate roles for all other team members	OB	Observe during Home care
	Case sheets are well maintained and completed during the visit itself	OB/RR	Check case sheets during Home visit
	Home care report book and Follow up register are up to date	RR	Check home care report book and Follow up register
	Staff nurse checks regularly for drug compliance and give advice regarding drug intake	OB/ CI	Observe during Home care, enquire from community

Ref. No.	Criteria	Assessment Method	Means of Verification
	A treatment record is issued to the patient with all relevant information about his disease and treatment and the condition/ procedure done is recorded in every visit	RR	Check whether treatment record is issued to all patients and is regularly maintained
	Staff nurse discusses care plan with community nurse after visiting a new patient	RR	Check treatment record and secondary case sheet to see whether staff nurse has communicated with community nurse regarding patient support
	Staff nurse empowers family members to segregate and handle biomedical waste as per protocol	OB	Observe during Home care
	Waste disposal is as per the policy of the local government	SI	Interview beneficiaries
A6	**End of life care at home**		
	Team discusses with family/caregivers regarding end of life care	BI/SI	Check whether the team has discussed with family regarding end of life care plan- place of death, probable symptoms, management, whom to contact etc.
	Team ensures aniticipatory medicines needed for end of life care are available at home	OB	Observe whether drugs are made available
	Professionals and volunteers trained in palliative care are linked to support end of life care at home	BI/ RR	Check whether contact details of nearby health care professionals are provided
	The team routinely provides bereavement support to the family members	RR	Check registers and interview with staff
B	**Drug and Medical care**		
B1	**Drug Supply**		
	Palliative OP is conducted at least once a week by Palliative care trained Doctor	RR/SI/BI	Check whether Palliative patients are issued drugs from the Pharmacy at least once a week
	All patients get uninterrupted supply of their regular and essential drugs	RR/SI/CI	Check treatment records, feedback from MO, Pharmacist, community
	Institution has RMI status	RR	Check whether valid RMI License is available
	Oral morphine is available to needy patients	RR	Check Morphine registers in Pharmacy
	Frequency, dosage and indication of new drugs are clearly explained to patients/bystanders	CI	Patients/relatives are asked about the drugs they are taking
B2	**Doctor's care**		

Ref. No.	Criteria	Assessment Method	Means of Verification
	At least one doctor has six wee training in Palliative care	RR/ SI	Check whether Doctor has undergone at least ten days training in Palliative care and knows basics about Pain and other symptom management
	Doctor checks Nurse's notes in Treatment record and asks patient/ relative regarding patient's condition before prescribing drugs	RR/ SI	Check whether Doctor writes about patients condition in Treatment record
	Doctor adopts some method to communicate to Staff Nurse regarding further care of patients seen in OP	RR/SI	Check whether Doctor marks in his OP register about patients requiring further care or adopts similar measures to ensure continuity of care
B3	**IP Care**		
	There are facilities in all wards to care for patients with Palliative needs	OB	Observe whether dressing materials, comfort devices and essential drugs are available in all wards
	There is a system for regularly informing the palliative care team regarding the admission of patients with palliative care needs	SI	Check whether such a system is in place
	Staff nurse regularly visits patients needing palliative care admitted in the wards and facilitates nursing care and discharge planning	RR/SI	Check IP register for details of visits and care given to admitted patients
	Staff in each ward has basic awareness regarding care of admitted patients with palliative care needs	SI	Check whether staff have basic awareness
	Staff in each ward has basic awareness on communication skills	SI	Check whether staff have basic awareness
	Patients with Palliative care needs are back referred to respective Primary units at the time of discharge	RR	Check IP register to see whether patients are referred back to Community nurses
	At the time of hospital stay. patients and care givers are empowered for confidently providing care at home	OB /SI/ CI/BI	Observe and check whether patients and care givers are being empowered for caregiving
B4	**Emergency care**		
	Medicines are available in casualty to relieve palliative care symptoms	OB/RR	Check whether adequate drugs are available
	Nurses in the casuality have skills for managing acute palliative care symptoms	SI/RR	Check whether Subcutaneous administration of medicines / fluids, parentral morphine, managing overflow diarrhoea etc is done by casualty nurse

Ref. No.	Criteria	Assessment Method	Means of Verification
	Doctors in the casuality have skills for managing acute palliative care symptoms	SI	Check whether Doctor is confident about managing distress due to ascitis, chemotherapy induced vomiting, spinal cord compression due to tumor, SVC obstruction, intestinal obstruction etc.
B5	**Physiotherapy**		
	Physiotherapy OP is conducted atleast three days per week	RR/OB	Check Physio OP attendance register
	Physiotherapist faciliates the community palliative care nurses in planning physiotherapy interventions for the needy patients	SI /RR	Interview with community palliative care nurse, check Home care report book of Physiotherapist
	There is provision for admitting patients who require specific Physiotherapy interventions	RR	Check IP register
B6	**Special clinics (to be added in CHC also)**		
	There is special provision for care of lymphoedema patients	RR/ SI	Check Attendance register of special clinics and verify whether there are patients with such needs in the area
	There is special provision for care of hemodialysis patients		Check whether there is regular supply of erythropoetin and other costly medicines; Disposable needed for Dialysis patients, conduct of group meetings / support groups
	There is special provision for care of peritoneal dialysis patients	SI/BI	Training on steps of peritoneal dialysis; fluids are available; psychosocail support
	There is special provision for care of Stoma patients		Training on stoma care, provision of stoma bags and other accessories needed, tarining on support for colostomy irrigation, conduct of group meetings / support groups
	There is special provison of care of patients requiring respiratory supportive devices at home	SI / BI	Check availability and provision of oxygen concentrators, oxygen cylinders, Bi PAP etc for use at home
	There is special provision for care of Haemophilia patients		Check whether there is regular supply of emergency medicines ; prevention of complications
C	**Psycho social support and community participation**		
	Comfort devices such as air bed, water bed, wheel chair, backrest etc. are provided to the needy when necessary	RR	Verify appliance issue register
	Patient/ relative meet/ Day care is conducted	RR	Check whether patients meet is conducted in the last year

Ref. No.	Criteria	Assessment Method	Means of Verification
	Food / education/ medicine / economic support is given through sponsorship/ donation	RR/CI	Check whether such support is given
	Donations are received for any regular activities of the palliative care project	RR/CI	Check registers
	Undertakes rehabilitation activities for Paraplegia patients, patients with psychiatric illness etc.	RR/BI/ CI	Visit paraplegia patients and talk about rehabilitation
	Awareness programme or campaigns are conducted with the support from volunteers or residential associations or other NGOs during the last year	RR/CI	Verify whether such awareness programmes for advocacy are conducted
	CBOs/ NGOs of the area working in Palliative care are supported	CI/ RR	Check whether CBOs of the area are included in PMC, in providing psychosocial support, and are supported with technical advice
	Old age/ day care homes in the area are supported	RR/ CI	Check with community whether such homes are in the area and how they are supported
D	**Training**		
	Has conducted three days training for health care professionals at least once in the year	RR	Check attendance list /photo of such class or training
	Home care exposure is given to at least ten students / volunteers / professionals outside health system during last year	RR	Check attendance list /photo of such class or training
	Has conducted at least two awareness programmes for public / professionals outside health system during last year		
	Has conducted five days training for care home care givers in the area	RR	Check attendance list /photo of such class or training
	Has conducted CCCPN course at least once in the past year	RR	Check attendance list /photo of such class or training
	Has conducted ten days Foundation course for Nurses at least twice in the year	RR	Check attendance list /photo of such class or training
	Has conducted BCCPN course at least twice in the past year	RR	Check attendance list /photo of such class or training
	Has conducted ten days Foundation course for Doctors at least twice in the year	RR	Check attendance list /photo of such class or training
	Has conducted BCCPM course at least once in the past year	RR	Check attendance list /photo of such class or training
	Has conducted six days Refresher training for at least 50% community nurses working in the District	RR	Check attendance list /photo of such class or training

Ref. No.	Criteria	Assessment Method	Means of Verification
	Has conducted six days Refresher training for at least 50% Staff nurses working in the District	RR	Check attendance list /photo of such class or training
	Training calender for the current year is available	SI / RR	
	Faculty pool with a minimum of five qualified palliative care trainers from outside the institution is available and is utilised for the palliative care courses	SI / RR	
E	**Review, Audit and Quality Improvement**		
E1	**Review of training centre activities**		
	Palliative care activities are reviewed weekly by Medical officer	RR/SI	Minutes book of weekly institutional review
	Palliative care is an agenda in Monthly conference of the institution	RR/SI	Minutes book of monthly institutional review
E2	**Review of secondary units of the district**		
	The doctor and Staff nurse in charge of Training centre take leadership in conducting review of the secondary units in the district	RR	Minutes of monthly review of Secondary units
	Case based refresher training is done during review	RR	Minutes of monthly review of Secondary units
E3	**Conduct of District level review and planning**		
	District level monitoring committee meets every three months to discuss progress and plan	RR	Verify minutes of relevant meetings
	District level review of primary units is held at least twice a year	RR	Minutes of monthly review of Primary units
E4	**Audit**		
	Stock book is up to date	RR	Verify stock book- whether regular entries are made
	Financial dealings are well accounted and transparent	RR	Check whether accounts are maintained in separate cash book, bank pass book is maintained and all donations are given accurate receipts
E5	**Quality improvement**		
	Staff in charge attends state level review meeting	RR/SI	Check whether staff attended state level review meetings
	Staff nurses have undergone refresher training of a minimum of three days in the past 12 months	RR/SI	Verify whether Staff nurse has certificates of refresher training
	Doctors in charge regularly attends refresher trainings	RR/SI	Verify whether Doctors have certificates

Ref. No.	Criteria	Assessment Method	Means of Verification
	Any mechanism for collecting patient feedback is available	RR/PI	Check whether any written or oral feedback is obtained or assessed
	Any mechanism for collecting community feedback is available	RR	Check whether any written or oral feedback is obtained or assessed
	Any mechanism is in place for collecting feedback from trainees	RR	Check whether any written or oral feedback is obtained or assessed
	Any innovative initiative to improve patient care/ functioning of training centre	RR/SI/CI	Verify conduct/implementation of such initiatives

Annexure 8

Kerala Palliative Care Grid

This can be made as a web page which could be part of the web based platform envisioned to have the electronic medical records.

Grid should include the following specifics:

Directory of all Palliative Services available in the state

Categorise as Government/NGO/CBO/Private

Facilities	–	Home Care/In patient/Outpatient services
Opioid availability	–	oral morphine/methadone/fentanyl TDP
Doctor/Nurse	–	with type and duration of palliative care training

Oral medications/parenteral medication

Timing of each type of services including days of availability in a week

Publish information on the cost of each service

Patient who needs palliative care can self-register or being referred can be linked to the community nurse of the respective LSGD who seeks to geographically link with a palliative care centre.

Public knowledge portal

Community of practice

EMR for all registered palliative care units for both primary and secondary case sheet entry. This will be enabled for cross referral system between institutions

A portal to publish publications along with case studies and experiences

A portal for clinical discussion and clinical protocols and guidelines.

A portal of Drug Formulary with indication, dosage, adverse effect and interaction checker.

Job vacancies

Minimum requirement that is need to be registered in the grid

They should be either registered palliative care centre or registered under clinical establishment act.

They should be willing to share data except for patient identifiers – infrastructure facilities, services, HR and qualifications

They should be willing to share professional knowledge and services

Willing to partner with other members of the grid on a mutually acceptable terms

Willing to refer and accept referrals

Annexure 9

Ethical decision-making in palliative care

The 4 fundamental principles of medical ethics are.

1. Individual autonomy: An individual is master of herself/himself and has the ultimate authority to take decisions on her/his treatment.
2. Beneficence: Doing good.
3. Non-maleficence: Not doing harm.
4. Justice: Equitable sharing of available resources.

Explanatory notes:

a. The decision-making power will automatically pass on to the next of kin if
   i. The person has limited cognitive or communicative ability.
   ii. A person does not want to exercise his autonomy.

b. Shared decision making: Palliative care providers (PCPs) must empower the patient and family with adequate information and guidance.

c. Social factors: In an effort to *protect* the patient, the family often hides information from the patient. In this case, PCPs should spend time with the family, understand concerns and help them also to do the best for the patient.

d. Respect: PCPs must treat every patient and family with respect, being careful not to abuse their power as care providers.

e. Confidentiality: PCPs should never disclose any personal information concerning the patient with others except with the members of the care giving team.

f. Non-judgmental approach: PCPS should never label anyone “a good patient” or “a bad patient”. Whether the patient is and thankful or ungrateful, pleasant or grumbling, we have the duty to do our best.

g. Informed consent: No separate consent is necessary for ordinary everyday procedures like injections. But for any interventions beyond the routine, say for example ascites tapping, informed consent is necessary.

Ethics of end-of-life care:

a. Problems specific to end of life including any suffering associated with dying need to be treated. And the patient and family should have companionship during the dying process.
b. When death is considered to be inevitable, care in ICU is not recommended. Most people prefer to be at home surrounded by loved ones at that time. Participation of community volunteers is necessary to assist families at that time.

According to a Supreme Court judgment of January 2023, advance medical directive (AMD), often referred to as ‘living will’ by the patient and countersigned by a gazetted officer will be valid. Also, withdrawal of artificial life support is permissible if treatment is futile.