

Journal Watch

A Model to Guide Patient and Family Care: Based on Nationally Accepted Principles and Norms and Practice.

Ferris FD, Balfour HM, Bowen K et al. *Journal of Pain & Sympt Man.* 24: 2. pp 106-122. 2002.

Reviewer: Carleen Brenneis, RN MHSA.

Reviewed during: Case Rounds

No abstract available

Summary:

To address the variability, inconsistency, and gaps in care, provider and accreditation associations initiated development of national standards. The history of standards development in Canada, which began in 1989, is reviewed. The Canadian Hospice Palliative Care Association (CHPSA) began a consensus building process using the Delphi technique during 1993-2002. The process for development of a national model is well described. The model to guide patient & family care is described through the

- Basis of the model (definitions, illness trajectory),
- Process for providing care (6 essential steps to guide clinical interactions)
- Square of care (interrelationship of the essential steps, a single conceptual framework)
- Preferred practice & data collection/documentation guidelines (were not part of consensus process, useful to map existing guidelines in square of care)

The authors state that the model is applicable across the illness trajectory and in all sites of care. Although the term hospice palliative care is used specifically to converge hospice and palliative care into one movement, the authors anticipate individual organizations will chose one or the other term that is more acceptable to their community.

Norms were used rather than standards as they are based on best available stakeholder opinions. The authors discuss that with time the norms of practice will be informed and modified by data collated from the many standards of practice that evolve.

Application of the model is aimed at clinicians to guide functional inquiry, issues and the process of providing care. Nine other applications are identified addressing program and broader management, from developing strategic plans and licensing and accreditation standards to developing core competencies and policies to surveillance and advocacy strategies. The appendix provides brief definitions, values, guiding principles, foundational concepts and principles & norms of practice in the 6 basic steps.

Comments:

Strengths:

- The authors have effectively presented an overview of the Model development and its components.
- Suggestions for the Model's use assist the reader in deciding how to use the information provided in the article.

Weaknesses:

- Although the article is very well organized and clearly written it covers a tremendous amount of information. A reader may quickly want more information in a many areas particularly if they have not reviewed the norms in detail. The authors assist by referring the reader to the full text at www.chpca.net