The National Hospice and Palliative Care Organization’s (NHPCO) Standards of Practice for Hospice Programs (2010) (“Standards”) is organized into ten (10) chapters according to the components of NHPCO’s, Quality Partners Program. None of the chapters are meant to stand alone. Each chapter begins with one or more principles of hospice care supporting that component of quality. Following the principle(s), the defined standards are divided into numerical group designations. The primary standard is designated by a whole number (e.g., 1, 2, 3) and is followed by related standards designated by the same whole number, a decimal and a second number (e.g., 2.1, 2.2, 2.3). The numeric designations are solely for reference and are not intended to reflect priority or importance.

Following each group of standards is a set of “Practice Examples.” Practice Examples are meant to be examples of various ways to implement the standards. The Practice Examples are not intended to be requirements or descriptions of the best or only way to meet the standards. They are only intended as examples from practice that can be imitated or used to spur ideas and creativity.

At the end of the text is a glossary of terms that further define words used in the document and appendices. Since the principles and standards in all chapters apply to the provision of hospice care in all settings, the appendices contain only additional principles and standards relevant to a particular practice area. A crosswalk follows the appendices to facilitate easy identification of key information.

The Standards of Practice for Hospice Programs (2010) complement the Quality Partners Self Assessment System and are intended for ongoing use in quality assessment and performance improvement. By using the self-assessment system, organizations can determine priorities for improvement and can compare their scores with other providers in their state and with providers across the nation. To access the self-assessment system, visit www.nhpco.org/quality.

The significant value of this document lies in the effect it can have on the evolution and improvement of each organization’s hospice services. It is not intended to sit on a shelf. Rather, it should be used as an active tool for reference, self-evaluation and improvement activities. We invite you to apply the principles and standards for evaluation and improvement in your organization.