

Standards of Practice for Life Care Planners: A 25-Year History

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Abstract

This article provides a review of the origin of standards of practice in life care planning. Beginning with the first edition published in 2000 through today, standards reflect an increasing availability of resources to aid life care planners in establishing a credible life care planning practice.

Introduction

In 1996, when the International Academy of Life Care Planners (IALCP) was in its infancy and the focus of the life care planning community was on establishing uniform education and training and exploring the development of certification, there were no published *Standards of Practice*. In the late 1990s, life care planners sought to improve the standing of the field and achieve consistency in how life care planners performed their work. Despite this desire, there was also resistance to having published Standards of Practice. Many life care planners were self-trained and had prepared their own version of future care and cost projections for years. There was reluctance to have someone else tell the “old timers” what to do and how to do it. A frequent argument was that no one had the authority to develop standards or to tell others what to do. It was permissible for life care planners to each do things their own way and be able to present what they chose in litigation matters. This was the landscape into which life care planning began its tremendous evolution.

Responsibility for developing standards of practice

Standards of practice are created by the people who practice in that field, typically through their professional association. As the voice for the profession, associations see the development of standards of practice as their responsibility (American Nurse Association, 1998). It is an important part of being recognized as the leader in shaping, enhancing, and promoting professional's work. Life care planners come from a variety of health care professions, including occupational therapy, physical therapy, medicine, psychology, nursing, rehabilitation, and speech/language pathology (Mauk, 2019). First and foremost, life care planners are bound by the Standards of Practice that exist in these primary disciplines. For example, nurses are bound by the Standards of Practice of the nursing profession. There is not a regulation or law that requires standards of practice to be developed by professional associations, but that is how the process has evolved over decades. Professionals accept that standards of practice exist and that their profession takes responsibility for developing them. However, those professional associations do not have the ability to create standards for professionals in other fields.

In addition to those developed by the profession, standards can also be developed for the various roles in which practicing professionals engage. Life care planning is a role, not a profession itself, and it can be practiced by multiple professionals. The full depth and breadth of knowledge and skills that are necessary for life care planning are not part of the generic training for any of the healthcare professions. It is a role that requires additional knowledge and skills, which are typically obtained after a professional has entered practice and has eventually chosen to engage in the role of life care planner. Thus, the associations for any single profession could not develop standards of practice for a multidisciplinary role. For example, in the field of case management, which is a multidisciplinary field, case managers created an association for the role of case manager, and promoted membership for all the disciplines that practice case management (Case Management Society of America, 2017). The Case Management Society of America published, and periodically revises, standards of practice for the role of case manager, but does not partake in the standards for the professions from which case managers come.

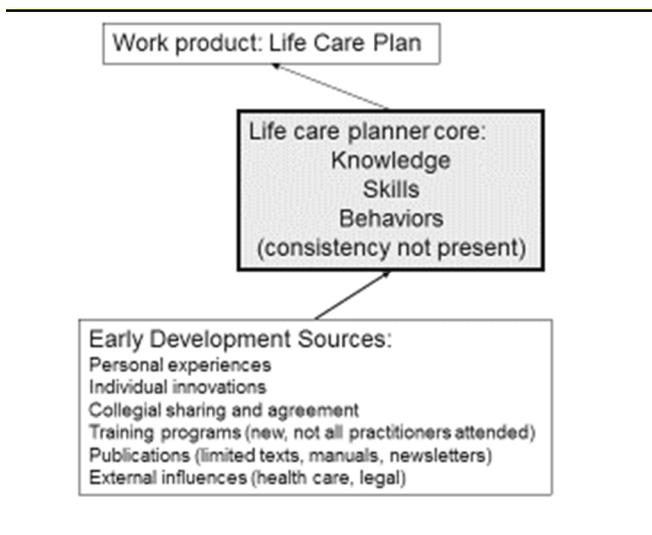
Life care planners founded the association that became the International Academy of Life Care Planners (IALCP) in 1996 (Preston, 2017). Work quickly began on the development of standards of practice. An important hurdle that had to be overcome was that life care planners needed to accept IALCP as the professional association for the field of life care planning. Increasing the membership of IALCP to represent a greater percentage of life care planners was important to establishing the notion that the IALCP represented the broad array of practitioners from the many professions who engaged in the role of life care planner.

Progression of the development of standards of practice for life care planning

As the field of life care planning has grown and matured, so have the standards of practice (Preston & Reid, 2015). The first edition arose from a limited number of sources that influenced what comprised a standard (see Table 1). Primarily, these sources relied on the personal experience and opinions of practitioners. Life care planners created opportunities to gather and discuss how the field should develop and how life care plans should be done. In 1997, Dr. Roger Weed solicited input for standards from approximately 200 participants of the Annual Life Care Planning Conference. In 1998, Dr. Weed developed an initial draft for a standards document. The IALCP then formed a committee in January 1999 to continue work on the first edition, relying heavily on the opinions obtained from the conference. In 2000, the first edition was presented for field review and

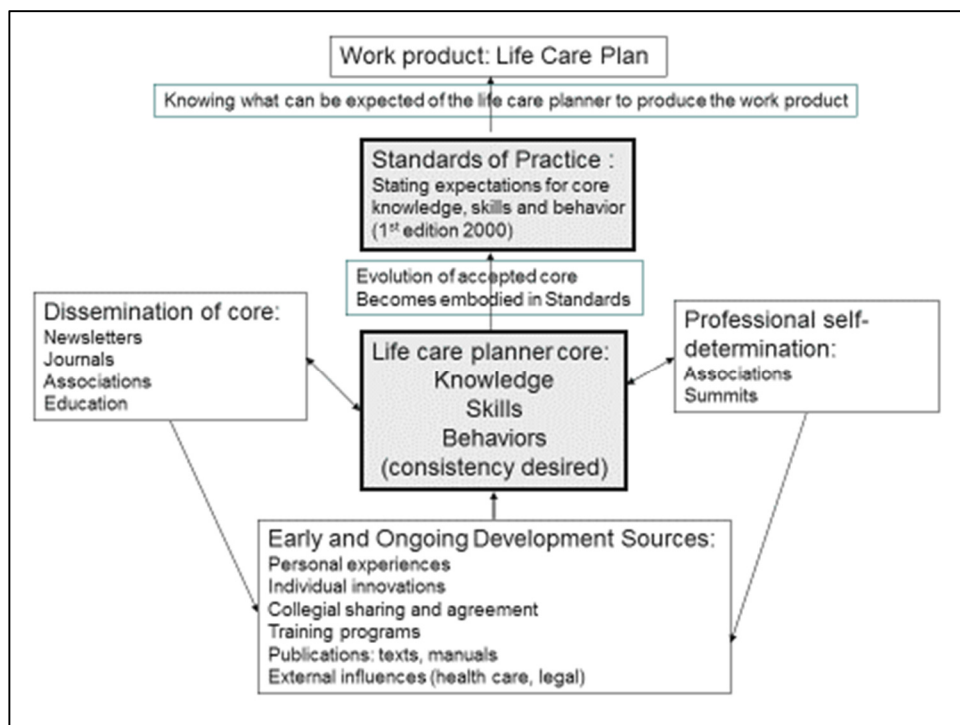
comment. Field review consisted of presentations at educational events and dissemination through a published newsletter. In December 2000, the Standards of Practice for Life Care Planners, First Edition, was adopted and published (Reavis, 2000).

Table 1. Early development of life care planning standards of practice



Within a few years, development sources had grown, as had the ways of collaborating within the field (see Table 2). Associations, publications, and extensive training and continuing education provided more vehicles for the dissemination of knowledge and the ability to peer review life care plans. These also provided a springboard for the next phase of development, that would include research and validation of practices. In 2005, IALCP formed a committee to revise the standards document. Using comments provided by practicing life care planners, the committee drafted a revision. Again, soliciting opinions and ideas from practitioners, controversy was re-ignited about the authority to publish standards. Using Summits (Riddick-Grisham, 2006) and conferences, practitioners debated whether formal Standards of Practice should influence methodology, whether published standards were applicable to non-members, and whether a professional association can state that all practitioners should follow standards. An article written by an attorney was published in the *Journal of Life Care Planning* (Fick & Preston, 2006) to address these controversies. Field review was completed and the *Standards of Practice for Life Care Planners, Second Edition* was published in 2006 (International Academy of Life Care Planners, 2006).

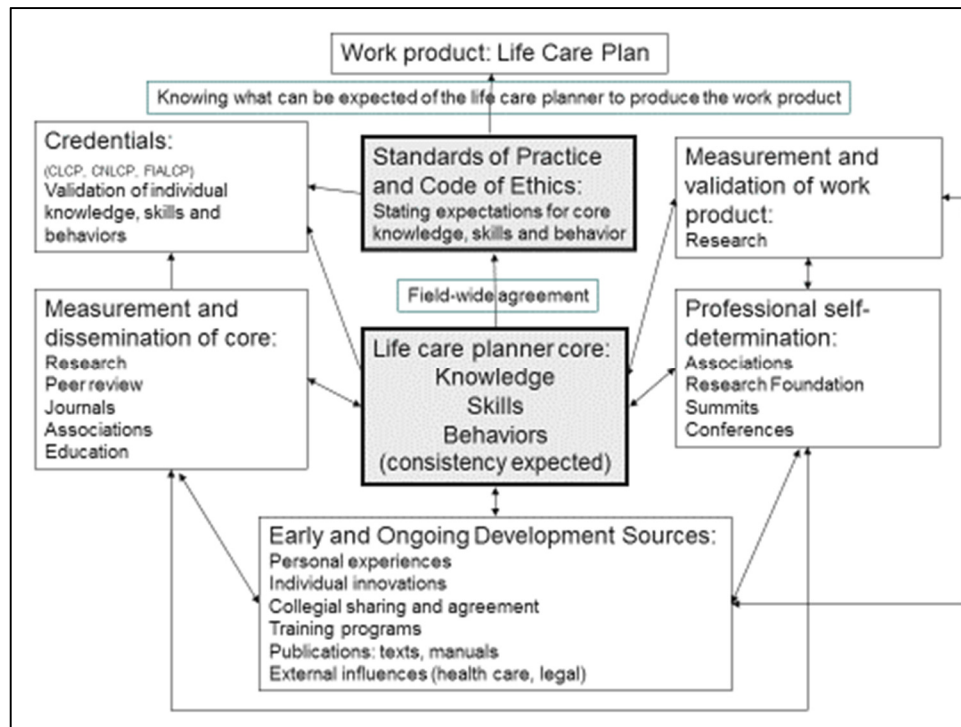
Table 2. Growing resources influence development of standards of practice



Contemporarily, standards of practice reflect a complex and symbiotic relationship of the many resources available to life care planners. In addition, the standards have become sophisticated enough to influence the development of more

programs and resources, such as credentials and the ability to measure and validate our work (see Table 3). These, then, enhance life care planners' personal experiences and expectations for themselves and for others.

Table 3. *Standards of practice continue to grow and to become a resource for further development of the field of life care planning*



Work on the third edition began in 2013 with the formation of the largest committee and most complex review process yet. Thirteen life care planners formed the primary working committee, with another 21 life care planners services as an advisory group to offer opinions and guidance. A review of literature, Summit proceedings, and published Standards of Practice from professional associations representing the professional origins of life care planners was completed. Formal surveys were sent to all known life care planners. Approximately 150 unique comments and suggestion were received, with 81 suggestions approved for changes in the standards. A review process lasting nearly one year followed, with 28 additional suggestions for change being submitted. The *Standards of Practice for Life Care Planners, Third Edition* was published in January 2015 (Preston & Reid, 2015).

The future development of Standards of Practice

The resources that contribute to the evolution of

standards of practice are dynamic. There is a continuous flow of new publications, new research, new education, and new ideas. Of note, life care planners who practice in the litigation area have also seen a rise in the impact of case law and jurisdictional requirements on the methods that life care planners use. This adds the element of forces “outside” of the life care planning community creating an environment that causes life care planners to re-examine practices and define what constitutes the proper methodology. It is inevitable that standards of practice will continue to evolve and will be formally revised regularly. The third edition is now five years old, which means there is a lot of new information and material that may impact standards. The IALCP board of directors will be responsible for determining when a new revision committee will be formed. When this occurs, all life care planners will once again have the opportunity and responsibility to contribute opinions and suggestions for the continued self-direction of our field through *Standards of Practice for Life Care Planners*.

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