

Practitioner's Toolkit: Applying Practice Standards in Life Care Plans

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Question

What standards are we supposed to use when we create a life care plan or prepare a rebuttal to someone else's life care plan? I encountered a life care planner who said in testimony that she follows the certification standards (ICHCC) and does not need to know or follow the Standards of Practice for Life Care Planners 4th edition. I have also seen life care planners state that standards of care allow them to put in recommendations that are outside their scope of practice. Can you clarify what all these standards are, who uses them, and when to use them?

Response

Life care planners need to understand the difference between these various standards. While they all impact what and how life care planners do their work, they each address different concepts. Collectively, these documents provide guideposts for creating a valid and credible work product. So, let's start by defining each.

Relevant Organizational Standards

Standards of Practice

In health care, including rehabilitation counseling, the various professional disciplines have created their own standards of practice. Practitioners create these standards for themselves. In addition to the professional disciplines, practitioners engaged in specialty roles (such as case manager, rehabilitation nurse, life care planner, etc.) often create additional standards of practice tailored to that role. Standards are defined to improve unity

and consistency within the profession and/or role. Standards are essential tools for being collectively self-directed and accountable to each other, as well as the evaluatee and referral sources. They provide a way for people outside the profession or role to evaluate the quality and correctness of the practitioner's work. Standards of practice define what actions a life care planner will competently perform. Here are some examples.

- The life care planner will assess.
- The life care planner will analyze data and determine problems.
- The life care planner identifies future care needs. (International Academy of Life Care Planners, 2022)

Note that all of these use action-oriented language. They describe what the person is supposed to do. In day-to-day practice, these are referred to as the methodology for creating life care plans. They are general statements for what must be done. Specific details for how to do tasks are not delineated because they evolve over time, vary by region and there may be choices for how to complete a task. Life care planners can use case-by-case judgment on the best way to carry out their work within the framework provided by the standards of practice. The Standards of Practice for Life Care Planners 4th Edition (International Academy of Life Care Planners, 2022) identifies twelve (12) standards that comprise the steps needed for creating life care plans. And it is worth mentioning that these are in addition to standards of practice from whichever profession the life care planner originates (i.e., counselor, registered nurse, occupational therapist, etc.).

As a part of standards of practice, many professions and specialty roles will also include Standards of Performance. These are used when it is important to define the characteristics of practitioners. For example:

- The life care planner has a degree in a health field.
- The life care planner has a license that permits independent practice.
- The life care planner practices in an ethical manner. (International Academy of Life Care Planners, 2022)

Note that performance standards define who the professional is and who will be recognized within the field.

ICHCC Practice Standards and Guidelines

A certifying body, such as ICHCC, defines the qualifications for obtaining their certification. In this case, they define qualifying professions, experience, hours of training, and approved training programs. Once someone has obtained their certification, there is a code of professional ethics that must be followed. The ICHCC Practice Standards and Guidelines manual (International Commission on Health Care Certification, 2023) states:

“The Code of Professional Ethics consists of two types of standards; Principles and Rules of Professional Conduct. The principles are general standards which provide a definition of the category under which specific rules are assigned. While the Principles are general in concept, the Rules are exacting standards which provide guidance in specific circumstances.”

These are standards for ethical conduct. In that regard, they are different from the standards of practice that are created by practitioners, as they do not fully identify the steps that must be done or contribute to methodology.

Standards of Care

Care standards are oriented toward the recipient of services and how to provide care. In recent years, the focus has been on evidence-based care. Recipients of care can expect that certain things will be done based on their problems and interventions that have been shown to be effective. These may also encompass the concept of community standards, acknowledging that there is consistency between providers in a geographic area. Examples of standards of care include:

- A person with C5 injury experiencing dysreflexia will be checked for full bladder or bowel, skin impairment, and infection. The person should have a blood pressure cuff in their home.
- A person with acute deformity of the forearm after a fall will have an x-ray.
- A person with confirmed diagnosis of urinary tract infection will receive antibiotics

The focus is on the person receiving care and identifying what care will be given.

The concept of community standard means there can be variability from one area to another. Cooke et al. (2017) noted that the United States Congress stepped in to address inconsistencies in care between different geographic areas:

“... United States Congress heeded the call for improvements in 1989 by creating the Agency for Healthcare Quality and Research, now called the Agency for Healthcare Research and Quality (AHRQ). This agency was charged with creating specialty-specific clinical practice guidelines to align the fragmented practice of medicine in America. The AHRQ defined practice guidelines as “systematically developed statements [to] assist health care practitioners and patients to make decisions about appropriate health care for specific clinical circumstances.”

The Agency for Healthcare Research and Quality (2018) defined clinical practice guidelines as “statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.” AHRQ had maintained websites to access guidelines, but they were discontinued in 2018 due to lack of funding (Agency for Healthcare Research and Quality, 2018). The AHRQ website now provides a link to the Center for Medicare Medicaid Services Measures Inventory Tool.

Standards of care are relevant in legal issues. Identifying sources for determining the standard of care, attorney Vanderpool (2021) states:

The standard of care is a legal term, not a medical term. Basically, it refers to the degree of care a prudent and reasonable person would exercise under the circumstances. The standard of care is the benchmark that determines whether professional obligations to patients have been met. Also keep in mind that [clinician] discretion and clinical judgment remain important.

Standards of care, with or without clinical practice guidelines, are useful in life care planning to evaluate whether the care recommendations are complete and fit with current evidence-based practice. In this regard they are an analysis tool and aid discussions with other professionals when compiling future care recommendations. Standards of care are written as general guidelines (that is, usually do not include details of the care or frequency or duration), thus they are likely incomplete to use as the sole foundation for care outside the life care planner's scope of practice.

IMPLICATIONS

So which standards are of concern to life care planners? Some standards are mandatory, and some are optional. The mandatory standards are standards of practice and standards of care. Practice standards define what the life care planner does. Standards of care guide the recommendations that are contained in the life care plan.

When creating a life care plan or conducting a peer review of someone else's life care plan, make sure that compliance with standards is evident. Standards are applicable to all life care planners. It does not matter whether the life care planner belongs to a particular association. A nurse may not belong to the American Nurses Association (ANA), but the standards of practice for nurses created by ANA covers the entire profession. The same is true for specialty practices and the standards created by the associations that represent all practitioners. Preston and Reid (2015) and Preston (2022) describe the details on how life care planning standards were created with broad representation from many life care planners in the 3rd and 4th editions. For a lengthier discussion on to whom standards apply, refer to the JLCP article by Fick and Preston (Fick & Preston, 2015).

A life care planner can use standards of care to analyze whether future care recommendations fit with what is expected and what has been shown to be effective. While they are not the sole tool for deciding what care to include or exclude, standards of care provide an important guide for collaboration with others who are contributing to the recommendations.

In life care planning, certifications and other credentials are optional. The CLCP certification through ICHCC is the most common certification for life care planners, but there are other certifications (Field et al., 2007; Johnson et al., 2022). There are other kinds of credentials, such as the IALCP Fellow program. Certifications and other credentials are intended to show that the person meets one or more of the following: Completed training, retained knowledge, or demonstrated basic or advanced skills. Some life care planners choose to use their academic or other specialty credentials to support their knowledge and skills relevant to life care planning. Any standards that exist for credentials are an adjunct to standards of practice and standards of care.

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