



# The National Institute for Jewish Hospice

800.446.4448 www.nijh.org

## Accreditation Application and Agreement NIJH Conference 2019

November 14, 2019 – DoubleTree by Hilton Hotel - Newark International Airport

Dear Friend,

We are excited that you would like to join/rejoin the NIJH family. NIJH is a resource center for hospice care of Jewish patients. For 34 years, NIJH has made a significant difference in the lives of the Jewish terminally ill and their families.

Over these years, we have accredited hundreds of hospices and trained thousands of hospice professionals across the country.

Through the NIJH training, your staff will gain enhanced understanding of Jewish culture and religion, and their impact on death and dying. They will integrate understanding of Jewish medical ethics into hospice care, and they will discover unique aspects of Jewish grief and mourning.

Participation by your hospice at our annual NIJH Conference is one of the requirements for accreditation. The NIJH Conference features sessions on; Jewish Medical Ethics, End-of-Life caring from a Jewish perspective, Jewish aspects of Consolation and Bereavement, caring for different groups within Judaism and other important topics. Attendees participate in dynamic breakout sessions, and network with hospice professionals from across the U.S.

We look forward to caring together for the needs of Jewish patients and their families.

### THE PROCESS FOR ACCREDITATION IS:

**Step 1.** Fill out the NIJH Accreditation Application and Agreement (page 2) and have it signed by an officer.

**Step 2.** The application (pages 2 to 5/6) and a check with the total payment (Accreditation Fee and the Per Person Fee) made payable to NIJH (no credit cards), should be mailed to;  
NIJH, 11 Lakeside Drive West, Lawrence, NY 11559

**Step 3.** Send a team (minimum of two) to the NIJH Accreditation Conference.

**Step 4.** Train all staff that interacts with the patient and/or the patient's family (*nurses, social workers, chaplains, aides, etc.*) early this year according to NIJH guidelines.

**Step 5. For Re-Accreditation** Certify that your hospice has trained your staff in the past year. This certification must be included with this application. (*See page 5*)

**-OR-**

**Step 5. For First Time Accreditation** Certify that your hospice will train your staff, and provide a schedule of that training. This certification must be included with this application. (*See page 6*)



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## Accreditation Application and Agreement

### NIJH Conference 2019

November 14, 2019 – DoubleTree by Hilton Hotel - Newark International Airport

Name of Organization \_\_\_\_\_

Location \_\_\_\_\_

→ Please note; Each location (city or geographical area) must be accredited separately

For A One Year Accreditation From The

## National Institute for Jewish Hospice

The Following Guidelines Must Be Met By The Hospice:

1. Training with the NIJH Training Program will be provided for all staff that interacts with the patient and/or the patient's family (*nurses, social workers, chaplains, aides, etc.*) towards the beginning of the new year.

Through this training, the staff will gain enhanced understanding of Jewish culture and religion, and their impact on death and dying, will integrate understanding of Jewish medical ethics into hospice care, and will discover unique aspects of Jewish grief and mourning

2. A team (minimum of two people per hospice; clergy, and/or social worker or nurse, and/or administrator, etc.) from your hospice is required to attend the annual Accreditation Conference.

3. Agreement to abide by the Religious Halakhic (Jewish law) decisions of the Rabbi selected by the family of the patient. At no time is any patient to be given Halakhic (Jewish law) advice or rabbinic suggestions without prior confirmation; and at no time shall any Jewish patient be cajoled or persuaded to do that which he does not desire to do.

4. At no time, should a patient be compelled to violate Federal and State Law, or his personal religious requirements. This refers especially to the requirement of signing a DNR document.

5. The patient or family should be offered the Living Will - Durable Power of Attorney document provided by NIJH or other similar documents by a Jewish organization that is approved by the patient.

6. The Hospice must submit a Publicity Statement and photos to local papers regarding their accreditation by NIJH immediately upon receiving accreditation at the Conference. NIJH will provide an Accreditation logo and written material for this publicity.

7. NIJH can terminate a Hospice's accreditation and remove its name from our website, if it does not follow these NIJH guidelines.

By signing this document as an officer of the hospice, your hospice is agreeing to comply with all of these requirements of NIJH Accreditation.

Name of Officer \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONFERENCE ATTENDEES

NIJH requires that a team from each hospice attend the conference. Having people from different departments, including management, greatly enhances the diffusion of knowledge throughout the organization. (Minimum of two people per hospice; 1 clergy, and/or 1 social worker or nurse, and/or 1 administrator, etc.) As Jewish clergy are trained in the Jewish tradition, we encourage you, if possible, to send non-Jewish clergy to be trained in the Jewish way.

If you need to change the attendees at a later date, please send the new info to [rabbiyoung@gmail.com](mailto:rabbiyoung@gmail.com)

### Names of Attendees (Please **PRINT**)

1. \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

2. \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

3. \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

4. \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

## YOUR HOSPICE ON THE NIJH WEBSITE

Your hospice will be listed on our website as an accredited NIJH Hospice.

This information is exactly how your hospice will be listed on our website.

(Please **PRINT**)

Name of Organization \_\_\_\_\_

Geographical Area Served \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**For Referrals:** Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**FEES**

Please check the correct boxes below:

1. We are accrediting with NIJH for the first time. I have enclosed:

The \$3100 fee for accreditation & \$200.00 per person attending the conference.

2. We are happy to re-accredit with NIJH. I have enclosed:

The \$2600 fee for re-accreditation & \$200.00 per person attending the conference.

TOTAL FEES (Including Attendees Fees) \$ \_\_\_\_\_ Check Number \_\_\_\_\_

**OFFICERS (This section must be filled out entirely)**

Please list the names of your chief officers (Please **PRINT**)

1. Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_

4. Who is the person in charge of this NIJH program, including staff training, dissemination of holiday information, etc., at your hospice? (Please PRINT)

Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_

5. Who is the person in charge of community outreach/business development? (Please PRINT)

Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_



Name (of person filling out this form) \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_



# NIJH TRAINING CERTIFICATION 2019

## For Hospices Renewing Their Accreditation

Name of Hospice \_\_\_\_\_

Location \_\_\_\_\_

Person filling out this survey \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**"1. Training with the NIJH Training Program will be provided for all staff that interacts with the patient and/or the patient's family (nurses, social workers, chaplains, aides, etc.).**

**Through this training, the staff will gain enhanced understanding of Jewish culture and religion and their impact on death and dying, will integrate understanding of Jewish medical ethics into hospice care, and will discover unique aspects of Jewish grief and mourning."**  
*From the NIJH Accreditation Application*

We did/will do our staff training in 2019 on the following date(s) \_\_\_\_\_

We did/will do our staff training in the following manner;

One Lecture How long was the lecture? \_\_\_\_\_

Series of Lectures How many? \_\_\_\_\_

Who gave the lecture(s)?  Internal Staff  Outside Expert

Handouts to read and review

Online training

Was there any test given at the end of the training?  No  Yes. Please describe \_\_\_\_\_

How many people in your hospice are required to be trained (*all those that interact with the patient and family – nurses, social workers, chaplains, aides, etc.*)? \_\_\_\_\_ *Please answer with a number*

How many were actually trained? \_\_\_\_\_ *Please answer with a number*

Do you track who attended the training?  Yes  No

Do you give a quiz at the end if the training?  Yes  No

Did you use the NIJH Training PowerPoint?  Yes  No

Did you use the NIJH Training PowerPoint or Outline as a guide to the material to be covered?  Yes  No

The NIJH Training PowerPoint is broken into three sections. Did you divide your training into segments?

We gave one training encompassing all the material  We broke it into different segments. How many? \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_



# NIJH TRAINING CERTIFICATION 2019 For First-Time Accreditation Only

Name of Hospice \_\_\_\_\_

Location \_\_\_\_\_

Person filling out this survey \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Dear New Member of the NIJH Family,

One of the most important parts of the NIJH Accreditation concerns the training of all staff that interacts with the patient and/or family. Receiving NIJH Accreditation requires your staff to have this training towards the beginning of the new year.

At the end of the year, we will send you the NIJH Training Survey to fill out, reporting and gathering information about your training. We are exploring new ways of enhancing this training, based on your information.

Sincerely,  
Rabbi Young

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*From the NIJH Accreditation Application*

We plan to do our staff training in 2019 on the following date(s) \_\_\_\_\_

How many people in your hospice are required to be trained (*all those that interact with the patient and family – nurses, social workers, chaplains, aides, etc.*)? \_\_\_\_\_ *Please answer with a number*

Will you use the NIJH Training PowerPoint?  Yes  No

Will you use the NIJH Training PowerPoint or Outline as a guide to the material to be covered?  Yes  No

Please describe your plans for this training:

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Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_