TOP TEN MEASURES THAT MATTER

MEASURE 1: **Hospice and Palliative Care—Comprehensive Assessment**
Percentage of patients for whom a comprehensive assessment was completed
Source: PEACE Set1,2 | http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

MEASURE 2: **Screening for Physical Symptoms**
Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days who had a screening for physical symptoms (pain, dyspnea, nausea, and constipation)
Source: PEACE Set1,2 | http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

MEASURE 3: **Pain Treatment (ANY)**
Seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days who screened positive for moderate to severe pain on admission, and the percent receiving medication or nonmedication treatment, within 24 hours of screening
Source: PEACE Set1,2 | http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

MEASURE 4: **Dyspnea Screening and Management**
Percentage of patients with advanced chronic or serious life-threatening illnesses that are screened for dyspnea; for those who are diagnosed with moderate or severe dyspnea, a documented plan of care to manage dyspnea exists
Source: National Committee for Quality Assurance/American Medical Association–Physician Consortium for Performance Improvement 3


The “Top Ten Measures That Matter” set forth herein are not intended to be relied upon as medical or professional opinion, nor should they replace the considered judgment of a licensed professional with respect to particular patients, procedures, or practices. AAHPM, HPNA, and the individual contributors to the Top Ten Measures do not validate the accuracy or sufficiency of those provided, and they make no warranty, guarantee, or other representation, express or implied, with respect to their fitness for any particular purpose.
MEASURE 5: Discussion of Emotional or Psychological Needs

Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days with chart documentation of a discussion regarding emotional or psychological needs

Source: PEACE Set^1,2 | http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

MEASURE 6: Discussion of Spiritual/Religious Concerns

Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual and religious concerns or documentation that the patient or caregiver did not want to discuss these issues

Source: National Quality Forum #1647/Deyta, LLC/Hospice Item Set (HIS) | http://www.qualityforum.org/Projects/Palliative_Care_and_End-of-Life_Care.aspx?t=2&s=&p=3%7C

MEASURE 7: Documentation of Surrogate

Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days with the name and contact information for the patient's surrogate decision maker in the chart or documentation that there is no surrogate

Source: PEACE Set^1,2 | http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

MEASURE 8: Treatment Preferences

Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days with chart documentation of preferences for life-sustaining treatments

Source: National Quality Forum # 1641/PEACE Set^1,2/HIS | http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

MEASURE 9: Care Consistency with Documented Care Preferences

If a vulnerable elder has documented treatment preferences to withhold or withdraw life-sustaining treatment (e.g., a do-not-resuscitate order, no tube feeding, no hospital transfer), then these treatment preferences should be followed

Source: ACOVE Palliative Care and End of Life^4,5 | http://www.rand.org/health/projects/acove/acove3.html

MEASURE 10: Global Measure

Although no specific global measure was endorsed by the MWM process, the committee, panels, membership, and stakeholders agreed that patient and/or family assessments of the quality of care is a key part of measuring quality for any setting caring for palliative or hospice patients.

References