Palliative care and hospice patients receive a comprehensive assessment (physical, psychological, social, spiritual and functional) soon after admission.


Seriously ill palliative care and hospice patients are screened for pain, dyspnea, nausea and constipation during the admission visit.


Seriously ill palliative care and hospice patients who screen positive for at least moderate pain receive treatment (medication or other) within 24 hours.


Patients with advanced or life-threatening illness are screened for dyspnea and, if positive to at least a moderate degree, have a plan to manage it.


Seriously ill palliative care and hospice patients have a documented discussion regarding emotional needs.


Hospice patients have a documented discussion of spiritual concerns or preference not to discuss them.

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

Seriously ill palliative care and hospice patients have documentation of the surrogate decision-maker’s name and contact information or absence of a surrogate.


Seriously ill palliative care and hospice patients have documentation of their preferences for life-sustaining treatments.


Vulnerable elders with documented preferences to withhold or withdraw life-sustaining treatments have their preferences followed.


Palliative care and hospice patients or their families are asked about their experience of care using a relevant survey.