

Recommended Quality Measures and Data Collection, by Domain

| Quality Measures by Domain | Recommended Data Collection |
|---|--------------------------------|
| Structure & process | • |
| Use of standard questions to assess patient depression | Organizational checklist |
| Percent of patients admitted to hospice or palliative care who have a screening for symptoms during the admission visit | Patient Chart Review |
| Policy/procedure specifying frequency with which pain & dyspnea should be assessed | Organizational checklist |
| Percent of patients who had comprehensive assessment completed within 5 days of admission | Patient Chart Review |
| Care for physical symptoms: pain | |
| Percent of patients screened for pain during the admission visit | Patient Chart Review |
| For patients who screened positive for pain, the percent with a clinical assessment within 1 day of screening | Patient Chart Review |
| For patients who screened positive for pain, the percent with any treatment within 1 day of screening | Patient Chart Review |
| For patients who screened positive for pain, the percent who had an order for regularly scheduled (not PRN) pain medication within 1 day of screening | Patient Chart Review |
| For patients who screened positive for pain, the percent with improvement within 1 day of screening | Patient Chart Review |
| For patients who screened positive for pain, the percent whose pain was at comfortable level within 2 days of screening | Patient Chart Review |
| Percent of patient with cognitive and language problems receiving pain assessment appropriate to communication needs | Patient Chart Review |
| Care for physical symptoms: dyspnea | |
| Percent of patients who were screened for shortness of breath during the admission visit | Patient Chart Review |
| For patients who screened positive for dyspnea, the percent who receive treatment within 1 day of screening | Patient Chart Review |
| For patients who screened positive for dyspnea, the percent who improved within 1 day of screening | Patient Chart Review |
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| For new ratings of shortness of breath =>4 (on a 10 point scale), the percent with treatment (or satisfied) within 4 hours Care for physical symptoms: other conditions For patients who screened positive for nausea, the percent of patients who receive treatment within 1 day of screening Percent of patients with bowel function assessed at least weekly For patients who screen positive for constipation, the percent who receive treatment within 1 day of screening Percent of patients on opioids for whom a bowel regimen is established Percent of patients on opioids for whom a bowel regimen is established | Patient Chart Review |
|--|---|
| For patients who screened positive for nausea, the percent of patients who receive treatment within 1 day of screening Percent of patients with bowel function assessed at least weekly For patients who screen positive for constipation, the percent who receive treatment within 1 day of screening Percent of patients on opioids for whom a bowel regimen is established | Patient Chart Review Patient Chart Review |
| treatment within 1 day of screening Percent of patients with bowel function assessed at least weekly For patients who screen positive for constipation, the percent who receive treatment within 1 day of screening Percent of patients on opioids for whom a bowel regimen is established | Patient Chart Review Patient Chart Review |
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| treatment within 1 day of screening Percent of patients on opioids for whom a bowel regimen is established | |
| | Patient Chart Review |
| Percent of patients on onioids who have a howel regimen initiated within 1 day of | |
| Percent of patients on opioids who have a bowel regimen initiated within 1 day of opioid initiation | Patient Chart Review |
| Care for psychological symptoms | |
| For patients who screen positive for depression, the percent who receive further assessment, counseling or medication treatment | Patient Chart Review |
| For patients diagnosed with depression, the percent who receive interpersonal or medication treatment within two weeks of diagnosis | Patient Chart Review |
| For patients who screened positive for anxiety, the percent who receive treatment within two weeks of diagnosis | Patient Chart Review |
| Social aspects of care | |
| Percent of families reporting the hospice attended to family needs for information about medication, treatment and symptoms | After death survey with patient families |
| Percent of families who respond "Always" to question on Family/Friends Evaluation of how often family was kept informed about patient's condition | After death survey with patient families |
| Spiritual aspects of care | |
| Percent of patients with chart documentation of a discussion of spiritual or religious concerns | Patient Chart Review |
| Cultural aspects of care | |
| Provision of interpreter or translators for non-English-speaking or deaf patients | Organizational checklist |
| Care of the imminently dying | |
| Percent of patients who had moderate to severe pain on a standard rating scale at any time in the last week of life | Patient Chart Review |
| Percent of families reporting they were informed of what to expect around the time of death | After death survey with patient families |

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| Ethical and legal aspects of care | |
| Percent of patients with chart documentation of their preference for life-sustaining treatments | Patient Chart Review |
| Percent of patients with chart documentation of an advanced directive or discussion that there is no advanced directive | Patient Chart Review |
| Percent of patients with contact information for surrogate decision maker in chart | Patient Chart Review |
| Percent of patients with impaired decision-making (dementia, coma or other altered mental status) with documentation of surrogate decision maker in chart within 2 days of recognition of impaired decision making | Patient Chart Review |
| Adverse events | |
| Selected number of occurrences per 100 patient days Note: 4 types of issues are tracked: falls, medication errors, DME issues (compliant, malfunction or error), and patient / family complaints) | Agency level incident reports |

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