PEACE

Prepare. Embrace. Attend. Communicate. Empower.

Patient Data Collection Tool for Recommended Quality Measures

1) Name of person doing data collection: _____

2) Date: _____

Tracking Information

3) Patient Identifier: ___ ___

4) DOB: ___ ___/___ ___/___ ___ ___ ___

5) Gender: _____

Race:

6) American Indian or Alaskan Native YES NO

7) Asian, Hawaiian or other Pacific Islander YES NO

8) Black or African American YES NO

9) Caucasian or White YES NO

10) Some other race or races YES NO

11) Hispanic Ethnicity: YES NO UNABLE TO DETERMINE

12) Admission date: ___ ___/___ ___/___ ___ ___ ___

13) Has this patient been discharged? YES NO

14) **If yes,** date of discharge: ___ ___/___ ___/___ ___ ___ ___

15) **If yes**, was the discharge due to death? YES NO N/A

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Health History

16) Primary reason for hospice admission:
    - ❑ Heart Failure
    - ❑ Cancer
    - ❑ Neurologic Condition (e.g.: stroke, dementia)
    - ❑ Respiratory Condition
    - ❑ Other

Indicate the presence or absence of any communication impairments at the time of admission:

17) Deafness	YES	NO	UNABLE TO DETERMINE
18) Dementia	YES	NO	UNABLE TO DETERMINE
19) Non-English speaking	YES	NO	UNABLE TO DETERMINE
20) Confused, sedated or non verbal	YES	NO	UNABLE TO DETERMINE

Indicate if and when a meeting was held with family regarding patient symptoms and treatment:

21) Documentation of at least one family meeting is in chart YES NO Patient has no family

22) **If yes,** date of first family meeting: ___ ___/___ ___/___ ___ ___ ___

Problem Screening, Assessment and Management

23) Was patient prognosis documented? YES NO UNABLE TO DETERMINE

24) **If yes**, what date was it documented? ___ ___/___ ___/___ ___ ___ ___

25) Was patient functional status assessed on admission? YES NO UNABLE TO DETERMINE

26) **If yes**, on what date is functional status documented? ___ ___/___ ___/___ ___ ___ ___

27) Was patient screened for any ***physical*** symptoms (e.g.: pain, dyspnea, nausea, constipation)?

YES NO UNABLE TO DETERMINE **If no or UTD, skip to Question 69**

If yes, please answer the questions below about symptoms that may have been included

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28) Was patient screened for pain? YES NO UTD **If no or UTD, skip to Question 45**

29) Date of first screening: ___ ___/___ ___/___ ___ ___ ___

30) Type of pain scale used: NUMERIC VERBAL OBSERVATION NONE

31) For the pain screening were translated materials/interpreter used? YES NO N/A

32) **If numeric scale used**, what was pain score? ___ ___

If non-numeric scale used, what was pain severity rating?

NONE MILD MODERATE SEVERE

33) Did the screening indicate the patient was in pain? YES NO **If no, skip to Question 45**

34) Was a clinical assessment conducted to determine source of pain?

YES NO UNABLE TO DETERMINE

35) **If yes**, date clinical assessment for pain completed? ___ ___/___ ___/___ ___ ___ ___

36) Was treatment for pain initiated? YES NO **If no, skip to next Question 45**

37) Date first pain treatment initiated: ___ ___/___ ___/___ ___ ___ ___

38) Type of pain treatment initiated (check all that apply):

- ❑ Scheduled medication, non-opioid
- ❑ Scheduled medication, opioid
- ❑ PRN medication
- ❑ Non-medication therapy

39) Was a bowel regimen initiated? YES NO N/A **If no or N/A, skip to Question 41**

40) Date of bowel regimen initiated: ___ ___/___ ___/___ ___ ___ ___

41) Was a second assessment of pain done? YES NO **If no, skip to Question 45**

42) Date of second pain assessment: ___ ___/___ ___/___ ___ ___ ___

43) Was pain improved on the second assessment? YES NO

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44) If a numeric scale was used, what was pain score on second assessment? ___ ___

If a non-numeric scale was use, what was the pain severity on second assessment?

NONE MILD MODERATE SEVERE

45) Was patient screened for dyspnea? YES NO UTD **If no or UTD, skip to Question 59**

46) Date of first screening: ___ ___/___ ___/___ ___ ___ ___

47) Type of scale used: NUMERIC VERBAL OBSERVATION NONE

48) If a numeric scale was used, what was dyspnea rating (using 0 to 10)? ___ ___

If a non-numeric scale was use, what was the dyspnea severity?

NONE MILD MODERATE SEVERE

49) Did the screening indicate the patient had dyspnea? YES NO **If no, skip to Question 59**

50) Was a clinical assessment conducted to determine the source of dyspnea?

YES NO UNABLE TO DETERMINE

51) **If yes**, date clinical assessment completed? ___ ___/___ ___/___ ___ ___ ___

52) Was treatment for dyspnea initiated? YES NO **If no, skip to Question 59**

53) Date treatment for dyspnea initiated: ___ ___/___ ___/___ ___ ___ ___

54) Was a second assessment of dyspnea done? YES NO **If no, skip to Question 59**

55) Date of second assessment: ___ ___/___ ___/___ ___ ___ ___

56) Was dyspnea improved at the second assessment? YES NO

57) Was dyspnea treated or patient satisfied within 4 hours? YES NO

58) If a numeric score was used, what was dyspnea score on second assessment?

___ ___

If a non-numeric score was use, what was the dyspnea severity rating on the second assessment?

NONE MILD MODERATE SEVERE

59) Was patient screened for nausea? YES NO UTD **If no or UTD, skip to Question 63a**

60) Date of first screening: ___ ___/___ ___/___ ___ ___ ___

61) Was patient nauseous? YES NO **If no, skip to Question 64**

62) Was treatment initiated? YES NO **If no, skip to Question 64**

63) Date treatment initiated: ___ ___/___ ___/___ ___ ___ ___

a. Was patient screened for constipation? YES NO UTD

If no or UTD, skip to Question 69

64) Date of first screening for constipation: ___ ___/___ ___/___ ___ ___ ___

65) Was patient constipated? YES NO **If no, skip to Question 69**

66) Was treatment initiated? YES NO **If no, skip to Question 69**

67) Date treatment initiated: ___ ___/___ ___/___ ___ ___ ___

68) Was bowel function assessed at least weekly since initial screening? YES NO

69) Was patient screened for depression? YES NO UTD **If no or UTD, skip to Question 74**

70) Date of first screening: ___ ___/___ ___/___ ___ ___ ___

71) Did the patient screen positive for depression? YES NO **If no, skip to Question 74**

72) **If yes,** did the patient receive further assessment, counseling or medication treatment?

YES NO UTD

73) Was patient diagnosed with depression?

74) If yes, date of depression diagnosis: ___ ___/___ ___/___ ___ ___ ___

75) Date treatment for depression initiated: ___ ___/___ ___/___ ___ ___ ___

76) Was patient screened for anxiety? YES NO UTD **If no or UTD, skip to Question 81**

77) Date of first screening: ___ ___/___ ___/___ ___ ___ ___

78) Did the patient screen positive for anxiety? YES NO **If no, skip to Question 81**

79) Did the patient receive counseling, medication or other treatment for anxiety?

YES NO **If no, skip to Question 81**

80) Date treatment initiated: ___ ___/___ ___/___ ___ ___ ___

81) Is there documentation of a discussion of the patient's ***spiritual*** concerns?

YES NO **If no, skip to Question 83**

82) **If yes:** Date of first discussion of spiritual concerns: ___ ___/___ ___/___ ___ ___ ___

Patient Preferences

83) Does the patient chart contain documention of the patient's preferences for life sustaining treatments? YES NO UTD

84) Does the chart indicate a preference regarding the use of CPR? YES NO UTD

85) Does the chart indicate a preference regarding hospitalizations? YES NO UTD

86) Does the chart indicate a preference regarding the use of mechanical ventilation? YES NO UTD

87) Does the chart indicate a preference regarding artificial nutrition? YES NO UTD

88) Does the chart indicate a preference regarding the use of antibiotics? YES NO UTD

89) Does the chart indicate preference for location of death? YES NO UTD

90) Does the patient chart contain an advanced directive (living will or health care power of attorney)? YES NO UTD

91) **If yes**, date advanced directive placed in chart: ___ ___/___ ___/___ ___ ___ ___

92) **If no,** is there documentation of a discussion about an advanced directive or that the patient has no advanced directive? YES NO

93) Does the chart contain the name and contact information of the surrogate decision maker? YES NO UTD

94) **If yes**, date placed in chart: ___ ___/___ ___/___ ___ ___ ___ UTD

95) **If no,** is there documentation of a discussion that no surrogate decision maker is available? YES NO

96) **If yes,** date of discussion: ___ ___/___ ___/___ ___ ___ ___ UTD

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Care around the time of death

For the next set of questions, please refer to the last week of the patient's life.

97) Indicate the patient's average level of alertness during the final week of life:

- ❑ Mostly alert
- ❑ Drowsy but aware
- ❑ Somnolent but able to be awakened
- ❑ Mostly asleep or unconscious
- ❑ Unable to determine

98) What was the highest pain severity noted during the patient's final week of life:

- ❑ None
- ❑ Mild
- ❑ Moderate
- ❑ Severe
- ❑ Unable to determine

99) In what setting did this patient die?

- ❑ At home
- ❑ Acute care hospital
- ❑ Nursing home
- ❑ Hospice inpatient facility
- ❑ Assisted Living
- ❑ Other (please specify) _____

END OF DATA COLLECTION

This material was prepared by The Carolinas Center for Medical Excellence (CCME), the Medicare Quality Improvement Organization for North Carolina, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 8SOW-NC-PEACE-08-06