"READ THIS FIRST": Getting Started with PEACE Quality Measures

On this webpage you will find information and practical clinical tools from the PEACE Project. These documents are available to hospice and palliative care organizations that measure quality of care, and make use of data to inform quality improvement initiatives. PEACE quality measures address domains of quality of care included in the National Consensus Project for Quality Palliative Care and endorsed by the National Quality Forum. Materials were developed by a research team from The Carolinas Center for Medical Excellence (CCME) and the University of North Carolina-Chapel Hill, under contract to the Centers for Medicare & Medicaid Services (CMS).

Quality Improvement: A Work in Progress

Hospice and palliative care providers are beginning to apply methods of quality measurement and quality improvement. Quality measurement may be done within a single organization. If several organizations agree to use the same measures and methods, they can compare data across sites and share ideas about what they are doing to improve and maintain quality of care.

Tools to quantify patients' palliative care needs and experiences are called *instruments*; examples include the Edmonton Symptom Assessment Scale (ESAS) or Palliative Performance Scale. The **Assessment Instruments for**

End of Life Care tool provides a list of clinical instruments and literature references for further reading.

Tools to quantify care practices across an organization's group of patients are called ***quality measures***; quality measures always have a *denominator* – the population of patients for whom the measure matters – and a *numerator* – the number of patients who meet the condition specified in the measure. Quality measures are thus usually expressed as a percentage.

How to Use PEACE Tools

We suggest the following initial steps for hospice and palliative care organizations seeking to make practical use of these materials.

1. Organize a Quality of Care team – decide who will be involved, and who will be responsible for key activities related to quality measurement and quality improvement.

2. Review references, and discuss how you plan to use data for your practice.

3. Have 2-3 members of your team complete the **Organizational Readiness Screen** – use answers to review and discuss current organizational structure and processes that do or do not support quality measurement in essential domains; review and discuss how clinical data about essential care practices is documented. Decide on quality of care priorities for your team.

4. Study operational definitions of Quality Measures – Review the **NQF Quality Measures and Specifications**.

5. Collect baseline data; it is best to start with a small subset of patients first, such as the census from one team. Agree on Quality Measures you want to work to improve. Select quality measures for care practices you expect need improvement, and practices you believe you can work effectively to change.

6. Review your baseline data as a team – discuss the meaning of baseline data and opportunities for clinical quality improvement. As your team takes steps to measure and to improve quality of care, consider sharing and discussing your experience with other providers.

- If your primary conclusion is that quality measures indicate an opportunity to improve care practices, discuss how and when to take steps to improve these practices; think about education, but also think about systematic ways to make it easier for staff to do the right thing.

- If your primary conclusion is that much of what you need to know about essential care practices is missing or inconsistently documented, you may want to focus efforts on systematic ways to record important clinical data.

- If your primary conclusion is that your care is excellent in the selected topic area, discuss how to maintain that area of excellence while you select another area of focus.