

# Measuring What Matters: Top-Ranked Quality Indicators for Hospice and Palliative Care

From AAHPM and HPNA

Sydney Morss Dy, MD, MSc, Kasey B. Kiley, MPH, Katherine Ast, MSW, LCSW, Dale Lupu, PhD, Sally A. Norton, PhD, RN, FAAN, Susan C. McMillan, PhD, ARNP, FAAN, Keela Herr, PhD, RN, AGSF, FAAN, Joseph D. Rotella, MD, MBA, FAAHPM, and David J. Casarett, MD, MA

## Introduction

Measuring quality of hospice and palliative care is critical for evaluating and improving care, but no standard U.S. quality indicator set exists. The Measuring What Matters (MWM) project aimed to recommend a concise portfolio of valid, clinically relevant, cross-cutting indicators for internal measurement of hospice and palliative care. The findings and recommendations of the project were published online and in print (*J Pain Symptom Manage* 2015;49:773-781).

Far too many patients and families in the U.S. experience unnecessary physical and emotional suffering during serious and life-threatening illnesses.(1) Recent studies have demonstrated gaps in quality of care in domains such as pain and symptom management, communication, and care planning across settings such as hospitals, nursing homes and ambulatory care.(2-4) Palliative care is defined as care that provides relief from symptoms and supports quality of life for patients with serious advanced illness and their families, and hospice care is an approach focused on patients with limited life expectancy and their families.(1) Accumulating research demonstrates that interventions such as ambulatory palliative care clinics, structured goals of care discussions in critical care, and outpatient nurse-led interventions targeting patient/family pain management can improve outcomes such as patient / family satisfaction & health care utilization.(5)

## What Services Are Included in Palliative Care?



## Methods

MWM was a sequential consensus project of the American Academy of Hospice and Palliative Medicine (AAHPM) and Hospice and Palliative Nurses Association (HPNA). We identified candidate indicators mapped to National Consensus Project (NCP) Palliative Care Guidelines (6) domains. We narrowed the list through a modified Delphi rating process by a Technical Advisory Panel (TAP) and Clinical User Panel (CUP) and ratings from AAHPM and HPNA membership and key organizations.



### Above and Below: Steps in the MWM Process

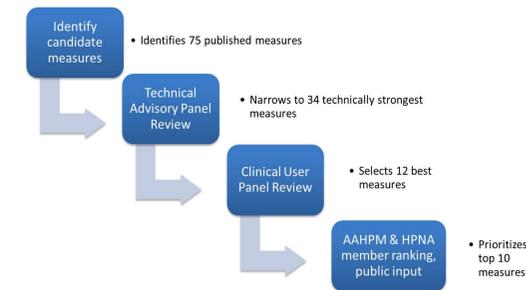
- The TAP rated the indicators (measures) on their scientific soundness and referred a set of measures (n=34) for review by the CUP.
- The CUP rated those measures based on three dimensions of importance:
  - How MEANINGFUL is this for patients/families?
  - How ACTIONABLE is this for providers/organizations?
  - How large is the POTENTIAL IMPACT?

## TOP TEN MEASURES THAT MATTER

- Palliative care and hospice patients receive a comprehensive assessment (physical, psychological, social, spiritual and functional) soon after admission.  
Source: PEACE Set | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>
- Seriously ill palliative care and hospice patients are screened for pain, dyspnea, nausea and constipation during the admission visit.  
Source: PEACE Set | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>
- Seriously ill palliative care and hospice patients who screen positive for at least moderate pain receive treatment (medication or other) within 24 hours.  
Source: PEACE Set | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>
- 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.  
Source: National Committee for Quality Assurance/American Medical Association-Physician Consortium for Performance Improvement  
<http://www.nama-assn.org/apps/listserv/x-check/qmeasure.org?submit=PCPI>
- Seriously ill palliative care and hospice patients have a documented discussion regarding emotional needs.  
Source: PEACE Set | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>
- 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#t=2&e=4p=3%7C](http://www.qualityforum.org/Projects/Palliative_Care_and_End-of-Life_Care.aspx#t=2&e=4p=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.  
Source: PEACE Set | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>
- Seriously ill palliative care and hospice patients have documentation of their preferences for life-sustaining treatments.  
Source: National Quality Forum #1641/PEACE Set/Hospice Item Set | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>
- Vulnerable elders with documented preferences to withhold or withdraw life-sustaining treatments have their preferences followed.  
Source: ACOVE Palliative Care and End of Life | <http://www.rand.org/health/projects/acove/acove3.html>
- Palliative care and hospice patients or their families are asked about their experience of care using a relevant survey.

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## Measure Selection Process



## Results

We narrowed the initial 75 indicators to a final list of 10. These include one in the NCP domain Structure and Process (Comprehensive Assessment), three in Physical Aspects (Screening for Physical Symptoms, Pain Treatment, Dyspnea Screening and Management), one in Psychological and Psychiatric Aspects (Discussion of Emotional or Psychological Needs), one in Spiritual and Existential Aspects (Discussion of Spiritual/Religious Concerns), and three in Ethical and Legal Aspects (Documentation of Surrogate, Treatment Preferences, and Care Consistency with Documented Care Preferences). The list also recommends a global indicator of patient/family perceptions of care, but does not endorse a specific survey instrument.

## Conclusions

This consensus set of hospice and palliative care quality indicators is a foundation for standard, valid internal quality measurement for U.S. settings. Further development will assemble implementation tools for quality measurement and benchmarking.

## Next Steps

In MWM Phase 2, the project will take on more complex tasks, such as creating e-specifications and patient-reported outcome measures, field-testing altered, expanded or untested measures, and developing a common palliative care denominator. We are also in contact with the National Quality Forum (NQF) to inquire about their Measure Incubator, as well as the Centers for Medicare and Medicaid Services (CMS) as they choose measures for their quality reporting programs.

## Message to Our Members

Take manageable steps that align with your existing measurement requirements. Identify priorities in your setting to evaluate and improve. Perhaps start with two or three measures that best fit your program, capacity and improvement goals. For hospices, it may be those already in the Hospice Item Set; others might use MWM measures to meet accreditation or maintenance of certification. Then, share your experience using the Journal of Pain & Symptom Management's Brief Quality Improvement Reports.

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## For further information

Please contact Katherine Ast, MSW, LCSW at AAHPM: [kast@aaahpm.org](mailto:kast@aaahpm.org). Or, address correspondence to: Sydney Morss Dy, MD MSc Room 609 624 N. Broadway, Baltimore, MD 21205, U.S. E-mail: [sdy@jhsph.edu](mailto:sdy@jhsph.edu)