



# TOP TEN MEASURES THAT MATTER

## MEASURE 1: Hospice and Palliative Care—Comprehensive Assessment

Percentage of patients for whom a comprehensive assessment was completed

Source: PEACE Set<sup>1,2</sup> | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>

## MEASURE 2: Screening for Physical Symptoms

Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days who had a screening for physical symptoms (pain, dyspnea, nausea, and constipation)

Source: PEACE Set<sup>1,2</sup> | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>

## MEASURE 3: Pain Treatment (ANY)

Seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days who screened positive for moderate to severe pain on admission, and the percent receiving medication or nonmedication treatment, within 24 hours of screening

Source: PEACE Set<sup>1,2</sup> | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>

## MEASURE 4: Dyspnea Screening and Management

Percentage of patients with advanced chronic or serious life-threatening illnesses that are screened for dyspnea; for those who are diagnosed with moderate or severe dyspnea, a documented plan of care to manage dyspnea exists

Source: National Committee for Quality Assurance/American Medical Association–Physician Consortium for Performance Improvement<sup>3</sup>  
<http://www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI>

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## MEASURE 5: Discussion of Emotional or Psychological Needs

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Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days with chart documentation of a discussion regarding emotional or psychological needs

Source: PEACE Set<sup>1,2</sup> | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>

## MEASURE 6: Discussion of Spiritual/Religious Concerns

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Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual and religious concerns or documentation that the patient or caregiver did not want to discuss these issues

Source: National Quality Forum #1647/Deyta, LLC/Hospice Item Set (HIS) | [http://www.qualityforum.org/Projects/Palliative\\_Care\\_and\\_End-of-Life\\_Care.aspx#t=2&s=&p=3%7C](http://www.qualityforum.org/Projects/Palliative_Care_and_End-of-Life_Care.aspx#t=2&s=&p=3%7C)

## MEASURE 7: Documentation of Surrogate

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Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days with the name and contact information for the patient's surrogate decision maker in the chart or documentation that there is no surrogate

Source: PEACE Set<sup>1,2</sup> | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>

## MEASURE 8: Treatment Preferences

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Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days with chart documentation of preferences for life-sustaining treatments

Source: National Quality Forum # 1641/PEACE Set<sup>1,2</sup>/HIS | <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>

## MEASURE 9: Care Consistency with Documented Care Preferences

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If a vulnerable elder has documented treatment preferences to withhold or withdraw life-sustaining treatment (eg, a do-not-resuscitate order, no tube feeding, no hospital transfer), then these treatment preferences should be followed

Source: ACOVE Palliative Care and End of Life<sup>4,5</sup> | <http://www.rand.org/health/projects/acove/acove3.html>

## MEASURE 10: Global Measure

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Although no specific global measure was endorsed by the MWM process, the committee, panels, membership, and stakeholders agreed that patient and/or family assessments of the quality of care is a key part of measuring quality for any setting caring for palliative or hospice patients.

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### References

1. Hanson LC, Rowe C, Wessell K, et al. Measuring palliative care quality for seriously ill hospitalized patients. *J Palliat Med.* 2012;15:798-804.
2. Schenck AP, Rokoske FS, Durham D, Cagle JG, Hanson LC. Quality measures for hospice and palliative care: piloting the PEACE measures. *J Palliat Med* 2014;17:769-775.
3. Wenger N, Dy SM, Casarett D, et al. American Medical Association-Physician Consortium for Performance Improvement Palliative and End of Life Care Physician Performance Measurement Set, 2008. Available at <http://www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement/pcpi-measures.page>. Accessed September 4, 2014.
4. Lorenz KA, Rosenfeld K, Wenger N. Quality indicators for palliative and end-of-life care in vulnerable elders. *J Am Geriatr Soc.* 2007;55:S318-S326.
5. Walling AM, Asch SM, Lorenz KA, et al. The quality of care provided to hospitalized patients at the end of life. *Arch Intern Med.* 2010;170:1057-1063.