



TO: Executive Committee  
FR: Helen Burstin, Chief Scientific Officer  
Marcia Wilson, Senior Vice President, Quality Measurement  
RE: Ratification of Measures for the Palliative and End-of-Life Care Project 2015-2016  
DA: October 19, 2016

## **ACTION REQUIRED**

The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse measures for the current phase of the Palliative and End-of-Life Care Project. All of the recommended measures approved by the CSAC are listed below.

### **Measures Evaluated:**

The [Palliative and End-of-Life Care Standing Committee](#) evaluated 24 measures: eight new measures and 16 measures undergoing maintenance review against NQF's standard measure evaluation criteria. One measure was withdrawn from consideration after Committee review, at the request of the measure developers.

### *Consensus Process*

Standing Committee: Twenty-three measures were recommended for endorsement.

Member Voting: A total of 15 member organizations voted on the measures. All of the recommended measures were approved with 60% approval or higher. No votes were received from the Consumer, Public/Community Health Agency, and Supplier/Industry Councils.

CSAC: The CSAC voted to approve 23 measures recommended for endorsement. The CSAC memo and Member voting results for this project may be accessed at this [link](#); the project report may be accessed at this [link](#).

### *Measures Recommended:*

- [#0209](#) Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment. Percentage of patients who report being uncomfortable because of pain at the initial assessment who, at the follow up assessment, report pain was brought to a comfortable level within 48 hours.
- [#0210](#) Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life.
- [#0213](#) Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life.
- [#0215](#) Proportion of patients who died from cancer not admitted to hospice.
- [#0216](#) Proportion of patients who died from cancer admitted to hospice for less than 3 days. Proportion of patients who died from cancer, and admitted to hospice and spent less than 3 days there.

- [#1617](#) Patients Treated with an Opioid who are Given a Bowel Regimen. Percentage of vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed.
- [#1625](#) Hospitalized Patients Who Die an Expected Death with an ICD that Has Been Deactivated. Percentage of hospitalized patients who die an expected death from cancer or other terminal illness and who have an implantable cardioverter-defibrillator (ICD) in place at the time of death that was deactivated prior to death or there is documentation why it was not deactivated
- [#1626](#) Patients Admitted to ICU who Have Care Preferences Documented. Percentage of vulnerable adults admitted to ICU who survive at least 48 hours who have their care preferences documented within 48 hours OR documentation as to why this was not done.
- [#1628](#) Patients with Advanced Cancer Screened for Pain at Outpatient Visits. Adult patients with advanced cancer who are screened for pain with a standardized quantitative tool at each outpatient visit.
- [#1634](#) Hospice and Palliative Care -- Pain Screening. Percentage of hospice or palliative care patients who were screened for pain during the hospice admission evaluation / palliative care initial encounter.
- [#1637](#) Hospice and Palliative Care -- Pain Assessment. . Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening.
- [#1638](#) Hospice and Palliative Care -- Dyspnea Treatment. Percentage of patients who screened positive for dyspnea who received treatment within 24 hours of screening.
- [#1639](#) Hospice and Palliative Care -- Dyspnea Screening. Percentage of hospice or palliative care patients who were screened for dyspnea during the hospice admission evaluation / palliative care initial encounter.
- [#1641](#) Hospice and Palliative Care – Treatment Preferences. Percentage of patients with chart documentation of preferences for life sustaining treatments.
- [#1647](#) Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss. This measure reflects the percentage of hospice patients with documentation of a discussion of spiritual/religious concerns or documentation that the patient/caregiver/family did not want to discuss.
- [#2651](#) CAHPS® Hospice Survey (experience with care) PRO-PMs. Eight patient-reported outcome based performance measures (PRO-PMs) that are derived from the CAHPS® Hospice Survey, a 47-item survey that measures the experiences of hospice patients and their primary caregivers.

The 8 PRO-PMs include.

- Hospice Team Communication
- Getting Timely Care
- Treating Family Member with Respect
- Getting Emotional and Religious Support
- Getting Help for Symptoms

- Getting Hospice Training
- Rating of the hospice care
- Willingness to recommend the hospice

*Measure Withdrawn:*

- [#0211](#) Proportion of patients who died from cancer with more than one emergency department visit in the last 30 days of life.