Person and Family Centered Care Phase 1 Measures, May 2014

NOTES

- *This chart represents all measures in the NQF portfolio; the "status" column indicates which measures are currently under review.*
- *Related and competing measures are determined using NQF's decision logic [embedded link]; further analysis of the measures will take place as the project proceeds.*

Measure Title and Steward	**Description** **Level of Analysis** **Target Population**	**Measure Type**	**Status**	**Related and Competing Measures**
Acute				
0166 HCAHPS Centers for Medicare & Medicaid Services	HCAHPS (NQF #0166) is a 32-item survey instrument that produces 11 publicly reported measures: 7 multi-item measures (communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, discharge information and care transition); and 4 single-item measures (cleanliness of the hospital environment, quietness of the hospital environment, overall rating of the hospital, and recommendation of hospital) **Level of Analysis**: Facility, Facility/Agency **Target Population**: **Care Setting**: Hospital, Hospital/Acute Care Facility **Data Source**: Patient Reported Data/Survey	Outcome	Endorsed, up for maintenance review	
2548 Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS) Agency for	The Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS) is a standardized survey instrument that asks parents and guardians (henceforth referred to as parents) of children under 18 years old to report on their and their child's experiences with inpatient hospital care. The performance measures of the Child HCAHPS survey consist of 39 items organized by overarching groups into the following 18 composite and single-item measures: Communication with Parent	PRO	New Measure Submission	**Competing** 0725

Healthcare Research and Quality	1. Communication between you and your child’s nurses (3 items) 2. Communication between you and your child’s doctors (3 items) 3. Communication about your child’s medicines (4 items) 4. Keeping you informed about your child’s care (2 items) 5. Privacy when talking with doctors, nurses, and other providers (1 item) 6. Preparing you and your child to leave the hospital (5 items) 7. Keeping you informed about your child’s care in the Emergency Room (1 item) Communication with Child 8. How well nurses communicate with your child (3 items) 9. How well doctors communicate with your child (3 items) 10.Involving teens in their care (3 items) Attention to Safety and Comfort 11.Preventing mistakes and helping you report concerns (2 items) 12.Responsiveness to the call button (1 item) 13.Helping your child feel comfortable (3 items) 14.Paying attention to your child’s pain (1 item) Hospital Environment 15.Cleanliness of hospital room (1 item) 16.Quietness of hospital room (1 item) Global Rating 17.Overall rating (1 item) 18.Recommend hospital (1 item) We recommend that the scores for the Child HCAHPS composite and single-item measures be calculated using a top-box scoring method. The top box score refers to the percentage of respondents who answered survey items using the best possible response option. The measure time frame is 12 months. A more detailed description of the Child HCAHPS measure can be found in the Detailed Measure Specifications (Appendix A). **Level of Analysis**: Facility **Target Population**: Children's Health, Populations at Risk : Individuals with multiple chronic conditions **Care Setting**: Hospital/Acute Care Facility **Data Source**: Patient Reported Data/Survey			
0228 3-Item Care Transition Measure (CTM-3)	The CTM-3 is a hospital level measure of performance that reports the average patient reported quality of preparation for self-care response among adult patients discharged from general acute care hospitals within the past 30 days. **Level of Analysis**: Facility	PRO	Endorsed, up for maintenance review	

University of Colorado	**Target Population**: Populations at Risk : Dual eligible beneficiaries, Populations at Risk : Individuals with multiple chronic conditions, Senior Care **Care Setting**: Hospital/Acute Care Facility **Data Source**: Patient Reported Data/Survey			
0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay Children's Hospital Boston	This family-centered survey questionnaire consists of 68 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. Questions can be used individually to measure specific performance but 35 rating questions can also be summarized into domain scores. The 68 questions of the survey can be divided into 3 groups: 1. 26 background questions that mostly provide information for comparisons across different demographic and patient groups: a. 19 demographic questions or questions that distinguish different groups of patients (e.g. surgical vs. medical) b. 3 skip questions to identify eligibility of following questions c. 4 questions about the hospital environment 2. 35 questions that are part of 8 domains: a. Partnership with nurses (9 questions) b. Partnership with doctors (9 questions) c. Identification of Attending Physician (1 question) d. Patient Comfort (2 questions) e. Communications about Medications (2 questions) f. Admission (2 questions) g. Discharge and Home Care Preparation (6 questions) h. Emotional Satisfaction (4 questions) 3. 5 overall rating questions to be used individually 4. 2 open-ended questions allowing parents to write individual comments Type of Score: The majority of the survey questions are categorical in nature. Ordinal measures enable the rating of experiences, dichotomous measures are used to assess if subsequent questions apply to the experiences of parents and the patient but a small number of questions are open-ended to allow any additional or more detailed comments. Domain scores are calculated as the percentage of domain questions answered in the most positive response category, the top-box, of all the domain questions the respondent answered. Target Population: The target population is one of the parents, 18 years or older, of a child that stayed for at least one day in an inpatient unit at the hospital and was discharged during the previous time period, e.g. the last month or the last quarter. Timeframe: Monthly or Quarterly **Level of Analysis**: Facility	PRO	Endorsed, up for maintenance review	**Competing** 2548

	Target Population: **Care Setting**: Hospital/Acute Care Facility **Data Source**: Patient Reported Data/Survey			
0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS) NRI: National Assoc. of State Mental Health Program Directors Research Institute, Inc.	The Patient Experience of Psychiatric Care as Measure by the Inpatient Consumer Survey (ICS) was developed to gather patient's evaluation of their inpatient psychiatric care. The survey is composed of the following six individual measures or domains: Measure #1: Outcome of care- The receipt of mental healthcare services should enable patients to effectively deal with their illness and with social situations. Patient's report of the effectiveness of the organization in enabling this improvement is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Outcome of care domain: Q1.I am able to deal with crisis.; Q2. My symptoms are not bothering me as much.; Q4. I do better in social situations.; and Q5. I deal more effectively with daily problems. Measure #2: Dignity- The provision of mental healthcare services should be in an atmosphere where patients feel respected and treated with dignity. Patient's report of the effectiveness of the organization in providing this respectful exchange is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Dignity domain: Q6. I was treated with dignity and respect.; Q7. Staff here believe that I can grow, change and recover.; Q8. I felt comfortable asking questions about my treatment and medications.; and Q9. I was encouraged to use self-help/support groups. Measure #3: Rights- The provision of mental healthcare services should be in an atmosphere where patients feel that they can express disapproval with conditions or treatment and receive an appropriate response from the organization. Patient's report of the effectiveness of the organization in providing this respectful exchange is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Rights domain: Q13. I felt free to complain without fear of retaliation.; Q14. I felt safe to refuse medication or treatment during my hospital stay.; and Q15. My complaints and grievances were addressed. Measure #4: Participation in treatment- Patient's involvement in the treatment process and the coordination of discharge planning with their doctors or therapist from the community are enabling activities that strengthen patient's ability to care for themselves. Patient's report of the effectiveness of the organization in supporting this level of involvement is an important dimension of the quality of care of the organization. The following questions of the ICS pertain to the Participation in treatment domain: Q16. I participated in planning my	PRO	Endorsed, up for maintenance review	

	discharge.; Q17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.; and Q18. I had the opportunity to talk with my doctor or therapist from the community prior to discharge. Measure #5: Hospital environment - The provision of mental healthcare services should be in an environment conducive to patients feeling safe and enabling patients to focus on recovering from their illness. The following questions of the ICS pertain to the Hospital environment domain: Q19. The surroundings and atmosphere at the hospital helped me get better.; Q20. I felt I had enough privacy in the hospital.; Q21. I felt safe while in the hospital.; and Q22. The hospital environment was clean and comfortable. Measure #6: Empowerment - The provision of mental healthcare services should be in an atmosphere where patients feel that they, interactively with their doctors and therapist, learn more about their illness and about their treatment options and are encouraged to determine their best plan to recovery. Patient's report of the effectiveness of the organization in enabling this respectful, compassionate, and supportable encounter among patients and healthcare professionals is an important dimension of the quality of care of the organization. The following questions pertain to the Hospital empowerment domain: Q25. I had a choice of treatment options.; Q26. My contact with my doctor was helpful.; and, Q27. My contact with nurses and therapist was helpful. Question 28, "If I had a choice of hospitals, I would still choose this one", is considered as the anchor item utilized to measure overall satisfaction with the mental healthcare service received. This question does not pertain to any of the six measures/domains of the ICS. Each measure is scored as the percentage of patients (adolescents aged 13-17 and adults aged 18 and older) at time of discharge or at annual review who respond positively to the domain on the survey for a given month. Survey questions are based on a standard 5-point Likert scale, evaluated on a scale from strongly disagree to strongly agree. As a note, the words domain and measure are used interchangeably during the application. **Level of Analysis**: Facility, Population : National, Population : Regional, Population : State **Target Population**: Populations at Risk **Care Setting**: Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital **Data Source**: Patient Reported Data/Survey			

Clinician				
0005 CAHPS Clinician & Group Survey, Version 2.0 Agency for Healthcare Research and Quality	The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months. The survey includes standardized questionnaires for adults and children. All questionnaires can be used in both primary care and specialty care settings. The adult survey is administered to patients aged 18 and over. The child survey is administered to the parents or guardians of pediatric patients under the age of 18. Patients who have had at least one visit during the past 12-months are eligible to be surveyed. CG-CAHPS Survey Version 1.0 was endorsed by NQF in July 2007 (NQF #0005). The development of the survey is through the CAHPS consortium and sponsored by the Agency for Healthcare Research and Quality. The survey is part of the CAHPS family of patient experience surveys and is available in the public domain at https://cahps.ahrq.gov/surveys-guidance/cg/about/index.html. The Adult CG-CAHPS Survey includes one global rating item and39 items in which 13 items can be organized into three composite measures and one global item for the following categories of care or services provided in the medical office: 1. Getting Timely Appointments, Care, and Information (5 items) 2. How Well Providers Communicate With Patients (6 items) 3. Helpful, Courteous, and Respectful Office Staff (2 items) 4. Overall Rating of Provider (1 item) The Child CG-CAHPS Survey includes one global rating item and 54 items in which 24 items can be organized into five composite measures and one global item for the following categories of care or services provided in the medical office,: 1. Getting Timely Appointments, Care, and Information (5 items) 2. How Well Providers Communicate With Patients (6 items) 3. Helpful, Courteous, and Respectful Office Staff (2 items) 4. Overall Rating of Provider (1 item) 5. Provider's Attention to Child's Growth and Development (6 items) 6. Provider's Advice on Keeping Your Child Safe and Healthy (5 items) **Level of Analysis**: Clinician : Group/Practice, Clinician : Individual **Target Population**: **Care Setting**: Ambulatory Care : Clinician Office/Clinic **Data Source**: Patient Reported Data/Survey	PRO	Endorsed, up for maintenance review	

Health Plan				
0006 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial) Agency for Healthcare Research and Quality	The CAHPS Health Plan Survey is a standardized survey instrument which asks enrollees to report on their experiences accessing care and health plan information, and the quality of care received by physicians. HP-CAHPS Version 4.0 was endorsed by NQF in July 2007 (NQF #0006). The survey is part of the CAHPS family of patient experience surveys and is available in the public domain at https://cahps.ahrq.gov/surveys-guidance/hp/index.html. The survey's target population includes individuals of all ages (18 and older for the Adult version; parents or guardians of children aged 0-17 for the Child version) who have been enrolled in a health plan for a specified period of time (6 months or longer for Medicaid version, 12 months or longer for Commercial version) with no more than one 30-day break in enrollment. The CAHPS Adult Health Plan Survey has 39 items, and the CAHPS Child Health Plan Survey has 41 core items. Ten of the adult survey items and 11 of the child survey items are organized into 4 composite measures, and each survey also has 4 single-item rating measures. Each measure is used to assess a particular domain of health plan and care quality from the patient's perspective. Measure 1: Getting Needed Care (2 items) Measure 2: Getting Care Quickly (2 items) Measure 3: How Well Doctors Communicate (4 items in Adult survey & 5 items in Child survey) Measure 4: Health Plan Information and Customer Service (2 items) Measure 5: How People Rated Their Personal Doctor (1 item) Measure 6: How People Rated Their Specialist (1 item) Measure 7: How People Rated Their Health Care (1 item) Measure 8: How People Rated Their Health Plan (1 item) **Level of Analysis**: Health Plan **Target Population**: **Care Setting**: Other **Data Source**: Patient Reported Data/Survey	PRO	Endorsed, up for maintenance review	
Hospice and Palliative Care				
0208 Family Evaluation of Hospice Care	Derived from responses to 17 items on the Family Evaluation of Hospice Care(FEHC)survey presented as a single score ranging from 0 to 100 and is an indication of the hospice's overall performance on key aspects of care delivery. Target Population: The FEHC survey is an after-death survey administered to	PRO	Endorsed, up for maintenance review	**Competing** 16 23 1632

National Hospice & Palliative Care Organization	bereaved family caregivers of individuals who died while enrolled in hospice. Timeframe: The survey measures family member's perception of the quality of hospice care for the entire enrollment period, regardless of length of service. The computed hospice level performance score is calculated with once a quarter year. **Level of Analysis**: Facility, Population : National **Target Population**: Populations at Risk : Individuals with multiple chronic conditions, Senior Care **Care Setting**: Hospice **Data Source**: Patient Reported Data/Survey			
1623 Bereaved Family Survey PROMISE Center	The purpose of this measure is to assess families' perceptions of the quality of care that Veterans received from the VA in the last month of life. The BFS consists of 19 items (17 structured and 2 open-ended). The BFS items were selected from a longer survey that was developed and validated with the support of a VA HSR&D Merit Award and have been approved for use by the Office of Management and Budget. Seventeen items in the survey have predefined response options and ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support. Two additional items are open-ended and give family members the opportunity to provide comments regarding the care the patient received. A growing body of research has underscored the degree to which end-of-life care in the United States needs to be improved. The challenges of end-of-life care are particularly significant in the U.S. Department of Veterans Affairs Health Care system because he VA provides care for an increasingly older population with multiple comorbid conditions. In FY2000, approximately 104,000 enrolled Veterans died in the U.S., and approximately 27,200 Veterans died in VA facilities. At least 30% of the Veterans are over age 65 now, and 46% will be over 65 by 2030. Therefore, it is clear that the number of deaths in VA facilities will increase substantially as the World War II and Korean War Veterans age. These demographic trends mean that, like other healthcare systems, the VA will face substantial challenges of providing care to Veterans near the end-of-life. The VA has addressed this challenge aggressively in the last 5 year, however the VA has not yet developed and implemented measures of the quality of end-of-life care it provides to Veterans. There are at least 3 reasons why adoption of a quality measurement tool is essential. First, it would make it possible to define and compare the quality of end-of-life care at each VA facility and to identify opportunities for improvement. Second, facilities and VISNs (geographic service	Outcome	Endorsed, up for maintenance review	**Competing** 0208 1632

	divisions within the VA system) would be able to monitor the effectiveness of efforts to improve care locally and nationally, and would enable monitoring of the impact of the Comprehensive End of Life Care Initiative, ensuring that expenditures are producing improvements in care. Third, it will help the VA to recognize those facilities that provide outstanding end-of-life care, so that successful processes and structures of care can be identified and disseminated throughout the VA. The BFS's 17 close-ended items ask family members to rate aspects of the care that the Veteran received from the VA in the last month of life. These items cover areas of care such as communication, emotional and spiritual support, pain management and personal care needs. Two addditional items (not used in scoring) are open-ended and give family members the opportunity to provide comments regarding the care the patient received. The BFS has undergone extensive development and has been pilot-tested for all inpatient deaths in Q4FY2008 in seven VISNs (1,2,4,5,8,11, and 22). As of October 1, 2009, Q1FY2010, all inpatient deaths in all VISNs were included in the project. **Level of Analysis**: Facility, Population : National, Population : Regional **Target Population**: Senior Care, Populations at Risk : Veterans **Care Setting**: Hospice, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility **Data Source**: Electronic Clinical Data : Electronic Health Record, Other			
1632 CARE - Consumer Assessments and Reports of End of Life Brown University Center for Gerontology and Health Care Research	The CARE survey is mortality follow back survey that is administered to the bereaved family members of adult persons (age 18 and older) who died of a chronic progressive illness receiving services for at least 48 hours from a home health agency, nursing homes, hospice, or acute care hospital. The survey measures perceptions of the quality of care either in terms of unmet needs, family reports of concerns with the quality of care, and overall rating of the quality of care. The time frame is the last 2 days of life up to last week of life spent in a hospice, home health agency, hospital, or nursing home. The survey is based on structured literature review,(1) cognitive testing,(2) pre-test,(2) and national survey of the quality of end of life care.(3) The conceptual model is patient focused, family centered care(1) that posits that high quality care at the end of life is obtained when health care institutions: 1) provide the desired level of symptom palliation and emotional support; 2) treat the patient with respect; 3) promote shared decision making; 4) attend to the needs of caregivers for information and skills in providing care for the patient; 5) provide emotional support to the family before and after the patient's death; and 6) coordinates care across settings of care and health care providers.	Outcome	Endorsed, up for maintenance review	**Competing** 0208 1623

	This is the “parent” survey of the Family Evaluation of Hospice Care Survey (4-7) that my colleagues and I have collaborated with the National Hospice and Palliative Care Organization to create a self-administered survey that is used widely by hospices in the USA and other nations. With the proposed development of accountable care organizations and other potential innovations in health care financing, we recognized the need for an instrument that would allow the comparisons across place of care when there is one entity coordinating and/or financing the care for population of decedents. We have decided to submit the telephone based survey for NQF consideration based on the void of validated measures to capture consumer perceptions (i.e, bereaved family members) of the quality of care at the end of life across place of care. This submission is not meant to be competitive with the existing NQF endorsed Family Evaluation of Hospice Care survey. This new proposed measure for NQF consideration consists of the survey which has six domains and the new creation of 0-100 composite score that is composed of 14 of 17 core items. 1. Teno JM, Casey VA, Welch L, Edgman-Levitan S. Patient-Focused, Family-Centered End-of-Life Medical Care: Views of the Guidelines and Bereaved Family Members. J Pain Symptom Manage-Special Section on Measuring Quality of Care at Life's End II. 2001 Sep 2001;22(3):738-751. 2. Teno JM, Clarridge B, Casey V, Edgman-Levitan S, Fowler J. Validation of Toolkit After-Death Bereaved Family Member Interview. J Pain Symptom Manage. 2001 Sep 2001;22(3):752-758. 3. Teno JM, Clarridge BR, Casey V, et al. Family perspectives on end-of-life care at the last place of care. JAMA. 2004 Jan 7 2004;291(1):88-93. 4. Rhodes RL, Mitchell SL, Miller SC, Connor SR, Teno JM. Bereaved family members' evaluation of hospice care: what factors influence overall satisfaction with services? J Pain Symptom Manage. 2008 Apr 2008;35(4):365-371. 5. Mitchell SL, Kiely DK, Miller SC, Connor SR, Spence C, Teno JM. Hospice care for patients with dementia. J Pain Symptom Manage. 2007 Jul 2007;34(1):7-16. 6. Rhodes RL, Teno JM, Connor SR. African American bereaved family members' perceptions of the quality of hospice care: lessened disparities, but opportunities to improve remain. J Pain Symptom Manage. 2007 Nov 2007;34(5):472-479. 7. Connor SR, Teno J, Spence C, Smith N. Family Evaluation of Hospice Care:			

	Results from Voluntary Submission of Data Via Website. J Pain Symptom Manage. 2005 Jul 2005;30(1):9-17. **Level of Analysis**: Population : Community, Facility, Population : National, Population : Regional **Target Population**: Senior Care **Care Setting**: Home Health, Hospice, Hospital/Acute Care Facility, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility **Data Source**: Other			
Post-Acute				
0258 CAHPS In-Center Hemodialysis Survey Centers for Medicare & Medicaid Services	Comparison of services and quality of care that dialysis facilities provide from the perspective of ESRD patients receiving in-center hemodialysis care. Patients will assess their dialysis providers , including nephrologists and medical and non-medical staff, the quality of dialysis care they receive, and information sharing about their disease. Three measures: a. M1: Nephrologists' Communication and Caring b. M2: Quality of Dialysis Center Care and Operations c. M3: Providing Information to Patients Three Global items: a. M4: Rating of the nephrologist b. M5: Rating of dialysis center staff c. M6: Rating of the dialysis facility The first three measures are created from six or more questions from the survey that are reported as one measure score. The three global items use a scale of 0 to 10 to measure the respondent's assessment **Level of Analysis**: Facility **Target Population**: Populations at Risk : Individuals with multiple chronic conditions **Care Setting**: Dialysis Facility **Data Source**: Patient Reported Data/Survey	PRO	Endorsed, up for maintenance review	
0517 CAHPS® Home Health Care Survey (experience with care) Centers for	The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey, also referred as the "CAHPS Home Health Care Survey" or "Home Health CAHPS" is a standardized survey instrument and data collection methodology for measuring home health patients' perspectives on their home health care in Medicare-certified home health care agencies. AHRQ and CMS supported the development of the Home Health CAHPS to measure the experiences of those receiving home health care with these three goals in mind:	PRO	Endorsed, up for maintenance review	

Medicare & Medicaid Services	(1) to produce comparable data on patients' perspectives on care that allow objective and meaningful comparisons between home health agencies on domains that are important to consumers, (2) to create incentives for agencies to improve their quality of care through public reporting of survey results, and (3) to enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investment. As home health agencies begin to collect these data and as they are publicly reported, consumers will have information to make more informed decisions about care and publicly reporting the data will drive quality improvement in these areas. **Level of Analysis**: Facility **Target Population**: Populations at Risk : Dual eligible beneficiaries, Populations at Risk : Individuals with multiple chronic conditions, Senior Care **Care Setting**: Home Health **Data Source**: Patient Reported Data/Survey			