NATIONAL QUALITY FORUM

Person and Family Centered Care: NQF-Endorsed® Maintenance Standards Under Review, Phases 1 & 2

Phase 1

Click the measure numbers to read more about the measure on QPS!

Measure Number	Title	Description	Measure Steward
0005	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	•Adult Primary Care Survey: 37 core and 64 supplemental question survey of adult outpatient primary care patients. •Pediatric Care Survey: 36 core and 16 supplemental question survey of outpatient pediatric care patients. •Specialist Care Survey: 37 core and 20 supplemental question survey of adult outpatients specialist care patients. Level of analysis for each of the 3 surveys: group practices, sites of care, and/or individual clinicians	Agency for Healthcare Research and Quality
0006	CAHPS Health Plan Survey v 4.0 - Adult questionnaire	30-question core survey of adult health plan members that assesses the quality of care and services they receive. Level of analysis: health plan – HMO, PPO, Medicare, Medicaid, commercial	Agency for Healthcare Research and Quality
0166	HCAHPS	27-items survey instrument with 7 domain-level composites including: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information	Centers for Medicare & Medicaid Services

Measure Number	Title	Description	Measure Steward
0208	Family Evaluation of Hospice Care	Composite Score: 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. Global Score: Percentage of best possible response (Excellent) to the overall rating question on the FEHC survey. Target Population: The FEHC survey is an after-death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice. Timeframe: The survey measures family members perception of the quality of hospice care for the entire enrollment period, regardless of length of service.	National Hospice and Palliative Care Organization
0228	3-Item Care Transition Measure (CTM-3)	Uni-dimensional self-reported survey that measure the quality of preparation for care transitions.	University of Colorado Health Sciences Center
0258	CAHPS In-Center Hemodialysis Survey CAHPS® Home Health Care Survey	Percentage of patient responses to multiple testing tools. Tools include the In-Center Hemomdialysis Composite Score: The proportion of respondents answering each of response options for each of the items summed across the items within a composite to yield the composite measure score. (Nephrologists' Communication and Caring, Quality of Dialysis Center Care and Operations, Providing Information to Patients) Overall Rating: a summation of responses to the rating items grouped into 3 levels	Centers for Medicare & Medicaid Services
0517	CAHPS® Home Health Care Survey	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: (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.	Centers for Medicare & Medicaid Services

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0725	Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	This family-centered survey questionnaire consists of 62 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. The dimensions that are included are overall impressions, interactions with nurses, interactions with doctors, the admission and discharge process, home care preparation, medications, pain management, parent involvement, hospital environment, support staff and food. Demographic questions are included at the end of the survey. 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. Survey will be collected for a given time period, e.g. monthly. 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. A random sample will be drawn of all discharged parent-patient units and receive the survey. The instrument is currently validated for mail and phone administration and is in English. All questions are asking about experiences during their last inpatient hospital stay. Further steps include validation for web administration and other languages.	Children's Hospital Boston
0726	Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services	Survey developed to gather client's evaluation of their inpatient care. Each domain is scored as the percentage of clients at time of discharge or at annual review who respond positively to the domain on the survey for a given month. Six domains in the survey include outcome, dignity, rights, treatment, environment, and empowerment. Questions in each domain are based on a standard 5-pt scale, evaluated on a scale from strongly disagree to strongly agree. Survey can be used with adolescents, adults, and older adults.	National Assoc. of State Mental Health Program Directors Research Instit., Inc. (NRI)
1623	Bereaved Family Survey	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	PROMISE Center

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		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 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 additional 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.	

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1632	CARE - Consumer Assessments and Reports of End of Life	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. 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.	Center for Gerontology and Health Care Research

Phase 2

Click the measure numbers to read more about the measure on QPS!

Measure Number	Title	Description	Measure Steward
0030	Urinary Incontinence Management in Older Adults - a. Discussing urinary incontinence, b. Receiving urinary incontinence treatment	Percentage of patients 65 years of age and older who reported having a urine leakage problem in the last six months and who discussed their urinary leakage problem with their current practitioner. The percentage of patients 65 years of age and older who reported having a urine leakage problem in the last six months and who received treatment for their current urine leakage problem.	National Committee for Quality Assurance
0167	Improvement in Ambulation/locomotion	Percentage of home health episodes of care during which the patient improved in ability to ambulate.	Centers for Medicare & Medicaid Services
0174	Improvement in bathing	Percentage of home health episodes of care during which the patient got better at bathing self.	Centers for Medicare & Medicaid Services
0175	Improvement in bed transferring	Percentage of home health episodes of care during which the patient improved in ability to get in and out of bed.	Centers for Medicare & Medicaid Services
0176	Improvement in management of oral medications	Percentage of home health episodes of care during which the patient improved in ability to take their medicines correctly, by mouth.	Centers for Medicare & Medicaid Services
0177	Improvement in pain interfering with activity	Percentage of home health episodes of care during which the frequency of the patient's pain when moving around improved.	Centers for Medicare & Medicaid Services
0422	Functional status change for patients with knee impairments	Functional status change in patients aged 18 or older with a knee impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation	Focus on Therapeutic Outcomes, Inc

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0423	Functional status change for patients with hip impairments	Percentage of patients aged 18 or older with a hip impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Focus on Therapeutic Outcomes, Inc
0424	Functional status change for patients with foot/ankle impairments	Functional status change in patients aged 18 or older with a foot/ankle impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation	Focus on Therapeutic Outcomes, Inc
0425	Functional status change for patients with lumbar spine impairments	Percentage of patients aged 18 or older with a lumbar spine impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Focus on Therapeutic Outcomes, Inc
0426	Functional status change for patients with shoulder impairments	Percentage of patients aged 18 or older with a shoulder impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Focus on Therapeutic Outcomes, Inc
0427	Functional status change for patients with elbow, wrist or hand impairments	Percentage of patients aged 18 or older with an elbow, wrist or hand impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Focus on Therapeutic Outcomes, Inc
0428	Functional status change for patients with general orthopedic impairments	Functional status change in patients aged 18 or older with a general orthopedic impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation	Focus on Therapeutic Outcomes, Inc
0429	Change in Basic Mobility as Measured by the AM-PAC:	The Activity Measure for Post Acute Care (AM-PAC) is a functional status assessment instrument developed specifically for use in facility and community dwelling post acute care (PAC) patients. It was built using Item Response Theory (IRT) methods to achieve feasible, practical, and precise measurement of functional status (Hambleton 200, Hambleton 2005). Based on factor analytic work and IRT analyses, a Basic Mobility domain has been identified which consists of functional tasks that cover in the following areas: transfers, walking, wheelchair skills, stairs, bend/lift/ and carrying tasks. (Haley, 2004, 2004a, 2004b). The AM-PAC adaptive short form (ASF) versions of the Basic Mobility scale are being submitted to The National Quality Forum. The ASF version of the Basic Mobility scale consists of 2 different 10-item forms, one for inpatients versus those receiving care in a community setting. Built using IRT methods, the Basic Mobility ASFs allow different	CREcare

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		questions to be targeted to each setting (inpatient/community), generating an interval level score that is common across both ASFs. The scale is transformed from a logit scale to a standardized scale which ranges from 0 - 100 where 100 is the best possible mobility function. We believe that these short forms are the best compromise between needed breadth of functional content across inpatient and community functional tasks, and the need to minimize response burden. The ASFs for Basic Mobility were built from an item bank that contains a rich assortment of 131 calibrated items that have been developed, tested, calibrated and applied in clinical research over the past seven years. In developing and evaluating the AM-PAC, we employed two different samples of 1081 patients who received post acute care in acute inpatient rehabilitation units, long-term care hospitals, skilled nursing homes, home health care, and outpatient therapy care settings. The ASFs were developed on an initial sample of 485 post acute care patients (see Haley et al, 2004) The existence of a detailed item bank enables the basic AM-PAC forms to be enhanced and improved in a very timely fashion (Jette et al, 2007, Haley et al, 2008) for examples of this process). Scoring estimates from the ASFs and the computer adaptive test (CAT) are directly comparable, given they are taken from the same item bank, the same IRT analysis and use the same scoring metric. Using computer simulations with the AM-PAC item bank, we demonstrated excellent scoring comparability between the AM-PAC adaptive short forms and the CAT. (Haley et al., 2004) Advantages of using the CAT over the short forms include: less test burden on patients, decreased standard errors around score estimates, and improved scoring accuracy at the lower and higher ends of the AM-PAC functional scales. (Haley et al., 2004) However, the adaptive short forms can generate sufficiently accurate scores on the AM-PAC functional domains and those scores can be directly compared to scores provided from a CAT application of the same item pool.	
0430	Change in Daily Activity Function as Measured by the AM-PAC:	The Activity Measure for Post Acute Care (AM-PAC) is a functional status assessment instrument developed specifically for use in facility and community dwelling post acute care (PAC) patients. It was built using Item Response Theory (IRT) methods to achieve feasible, practical, and precise measurement of functional status (Hambleton 2000, Hambleton 2005). Based on factor analytic work and IRT analyses, a Daily Activity domain has been identified which consists of functional tasks that cover in	CREcare

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		the following areas: feeding, meal preparation, hygiene, grooming, and dressing (Haley, 2004, 2004a, 2004b). The AM-PAC adaptive short form (ASF) versions of the Daily Activity scale are being submitted to The National Quality Forum. The ASF version of the Daily Activity scale consists of 2 different 10-item forms, one for inpatients versus those receiving care in a community setting. Built using IRT methods, the Daily Activity ASFs allow different questions to be targeted to each setting (inpatient/community), generating an interval level score that is common across both ASFs. The scale is transformed from a logit scale to a standardized scale which ranges from 0 - 100 where 100 is the best possible daily activity function. We believe that these short forms are the best compromise between needed breadth of functional content across inpatient and community functional tasks, and the need to minimize response burden. The ASFs for Daily Activity were built from an item bank that contains a rich assortment of 88 calibrated items that have been developed, tested, and applied in clinical research over the past seven years. In developing and evaluating the AM-PAC, we employed two different samples of 1,081 patients who received post acute care in acute inpatient rehabilitation units, long-term care hospitals, skilled nursing homes, home health care, and outpatient therapy care settings. The ASFs were developed on an initial sample of 485 post acute care patients (see Coster et al., 2004). The existence of a detailed item bank enables the basic AM-PAC forms to be enhanced and improved in a very timely fashion (Jette et al., 2007; Haley et al., 2008 for examples of this process). Scoring estimates from the ASFs and the computer adaptive test (CAT) are directly comparable, given they are taken from the same item bank, the same IRT analysis and use the same scoring metric. Using computer simulations with the AM-PAC item bank, we demonstrated excellent scoring comparability between the AM-PAC adaptive short forms and the CAT (Haley et al., 2004). Advantages of using the CAT over the short forms include: less test burden on patients, decreased standard errors around score estimates, and improved scoring accuracy at the lower and higher ends of the AM-PAC functional scales (Haley et al., 2004). However, the ASFs can generate sufficiently accurate scores on the AM-PAC Daily Activity domains and those scores can be directly compared to scores provided from a CAT application of the same item pool.	

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0673	Physical Therapy or Nursing Rehabilitation/Restorative Care for Long-stay Patients with New Balance Problem	Percentage of long-stay nursing home patients 65 years old or older who have a new balance problem who receive physical therapy or nursing rehabilitation/restorative care	RAND Corporation
0685	Percent of Low Risk Residents Who Lose Control of Their Bowels or Bladder (Long-Stay)	This measure updates CMS' MDS 2.0 QM on bowel and bladder control. It is based on data from Minimum Data Set (MDS) 3.0 assessments of low risk long-stay nursing facility residents (those whose cumulative days in the facility is greater than 100 days). This measure reports the percent of long-stay residents with a selected target assessment who are frequently or always bladder or bowel incontinent as indicated on the target MDS assessment (OBRA, PPS or discharge) during the selected quarter (3-month period).	Centers for Medicare & Medicaid Services
0688	Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)	This measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents in a nursing facility whose need for help with late-loss Activities of Daily Living (ADLs), as reported in the target quarter's assessment, increased when compared with a previous assessment. The four late-loss ADLs are: bed mobility, transferring, eating, and toileting. This measure is calculated by comparing the change in each item between the target MDS assessment (OBRA, PPS or discharge) and a previous assessment (OBRA, PPS or discharge).	Centers for Medicare & Medicaid Services
0260	Assessment of Health-related Quality of Life in Dialysis Patients	Percentage of dialysis patients who receive a quality of life assessment using the KDQOL-36 (36-question survey that assesses patients' functioning and well-being) at least once per year.	RAND Corporation
0700	Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation	The percentage of patients with COPD enrolled in pulmonary rehabilitation (PR) who are found to increase their health-related quality of life score (HRQOL).	American Association for Cardiovascular and Pulmonary Rehabilitation

Measure Number	Title	Description	Measure Steward
0701	Functional Capacity in COPD patients before and after Pulmonary Rehabilitation	The percentage of patients with COPD who are enrolled in pulmonary rehabilitation (PR) who are found to increase their functional capacity by at least 25 meters (82 feet), as measured by a standardized 6 minute walk test (6MWT).	American Association for Cardiovascular and Pulmonary Rehabilitation