

The Palliative Care Measure Menu

Brief Tutorial

What Is the PC Measure Menu?

Developed with support from the **California Health Care Foundation**, the Palliative Care (PC) Measure Menu is a web-based tool that lets users consider a variety of metrics that speak to:

- The quality of a specialty PC service
 - Inpatient or outpatient/community-based
- The quality of palliative and end-of-life (EOL) care delivered to a population of patients, including those not cared for by a specialty PC service

What's Inside

- Currently, 299 metrics from 19 sources
- Information about each metric:
 - Required data
 - Metric type (structure, process, outcome)
 - National Consensus Project (NCP) guideline it addresses
 - Who developed it
 - Settings used/tested in
 - Important endorsements

You can use the tool to select for the types of metrics that are appropriate for your setting and service, and to exclude from consideration metrics that are unimportant to you or infeasible.

How to Use the Menu

1. Select the setting/patient group for your metrics portfolio.
2. Use filters to eliminate metrics that require data you do not have access to.
3. Specify the focus and types of metrics you want to consider (optional).
4. Apply filters pertaining to metric source, National Quality Forum endorsement status, or Measuring What Matters initiative recommendation status (optional).
5. Review metrics that meet your specified criteria.
6. Learn about the National Consensus Project guideline that a metric addresses (optional).
7. Learn about the metric source (optional).
8. Save items that might be included in your final metrics portfolio.
9. Export potential selections to your computer.
10. Use the export file to support the collaborative process of selecting a balanced, feasible portfolio of palliative care metrics.

Instructions and Overview

THE PALLIATIVE CARE MEASURE MENU

Community-based PC Service Population of Patients Inpatient PC Service Hospital or Hospital Unit

Resources ▾

The PC Measure Menu: Overview and Instructions

Developed by **PC-Insights** (Kathleen Kerr, Brian Cassel and Lewis Broome, Principles) with support from the California HealthCare Foundation

Detailed instructions are available in the **Resources** tab.

Overview

The Palliative Care (PC) Measure Menu is a web-based tool that allows users to consider a wide range of metrics that speak to the quality of and contributions made by a specialty PC service, as well as the quality of palliative and end-of-life care (EOL) delivered to a population of patients.

By using the Menu's filter features, users can leverage the descriptive information provided about each metric to select for specific types of metrics, care settings, data requirements and so on, and to exclude from consideration metrics that would not be appropriate or feasible. This allows users to narrow the field of candidate metrics, making the process of selecting metrics much more manageable. Users can consider sequentially metrics pertaining to specific domains of palliative care, for example beginning with metrics that address general structures and processes of care, then moving to metrics that speak to physical aspects of care, and so on. This iterative process will allow for development of a balanced measurement portfolio that only includes metrics that are feasible and meaningful to a particular program or organization.

Metric Sources

The Menu includes a few hundred metrics derived from 19 sources. Many of the metrics (and the source measure sets) were identified in two recent systematic reviews:

Kamal AH, Gradison M, Maguire JM, Taylor D, Abernethy AP. Quality measures for palliative care in patients with cancer: a systematic review. *J Oncol Pract.* 2014 Jul;10(4):281-7.

De Roo ML, Leemans K, Claessen SJ, Cohen J, Pasman HR, Deliens L, Francke AL; EURO IMPACT. Quality indicators for palliative care: update of a systematic review. *J Pain Symptom Manage.* 2013 Oct;46(4):556-72).

The Menu includes metrics that address the National Quality Forum (NQF) National Framework and Preferred Practices for Palliative and Hospice Care Quality, pertinent metrics that are used or endorsed by regulatory or accreditation groups such as The Joint Commission and the National Committee for Quality Assurance, and several that are used in Dartmouth Atlas of Healthcare, an important national benchmarking database. The Menu also includes metrics that are sourced as "Common use"; these are metrics that the Menu authors know to be in use by PC programs, often for the purpose of describing operational activities, like the number of patients served or the timing of care delivery.

The **Sources** page, found in the Menu's **Resources** section, includes a description of each source measure set, a few notes about how the metrics were developed and their intended use, the original care setting the metrics were used in (hospice, hospital, etc.), pertinent references from the peer-reviewed literature, and links to source documents or program pages, if available.

Filter View

THE PALLIATIVE CARE MEASURE MENU

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Resources ▾

FILTERS

Step 1: Select the types of data that are or could be available for tracking metrics

Date of Death ⓘ

Use of Hospital or Emergency Room ⓘ

Care delivered in outpatient settings ⓘ

Chart data describing care processes or clinical findings ⓘ

Use of Hospice ⓘ

Survey Responses ⓘ

Step 2: Metric Focus and Type: Use these variables to specify the focus and types of metrics that you want to consider

Metric Focus ⓘ

Nothing selected ▾

Metric Type ⓘ

Nothing selected ▾

Step 3: Endorsements and Sources: Use these items to limit your search to metrics that have National Quality Forum endorsement, are Measuring What Matters recommended, or those from specific sources.

NQF Endorsement ⓘ

Nothing selected ▾

MWM Recommended ⓘ

Nothing selected ▾

Metric Source ⓘ

Nothing selected ▾

Show Results

Reset

180 METRICS FOUND

← This number will change as filters are applied.

My Metrics 0

Setting/Patient Group

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Use the tabs to pick metrics for:

- A specialty community-based service (180 possible metrics)
- A population, like cancer patients, health plan members, all persons cared for by a health system, etc. (124)
- A specialty inpatient service (168)
- A hospital or a unit of a hospital (96)

Some metrics work for multiple settings/scopes.

Required Data

THE PALLIATIVE CARE MEASURE MENU

Community-based PC Service Population of Patients Inpatient PC Service Hospital or Hospital Unit

FILTERS

Step 1: Select the types of data that are or could be available for tracking metrics

- Date of Death ⓘ
- Use of Hospital or Emergency Room ⓘ
- Care delivered in outpatient settings ⓘ
- Chart data describing care processes or clinical findings ⓘ
- Use of Hospice ⓘ
- Survey Responses ⓘ

Data that are usually stored in the patient medical record (e.g., pain scores) or in financial or administrative databases (e.g., primary diagnosis for a hospital admission)

Unselect items in order to exclude from consideration metrics that require data you do not have access to.

For example, if “Date of Death” is unselected, the number of possible CBPC metrics decreases from 180 to 125.

Metric Focus

Step 2: Metric Focus and Type: Use these variables to specify the focus and types of metrics that you want to consider

Metric Focus ⓘ

Nothing selected ▼

Select All

Deselect All

NCP Domain

Gen Structures / Processes

Physical

Psychological / Psychiatric

Social

Spiritual

Cultural

EOL Care

Ethical/legal

Outcome Focus

Clinical/Pt-reported

Social

Utilization/Fiscal

Operational Metrics

Operational

You can use these fields to select structure and process metrics that speak to a particular domain of palliative care, as defined by the National Consensus Project for Quality Palliative Care (NCP).

You can use these fields to select specific types of outcome metrics.

Operational metrics are process metrics that address timing and volume of services provided, but are not linked to specific NCP guidelines or criteria.

Metric Type

Step 2: Metric Focus and Type: Use these variables to specify the focus and types of metrics that you want to consider

Metric Focus ⓘ
Nothing selected

Metric Type ⓘ
Nothing selected
Select All Deselect All
Structure
Process
Outcome

Step 3: Endorsements and Sources: Use these items to limit your search to metrics that have National Quality Forum (NQF) Endorsement, are Measuring What Matters recommended, or those from specific sources.

NQF Endorsement ⓘ
Nothing selected

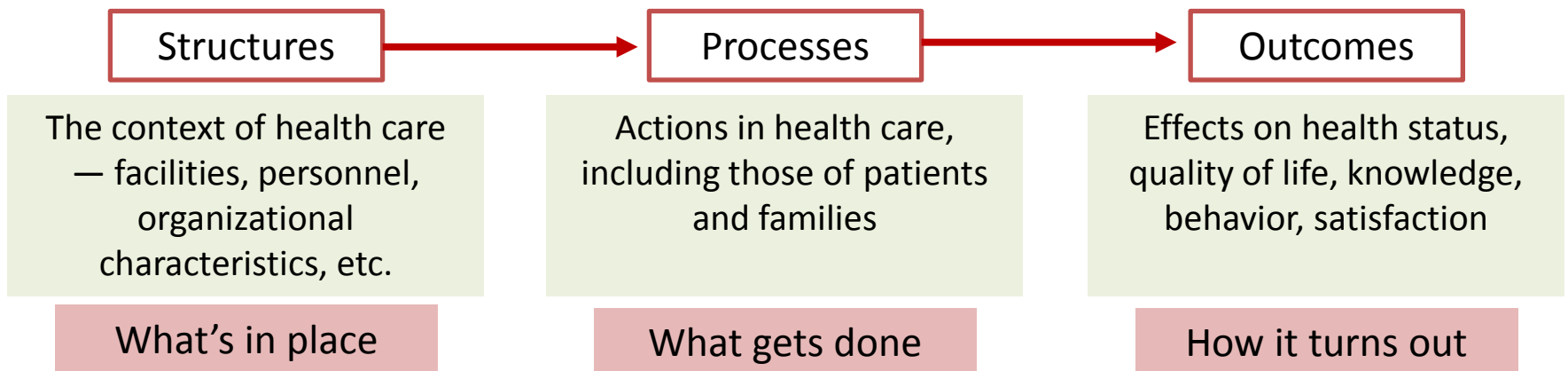
MWM Recommended ⓘ
Nothing selected

Metric Source ⓘ
Nothing selected

Show Results Reset

180 METRICS FOUND

My Metrics 0



Endorsements and Sources

Step 3: Endorsements and Sources: Use these items to limit your search to metrics that have National Quality Forum endorsement, are Measuring What Matters recommended, or those from specific sources.

NQF Endorsement ⓘ

Nothing selected ▾



MWM Recommended ⓘ

Nothing selected ▾



Metric Source ⓘ

Nothing selected ▾



Use this filter to limit possible metrics to those endorsed by the National Quality Forum (NQF). Metrics that are markedly similar to or derived from NQF-endorsed metrics are flagged as “Adapted.”

Use this filter to limit possible metrics to those recommended by the American Academy of Hospice and Palliative Medicine / Hospice and Palliative Nurses Association’s Measuring What Matters (MWM) initiative. Metrics that are markedly similar to or derived from MWM-recommended metrics are flagged as “Variant.”

Use this filter to limit possible metrics to those derived from specific sources, such as metrics included in the PEACE measure set or those in use by the QOPI initiative, etc.

Resources: Sources

THE PALLIATIVE CARE MEASURE MENU

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Information about metrics sources is available in the **Resources** tab.

Resources ▾

Sources

Many of the metrics (and the source measure sets) included in the menu were identified in two recent systematic reviews:

Kamal AH, Gradison M, Maguire JM, Taylor D, Abernethy AP. Quality measures for palliative care in patients with cancer: a systematic review. *J Oncol Pract*. 2014 Jul;10(4):281-7.

De Roo ML, Leemans K, Claessen SJ, Cohen J, Pasman HR, Deliens L, Francke AL; EURO IMPACT. Quality indicators for palliative care: update of a systematic review. *J Pain Symptom Manage*. 2013 Oct;46(4):556-72).

In addition, the Menu includes metrics that address the National Quality Forum (NQF) National Framework and Preferred Practices for Palliative and Hospice Care Quality, pertinent metrics that are used or endorsed by regulatory or accreditation groups such as The Joint Commission and the National Committee for Quality Assurance (NCQA), and several that are used in Dartmouth Atlas of Healthcare, an important national benchmarking database. The Menu also includes several metrics that are sourced as "Common use"; these are metrics that the Menu authors know to be in use by palliative care programs, often for the purpose of describing operational activities, like the number of patients served or the timing of care delivery.

Jump to a Source ▾

ACOVE

Description	Assessing Care of Vulnerable Elders (ACOVE): developed by RAND, a set of evidence-based indicators of quality of care delivered to vulnerable elders, which can be used to assess quality of care at the health system level.
Notes	Vulnerable elders, defined as community-dwelling individuals age 75 or over, as well as community dwelling individuals aged 65 and older who are at greater risk of death or functional decline over a 2-year period. The latter group is identified with the Vulnerable Elder Survey-13 (VES-13), a 13-item interview tool that addresses self-rated health and functional disabilities and limitations, yielding a score ranging from 0 (lowest risk) to 10 (highest risk) that predicts functional decline and death. Individuals with VES-13 scores of 3 or higher qualify as "vulnerable elders."
Original Settings	All locations
References	Lorenz KA et al. Quality indicators for palliative and end-of-life care in vulnerable elders. <i>J Am Geriatr Soc</i> . 2007 Oct;55 Suppl 2:S318-26. Wenger NS, Shekelle PG (2001) Assessing care of vulnerable elders: ACOVE project overview. <i>Ann Intern Med</i> 135:642-646.
Links	ACOVE program description, research briefs and other publications are available at: http://www.rand.org/health/projects/acove.html The VES-13 survey tool is available at: http://www.rand.org/health/projects/acove/survey.html

Viewing Your Results

180 METRICS FOUND

This number will change as filters are applied.

If no metrics are found, you need to revise your filter selections.

Use the **Show Results** button to view a list of metrics that meet your specified criteria.

Use the **Reset** button to clear your filter selections.

Show Results

Reset

My Metrics 0

Results View

Learn more about the metric source and “original population” through the **Sources** item in the **Resources** tab.

Hospital or Hospital Unit

Resources

FILTERS

Show Filters

32 METRICS FOUND

My Metrics 0

Metrics that meet the criteria specified in the Filters section.

Domain	Metric Type	Source	Original Population	NCP Ref	Metric or Quality Indicator	Add
Social	Process	NQF PP	PC patients	NCP 4.2	Proportion of patients/families who were invited to participate in a care conference with the interdisciplinary team	Add +
Social	Process	NQF PP	PC patients	NCP 4.2	Proportion of patients for whom a comprehensive social care plan is developed (comprehensive social care plan addressed relationships, communication, existing social and cultural networks, decision-making, work and school settings, finances, sexuality/intimacy, caregiver availability/stress and access to medicines and equipment.)	Add +
Spiritual	Structure	NQF PP	PC patients	NCP 5.1	Specialized palliative and hospice care teams should include spiritual care professionals appropriately trained and certified in palliative care.	Add +
Spiritual	Structure	NQF PP	PC patients	NCP 5.2	Presence of a policy or procedure requiring assessment of religious, spiritual and existential concerns using a structured instrument	Add +
Spiritual	Structure	NCP	PC patients	NCP 5.3	Palliative care programs create procedures to facilitate patients' access to clergy, religious, spiritual and culturally-based leaders, and/or healers in their own religious, spiritual, or cultural traditions.	Add +
Spiritual	Structure	NCP	PC patients	NCP 5.3	Non-chaplain palliative care providers obtain training in basic spiritual screening and spiritual care skills	Add +
Spiritual	Structure	NQF PP	PC patients	NCP 5.3	Spiritual care is available through organizational spiritual counseling or through the patient's own clergy relationships	Add +

Results View

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Resources ▾

FILTERS

Show Filters

32 METRICS FOUND

My Metrics 0

Metrics that meet the criteria specified in the Filters section.

Learn more about the NCP guideline reference for a metric through the **NCP Guidelines** section of the **Resources** tab.

Domain	Metric Type	Source	Original Population	NCP Ref	Metric or Quality Indicator	Add
Social	Process	NQF PP	PC patients	NCP 4.2	Proportion of patients/families who were invited to participate in a care conference with the interdisciplinary team	Add +
Social	Process	NQF PP	PC patients	NCP 4.2	Proportion of patients for whom a comprehensive social care plan is developed (comprehensive social care plan addressed relationships, communication, existing social and cultural networks, decision-making, work and school settings, finances, sexuality/intimacy, caregiver availability/stress and access to medicines and equipment.)	Add +
Spiritual	Structure	NQF PP	PC patients	NCP 5.1	Specialized palliative and hospice care teams should include spiritual care professionals appropriately trained and certified in palliative care.	Add +
Spiritual	Structure	NQF PP	PC patients	NCP 5.2	Presence of a policy or procedure requiring assessment of religious, spiritual and existential concerns using a structured instrument	Add +
Spiritual	Structure	NCP	PC patients	NCP 5.3	Palliative care programs create procedures to facilitate patients' access to clergy, religious, spiritual and culturally-based leaders, and/or healers in their own religious, spiritual, or cultural traditions.	Add +
Spiritual	Structure	NCP	PC patients	NCP 5.3	Non-chaplain palliative care providers obtain training in basic spiritual screening and spiritual care skills	Add +
Spiritual	Structure	NQF PP	PC patients	NCP 5.3	Spiritual care is available through organizational spiritual counseling or through the patient's own clergy relationships	Add +

Resources: NCP Guidelines

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Resources ▾

NCP Guidelines

Each Structure and Process metric in the Menu is linked to a specific guideline or guideline criterion described in the National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care, 3rd edition (available as a free download from: http://www.nationalconsensusproject.org/Guidelines_Download2.aspx). The guidelines and criteria are replicated here.

Jump to an NCP Guideline ▾

Number	Guideline And Criteria	Domain
1.1	<p>Guideline: A comprehensive and timely interdisciplinary assessment of the patient and family forms the basis of the plan of care.</p> <ul style="list-style-type: none">• Palliative assessment and documentation are interdisciplinary and coordinated.• The interdisciplinary team (IDT) completes an initial comprehensive assessment and subsequent reevaluation through patient and family interviews, review of medical and other available records, discussion with other providers, physical examination and assessment, along with relevant laboratory <p>equacy of diagnosis and treatment consistent with review of past history;</p> <p>and prognosis; comorbid medical and psychiatric disorders; physical and psychological symptoms; functional status; social, cultural, and spiritual strengths, values, practices, concerns, and goals; advance care planning concerns, preferences, and documents; and appropriateness of hospice referral</p> <ul style="list-style-type: none">• Assessment of neonates, children, and adolescents must be conducted with consideration of age and stage of neurocognitive development.• The IDT documents assessment of the patient and family perception and understanding of the serious or life limiting illness including: patient and family expectations of treatment, goals for care, quality of life, as well as preferences for the type and site of care.• Comprehensive assessment identifies the elements of quality of life. Quality of life is defined by four domains: physical, psychological, social, and spiritual aspects of care. Interventions are focused to alleviate distress in one or any of these domains.	STRUCTURE AND PROCESSES OF CARE

Use the “NCP Ref” number provided in the Results view to look up the guideline or guideline criteria associated with a metric.

Results View

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Resources ▾

FILTERS

Show Filters

32 METRICS FOUND

Use the **Add** buttons to save metrics to your My Metrics cart.

My Metrics 0

Metrics that meet the criteria specified in the Filters section.

Domain	Metric Type	Source	Original Population	NCP Ref	Metric or Quality Indicator	Add
Social	Process	NQF PP	PC patients	NCP 4.2	Proportion of patients/families who were invited to participate in a care conference with the interdisciplinary team	Add +
Social	Process	NQF PP	PC patients	NCP 4.2	Proportion of patients for whom a comprehensive social care plan is developed (comprehensive social care plan addressed relationships, communication, existing social and cultural networks, decision-making, work and school settings, finances, sexuality/intimacy, caregiver availability/stress and access to medicines and equipment.)	Add +
Spiritual	Structure	NQF PP	PC patients	NCP 5.1	Specialized palliative and hospice care teams should include spiritual care professionals appropriately trained and certified in palliative care.	Add +
Spiritual	Structure	NQF PP	PC patients	NCP 5.2	Presence of a policy or procedure requiring assessment of religious, spiritual and existential concerns using a structured instrument	Add +
Spiritual	Structure	NCP	PC patients	NCP 5.3	Palliative care programs create procedures to facilitate patients' access to clergy, religious, spiritual and culturally-based leaders, and/or healers in their own religious, spiritual, or cultural traditions.	Add +
Spiritual	Structure	NCP	PC patients	NCP 5.3	Non-chaplain palliative care providers obtain training in basic spiritual screening and spiritual care skills	Add +
Spiritual	Structure	NQF PP	PC patients	NCP 5.3	Spiritual care is available through organizational spiritual counseling or through the patient's own clergy relationships	Add +

My Metrics

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Resources ▾

FILTERS

Use the **My Metrics** button to preview and edit the contents of your cart.

Show Filters

180 METRICS FOUND

My Metrics 4

My Metrics

Domain	Metric Type	Source	Original Population	NCP Ref	Metric or Quality Indicator	Remove
Psychological / Psychiatric	Structure	NCP	PC patients	NCP 3.1	The IDT includes professionals with skills and training in the potential psychological and psychiatric impact of serious or life threatening illness, on both the patient and family including depression, anxiety, delirium, and cognitive impairment	Remove
Psychological / Psychiatric	Structure	PEACE	PC patients	NCP 3.1	Policy or procedure mandating use of standard questions to assess patient depression	Remove
Spiritual	Structure	NQF PP	PC patients	NCP 5.2	Presence of a policy or procedure requiring assessment of religious, spiritual and existential concerns using a structured instrument	Remove
Spiritual	Structure	NQF PP	PC patients	NCP 5.3	The organization/program has established partnerships with community clergy	Remove
Spiritual	Process	PEACE	PC patients	NCP 5.2	% patients with chart documentation of a discussion of	Remove

Export your My Metrics cart contents.

Export

Close

How Many of Which Types of Metrics Are Needed?

- The types and number of metrics in your portfolio will be dictated by:
 - The developmental stage of your program
 - The resources at your disposal to gather and analyze data
- (Feasible) Minimal Measuring
 - New program and/or few resources
- Maximal Measuring
 - Established program and/or abundant resources
- Between Minimal and Maximal
 - Most programs will be somewhere on the continuum between “new / few resources” and “established / lots of resources”

Target: Minimal Measuring

Domain	Structure	Process
General structures and processes of care	One structure or process metric for each domain, including at least 2 process measures	
Physical aspects of care		
Psychological and psychiatric aspects of care		
Social aspects of care		
Spiritual, religious & existential aspects of care		
Cultural aspects of care		
Care for the patient at the end of life		
Ethical & legal aspects of care		

- Plus 4-6 metrics addressing:
- Clinical or patient-reported outcomes
 - Social outcomes
 - Cost/utilization outcomes

Minimal measuring = 12-14 items addressing quality, plus operational metrics (number and type negotiated with stakeholders)

Target: Maximal Measuring

Domain	Structure	Process
General structures and processes of care	At least 1 structure metric for each domain	At least 1 process metric for each domain
Physical aspects of care		
Psychological and psychiatric aspects of care		
Social aspects of care		
Spiritual, religious & existential aspects of care		
Cultural aspects of care		
Care for the patient at the end of life		
Ethical & legal aspects of care		

Plus at least 8 metrics addressing:

- Clinical or patient-reported outcomes
 - Social outcomes
 - Cost/utilization outcomes
- . . . including at least 2 clinical or patient-reported outcomes

Maximal measuring = 24+ items addressing quality, plus operational metrics (number and type negotiated with stakeholders)

Learning More: California State University Institute for Palliative Care Online Course

Metrics and Measurement for Palliative Care

- Review the concepts, practices, and settings for palliative care, including community-based and inpatient PC services.
- Learn how to apply and adapt well-known measurement frameworks in health care to palliative care specifically.
- Review the five crucial steps for choosing measures wisely.
- Learn how to use the PC Measure Menu to simplify and expedite the process of identifying measures and selecting a balanced portfolio.
- Learn tips for being successful and avoiding mistakes that are commonly made in this area.

<http://csupalliativecare.org/organizations/roadmap/metrics-measurements/>

Be in touch if the tool gives you any trouble,
or if you identify a metric that you think
might be a nice addition to the Menu.

Developers of the Menu concept, content, and the web tool:

Kathleen Kerr

kathleen@pc-insights.com

Brian Cassel, PhD

brian@pc-insights.com

Lewis Broome and the PC-Insights web team:

lewis@pc-insights.com

Developed with the generous support of the California Health Care Foundation