Measuring What Matters: Top-Ranked Quality Indicators for Hospice and Palliative Care
From AAHPM and HPNA

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Introduction
Measuring quality of hospice and palliative care is critical for evaluating and improving care, but no standard U.S. quality indicator set exists. The Measuring What Matters (MWM) project aimed to create a concise portfolio of valid, clinically relevant, cross-cutting indicators for internal measurement of hospice and palliative care. The findings and recommendations of the project were published online and in print (J Pain Symptom Manage 2015;49:773-781).

For too many patients and families in the U.S. experience unnecessary physical and emotional suffering during serious and life-threatening illnesses. Recent studies have demonstrated gaps in quality of care in domains such as patient and symptom management, communication, and care planning across settings such as hospitals, nursing homes and ambulatory care. (2-4) Palliative care is defined as care that provides relief from symptoms and supports quality of life for patients with serious advanced illness and their families, and hospice care is an approach focused on patients with limited life expectancy and their families. (1)

As ambulatory palliative care clinics, structured goals of care discussions in critical care, and outpatient nurse-led interventions targeting patient/family pain management can improve outcomes such as patient/family satisfaction & health care utilization. (5)

Methods
MWM was a sequential consensus project of the American Academy of Hospice and Palliative Medicine (AAHPM) and Hospice and Palliative Nurses Association (HPNA). We identified candidate indicators mapped to National Consensus Project (NCP) Palliative Care Guidelines (6) domain. We narrowed the list through a modified Delphi rating process by a Technical Advisory Panel (TAP) and Clinical User Panel (CUP) and ratings from AAHPM and HPNA membership and key organizations.

What Services Are Included in Palliative Care?

Above and Below: Steps in the MWM Process

Measure Selection Process

Results
We narrowed the initial 75 indicators to a final list of 10. These include one in the NCP domain Structure and Process (Comprehensive Assessment), three in Physical Aspects (Screening for Physical Symptoms, Pain Treatment, Symptom Management, Communication, and Care Planning), and one in Ethical and Legal Aspects (Documenting Care Preferences). The list also recommends a global indicator of patient/family perceptions of care, but does not endorse a specific survey instrument.

Conclusions
This consensus set of hospice and palliative care quality indicators is a foundation for standard, valid internal quality measurement for U.S. settings. Further development will assemble implementation tools for quality measurement and benchmarking.

Next Steps
In MWM Phase 2, the project will take on more complex tasks, such as creating e-specifications and patient-reported outcome measures, field-testing altered, expanded or untested measures, and developing a common palliative care denominator. We are currently in contact with the National Quality Forum (NQF) to inquire about their Measure Incubator, as well as the Centers for Medicare and Medicaid Services (CMS) as they choose measures for their quality reporting programs.

Message to Our Members
Take manageable steps that align with your existing measurement requirements. Identify priorities in your setting to evaluate and improve. Perhaps start with two or three measures that best fit your program, capacity and improvement goals. For hospices, it may be those already in the Hospice Item Set; others might use MWM measures to meet accreditation or maintenance of certification. Then, share your experience using the Journal of Pain & Symptom Management’s Brief Quality Improvement Reports.

Literature cited

For further information
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