
Patient Level Metrics, Measures, and Reports (Premium Membership):

Patient-level: Hospital

- Operations
 - Total Patients
 - The number of unique patients for your selected parameters.
 - Total Visits
 - The number of unique visits for your selected parameters.
 - Total Episodes
 - The number of unique episodes for your selected parameters.
 - Total New Consults
 - The number of new consults for your selected parameters.
 - Average Visits per Episode of Care
 - A derived calculation of the number of visits per unique episodes of care.
 - Average Visits per Patient
 - A derived calculation of the average number of visits per unique patient for your selected parameters.
 - LOS Prior to Consult
 - A derived calculation of the total number of days between admission date and initial visit date.
 - Patients Seen Within 3 Days of Admission
 - The percentage of patients who have an initial consult date within 3 days from admission date.
- Operations (Non-Episode-based)
 - Total Patients
 - The number of unique patients for your selected parameters (including those who do not have an episode of care)
 - Total Visits
 - The number of unique visits for your selected parameters (including those that occurred outside of episodes of care).
 - Average Visits per Patient
 - A derived calculation of the average number of visits per unique patient for your selected parameters (including visits that occurred outside of episodes of care)
- Ethical & Legal Aspects of Care
 - Documentation of Goals of Care
 - The percentage of patients who are indicated to have documentation of their goals of care.
 - Documentation of Surrogate Decision Maker

- The percentage of patients who are indicated to have the name and contact information for the patient's surrogate decision maker in the chart or documentation that there is no surrogate.
 - Advance Directive Complete
 - The percentage of patients who are indicated to have completed an advance directive with a member of the palliative care team.
 - POLST Complete (at Live Discharge)
 - The percentage of live discharged patients who are indicated to have completed a POLST form.
 - POLST Complete (Not Full Code at Live Discharge)
 - The percentage of live discharged patients who have not indicated their code status as full code who are indicated to have completed a POLST form.
 - Treatment Preferences
 - The percentage of patients who are indicated to have chart documentation of preferences for life-sustaining treatments.
 - Treatment Preferences and Goals of Care
 - The percentage of patients who are indicated to have had a discussion of both life sustaining treatments and goals of care.
- Physical Aspects of Care
 - Pain
 - Patient Screened for Pain
 - The percentage of patients who have had a pain score assessed.
 - Patients Screened for Pain (During Initial Encounter)
 - The percentage of patients who have had a pain score assessed at their initial encounter.
 - Comprehensive Pain Assessment Completed
 - The percentage of patients who screened positive for pain during the palliative care initial encounter and received a clinical assessment of pain, which included at least five of seven components, within one (1) day of screening.
 - Pain Treatment (During Initial Consult)
 - The percentage of patients with moderate or severe pain who are indicated to have received an intervention for pain during their initial consult.
 - Pain Improvement from First to Last Assessment
 - The percentage of patients with moderate to severe pain at their first encounter of care who have a decrease in their indicated pain score between their first and last encounter of an episode of care.
 - Dyspnea
 - Patient Screened for Dyspnea
 - The percentage of patients who have had a dyspnea score assessed.
 - Patients Screened for Dyspnea (During Initial Encounter)
 - The percentage of patients who have had a dyspnea score assessed at their initial encounter.
 - Dyspnea Management (All)
 - The percentage of patients with moderate or severe dyspnea who are indicated to have received an intervention for dyspnea.
 - Dyspnea Management (Initial Consult)
 - The percentage of patients with moderate or severe dyspnea who are indicated to have received an intervention for dyspnea during their initial consult.
 - Dyspnea Improvement from First to Last Assessment
 - The percentage of patients with moderate to severe dyspnea at their first encounter of care who have a decrease in their indicated dyspnea score between their first and last encounter of an episode of care.

- Other
 - Screening for Physical Symptoms
 - The percentage of patients who have indicated symptom scores for pain, dyspnea, nausea, and constipation.
 - Presence of Bowel movement
 - The percentage of patients who have indicated having had a bowel movement in the previous two days.
 - Expected Death with Deactivated ICD
 - The percentage of patients who have an implantable cardioverter-defibrillator and have died, who have had their ICD deactivated prior to death.
- Psychosocial & Spiritual Aspects of Care
 - Documentation of Patient's Caregiver
 - The percentage of patients who are indicated to have documentation of a primary caregiver.
 - Discussion of Emotional or Psychological Needs (All)
 - Percentage of patients who are indicated to have had their emotional or psychological needs discussed.
 - Discussion of Spiritual/Religious Concerns (Initial Consult)
 - Percentage of patients who are indicated to have documentation in the clinical record of a discussion of spiritual and religious concerns or documentation that the patient or caregiver did not want to discuss these issues.
- Clinical Summary Breakdown by:
 - Age
 - Ethnicity
 - Race
 - Preferred Language
 - Primary Caregiver at Most Recent Visit
 - Referral Service
 - Reasons for Referral
 - Primary Diagnosis
 - Consultation location
 - Manner in which visit was Conducted
 - PPS at Initial Consult
 - Code Status at Initial Consult
 - Code Status at Discharge
 - Patient Status at Time of PC Sign-off
 - Primary Reason for Discharge/Transition
 - Services Referred To

Patient-level: Community

- Operations
 - Total Patients
 - The number of unique patients for your selected parameters.
 - Total Visits
 - The number of unique visits for your selected parameters.
 - Total Episodes
 - The number of unique episodes for your selected parameters.
 - Total New Consults

- The number of new consults for your selected parameters.
 - Average Visits per Episode of Care
 - A derived calculation of the number of visits per unique episodes of care.
 - Average Visits per Patient
 - A derived calculation of the average number of visits per unique patient for your selected parameters.
 - Time from Referral to Initial Visit
 - A derived calculation of the total number of days between referral date and initial visit date.
- Operations (Non-Episode-based)
 - Total Patients
 - The number of unique patients for your selected parameters (including those who do not have an episode of care)
 - Total Visits
 - The number of unique visits for your selected parameters (including those that occurred outside of episodes of care).
 - Average Visits per Patient
 - A derived calculation of the average number of visits per unique patient for your selected parameters (including visits that occurred outside of episodes of care)
- Ethical & Legal Aspects of Care
 - Documentation of Goals of Care
 - The percentage of patients who are indicated to have documentation of their goals of care.
 - Documentation of Surrogate Decision Maker
 - The percentage of patients who are indicated to have the name and contact information for the patient's surrogate decision maker in the chart or documentation that there is no surrogate.
 - POLST Complete (at Live Discharge)
 - The percentage of live discharged patients who are indicated to have completed a POLST form with a member of the palliative care team.
 - POLST Complete (Not Full Code at Live Discharge)
 - The percentage of patients who have not indicated their code status as full code who are indicated to have completed a POLST form and are discharged alive.
 - Advance Directive Complete
 - The percentage of patients who are indicated to have completed an advance directive.
 - Advance Directive Completed by PC Team
 - The percentage of patients who are indicated to have completed an advance directive with a member of the palliative care team.
 - Treatment Preferences
 - The percentage of patients who are indicated to have chart documentation of preferences for life-sustaining treatments.
 - Treatment Preferences and Goals of Care
 - The percentage of patients who are indicated to have had a discussion of both life sustaining treatments and goals of care.
- Physical Aspects of Care
 - Pain
 - Patient Screened for Pain (by Third Visit)
 - The percentage of patients who have had a pain score assessed by their third visit.
 - Patients Screened for Pain (During Initial Encounter)
 - The percentage of patients who have had a pain score assessed at their initial visit.
 - Comprehensive Pain Assessment Completed

- The percentage of patients who screened positive for pain during the palliative care initial encounter and received a clinical assessment of pain, which included at least five of seven components, within one (1) day of screening.
 - Pain Treatment (During Initial Consult)
 - The percentage of patients with moderate or severe pain who are indicated to have received an intervention for pain during their initial consult.
 - Pain Improvement First to Last Assessment
 - The percentage of patients with moderate to severe pain at their initial visit who have a decrease in their indicated pain score between their first and last encounter of an episode of care.
- Dyspnea
 - Patients Screened for Dyspnea (During Initial Encounter)
 - The percentage of patients who have had a dyspnea score assessed at their initial encounter.
 - Dyspnea Management (All)
 - The percentage of patients with moderate or severe dyspnea who are indicated to have received an intervention for dyspnea.
 - Dyspnea Management (Initial Consult)
 - The percentage of patients with moderate or severe dyspnea who are indicated to have received an intervention for dyspnea during the initial consult.
 - Dyspnea Improvement First to Last Assessment
 - The percentage of patients with moderate to severe dyspnea at the initial visit who have a decrease in their indicated dyspnea score between their first and last encounter of an episode of care.
- Other
 - Screening for Physical Symptoms
 - The percentage of patients who have indicated symptom scores for pain, dyspnea, nausea, and constipation.
 - Patients Who Die an Expected Death with an implantable cardioverter-defibrillator (ICD) that Has Been Deactivated
 - The percentage of patients who have an implantable cardioverter-defibrillator and have died, who have had their ICD deactivated prior to death.
- Psychosocial and Spiritual Aspects of Care
 - Documentation of Patient's Caregiver
 - The percentage of patients who are indicated to have documentation of a primary caregiver.
 - Discussion of Emotional or Psychological Needs (Initial Consult)
 - Percentage of patients who are indicated to have had their emotional or psychological needs discussed during the initial consult.
 - Discussion of Spiritual or Religious Concerns (Initial Consult)
 - Percentage of patients who are indicated to have documentation in the clinical record of a discussion of spiritual and religious concerns or documentation that the patient or caregiver did not want to discuss these issues during the initial consult.
- Clinical Summary Breakdown by:
 - Age
 - Ethnicity
 - Race
 - Preferred Language
 - Primary Caregiver
 - Referral Source/Location

- Reasons for Referral
- Primary Diagnosis
- Consultation location
- Manner in which Visit was Conducted
- PPS at Initial Visit
- Resuscitation Preference at Initial Consult
- Resuscitation Preferences at Most Recent Visit
- Patient Status at Time of PC Sign-off
- Primary Reason for Discharge/Transition
- Services Referred To

Program Level Metrics, Measures, and Reports (Advanced Membership):

Program-level: Hospital

- Patient Encounters
 - Average Visits per Patient
 - The average number of initial consults and follow-up visits completed per patient seen by the palliative care team.
 - Total In-Person Encounters
 - The number of initial palliative care consults and follow-up visits completed, in person, by the palliative care team.
 - Hospital Penetration Rate
 - The percentage of annual hospital admissions seen by the palliative care team.
 - Total Initial Consults
 - The number of initial palliative care consults completed by the palliative care team.
 - Total Subsequent Visits
 - The number of follow-up visits completed in-person by the palliative care team.
- Staffing
 - Total Head Count
 - The number of palliative care staff members.
 - Total FTE
 - The total staff full-time equivalents for the palliative care team.
 - Total FTE per 10,000 Hospital Admissions
 - The number of palliative care staffing FTEs standardized to 10,000 annual hospital admissions.
 - Interdisciplinary Team Head Count
 - The number of core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Interdisciplinary Team FTE
 - The full-time equivalents for the core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Interdisciplinary Team FTE per 10,000 Hospital Admissions

- The number of palliative care core interdisciplinary team member (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain) full time equivalents standardized to 10,000 annual admissions.
 - Billing Provider Head Count
 - The number of billable palliative care providers (physician, advanced practice registered nurse, or physician's assistant).
 - Billing Provider FTE
 - The number of billable palliative care provider (physician, advanced practice registered nurse, or physician's assistant) full-time equivalents.
 - Billing Provider FTE per 10,000 Hospital Admissions
 - The number of billable provider (physician, advanced practice registered nurse, or physician's assistant) FTEs standardized to 10,000 annual hospital admissions.
 - Total Certified Staff
 - The number of palliative care team members who hold a discipline-specific certification in Hospice and Palliative Medicine.
- Provider Workload
 - Consults per Total FTE
 - The number of initial palliative care consults completed per one FTE of a palliative care team member
 - Consults per IDT FTE
 - The number of initial palliative care consults completed per one FTE of a core interdisciplinary team member (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Consults per Billable Provider FTE
 - The number of initial palliative care consults completed per one FTE of a billable provider (physician, advanced practice registered nurse, or physician's assistant).
- Clinical Summary
 - Initial Consults by Referring Provider Specialty
 - Initial Consults by Discharge Disposition
 - Initial Consults by Age Group
 - Initial Consults by Gender
 - Initial Consults by Race
 - Initial Consults by Ethnicity

Program-level: Community

Patient's Home

- Patient Encounters
 - Average Daily Census
 - The average number of patients on service, per day, over a given period of time.
 - Total New Patients
 - The number of patients new to the palliative care service.
 - Total Subsequent Visits
 - The number of follow-up visits completed.
 - Visits per Patient
 - The average number of new patients and follow-up visits completed per patient seen by the palliative care team.
- Staffing

- Total Head Count
 - The number of palliative care staff members.
- Total FTE
 - The total staff full-time equivalents for the palliative care team.
- Interdisciplinary Team Head Count
 - The number of core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
- Interdisciplinary Team FTE
 - The full-time equivalents for the core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
- Billing Provider Head Count
 - The number of billable palliative care providers (physician, advanced practice registered nurse, or physician's assistant).
- Billing Provider FTE
 - The number of billable palliative care provider (physician, advanced practice registered nurse, or physician's assistant) full-time equivalents.
- Total Certified Staff
 - The number of palliative care team members who hold a discipline-specific certification in Hospice and Palliative Medicine.
- Provider Workload
 - Total New Patients per FTE
 - The number of new patients completed per one FTE of a palliative care team member.
 - Total New Patients per IDT FTE
 - The number of new patients completed per one FTE of a core interdisciplinary team member (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Total New Patients per Billable Provider FTE
 - The number of initial palliative care consults completed per one FTE of a billable provider (physician, advanced practice registered nurse, or physician's assistant).
- Home-Specific
 - Average Time Traveled
 - The average time traveled (in minutes) when providing in-home visits.
 - Average Distance Traveled
 - The average distance traveled (in miles) when providing in-home visits.
 - Average Length of Service
 - The average length of time a patient is enrolled in your in-home palliative care program.
 - Number of Counties Served
 - The number of counties indicated as being served by your in-home palliative care program.
- Clinical Summary
 - Referral Location
 - Patient Disposition
 - Gender
 - Race
 - Ethnicity

Office Practice or Clinic

- Patient Encounters
 - Average Patients per Office/Clinic Site

- The average number of patients seen per office practice or clinic served by your palliative care program.
 - Total Initial Visits
 - The number of initial consults completed for patients seen by your palliative care program in an office practice or clinic.
 - Total Subsequent Visits
 - The number of follow-up visits completed for patients seen by your palliative care program in an office practice or clinic.
 - Average New Patients per Day
 - The average number of new patients (or initial consults) seen per day in an office practice or clinic.
 - Average Subsequent Visits per Day
 - The average number of follow-up visits seen per day in an office practice or clinic.
 - No-Show Rate
 - The percentage of patients who schedule an appointment, but do not show up.
 - Visits per Patient
 - The average number of initial consults and follow-up visits completed per patient seen by the palliative care team.
- Staffing
 - Total Head Count
 - The number of palliative care staff members.
 - Total FTE
 - The total staff full-time equivalents for the palliative care team.
 - Interdisciplinary Team Head Count
 - The number of core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Interdisciplinary Team FTE
 - The full-time equivalents for the core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Billing Provider Head Count
 - The number of billable palliative care providers (physician, advanced practice registered nurse, or physician's assistant).
 - Billing Provider FTE
 - The number of billable palliative care provider (physician, advanced practice registered nurse, or physician's assistant) full-time equivalents.
 - Total Certified Staff
 - The number of palliative care team members who hold a discipline-specific certification in Hospice and Palliative Medicine.
- Provider Workload
 - Total New Patients per FTE
 - The number of new patients completed per one FTE of a palliative care team member.
 - Total New Patients per IDT FTE
 - The number of initial palliative care consults completed per one FTE of a core interdisciplinary team member (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Total New Patients per Billable Provider FTE
 - The number of initial palliative care consults completed per one FTE of a billable provider (physician, advanced practice registered nurse, or physician's assistant).
- Office Practice or Clinic-Specific
 - Number of Offices/Clinics Served
 - The number of office practices or clinics served by your palliative care program.
- Clinical Summary
 - Referral Location

- Patient Disposition
- Gender
- Race
- Ethnicity

Long-Term Care Facility

- Patient Encounters
 - Average Patients per LTC Site
 - The average number of patients seen per long-term care facility served by your palliative care program.
 - Average Daily Census
 - The average number of patients on service, per day, over a given period of time.
 - Total New Patients
 - The total of initial visits completed by the palliative care program.
 - Total Subsequent Visits
 - The total number of follow-up visits completed by the palliative care program.
 - Visits per Patient
 - The average number of initial consults and follow-up visits completed per patient seen by the palliative care team.
- Staffing
 - Total Head Count
 - The number of palliative care staff members.
 - Total FTE
 - The total staff full-time equivalents for the palliative care team.
 - Interdisciplinary Team Head Count
 - The number of core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Interdisciplinary Team FTE
 - The full-time equivalents for the core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Billing Provider Head Count
 - The number of billable palliative care providers (physician, advanced practice registered nurse, or physician's assistant).
 - Billing Provider FTE
 - The number of billable palliative care provider (physician, advanced practice registered nurse, or physician's assistant) full-time equivalents.
 - Total Certified Staff
 - The number of palliative care team members who hold a discipline-specific certification in Hospice and Palliative Medicine.
- Provider Workload
 - Total New Patients per FTE
 - The number of new patients completed per one FTE of a palliative care team member.
 - Total New Patients per IDT FTE
 - The number of initial palliative care consults completed per one FTE of a core interdisciplinary team member (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Total New Patients per Billable Provider FTE
 - The number of initial palliative care consults completed per one FTE of a billable provider (physician, advanced practice registered nurse, or physician's assistant).
- Long-Term Care-Specific
 - Number of LTC Facilities Served
 - The number of long-term care facilities served by your palliative care program.
- Clinical Summary

- Patient Disposition
- Gender
- Race
- Ethnicity