

Palliative Care Quality Collaborative

Metrics, Measures, and Reports

An Overview



Registry members do not have to collect all the metrics and measures listed below, but they are all available within the PCQC Registry. This document is divided into Clinical Data Capture metrics, measures, and reports (Premium Membership) and Annual Program Surveys metrics, measures, and reports (Advanced Membership). Premium Membership is similar to the prior offerings of PCQN and GPCQA. Advance Membership is similar to the prior offering of the National Palliative Care Registry™. Both Premium and Advanced are further broken out by hospital based palliative care and community based palliative care. This document is meant to provide an overview.

Clinical Data Capture Metrics, Measures, and Reports (Premium Membership):

Clinical Data Capture: Hospital Based Palliative Care

- Operations
 - Total Patients
 - The number of unique patients for your selected parameters.
 - Total Visits
 - The number of unique visits for your selected parameters.
 - 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.
 - LOS During Consult
 - A derived calculation of the total number of days between initial visit date and palliative care sign-off date.
 - LOS Admission
 - A derived calculation of the total number of days between admission date and discharge date from the hospital.
 - Patients Seen Within 3 Days of Admission
 - The percentage of patients who have an initial consult date within 3 days from admission date.
 - Disposition Status
 - The percentage of patients who are indicated as alive at palliative discharge.
- 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.
- POLST Complete at Live Discharge, Not Full-Code
 - 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.
- POLST Completed by PC Team
 - The percentage of live discharged patients who are indicated to have completed a POLST form with a member of the palliative care team.
- Advance Directive Complete at Discharge
 - The percentage of discharged 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.
- Transition of Care Document
 - The percentage of discharged patients who have a transition of care document detailing goals of care and treatment preferences that can accompany them to their next level of care.
- Social Aspects of Care
 - Documentation of Patient's Caregiver
 - The percentage of patients who are indicated to have documentation of a primary caregiver.
- 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 Visit
 - 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
 - The percentage of patients with moderate or severe pain who are indicated to have received an intervention for pain.
 - Pain Improvement First to Second 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 second encounter of an episode of care.
 - Pain Improvement 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 Visit

- The percentage of patients who have had a dyspnea score assessed at their initial encounter.
 - Dyspnea Management
 - The percentage of patients with moderate or severe dyspnea who are indicated to have received an intervention for dyspnea.
 - Dyspnea Improvement First to Second 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 second encounter of an episode of care.
 - Dyspnea Improvement 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.
- Anxiety
 - Patient Screened for Anxiety
 - The percentage of patients who have had an anxiety score assessed.
 - Patients Screened for Anxiety During Initial Visit
 - The percentage of patients who have had an anxiety score assessed at their initial encounter.
 - Anxiety Improvement First to Last Assessment
 - The percentage of patients with moderate to severe anxiety at their first encounter of care who have a decrease in their indicated anxiety score between their first and last encounter of an episode of care.
- Nausea
 - Patient Screened for Nausea
 - The percentage of patients who have had a nausea score assessed.
 - Patients Screened for Nausea During Initial Visit
 - The percentage of patients who have had a nausea score assessed at their initial encounter.
 - Nausea Improvement First to Last Assessment
 - The percentage of patients with moderate to severe nausea at their first encounter of care who have a decrease in their indicated nausea score between their first and last encounter of an episode of care.
- Other Screening for Physical Symptoms
 - Presence of Bowel movement
 - The percentage of patients who have indicated having had a bowel movement in the previous two days.
 - Screening for Physical Symptoms
 - The percentage of patients who have indicated symptom scores for pain, dyspnea, nausea, and constipation.
 - 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.
- Psychological and Psychiatric Aspects of Care
 - Discussion of Emotional or Psychological Needs
 - Percentage of patients who are indicated to have had their emotional or psychological needs discussed.
- Spiritual, Religious and Existential Aspects of Care
 - Discussion of Spiritual/Religious Concerns

- 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
 - 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
-

Clinical Data Capture: Community Based Palliative Care

- Operations
 - Total Patients
 - The number of unique patients for your selected parameters.
 - Total Visits
 - The number of unique visits for your selected parameters.
 - 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.
 - Average LOS
 - A derived calculation of the total number of days between the initial visit date and discharge date from the palliative care team.
- 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
 - The percentage of patients who are indicated to have completed a POLST form.
 - POLST Complete, Not Full-Code
 - The percentage of patients who have not indicated their code status as full code who are indicated to have completed a POLST form.
 - POLST Completed by PC Team

- The percentage of live discharged patients who are indicated to have completed a POLST form with a member of the palliative care team.
 - 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.
- Social Aspects of Care
 - Documentation of Patient's Caregiver
 - The percentage of patients who are indicated to have documentation of a primary caregiver.
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 - Pain
 - Patient Screened for Pain
 - The percentage of patients who have had a pain score assessed.
 - Patients Screened for Pain During Initial Visit
 - The percentage of patients who have had a pain score assessed at their initial visit.
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 - 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
 - The percentage of patients with moderate or severe pain who are indicated to have received an intervention for pain.
 - 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
 - Patient Screened for Dyspnea
 - The percentage of patients who have had a dyspnea score assessed.
 - Patients Screened for Dyspnea During Initial Visit
 - The percentage of patients who have had a dyspnea score assessed at their initial encounter.
 - Dyspnea Management
 - The percentage of patients with moderate or severe dyspnea who are indicated to have received an intervention for dyspnea.
 - 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.
 - Anxiety
 - Patient Screened for Anxiety
 - The percentage of patients who have had an anxiety score assessed.
 - Patients Screened for Anxiety During Initial Visit

- The percentage of patients who have had an anxiety score assessed at their initial encounter.
 - Anxiety Improvement First to Last Assessment
 - The percentage of patients with moderate to severe anxiety at the initial visit who have a decrease in their indicated anxiety score between their first and last encounter of an episode of care.
- Nausea
 - Patient Screened for Nausea
 - The percentage of patients who have had a nausea score assessed.
 - Patients Screened for Nausea During Initial Visit
 - The percentage of patients who have had a nausea score assessed at their initial encounter.
 - Nausea Improvement First to Last Assessment
 - The percentage of patients with moderate to severe nausea at the initial visit who have a decrease in their indicated nausea score between their first and last encounter of an episode of care.
- Other
 - Presence of Bowel movement
 - The percentage of patients who have indicated having had a bowel movement in the previous two days.
 - 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.
- Psychological and Psychiatric Aspects of Care
 - Discussion of Emotional or Psychological Needs
 - Percentage of patients who are indicated to have had their emotional or psychological needs discussed.
- Spiritual, Religious and Existential Aspects of Care
 - Discussion of Spiritual/Religious Concerns
 - 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
 - Referral Source/Location
 - Reasons for Referral
 - Primary Diagnosis
 - Consultation location
 - Manner in which visit was conducted
 - PPS
 - Resuscitation Preferences
 - Patient Status at Time of PC Sign-off
 - Primary Reason for Discharge/Transition
 - Services Referred To

Annual Program Surveys: Metrics, Measures, and Reports (Advanced Membership):

Annual Program Surveys: Hospital Based Palliative Care

- Key Operation Measures
 - Hospital Penetration Rate
 - The percentage of annual hospital admissions seen by the palliative care team.
 - Core Interdisciplinary Team (IDT) Full-Time Equivalent (FTE) per 10,000 Hospital Admissions
 - The number of palliative care core interdisciplinary team members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain) full time equivalents standardized to 10,000 annual admissions.
 - Initial Consults per One Billable Provider
 - The number of initial palliative care consults completed per one FTE of a billable provider (physician, advanced practice registered nurse, or physician's assistant).
- Patient Encounters
 - 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.
 - 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.
 - Average 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.
 - Total FTE per 10,000 Hospital Admissions
 - The number of palliative care staffing FTEs standardized to 10,000 annual hospital admissions.
 - Core IDT Head Count
 - The number of core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Core IDT 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).
 - Core IDT 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.

- Billable Provider Head Count
 - The number of billable palliative care providers (physician, advanced practice registered nurse, or physician's assistant).
- Billable Provider FTE
 - The number of billable palliative care provider (physician, advanced practice registered nurse, or physician's assistant) full-time equivalents.
- Billable 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 Provider Head Count
 - The number of palliative care team members who hold a discipline-specific certification in Hospice and Palliative Medicine.
- Provider Workload
 - Initial Consults per 1 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).
 - Initial Consults per 1 Core 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).
 - Initial Consults per 1 Total FTE
 - The number of initial palliative care consults completed per one FTE of a palliative care team member.

Annual Program Surveys: Community Based Palliative Care

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.
 - Average 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.
 - Core IDT Head Count
 - The number of core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Core IDT 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).
 - Billable Provider Head Count
 - The number of billable palliative care providers (physician, advanced practice registered nurse, or physician's assistant).
 - Billable Provider FTE
 - The number of billable palliative care provider (physician, advanced practice registered nurse, or physician's assistant) full-time equivalents.
 - Total Certified Staff Count
 - 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 Core 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.
 - Number of Counties Served
 - The number of US counties served by your in-home palliative care program.
 - Average Length of Service
 - The average length of time a patient is enrolled in your in-home palliative care program.

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 Consults
 - 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.
 - Core IDT Head Count
 - The number of core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Core IDT 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).
 - Billable Provider Head Count
 - The number of billable palliative care providers (physician, advanced practice registered nurse, or physician's assistant).
 - Billable Provider FTE
 - The number of billable palliative care provider (physician, advanced practice registered nurse, or physician's assistant) full-time equivalents.
 - Total Certified Staff Count
 - 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 Core 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 Office Practices or Clinics Served
 - The number of office practices or clinics served by your palliative care program.

Long-Term Care Facility

- Patient Encounters
 - Average Patients per Long-term Care 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 Initial Visits
 - 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.
 - Core IDT Head Count

- The number of core interdisciplinary palliative care staff members (physician, advanced practice registered nurse or registered nurse, social worker, and chaplain).
 - Core IDT 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).
 - Billable Provider Head Count
 - The number of billable palliative care providers (physician, advanced practice registered nurse, or physician's assistant).
 - Billable Provider FTE
 - The number of billable palliative care provider (physician, advanced practice registered nurse, or physician's assistant) full-time equivalents.
 - Total Certified Staff Count
 - 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 Core 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 long-term care facilities served
 - The number of long-term care facilities served by your palliative care program.

Patient Demographics

- Age
- Gender
- Primary Race and Ethnicity
- Referring Specialties
- Primary Diagnoses
- Discharge Dispositions