



End-of-Life Care Quality Indicators

Attachment 2 End-of-Life Care Quality Indicators Work Group Comments June 26, 2001

GROUP 1 Comments/Issues

- OHFLAC could be a possible source of hospital pain management data
- There is a need to increase hospice services in underserved areas. The new CON standards have been approved. These standards should permit the expansion of hospice services.
- What should be done about people in need of EOL services who aren't receiving them?
- Cost for EOL Care across different settings (Value = Quality of Care/Cost)
- How to measure the number of persons who die in the hospital because there is no family to take care of them at home (possible data source NHO?)

Proposed Indicators

Transfer Indicators

- Need data about transfers from home to the hospital (possible data source: OASIS or Hospice)

Could there be a survey of family satisfaction with EOL care?

Pain Management Indicators

- A resident assessment protocol (RAP) may be implemented in the MDS and would provide national data.
- There is a need to move towards use of a single pain management scale

Future Indicators

- Ideas for future indicators were discussed and the following measures were identified
 - Pressure Ulcers (possible data sources are the MDS, OASIS, UB92, National Hospice/Palliative Care Data) What other data is needed to get a complete picture of pressure ulcers?
 - Nutrition (data sources include the MDS, OASIS)
 - Use of restraints (possible data sources: MDS for nursing homes and Maryland Hospital Indicator project for hospitals). No known source for home health or hospice.

GROUP 2

Comments/Issues

- Public and provider knowledge about End-of-Life Care are significant factors in utilization. Could a survey of the public be conducted (cost/frequency) as an indicator of their understanding of End-of-Life Care? (Possible methods -- Healthy People 2010, WV Initiative)
- What is the scope of the population for the EOL indicators (can they be sorted by palliative care or hospice); pertinent to discussion on pain management.
- Need for a common measure for the pain management.
- The proposed EOL Care measures were accepted.

Proposed Indicators

- Transfer Indicators
 - Need to consider transfer from home to hospital during the last two weeks of life (can this be differentiated by Hospice and Non-hospice patients)
- Population Indicators
 - Pain Management - need to measure hospital performance on this measure too. Perhaps the HCA could recommend that hospitals include a pain management question in their exit (satisfaction) survey.

Future Indicators

- Public understanding of EOL Care (survey data)
- Number of patients receiving information from their Physician's office regarding End-of-Life Care
- Number of schools with EOL Care in their curriculum
- Duration of pain before relief was obtained

GROUP 3

Comments/Issues

- System measures accepted
- Patient and family values are important considerations for advance directives
- Quality reflects both the best science and patient values

Proposed Indicators

Respect for Individual Preference

- Number of patients who state they have an advance directive upon admission to a hospital
 - How many advance directives did the hospital capture - add?
 - Was anything done with advance directive while in hospital
 - How can advance directives be linked to other processes (i.e. organ donation on driver's license) at county or state level
 - Need to reach the public through educational efforts, public forums
 - Need to connect family to patient defined advance directives so they don't overturn them

- Lack of understanding regarding technology and terminology add to the problem of advance directives
- Number of Individuals in West Virginia who state they have an advance directive
- Healthy People 2010 objective 29.4 is a developmental objective and the opportunity may exist to design this as a process measure related to advance directives (patients and families advised of advance directives) which could substitute existing indicator