Comfortable Dying Data Submission Worksheet

Standardized outcome measures provide a common language with which to evaluate the effectiveness of care. Measuring patient outcomes provides useful information for both the direct management of individual patient care and for comparison of performance related to care delivery across providers. NHPCO supports quarterly data submission and national level reporting for all of the NHPCO patient outcome measures. Information on the data submission and reporting schedule for POM plus protocols for implementation and data collection for the measures are available on the POM page of the NHPCO website: www.nhpco.org/outcomemeasures

Questions related to the measures should be addressed to pom@nhpco.org.

Print a paper copy of this worksheet for use in compiling your data the for the current data collection period. Then submit your data online through the NHPCO DART system. Submission of data captured for only a portion of the data collection period or data that represent an incomplete sample of patients is acceptable.

Directions: Enter the information as requested. If you are unable to enter all data in one sitting you may return to complete the submission at another time – but you must do so using the same computer and browser each time.

CONTACT INFORMATION

Hospice Name: _________________________

DART ID for your hospice: _________________________

Name of person entering data: _________________________

Email address of person entering data: _________________________
DATA SUBMISSION FOR COMFORTABLE DYING MEASURE

Admissions: Number of patients admitted during the quarter: __________

Data from question at initial assessment:

*Note: The total number of patients in the following 3 questions should not exceed the number of admissions reported in Admissions (unless admission and initial assessment occurred at different times)*

Number of patients who answered “Yes” (Measure Denominator): __________

Number of patients who answered "No": __________

Number of patients excluded (not eligible): __________

Data from follow-up question after 48 hours:

*Note: Only asked of patients who reported being uncomfortable due to pain on initial assessment (number of patients who answered "yes").

*Note: The total number of patients in the following 3 questions should equal, but must not exceed the total number of patients who answered "yes" to question at initial assessment.*

Number of patients who answered "Yes" (Measure Numerator): __________

Number of patients who answered "No": __________

Number of patients unable to self-report at follow-up: __________