National Hospice and Palliative Care Organization  
Patient Outcomes and Measures  

COMFORTABLE DYING MEASURE (NQF # 0209)

**Measure Description:**
Percentage of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) whose pain was brought to a comfortable level within 48 hours.

**Numerator Definition:**
The number of patients who reported pain was brought to a comfortable level (as defined by patient) within 48 hours of the initial assessment (after admission to hospice services).

*In other words --*
The number of patients who replied "yes" when asked if their pain was brought to a comfortable level within 48 hours.

**Denominator Definition**
Number of patients who reported being uncomfortable because of pain at the initial assessment (after admission to hospice services).

*In other words –*
Patients who replied "yes" when asked if they were uncomfortable because of pain at the initial assessment (after admission to hospice services).

**Timeframe**
The timeframe for the measure should reflect the timing of the initial nursing assessment (not the admission to hospice if these two events occurred at different times).

*In other words –*
The 48 hour window for determining whether the patient’s pain was brought to a comfortable level begins with the initial nursing assessment.

**Measure Population**
All patients are screened at the initial assessment for eligibility for inclusion in the measure.

To be eligible a patient must:
- Be able to communicate and understand the language of the person asking the question.
- Be able to self-report
- Be 18 years of age or older

Patients who meet the eligibility criteria and who indicate they are uncomfortable because of pain are included in the measure.

Patients who meet the eligibility criteria and who indicate they are *not* uncomfortable because of pain are *not* included in the measure.
STEPS IN MEASURE IMPLEMENTATION:

STEP 1: AT INITIAL ASSESSMENT

- Prior to performing a comprehensive pain assessment, the nurse first determines if the patient is eligible for inclusion in the measure.
- If the patient meets the eligibility criteria, the nurse asks the question “Are you uncomfortable because of pain?”
- If the patient responds “yes,” the patient is included in the measure.
- If the patient responds “no” the patient is not included in the measure.

The nurse documents the patient’s response and proceeds with the comprehensive pain assessment using whatever pain scale or assessment tools are appropriate for the patient. Pain management strategies and interventions are instituted based on the pain assessment.

STEP 2: FOLLOW-UP

- Between 48 and 72 hours after the initial assessment, the patient is contacted and asked: “Was your pain brought to a comfortable level within 48 hours of the start of hospice care?”
- The patient’s yes or no response to the question is then documented.
- If the patient is unable to self-report, that should be documented. For quality improvement purposes, it is also desirable to document the reason that the patient is unable to self-report (discharged due to death, discharged alive, disease progression/unable to communicate, other reasons).

The follow-up assessment can be completed in person or by telephone, but the patient must self-report his/her own response to the question by answering “yes” or “no.

If the patient seems to have difficulty understanding the 48 hour timeframe for achieving comfort, reframing the question using language that is more natural for the patient is permissible, as long as the question of achieving comfort within the prescribed timeframe of 48 hours of the initial assessment is kept intact.

Example:
The initial assessment was done for a patient on a Saturday. On the following Tuesday the patient is contacted, and asked if his pain was brought to a comfortable level within 48 hours of the start of hospice care. The patient indicates he is not sure which day hospice care was started. It is permissible to reframe the question using language the patient understands, such as:
- “Was your pain brought to a comfortable level by Monday afternoon?” or
- “Was your pain brought to a comfortable level within 48 hours of when the hospice nurse first asked you about your pain?”

KEEP IN MIND:

1. It is not permissible to:
   a. Guide patients to a particular response; for example, saying “You’re not in pain now are you?” or “You’re not comfortable are you?”
   b. Impute a patient’s response based upon observation
   c. Use the response of another person, such as a staff person or family member, to substitute for the self-report
2. The measure is not intended to supplant the hospice’s usual procedures and practices for pain assessment, treatment, documentation or follow-up.