#### PATIENT OUTCOMES AND MEASURES

# 2013 NATIONAL SUMMARY REPORT QUARTER 4

#### INTRODUCTION

Evaluating the results of hospice care in terms of patient outcomes is an important means of demonstrating effectiveness of care delivery and is, therefore, an indication of quality care. Outcome measures are useful tools for individual hospices and play a key part in quality assessment and improvement efforts. In addition, standardization of measures combined with an established national database of outcome results are valuable tools for comparing performance among individual programs and for assessing the effectiveness of hospice as a whole.

The NHPCO Patient Outcome Measures are indicators of the effectiveness of hospice care delivery in meeting two key goals of care: Self-Determined Life Closure and Comfortable Dying. These measures are derived from the concepts and framework for evaluation of hospice care presented in the NHPCO publication *A Pathway for Patients and Families Facing Terminal Illness*. By implementing the Comfortable Dying measure hospices are able to determine what proportion of their patient population is uncomfortable because of pain on admission and how well that pain is managed in the early days of care. Through use of the Self-Determined Life Closure measure hospices identify patients who specifically wish to avoid hospitalization and/or CPR and then determine whether those patients' preferences are met.

Compare your hospice's performance with the national results in the Patient Outcomes and Measures report as follows:

### Comfortable Dying Measure

- 1. You may use an attainment score and/or a problem score to compare your hospice's performance to national level results. The attainment score indicates overall performance on the measure. The problem score offsets negative bias introduced by patients who are unable to report at follow-up, and consequently may provide the more helpful tool for setting performance improvement goals.
  - O Attainment Score: Calculate your hospice's score by dividing the number of patients whose pain was brought to a comfortable level within 48 hours after admission by the number of patients who were uncomfortable on admission. Multiply this number by 100 to get your hospice's score as a percent. A higher score/percentile = better performance.

- O Problem score: Calculate your hospice's score by dividing the number of patients whose pain was NOT brought to a comfortable level within 48 hours after admission by the number of patients who were uncomfortable on admission. Multiply this number by 100 to get your hospice's score as a percent. A lower score/percentile = better performance.
- 2. Compare your hospices score to the agency mean in the summary table.
- 3. Use the percentiles to see how your hospice's score ranks in comparison to other hospices. The result for the 50<sup>th</sup> percentile is the score at the midpoint of all other scores. This means half of the participating hospices did better than the 50<sup>th</sup> percentile score and half did not do as well.

## **Unwanted Hospitalization Measure**

- 1. Calculate your hospice's score by dividing the number of patients who avoided hospitalization by the number of patients who had a preference to avoid hospitalization. Multiply this number by 100 to get your hospice's score as a percent.
- 2. Compare your hospices score to the agency mean in the summary table.
- 3. Use the percentiles to see how your hospice's score ranks in comparison to other hospices. The result for the 50<sup>th</sup> percentile is the score at the midpoint of all other scores. This means half of the participating hospices did better than the 50<sup>th</sup> percentile score and half did not do as well.

#### **Unwanted CPR Measure**

- 1. Calculate your hospice's score by dividing the number of patients who avoided CPR by the number of patients who had a preference to avoid CPR. Multiply this number by 100 to get your hospice's score as a percent.
- 2. Compare your hospices score to the agency mean in the summary table.
- 3. Use the percentiles to see how your hospice's score ranks in comparison to other hospices. The result for the  $50^{th}$  percentile is the score at the midpoint of all other scores. This means half of the participating hospices did better than the  $50^{th}$  percentile score and half did not do as well.

### **RESPONDENTS**

2013 Survey Responses		Quarter				2013
		1	2	3	4	Overall
Census	Total Admissions	34,163	24,823	19,556	19,554	98,206
	Agency Submissions	174	136	115	116	546
	Mean Admissions	196.3	182.5	170.1	168.6	179.9

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## **COMFORTABLE DYING**

Comfortable Dying		Quarter				2013
		1	2	3	4	Overall
Admissions Participating in Pain Measure Protocol	Patients Assessed†	32,953	24,627	19,442	19,179	96,201
	Agency Submissions	165	135	115	110	525
	Agency Mean	97.9	99.1	99.1	97.9	98.5
	25th Percentile	99.3	100	99.5	100.0	99.8
	50th Percentile	100	100	100	100	100
	75th Percentile	100	100	100	100	100
Patient Uncomfortable Due To Pain On	Patients‡	5,373	4,358	3,495	3,260	16,486
Admission	Agency Submissions	162	135	115	110	522
	Agency Mean	26.9	28.9	28.6	27.3	27.9
	25th Percentile	20.8	21.3	20.3	20.0	20.8
	50th Percentile	26.5	27.5	27.8	26.2	27.2
	75th Percentile	32.1	34.7	35.7	33.3	33.3
Pain Brought To a Comfortable Level within	Patients*	3,033	2,609	2,098	1,793	9,533
48 Hours of Admission to Hospice	Agency Submissions	162	135	115	110	522
Пооріос	Agency Mean	63.1	65.4	66.7	60.8	64.0
	25th Percentile	50.0	50.0	53.7	45.5	50.0
	50th Percentile	61.9	64.9	64.7	58.5	63.1
	75th Percentile	76.2	82.7	81.3	77.3	80.0
Still in Pain 48 Hours After Admission**	Patients	680	566	480	448	2,174
After Admission***	Agency Submissions	162	135	115	110	522
	Agency Mean	12.6	12.1	12.3	14.3	12.8
	25th Percentile	0.0	0.0	0.0	0.0	0.0
	50th Percentile	10.0	8.6	8.8	10.0	9.5
	75th Percentile	18.3	16.7	17.6	20.0	18.2

<sup>†</sup> Number of admissions who participated in the Comfortable Dying Measure
‡ Patients participating in the Comfortable Dying Measure who reported being uncomfortable because of pain on admission
\* Patients who reported being uncomfortable because of pain on admission and whose pain was brought to a comfortable level within 48 hours.

<sup>\*\* (#</sup> patients in pain 48 hours after admission / # patients in pain on admission) x 100

## **SELF-DETERMINED LIFE CLOSURE**

Self-Determined Life Closure: Hospitalization		Quarter				2013
		1	2	3	4	Overall
Avoided Hospitalization After Communicating Preference Not To Be Hospitalized (% Yes)	Total Patients	5,032	4,393	3,843	4,676	17,944
	Agency Submissions	62	52	47	60	221
	Agency Mean	98.4	97.5	98.5	97.2	97.9
	25th Percentile	99.4	98.4	98.1	98.5	98.7
	50th Percentile	100	100	100	100	100
	75th Percentile	100	100	100	100	100
Did Not Avoid Hospitalization After Communicating Preference Not To Be Hospitalized (% Yes)	Total Patients	49	37	33	44	163
	Agency Submissions	62	52	47	60	221
	Agency Mean	1.6	2.5	1.5	2.8	2.1
	25th Percentile	0.0	0.0	0.0	0.0	0.0
	50th Percentile	0.0	0.0	0.0	0.0	0.0
	75th Percentile	0.6	1.6	1.9	1.5	1.3

Self-Determined Life Closure: CPR		Quarter				2013
		1	2	3	4	Overall
Avoided CPR After Communicating Preference Not Wanting CPR (% Yes)	Total Patients	5,731	5,025	4,296	5,197	20,249
	Agency Submissions	62	54	47	60	223
	Agency Mean	99.7	99.9	99.8	99.9	99.8
	25th Percentile	100	100	100	100	100
	50th Percentile	100	100	100	100	100
	75th Percentile	100	100	100	100	100
Received CPR After Communicating Preference Not Wanting CPR (% Yes)	Total Patients	12	3	6	5	26
	Agency Submissions	62	54	47	60	223
	Agency Mean	0.3	0.1	0.2	0.1	0.2
	25th Percentile	0.0	0.0	0.0	0.0	0.0
	50th Percentile	0.0	0.0	0.0	0.0	0.0
	75th Percentile	0.0	0.0	0.0	0.0	0.0

#### \*\*NOTE\*\*

The POM survey is available for all NHPCO members who choose to participate. National statistics are based on the data obtained from survey participants and is not necessarily a representative sample of U.S. hospice and palliative care organizations. This type of convenience sample is prone to unknown selection biases; therefore results may not be generalizable beyond the survey participants.