

## Aims and Measures

The ICSI work group conducted a search of local and national resources on measures of palliative care and was unable to find measures relevant to the recommendations in this guideline. Therefore, the measures below are suggestions by ICSI Palliative Care Guideline Work Group.

Population of interest for Aims 1-4: Patients with a serious illness.

In the context of palliative care, a “serious illness” could be defined as:

- a terminal illness (metastatic solid tumor cancers)
  - a chronic, progressive, and probably life-shortening illness (e.g., heart failure, COPD, cirrhosis)
  - severe neurodegenerative diseases (e.g., dementia, amyotrophic lateral sclerosis, severe multiple sclerosis)
  - a life-threatening illness with a chance of full recovery (some leukemias, acute critical illnesses)
1. Increase the identification of patients who are in the early stages of a serious illness who would benefit from palliative care. (*Annotations #1, 2*)

Measure for accomplishing this aim:

- a. Percentage of adult patients with a serious illness who have been screened for palliative care. (process measure)
2. Improve the effectiveness and comfort level of the clinician in communicating the necessity and benefits of palliative care with those patients with a serious illness. (*Annotation #1*)

Population of interest: Patients with a serious illness. (See definition above.)

Measures for accomplishing this aim:

- a. Percentage of clinicians who have education and training regarding palliative care concepts. (process measure)
3. Increase the completion and documentation of health care directive and health care proxy for patients with a serious illness. (*Annotation #3*)

Population of interest: Patients with a serious illness. (See definition above.)

Measures for accomplishing this aim:

- a. Percentage of adult patients with a serious illness who have documentation in the medical record of a designated health care proxy. (process measure)
- b. Percentage of adult patients with a serious illness who have documentation in the medical record of a completed health care directive. (process measure)
- c. Percentage of adult patients with a serious illness who have a completed POLST form documented in the medical record. (process measure)

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4. Improve the accessibility and ongoing utilization of the patient's palliative care plan, health care directive, patient values and preferences, and involvement of the health care proxy across the continuum of care (inpatient, ED, outpatient, home care, senior residence, etc.). (*Annotations #3-9*)

Population of interest: Patients with a serious illness. (See definition above.)

Measure for accomplishing this aim:

- a. Percentage of adult patients with a serious illness who have documentation in the medical record that the health care directive were reviewed with the patient and their proxy and are readily accessible within the medical record. (process measure)
  - b. Percentage of adult patients with a serious illness who have documentation in the medical record that the health care directive were reviewed and updated with the patient and their proxy when the patient's condition or life circumstances changed (including transitions of care). (process measure)
5. Improve the effectiveness of care and the comfort level of the palliative care patients and family. (*Annotation #10*)

Population of interest: Patients in palliative care

Measures for accomplishing this aim:

- a. Percentage of palliative care patients who experience care beyond or against their wishes. (outcome measure of care efficacy; decrease in the rate suggests improvement)
- b. Percentage of palliative care patients who died who were offered hospice care at any time. (outcome measure of care efficacy; increase in the rate suggests improvement)

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