

NATIONAL QUALITY FORUM

CALL FOR MEASURES: PALLIATIVE CARE AND END-OF-LIFE CARE ENDORSEMENT MAINTENANCE PROJECT

NQF proposes a broad-based consensus development project, which focuses on endorsement of a set of national voluntary consensus standards specific to palliative care, whether occurring at end of life or throughout the continuum of a patient's illness, and/or other end-of-life care measures. Palliative care generally refers to patient and family-centered care that optimizes quality of life by anticipating, preventing, and alleviating suffering across the continuum of a patient's illness.¹ Historically, palliative care referred to treatment available to patients at home and enrolled in hospice. More recently, palliative care has become available to acutely ill patients and its meaning has evolved to encompass comprehensive care that may be provided along with disease-specific, life-prolonging treatment.² End-of-life (EOL) care refers to comprehensive care for a life-limiting illness that meets the patient's medical, physical, psychological, spiritual and social needs.³ Hospice care is a service delivery system that emphasizes symptom management without life-prolonging treatment, and is intended to enhance the quality of life for both patients with a limited life expectancy and their families.⁴

Studies have found that palliative care programs, some of which include end-of-life care, across the trajectory of a patient's illness can result in improved quality of care, including higher patient satisfaction, improved communication, and fewer admissions to intensive care units, emergency departments and acute care hospitals, more referrals to hospice, and reduced costs.^{5,6,7} In light of the potential benefits of such programs, a critical need for measures exists that can address quality improvement and accountability in palliative care and end-of-life care.⁸

¹ National Quality Forum (NQF), A National Framework and Preferred Practices for Palliative and Hospice Care Quality, Washington, DC: NQF; 2006, p. VI.

² Morrison SJ, Penrod JD, Cassel JB. Cost savings associated with US hospital palliative care consultation programs. *Arch IM*, 2008; 168(16): 1783-90.

³ White KR, Cochran CE, Patel UB. Hospital provision of end-of-life services, *Med Care*, 2002;40:17-25.

⁴ National Quality Forum (NQF), p. VI.

⁵ Gade G, Venohr I, Conner D, et al., Impact of an inpatient palliative care team: a randomized controlled trial, *J Palliat Med*, 2008;11(2):180-190.

⁶ Dudgeon D, Knott C, Eichholz M, et al., Palliative Care Integration Project (PCIP) quality improvement strategy evaluation, *J Pain Symptom Manage*, 2008; 35(6): 573-582.

⁷ Morrison RS, Dietrich J, et al, Palliative care consultation teams cut hospital costs for Medicaid beneficiaries, *Health Affairs*, March 2011; 30(3) 454-463.

⁸ Weissman DE, Morrison SR, Meier DE, Center to Advance Palliative Care: Palliative care clinical care and customer satisfaction metrics consensus recommendations, *J Palliat Med*, 2010; 13(2): 179-184.

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This Endorsement Maintenance project consists of two activities:

1. Identification and endorsement of measures for public reporting and quality improvement addressing quality of care for patients receiving palliative care and/or end-of-life care services. Measures for consideration may include individual or composite measures of process, outcomes, structure and patient/family experience of care from a variety of care settings. Topic areas of interest include, but are not limited to, symptom management, functional status, patient/family engagement and informed decision-making.
2. Maintenance of nine previously NQF-endorsed voluntary consensus standards relevant to palliative care and/or end-of-life care. These measures were reviewed prior to 2008 as part of the *National Voluntary Consensus Standards for Quality of Cancer Care Project* and will be submitted for endorsement maintenance as a part of the current project.

To the extent possible, NQF encourages the inclusion of electronic specifications for the measures submitted to this project.

Any organization or individual may submit measures for consideration. To be evaluated, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the measure evaluation criteria. Measures without testing on reliability and validity will not be eligible for submission; although, few exceptions may apply.

- A Measure Steward Agreement with NQF must be signed unless the measure steward is a governmental organization. Please see link below to access the Measure Steward Agreement Form.
- The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.
- The intended use of the measure includes both public reporting and quality improvement.
- The measure must be fully specified and tested for reliability and validity.
- The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

To submit a measure, please complete the following:

- [Measure Steward Agreement](#)
- [Online Measure Submission Form](#)

Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.

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Please note that no material will be accepted without submission of a fully executed *Measure Steward Agreement*. All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by 6:00 pm, ET on Wednesday, May 18, 2011. If you have any questions, please contact, Lindsey Tighe, MS, or Caren Ginsberg, PhD, at 202-783-1300 or via email at pmpalliative@qualityforum.org.