# Meaningful Impact: Automated Palliative Care Scorecard

## Sheri Kittelson MD, Read Pierce MD, Jeanie Youngwerth MD

**UF Health** — UNIVERSITY OF FLORIDA HEALTH

University of Colorado Hospital — UNIVERSITY OF COLORADO HEALTH

## TOPIC TO BE PRESENTED

- Measuring Impact and Value, Leveraging Technology

## LEARNING OBJECTIVES

- The development of an automated palliative care scorecard
- Successful replication of the scorecard at a second institution

## SUMMARY

- An automated palliative scorecard based on Measuring What Matters quality measures was developed and successfully implemented at a 2nd institution.

## CONTACT INFORMATION

Sheri Kittelson, MD
Director, Palliative Care
University of Florida Health
P.O. Box 100238
Gainesville, FL 32610-0238
352-594-3589
skitte@ufl.edu

Jeanie Youngwerth, MD
Director, Palliative Care
University of Colorado Health
12401 E. 17th Ave, Leprino F782
Aurora, CO 80045
720-848-8530
Jean.Youngwerth@ucdenver.edu

## REFERENCE

Morss Dy S, et al. Measuring What Matters: top-ranked quality indicators for hospice and palliative care from the American Academy of Hospice and Palliative Medicine and Hospice and Palliative Nurses Association. J Pain Symptom Manage 2015;49:773-781.

| Measuring What Matters | Key Measures | Monthly Performance - FY2015 | | | Year-To-Date Performance | | | Benchmarks |
|---|---|---|---|---|---|---|---|---|
| | | Apr 2015 | May 2015 | Jun 2015 | Base line FY2014 | Average FY2015 to Date | Trend | |
| Measure 1: Comprehensive Assessment | 1. Number of Encounters with an IP Consult to Palliative Care | 101 | 117 | 94 | 42 | 93 | + | 150 |
| | 2. Number of Palliative Care Follow-up Visits | 184 | 222 | 176 | 76 | 221 | + | 450 |
| | 3. Percent of Hospital Patients with a Palliative Care Consult | 3.5% | 4.2% | 3.4% | 1.5% | 3.3% | + | 7.5% |
| | 4. Percent of IP Consult Orders to Palliative Care Written within 4 Days of Admission | 45.0% | 53.0% | 51.0% | 51.3% | 54.2% | + | NA |
| | 5. Median Number of Days Until Palliative Care Consulted for ICU Encounters | 3.0 | 3.0 | 3.0 | 4.8 | 3.3 | + | NA |
| Measure 2, 3, 4: Screening & Tx / Mx of Physical Symptoms | 6. ESAS: Edmonton Symptom Assessment Scale | | | | | | | 100% |
| Measure 5: Discussion of Emotional or Psychological Needs | 7. Number of Social Work Visits Completed for Palliative Care Patients | 73 | 59 | 60 | NA | 50 | NA | NA |
| Measure 6: Discussion of Spiritual/Religious Concerns | 8. Number of Chaplain Encounters for Palliative Care Patients | | | | | | | NA |
| Measure 7: Documentation of Surrogate | 9. Percentage of Palliative Care Patients with a Completed Advance Directive | 63% | 72% | 61% | 57% | 65% | + | 85% |
| | 10. Percentage of Hospital Patients with a Completed Advance Directive (Includes Palliative Care Patients) | 32% | 30% | 31% | 29% | 31% | + | 85% |
| Measure 8: Treatment Preferences | 11. Percentage of Palliative Care Patients with a DNAR Order | 70% | 78% | 74% | 72% | 76% | + | NA |
| | 12. Percentage of Expired Patients with DNAR Status Following a Palliative Care Consult | 46% | 50% | 48% | 44% | 43% | - | NA |
| Measure 9: Care Consistency with Documented Care Preferences | 13. Percentage Palliative Care Encounters with a Referral to Hospice | 52% | 60% | 59% | 55% | 53% | - | NA |
| | 14. Number of Patients with Hospice as Primary Payer | 4 | 12 | 7 | 5 | 6 | + | NA |
| | 15. Percent of Expired Patients with a Palliative Care Consult | 29% | 36% | 29% | 12% | 30% | + | X |
| Measure 10: Global Measure | 16. Joint Commission Advanced Certification | | | | | | | + |
| Operational Metrics | 17. Percent Mortality for Palliative Care Patients | 24% | 27% | 22% | 25% | 26% | - | X |
| | 18. Percentage of Palliative Care Patients with Readmission in 30-Days | 14% | 5% | 9% | 14% | 10% | + | X |
| | 19. ICU LOS for Patients with a Palliative Care Consult (Median Days) | 4.0 | 3.0 | 4.0 | 5.1 | 4.9 | + | NA |
| | 20. LOS for Patients with a Palliative Care Consult (Median Days) | 8.0 | 7.0 | 9.0 | 8.2 | 7.6 | + | X |
| | 21. Percentage of Palliative Care Patients with Palliative Care ICD9 Code (V66.7) | 52% | 65% | 60% | 44% | 53% | + | 100% |

## SHORT DESCRIPTION

### Background

- Electronically automating measurement of the meaningful impact of palliative care programs on clinical, operational, and financial systems over time is imperative to the success of the field.
- In response to poor health care outcomes and rising costs , health care reform triple aim has increased requirements for providers to demonstrate value to payers, partners and the public.

### Design

- The scorecard was organized into a format of quality measures identified by the Measuring What Matters (MWM) project that are defined as:
  - Automatically extracted from the electronic heath record (EHR)
  - Valid
  - Important to the team
  - Can be impacted over time.

### Setting

- Scorecard created using University of Florida Health data, a new palliative care program.
- Scorecard applied and implemented at University of Colorado Anschutz Medical Campus, a 2nd institution with a mature palliative care program.

### Measurements

- Clinical metrics are organized in the scorecard based on MWM measures.
- Clinics metrics described in terms of:
  - the metric definition   - measure type (structure, process or outcome)
  - rational for selection   - representing a direct or proxy measure.

### Summary

- The process of constructing the scorecard helped identify areas within both systems for potential improvement in team structure, clinical processes, and outcomes.
- By automating data extraction, the scorecard decreases costs associated with manual data entry and extraction, freeing clinical staff for patients and increasing the value of palliative care delivered to patients.