Standardized outcome measures provide a common language with which to evaluate the effectiveness of care. Measuring patient outcomes provides useful information for both the direct management of individual patient care and for comparison of performance related to care delivery across providers.

NHPCO supports quarterly data submission and national level reporting for all of the NHPCO patient outcome measures. Information on the data submission and reporting schedule for POM plus protocols for implementation and data collection for the measures are available on the POM page of the NHPCO website: www.nhpco.org/outcomemeasures.

Questions related to the measures should be addressed to POM@nhpco.org.

Print a paper copy of this worksheet for use in compiling your data for the current data collection period. Then submit your data online through the NHPCO DART system. Submission of data captured for only a portion of the data collection period or data that represent an incomplete sample of patients is acceptable.

Directions: Enter the information as requested. If you are unable to enter all data in one sitting you may return to complete the submission at another time – but you must do so using the same computer and browser each time.

**CONTACT INFORMATION**

Hospice Name: _________________________

DART ID for your hospice: _________________________

Name of person entering data: _________________________

Email address of person entering data: _________________________
DATA COLLECTION FOR SELF-DETERMINED LIFE CLOSURE MEASURE

Note: This measure is only calculated only for patients who are discharged. Assessment of patient preference begins, however, at admission and continues throughout the period of service.

Discharges: Number of patients discharged during the data collection quarter (include deaths and live discharges):

__________

Patient Preferences for Hospitalization Documented in the Patient Record

Note: The total of the numbers entered in the following two questions should equal the number of discharges entered above for the reporting quarter.

Number of discharges with documentation of hospitalization preferences: __________

Number of discharges without documentation of hospitalization preferences: __________

Patient Preferences for CPR Documented in the Patient Record

Note: The total of the numbers entered in the following two questions should equal the number of discharges entered above for the reporting quarter.

Number of discharges with documentation of CPR preferences: __________

Number of discharges without documentation of CPR preferences: __________

HOSPITALIZATION MEASURE

Data from Initial Assessment (prefer to avoid hospitalization)

Number of patients who answered “Yes”: __________

Number of patients who answered “No”: __________

Number of patients who were Undecided: __________
HOSPITALIZATION MEASURE, CONTINUED
Data from Follow-Up
Number of patients who changed preference to “Yes”:

Number of patients who changed preference to “No”:

Measure Numerator
Number of patients who were hospitalized AND who, at that time, had a stated preference to avoid hospitalization:

CPR MEASURE
Data from Initial Assessment (want CPR)
Number of patients who answered “Yes”:

Number of patients who answered “No”:

Number of patients who were Undecided:

Data from Follow-Up
Number of patients who changed preference to “Yes” (want CPR):

Number of patients who changed preference to “No” (do not want CPR):

Measure Numerator
Number of patients who received CPR and who, at that time, had a stated preference not to have CPR: