



Self-Assessment

Performance Measurement (PM)

Scoring

NA Not applicable

- 1 Not done – standard not met
- 2 Early implementation– implementation has begun
- 3 Approaching proficiency – standard not consistently applied
- 4 Proficient – standard met and consistently applied
- 5 Excellent – standard consistently exceeds expectations/a model for others

Principles

Collecting, analyzing and actively using performance measurement data to foster quality assessment and performance improvement in all areas of care and services

The hospice defines a systematic, planned approach to improving performance. This approach is authorized and supported by the governing body and leaders.

Standard PM 1

The organizational leaders ensure that a well organized performance improvement process is implemented throughout the hospice

Standard	Indicator	Score	Notes
PM 1.1	The organizational leaders understand performance improvement principles and methods and implement these principles in daily work life utilizing data displayed on statistical tools to make management decisions	NA 1 2 3 4 5	
PM 1.2	The governing body requires a process to evaluate the quality and appropriateness of care and services provided by the hospice	NA 1 2 3 4 5	

PM 1.3 The organizational leaders reprioritize data collection and measurement activities based on situations that require a more focused, intensive review and analysis NA 1 2 3 4 5

PM 1.4 The organizational leaders allocate trained staff, data collection and management systems and other resources required to improve the hospice's processes and systems NA 1 2 3 4 5

PM 1.4a The organizational leaders ensure the initial and ongoing education of interdisciplinary team members regarding performance improvement and their role in reviewing the quality of their work NA 1 2 3 4 5

PM 1.5 The governing body members, leaders, staff and volunteers are informed of the results of data collection and improvement actions taken NA 1 2 3 4 5

PM 1.6 Action plans are established in writing that describe the follow-up actions to be taken in response to data collection and analysis NA 1 2 3 4 5

Standard PM 2

The hospice selects and utilizes a defined approach for improving the hospice's performance

Standard	Indicator	Score	Notes
PM 2.1	The hospice adopts an approach to improving performance that includes:		
PM 2.1a	A defined design or redesign process for all new or significantly modified services or programs	NA 1 2 3 4 5	
PM 2.1b	A methodology for identifying and prioritizing performance improvement activities	NA 1 2 3 4 5	
PM 2.1c	Methods to assure interdisciplinary collaboration on all performance improvement activities	NA 1 2 3 4 5	
PM 2.1d	Mechanisms for communicating the performance improvement results throughout the hospice	NA 1 2 3 4 5	
PM 2.1e	Methods for assuring data collection and measurement to detect changes in performance and to compare performance over time	NA 1 2 3 4 5	
PM 2.1f	Resource requirements for performance improvement	NA 1 2 3 4 5	
PM 2.1g	The use of statistical tools and techniques to analyze and display data	NA 1 2 3 4 5	

Standard PM 3

The planning, development, implementation and evaluation of performance improvement activities are comprehensive and collaborative.

Standard	Indicator	Score	Notes
PM 3.1	Performance improvement planning activities and the selection of areas for in-depth study are determined based on data collected and input by staff, volunteers, and leaders	NA 1 2 3 4 5	
PM 3.1a	Selection of areas for study include patient and family input	NA 1 2 3 4 5	
PM 3.2	The performance improvement activities involve collaboration among departments, disciplines and programs, as well as input from individuals impacted by the process targeted for improvement	NA 1 2 3 4 5	
PM 3.2a	An interdisciplinary quality council/process improvement team exists to oversee and provide input regarding performance improvement activities	NA 1 2 3 4 5	
PM 3.3	The performance improvement activity results are communicated to staff, volunteers and organizational leaders	NA 1 2 3 4 5	

Standard PM 4

Program design and redesign is congruent with the hospice’s mission, values and strategic plan.

Standard	Indicator	Score	Notes
PM 4.1	Changes in the organization’s programs and processes are planned, piloted, implemented and evaluated	NA 1 2 3 4 5	
PM 4.2	The needs and expectations of key customers and stakeholders (e.g., patients, family members, physicians, referral sources, etc.) are considered in the design or redesign process	NA 1 2 3 4 5	
PM 4.2a	The hospice uses information from data analysis to identify and implement changes	NA 1 2 3 4 5	
PM 4.2b	The hospice utilizes a process to identify high-risk problem areas and proactively plans for prevention/correction	NA 1 2 3 4 5	

Standard PM 5

The hospice collects performance and outcome data related to patient care and hospice functions.

Standard	Indicator	Score	Notes
PM 5.1	Data is collected about patient’s and family’s needs, expectations and outcomes related to:		
PM 5.1a	Safe and comfortable dying	NA 1 2 3 4 5	
PM 5.1b	Self-determined life closure	NA 1 2 3 4 5	
PM 5.1c	Effective grieving	NA 1 2 3 4 5	
PM 5.1d	Pain management	NA 1 2 3 4 5	

PM 5.2	Date is collected on the staff's and volunteer's opinion of the hospice program and what improvements could be made	NA	1	2	3	4	5

PM 5.2a	Staff and volunteers are actively involved in collecting quality measurement data	NA	1	2	3	4	5

PM 5.3	There is a mechanism to review routine data collected to determine if adverse patterns or trend are identified that negatively affect care and/or place the patient or staff at risk. When adverse patterns or trends are identified, follow-up actions are taken. Routine data collected by the hospice include, but are not limited to:						

PM 5.3a	Data related to utilization, staffing, and allocation of services	NA	1	2	3	4	5

PM 5.3b	Patient and family satisfaction data including complaints about care	NA	1	2	3	4	5

PM 5.3c	Incident reports	NA	1	2	3	4	5

PM 5.3d	Surveillance data	NA	1	2	3	4	5

PM 5.3e	Financial data	NA	1	2	3	4	5

PM 5.3f	Quality control	NA	1	2	3	4	5

PM 5.3g	Other data collected as defined by hospice	NA	1	2	3	4	5

PM 5.3h	Patient safety data	NA	1	2	3	4	5

PM 5.4	There is a process to conduct a root cause analysis when an undesirable outcome occurs. An undesirable outcome or sentinel event would include, but not be limited to, threatened or actual suicide attempt; significant adverse drug reaction; significant medication error; unsafe handling or misuse of narcotics, other untoward event(s) as defined by the hospice	NA	1	2	3	4	5
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Standard PM 6

The hospice participates in the development and collection of hospice benchmark data.

Standard	Indicator	Score	Notes
PM 6.1	The hospice submits accurate and timely data to state and national initiatives which contribute to the development of industry benchmarks	NA	1 2 3 4 5
PM 6.1a	The hospice participates in and submits data to NHPACO's "Family Evaluation of Hospice Care"	NA	1 2 3 4 5
PM 6.2	The hospice incorporates standardized and validated tools to measure outcomes as they become available through publication in peer-reviewed literature	NA	1 2 3 4 5
PM 6.2a	The hospice participates in and submits data regarding national outcome measures	NA	1 2 3 4 5

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Standard PM 7

The hospice demonstrates and documents actual improvements in processes or outcomes as a result of the performance improvement activities and that the improvements are maintained over time.

Standard	Indicator	Score	Notes
PM 7.1	The desired performance outcome is quantified for each performance improvement activity	NA 1 2 3 4 5	

PM 7.2	Any process change is evaluated over time and the results are assessed and communicated throughout the hospice	NA 1 2 3 4 5	

PM 7.2a	Improvement efforts are monitored post-implementation to assure results are maintained	NA 1 2 3 4 5	
