

CCHCS PALLIATIVE CARE / HOSPICE / END OF LIFE QUALITY OF CARE REVIEW*

REVIEWER: _____ **DATE OF REVIEW:** _____
PATIENT NAME: _____ **CDCR #** _____ **DOB:** _____
PCP: _____ **DATE(S) OF VISIT(S):** _____

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| 1.) Does the clinical history and/or problem list include relevant information? Overall history adequate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Is there documentation that the provider has recognized and communicated prognosis to the patient? • Is there documentation that provider has asked about the patient’s goals of therapy? • Are medications reviewed? Are side effects asked about? • Is the patient’s functional status documented using Karnofsky or PPS+? • Is an appropriate review of systems done relevant to the major palliative care or end of life diagnosis including: <ul style="list-style-type: none"> ○ If pain present is it controlled? ○ If nausea is present is it controlled? ○ If the patient is on opioid medication is bowel history obtained? • Is there documentation of discussion of the psychologic, spiritual or social aspects of the patient’s illness? • Is presence of an Advance Directive and/or POLST noted? • Are the patient’s wishes regarding “Code Status” addressed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.) Does the focused clinical exam give relevant details? Overall clinical exam adequate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Weight change noted? • Other exam as indicated by history • If patient is bed-bound is skin exam (for breakdown) documented? • Are results of appropriate imaging/diagnostic tests and/or laboratory studies recorded? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.) Does the assessment/plan address Palliative Care or End of Life issues? Overall assessment/plan adequate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Is a diagnosis or diagnoses clearly documented? • Is the patient’s limited prognosis identified? • If pain or other symptom(s) not in control is plan to improve control documented? • If patient is on opioid medications are prophylactic bowel meds prescribed? • If an Advance Directive has not been done is completing one discussed? • If appropriate is patient referred for Compassionate Release or Medical Parole? • If appropriate is patient referred to Hospice (men-CMF) or Comfort Care (women –CCWF) program? • Has the provider stopped any medications whose burden is potentially > its benefit? • Has the provider stopped any routine testing whose burden is potentially > its benefit? • If significant anxiety or depression is patient referred to Mental Health? • Is there evidence that pastoral care or social worker referrals made when available? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.) Was there documentation of patient education? Overall education adequate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Was medication adherence or side effects discussed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| RECOMMENDATIONS/COMMENTS: | |

*All elements in each domain are suggestions for good documentation overall, not requirements. Some elements may be documented on the Problem List or in previous notes and are not expected to be present in each encounter note.

Overall adequacy for each domain should include a majority of the elements below. Use clinical judgment when reviewing the documentation. Please consider the elements in this review tool when completing Access Measure Audit Tool.

+Palliative Performance Scale