



PCQN

PALLIATIVE CARE QUALITY NETWORK

OPTIONAL DATA ELEMENTS - INPATIENT

Field Name	Item Choices
Optional Demographic Items	
Transgender	Checkbox for transgender patients
Race/Ethnicity	American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Non-Hispanic White, Other, Unknown
Primary Language	English, Spanish, Cantonese (Chinese), Toisanese (Chinese), Mandarin (Chinese), Russian, Vietnamese, Korean, Tagalong, Other, Unknown
Housing status	Stably housed, Marginally housed (e.g. SRO housing), SNF/RCFE, Homeless
PCS Fellow/NP	Up to 5 number code (hospital will have to keep crosswalk to track to whom each number corresponds)
Referring Physician Name	Up to 5 number code (hospital will have to keep crosswalk to track to whom each number corresponds)
Referring Service / Field	Up to 5 alphanumeric code (hospital will have to keep crosswalk to track to what service each number corresponds)
Consultant	Up to 5 number code (hospital will have to keep crosswalk to track to whom each number corresponds)
Campus	Up to 5 alphanumeric code (hospital will have to keep crosswalk to what campus each number corresponds)
Insurance	Up to 5 alphanumeric code (hospital will have to keep crosswalk to what insurance each number corresponds)
Optional Outcomes	
Diagnostic tests reduced	Checkbox
Goals of care clarified	Checkbox
Med reconciliation to reflect goals of care	Checkbox
Withdrawal of life-prolonging interventions	Checkbox
Move to Comfort Care	Checkbox
POLST Initiated	Checkbox
Advance Directive Initiated	Checkbox
Patient or family asked about hastening death (through physician aid in dying or euthanasia).	Checkbox
Patient made formal request for physician aid in dying.	Checkbox
Optional Discharge Items	
Time spent in care of patient	(fill in amount of minutes)
Inpatient location discharged to	options 3 character, alphanumeric (hospitals will need to assign abbreviations for locations)