

Measure #25. Care Evaluation Scale for End-of-Life Care (CES)

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility			
Communicate	■		
<i>Interpersonal communication</i>			
<i>Information transfer</i>			
Facilitate transitions			
<i>Across settings</i>			
<i>As coordination needs change</i>			
Assess needs and goals	■		
Create a proactive plan of care			
Monitor, follow up, and respond to change	□		
Support self-management goals	□		
Link to community resources			
Align resources with patient and population needs			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination	□		
Health care home			
Care management			
Medication management			
Health IT-enabled coordination			

Legend:

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

Care Evaluation Scale for End-of-Life Care (CES)

Purpose: To develop an instrument that measures the perceptions of palliative and/or end-of-life care from the perspective of the bereaved family.

Format/Data Source: 28-item questionnaire mailed to bereaved families who had a patient in palliative, end-of-life care. 10 subscales cover: (1) physical care by physicians, (2) physical care by nurses, (3) psycho-existential care, (4) help with decisionmaking for patients, (5) help with decisionmaking for family, (6) environment, (7) family burden, (8) cost, (9) availability, and (10) coordination and consistency. Responses were structured on a 6-point Likert scale.

Date: Measure was published in 2004.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Communicate:**
 - *Between health care professional(s) and patient/family:* 10, 11, 13-15
- **Assess needs and goals:** 9, 12, 28
- **Monitor, follow up, and respond to change:** 28
- **Support self-management goals:** 12
- **Teamwork focused on coordination:** 26, 27

Development and Testing: The CES instrument, originally 67 items, was pilot tested and revised to 28 items. Questions were developed from the Sat-Fam-IPC scale and revised after pilot testing and after receipt of written survey comments. Instrument originally in Japanese and translated through a double back-translation to English. It successfully measures aspects of palliative care and areas for improvement through demonstration of a valid Cronbach's alpha coefficient of 0.98 and an intra-class correlation coefficient in the test-retest examination of 0.57. Confirmatory factor analysis was examined and supported construct validity. Convergent and discriminant validity were calculated through correlation coefficients between the CES subscale scores and the perceived experience, yielding satisfactory results. Pearson's correlation coefficients between subscale scores established social desirability of the CES.¹

Link to Outcomes or Health System Characteristics: None described in the source identified.

Logic Model/Conceptual Framework: None described in the source identified.

Country: United States

Past or Validated Applications*:

- **Patient Age:** Not Age Specific
- **Patient Condition:** Combined Chronic Conditions, Cancer/Oncology, Other – End-of-Life
- **Setting:** Inpatient Facility

*Based on the source listed below and input from the measure developer.

Notes:

- All instrument items are located in the Appendix of the source article.¹
- This instrument contains 28 items; 12 were mapped.

Source:

1. Morita T, Hirai K, Sakaguchi Y, et al. Measuring the quality of structure and process in end-of-life care from the bereaved family perspective. *J Pain Symptom Manage* 2004;27(6):492-501.