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Hospice Quality Reporting  
Where Are We Now?

November 2014 Subscriber Webinar

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Today's Agenda

▶ Review progress with HIS and lessons learned

▶ Discuss the upcoming CAHPS Hospice Survey

▶ Develop a plan to be ready for CAHPS

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HIS – Got It Covered?

Now what?

▶ Any challenges?

▶ Surprises?

▶ Are you doing something with the information?



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### Remember the Purpose of HIS

- ▶ Standardized the collection of data elements that are needed to calculate the following
  - ▶ NQF # 1617 – Patients Treated with an Opioid who are Given a Bowel Regimen
  - ▶ NQF # 1634 – Pain Screening
  - ▶ NQF # 1637 – Pain Assessment
  - ▶ NQF # 1638 – Dyspnea Treatment
  - ▶ NQF # 1639 – Dyspnea Screening
  - ▶ NQF # 1641 – Treatment Preferences
  - ▶ NQF # 1647 – Beliefs / Values Addressed (if desired by the patient)



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### Hospice Item Set (HIS)

- ▶ Lessons learned
  - ▶ EMR readiness and support
  - ▶ Importance of understanding by the staff who assess and gather the data
    - ▶ Connecting the dots
    - ▶ Impact to patient care & care planning
    - ▶ Impact to hospice
    - ▶ Feedback



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### Hospice Item Set (HIS)

- ▶ Lessons learned
  - ▶ NF and ALF pts-getting families (responsible party) involved when patient cannot respond
  - ▶ Who gathers the data/asks the questions
    - ▶ RNs versus other disciplines
    - ▶ And if other disciplines, what happens when patient / family refuses to have SW or chaplain visit?
  - ▶ Preferences-what's the best discipline to ask?
    - ▶ Now what to do with the information (or refusal)
  - ▶ Having the conversations



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### Hospice Item Set (HIS)

- ▶ What do we know based on HIS?
  - ▶ CPR preference
  - ▶ Hospitalization preference
  - ▶ Other life sustaining preferences
    - ▶ How staff been asking this question?
    - ▶ Who has been asking this question?
    - ▶ How comfortable are staff in asking the question?



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### Hospice Item Set (HIS)

- ▶ Preferences
  - ▶ "Discussion occurred"
    - ▶ Enough for CMS reporting
    - ▶ Not enough for care planning
  - ▶ "No" for not asking is not a good answer



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### Hospice Item Set (HIS)

- ▶ Care planning based on preferences
  - ▶ If they want further treatments, CPR, and/or do want hospitalizations-now what?
  - ▶ How does family communicate?
  - ▶ Who is decision maker?
  - ▶ How and with whom do you have these discussions?
  - ▶ It needs to part of the POC



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Hospice Item Set (HIS)

- ▶ Spiritual/existential concerns
  - ▶ If not the chaplain asking the question, how comfortable is the staff?
  - ▶ How can they involve the chaplain?



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Hospice Item Set (HIS)

- ▶ Pain screening and comprehensive pain assessment
  - ▶ Do RNs understand how to use the selected standardized pain scale?
  - ▶ Do RNs know how to do a comprehensive pain assessment?
  - ▶ What is the patient's pain goal?
  - ▶ How is all this information used in care planning?



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Hospice Item Set (HIS)

- ▶ Dyspnea screening and initiation of treatment
  - ▶ What is the patient's dyspnea goal?
  - ▶ How is this information incorporated in care planning?



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### Hospice Item Set (HIS)

- ▶ Opioids and bowel regimens
  - ▶ How is this used in care planning?
  - ▶ What is a measurable goal?
  - ▶ Is it acceptable to have a patient on a routine opioid without a bowel regimen in your hospice?
  - ▶ What is your standard of care?



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### Hospice Item Set (HIS)

- ▶ Actions of The Prudent Hospice
  - ▶ Chart review of admissions
    - ▶ When "discussion occurred" is "yes", is there documentation of value of what the preferences are?
    - ▶ If patient/responsible party refused to discuss, is there documentation of the barrier? Is there a plan to readdress?
    - ▶ If positive for pain, dyspnea or constipation, is this problem on the care plan and is the goal measurable?



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### Hospice Item Set (HIS)

- ▶ Actions of The Prudent Hospice
  - ▶ Can you run a report that tells you
    - ▶ If dyspnea, how many did not have treatment initiated on day of screening?
    - ▶ If on opioids, how many did not have treatment initiated on day of screening?
    - ▶ How many did not have pain screening on admission?
    - ▶ How many who screened positive for pain, did not have a comprehensive pain assessment completed?



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Using Data You Have Today

- ▶ Benchmark with Edmonton Symptom Assessment System (ESAS) if collecting
  - ▶ SOB documented at admission
  - ▶ Pain documented at admission
- ▶ Spiritual Beliefs
  - ▶ FEHC – E1 – Did any member of the hospice team talk with you about your religious or spiritual beliefs?
- ▶ First 4 months of HIS data
  - ▶ What does it show?

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Using Home Health Indicators

- ▶ CMS will compare hospice to home health for same type indicators
- ▶ Home Health Compare
  - ▶ July 2013 – June 2014
    - ▶ Pain assessment conducted
      - National average – 99%
      - National Top 20% - 100%
    - ▶ Improvement in dyspnea
      - National average – 65%
      - National Top 20% - 75%
  - ▶ How well are you doing?

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Consumer Assessment of  
HealthCare Providers systems

An Overview

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Consumer Assessment of Healthcare  
Providers and Systems (CAHPS)

- ▶ Initiative of Agency for Healthcare Research and Quality (AHRQ) to promote assessment of consumer's experience with health care
- ▶ 1<sup>st</sup> CAHPS program launched in 1995 in response to concerns about lack of good information about quality of health plans from the enrollees' viewpoint

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Goals of the CAHPS Program

- ▶ Develop standardized surveys for organizations to use to collect comparable information on patients' experience with care
- ▶ Generate tools and resources to support distribution & use of comparative survey results to inform the public and improve health care quality

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Principles Guiding CAHPS Survey  
Development

- ▶ Ask about aspects for care for which a patient is the best or only source of information
- ▶ Ask about aspects of care that patients say are most important
- ▶ Ask patients to report on the healthcare they receive
- ▶ Reflect input from a broad spectrum of stakeholders, including patients, clinicians, administrators, accrediting bodies and policy makers
- ▶ Build on existing research and available tools
- ▶ Are standardized to ensure that data collection, analyses and reports are consistent across all users of a given survey

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Topics of CAHPS Surveys

- ▶ Communication with health care professionals
- ▶ Access to care and information
- ▶ Customer care
- ▶ Coordination of care

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CAHPS® Hospice Survey

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CAHPS® Hospice Survey

- ▶ Developed based on principles used in development of other CAHPS surveys
- ▶ Topics include
  - ▶ Hospice provider communication with patients & family members
  - ▶ Treatment of symptoms
  - ▶ Pain medication
  - ▶ Cooperation among caregivers
  - ▶ Treating patients with dignity & respect
  - ▶ Spiritual support offered
  - ▶ Patient & family member characteristics
  - ▶ Overall rating of the hospice
  - ▶ "Would you recommend" question

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### CAHPS® Hospice Survey

- ▶ One survey with some questions specific to hospice care received in a nursing home
- ▶ Where did the questions come from?
  - ▶ Items addressing communication, shared decision making, and overall ratings – adapted from other CAHPS item sets
  - ▶ Items address symptom management and emotional and spiritual support – adapted from FEHC survey

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### What We Know

- ▶ Survey contains 47 items
- ▶ Estimated to take about 10 to 12 minutes
- ▶ Must outsource survey to 3<sup>rd</sup> party vendor
- ▶ Vendors required to offer the survey in English & Spanish
- ▶ Sample size of caregivers based on size of hospice program

Decedents Prior CY	Sample Size
Fewer than 50	Exempt
50 - 699	All

- ▶ Hospices are not responsible for response rates

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### Eligible for Inclusion Criteria

- ▶ Patients over the age of 18
- ▶ Patients with death at least 48 hours following admission to hospice care
- ▶ Patients with caregiver listed or available & caregiver contact information is known
- ▶ Patients whose primary caregiver is someone other than a non-familial legal guardian
- ▶ Patients whose primary caregiver has a US or US Territory home address

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Time Line for 2015

Month of Death	Initial Contact	Due to CMS
January	April 1, 2015	August 12, 2015
February	May 1, 2015	
March	June 1, 2015	
April	July 1, 2015	November 1, 2015
May	August 1, 2015	
June	September 1, 2015	
July	October 1, 2015	February 10, 2016
August	November 1, 2015	
September	December 1, 2015	
October	January 1, 2016	May 11, 2016
November	February 1, 2016	
December	March 1, 2016	

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Survey Options – Mail Only

Activity	Timing
Mail initial questionnaire with cover letter to sampled caregivers	2 months after the month of the patient death within 1 <sup>st</sup> seven days of the field period
Mail 2 <sup>nd</sup> questionnaire with cover letter to sampled caregivers not responding to 1 <sup>st</sup> mailing	Approximately 21 calendar days after the first mailing
Complete data collection	Within 6 weeks (42 calendar days) of the 1 <sup>st</sup> mailing
Submit data files to the CAHPS Hospice Survey Data Warehouse by the data submission deadline. No files accepted after deadline	By quarterly data submission deadlines

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Meeting Compliance

- ▶ Remember – this is a “pay-for-reporting” program (today)
- ▶ Failure to meet requirements – reduction of 2% in the APU
- ▶ For 2015
  - ▶ Must participate in a Dry Run for at least 1 month during the 1<sup>st</sup> quarter CY 2015
  - ▶ Beginning in April 2015, participate on a continuous monthly basis
- ▶ For subsequent years – continuous monthly participation

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Some of the Questions

Hospice Team Communication

- ▶ While your family member was in hospice care,
  - ▶ how often did the hospice team keep you informed about your family's condition
  - ▶ how often did the hospice team keep you informed about when they would arrive to care for your family
  - ▶ how often did the hospice team explain things in a way that was easy to understand

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Some of the Questions

Getting Timely Care

- ▶ How often did you get the help you needed from the hospice team during evenings, weekends, or holidays

Treating Family Member with Respect

- ▶ While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?

Providing Emotional Support

- ▶ How much emotional support did you get from the hospice team
- ▶ In the weeks after your family died, how much emotional support did you get from the hospice team?

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Some of the Questions

Getting Help for Symptoms

- ▶ Did your family member get as much help with pain as he or she needed
- ▶ How often did your family member get the help he or she needed for constipation
- ▶ How often did your family member get the help he or she needed for trouble breathing

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Some of the Questions

Information Continuity

- ▶ While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care

Understanding the Side Effects of Pain Medication

- ▶ Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member

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Some of the Questions

Getting Hospice Care Training (Home Setting of Care Only)

- ▶ Did the hospice team give you enough training about
  - ▶ if and when to give more pain medicine to your family member
  - ▶ how to help your family member if he or she had trouble breathing
  - ▶ what side effects to watch for from pain medicine

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Hospice Care in a Nursing Home

- ▶ How often did the nursing home staff and hospice team work well together to care for your family member
- ▶ How often was the information you were given about your family member by the nursing home staff different from the information given by the hospice team

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Overall Rating

- ▶ Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care
- ▶ Would you recommend this hospice to your friends and family

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Getting Ready for The CAHPS®  
Hospice Survey

January 2015 will be here before you know it

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Hospice's Role

- ▶ Participate in the survey
- ▶ Choose a vendor & submit documentation to CAHPS authorizing survey vendor to collect & submit data
- ▶ Provide the decedent & caregiver lists to vendor
  - ▶ Know your due dates
- ▶ Provide counts of cases ineligible due to
  - ▶ Live discharges
  - ▶ Requests for no contact
- ▶ Participate in the dry run during 1<sup>st</sup> quarter 2015
- ▶ Review data submission reports
- ▶ Don't influence the caregivers on how to answer the questions

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### Dates to Remember

1 <sup>st</sup> Quarter 2015	• Dry Run for at least 1 month
April 1, 2015	• Survey is for real
May 1, 2015	• Submit Hospice Survey Vendor Authorization Form
July 1, 2015	• Request access to data room
August 12, 2015	• Exemption request form for FY2017

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### Perceptions of Care

- ▶ The patient experience doesn't exist until it is provided at the call of the family / caregiver
- ▶ The experience takes up no space, can't be inventoried, and has no shelf life
- ▶ Service quality is evaluated against the satisfaction of the customer
- ▶ Patients / families don't usually know what they are getting until they don't get it

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### Getting Ready

- ▶ Focus on patient centered care becomes the cultural foundation
  - ▶ Set expectations at the start
    - ▶ Establish patient centered care as a priority in the job description
    - ▶ Patient centered care is a priority within the hospice's cultural values
    - ▶ Hire staff that want to meet patient needs
  - ▶ Build a healthy work environment
    - ▶ Stressed staff introduce stress into the patient's environment as well
  - ▶ Establish transparency
    - ▶ Make patient satisfaction matter to the individual team members
    - ▶ Set standards and benchmarks, then publish how the hospice is doing
    - ▶ Reward small successes

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Culture is Key

- ▶ Definition of culture
    - ▶ the beliefs, customs, arts, etc., of a particular society, group, place, or time
    - ▶ a way of thinking, behaving, or working that exists in a place or organization (such as a business)
- Merriam-Webster Dictionary – accessed on line 7.22.14*
- ▶ “culture eats strategy , tactics and methods for lunch”

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Role of Leadership

- ▶ Important role in changing behavior and culture
- ▶ Sets vision, established rules, models behavior and develops the support systems
- ▶ Clarifies hospice’s purpose & constantly and consistently articulates it
  
- ▶ Culture is fragile and constantly needs attention
- ▶ Maintaining a culture focused on patient care as the center is as challenging as creating it

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Steps to Do Now

- ▶ Contact your EMR vendor to see how they can help support this requirement
- ▶ Choose a vendor from the approved CAHPS® Hospice Survey vendors
- ▶ Determine if you will add additional questions
- ▶ If currently using a satisfaction survey keep using for now
- ▶ Focus on improving return rates of current survey

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What to Consider When Choosing Vendor

- ▶ Previous relationship
- ▶ Customer service
- ▶ What type of survey are you planning to do?
- ▶ Is the vendor approved
- ▶ What happens if you want to change?
- ▶ Are they interfaced with your EMR?
- ▶ If you are not on an EMR, how will the process work?

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Improving Return Rates

- ▶ Know your return rate today
- ▶ Staff understanding of importance
- ▶ Talk to patients and families about the survey to come during the course of care
- ▶ Remind families during bereavement calls
- ▶ Make sure the demographics are accurate
- ▶ Identify the correct caregiver and send to only one
- ▶ For facility patients – communicate on a routine basis with the family
- ▶ Analyze the demographics of those who don't return to better focus future efforts

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Limitations with CAHPS

- ▶ Time lag in data – hard to use to see short term improvement
- ▶ Low response rates
- ▶ The “n” problem (how many are sent out for small to medium size programs)

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Getting Ready for public reporting

How do you think you will do?

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Where Are You Now?

- ▶ How are you doing with HIS & your satisfaction surveys?
- ▶ What are your results now?
- ▶ What do you need to work on the most?
- ▶ How do you compare to the HHCAHPS data collection April 2013 – March 2014

HHCAHPS / Patient Survey	National Average	National Top 20%
Overall rating of care given by care providers	84%	90%
Willingness to recommend to family / friends	79%	87%

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Resources

CMS Quality Reporting website-Google CMS Hospice Quality or use this link:  
[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html?utm\\_medium=email&utm\\_source=govdeli](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html?utm_medium=email&utm_source=govdeli)  
 very

Hospice Item Set  
<http://www.cms.gov/Hospice-Quality-Reporting/>

2015 Wage Index  
[http://www.ofr.gov/OFRUpload/OFRData/2014-10505\\_PL.pdf](http://www.ofr.gov/OFRUpload/OFRData/2014-10505_PL.pdf)

CAHPS® Hospice Survey  
[www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org)

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**HOSPICE FUNDAMENTALS**  
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## Hospice CAHPS® Options

### Survey Option: Mail Only

Activity	Timing
Mail initial questionnaire with cover letter to sampled caregivers	2 months after the month of the patient death within first seven days of the field period
Mail second questionnaire with cover letter to sampled caregivers not responding to first mailing	Approximately 21 calendar days after the first mailing
Complete data collection	Within 6 weeks (42 calendar days) of the first mailing
Submit data files to the CAHPS Hospice Survey Data Warehouse by the data submission deadline. No files accepted after deadline	By quarterly data submission deadlines

### Survey Option – Telephone Only

Activity	Timing
Initiate systematic telephone contact with sampled caregivers	2 months after the month of patient death within the first seven days of the filed period
Complete telephone data collection	Within 6 weeks (42 calendar days) after the first attempt
Submit data files to the CAHPS Hospice Survey Data Warehouse by the data submission deadline. No files accepted after deadline	By quarterly data submission deadlines

### Survey Options: Mixed Mode

Activity	Timing
Mail initial questionnaire with cover letter to sampled caregivers	2 months after the month of the patient death within first seven days of the field period
Initiate systematic telephone contact for all non-respondents	Approximately 21 calendar days after the first mailing
Complete data collection	Within 6 weeks (42 calendar days) of the first mailing
Submit data files to the CAHPS Hospice Survey Data Warehouse by the data submission deadline. No files accepted after deadline	By quarterly data submission deadlines