


**Making Metrics Meaningful to Staff**

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Subscriber Audioconference  
July 2015



**HOSPICE FUNDAMENTALS**  
KNOWLEDGE • EXPERTISE • COMMON SENSE

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**The Plan**

- Overview of the Hospice Quality Reporting Program and the path to public reporting
- Identify the connection between the HIS measures and the Hospice CAHPS questions
- Integrate HIS measures into care planning
- Use data to demonstrate value of your hospice



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**Direction of CMS Policy**

“We pay the same whether the care is good or whether it is not good.... The current sector is all about volume. The future is about value.”



*Michael Leavitt*  
Former Secretary HHS  
(2005 – 2009)

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### The Beginning

CMS identified the lack of defined measurement tools and evidence based outcomes data to support the practice of hospice

- o Through partnerships began developing and publishing quality measures
- o Focus on quality of clinical care provided to hospice patients

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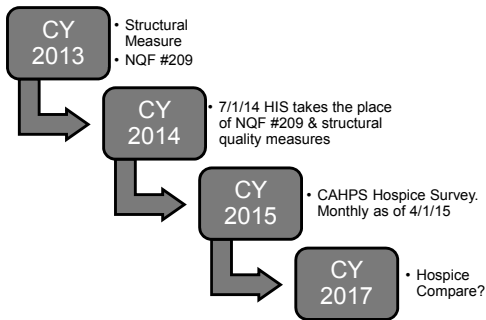
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### Path to Public Reporting



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### What Will the Process Look Like?

- Establishment of reliability and validity of the HIS measures
  - o Analyzing data from Q4 CY 2014 & Q1-3 of CY 2015
  - o Decisions to report some or all publicly will be based on the findings of analysis of the CY2015 data
- CMS will provide reports to individual hospices on the performance measures in the future
  - o Will occur before public reporting
  - o Specifics of the reporting system and when specific measure will be available to be determined

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### Measures

Depending on how they are defined, measures can reflect these ranges

Good	Poor
Adequate	Inadequate
Exceptional	Mediocre

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### Types of Measures

1. Process
2. Outcome
3. Patient Experience
4. Composite
5. Structural

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### Process Measures

What	Whether or not an action was completed
Useful for	Determining if protocols are followed – were steps proven to benefit patients followed correctly?
Examples	HIS Measures

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### Outcome Measures

What	The actual results of care
Useful for	Determining how patients fare as a result of care
Examples	<p># of patients who report being uncomfortable because of pain at the initial assessment who report pain was brought to a comfortable level within 48 hrs. (NQF #0209)</p> <p># of adverse events per 1000 patient-days: falls, med errors, DME issues, patient/family complaints</p> <p>For patients who assessed positive for dyspnea at rest, the percent of patients who improved within 1 day of assessment</p>

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### Process and Outcome Measures

Process measures most useful as quality indicators if changes in them demonstrably improve patient outcomes

Outcome measures most useful as quality indicators if they can be linked to specific process measures that, if altered, change the outcome

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### Patient Experience Measures

What	The patient's or caregiver's perspective on the care
Useful for	Determining how patients evaluate the care received
Examples	CAHPS Survey

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### Composite Measures

What	Combined metric that incorporates multiple individual measures to provide a single score – aggregations of individual measures
Useful for	Providing <ul style="list-style-type: none"><li>• a more comprehensive picture of quality care</li><li>• overall summary of the quality of care delivered to the patient</li></ul>
Examples	CAHPS composite measures <ul style="list-style-type: none"><li>• Hospice Team Communication</li><li>• Getting Timely Care</li><li>• Treating Family Member with Respect</li><li>• Providing Emotional Support</li><li>• Getting Help for Symptoms</li><li>• Getting Hospice Care Training (Home Setting of Care Only)</li></ul>



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### Structural Measures

What	Describe the conditions in which providers care for patients
Useful for	Determining how equipped the hospice is to deliver care
Examples	Nursing hours per patient day in an IPU Staff contact hours with patients Staff certification Staff turnover # visits per patient



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### Symptom Management - Pain

<b>HIS</b> <ul style="list-style-type: none"><li>Patient screened for pain</li><li>Pain severity</li><li>Standardized pain tool</li><li>Comprehensive assessment done</li><li>Comprehensive assessment components included</li></ul>	<b>CAHPS</b> <ul style="list-style-type: none"><li>Family member have any pain</li><li>Get as much help with pain as needed</li><li>Receive any pain medicine</li><li>Training needed about if &amp; when to give more pain medicine</li></ul>
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### Symptom Management - Breathing

HIS	CAHPS
Screened for shortness of breath	Family member ever have trouble breathing or receive treatment for trouble breathing
Treatment for shortness of breath initiated	How often got the help needed for trouble breathing
Types of treatment for shortness of breath initiated	Training needed about how to help your family member if had trouble breathing

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### Symptom Management - Constipation

HIS	CAHPS
Bowel regimen initiated or continued when patient on opioid	Family member ever have trouble with constipation
	Get the help needed for trouble with constipation

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### Spiritual Concerns

HIS	CAHPS
Patient / caregiver asked about spiritual / existential concerns	How much support for your religious and spiritual beliefs did you get from the hospice team

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**Potentially Challenging CAHPS 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
- **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



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**Potentially Challenging CAHPS Questions**

- 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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**Potentially Challenging CAHPS 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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### 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 and then returned)

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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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### Impacting Patient Experiences: The Organizational Culture

Focus on patient centered care becomes the cultural foundation

- o 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
- o Build a healthy work environment: Stressed staff introduce stress into the patient's environment as well
- o 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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### 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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### Using HIS in Care Planning



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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)

- 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 these question?
- What are you doing with the answers?



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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 plan of care



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### Hospice Item Set (HIS)

- Spiritual/existential concerns
  - If not the chaplain asking the question, how comfortable is the staff?
- What are you doing with the responses?
  - How involved is 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

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




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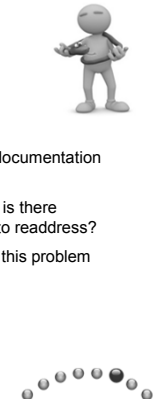
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### Hospice Item Set (HIS)

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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### Case Study

78 year old admitted with ASHD. Depressed and anxious because of disease

HIS answers are as follows

- o Pain – 6 /10 using verbal pain scale. Angina with exertion and occasionally at rest. Comprehensive pain assessment completed
- o Shortness of breath with any activity. Use of accessory muscles. Treatments consist of use of MS, oxygen and nebulizers
- o On PRN opioid with bowel regimen started on admission




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### Case Study - Preferences

- Confirmed still does not have an Advance Directive, but considering it
- Ambivalent about future hospitalizations as he has always gotten better before
- Patient and caregiver refused to discuss any spiritual / existential concerns

How does all this translate to a Plan of Care?

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### Plan of Care

Patient's goal is pain to be controlled at a level of 3 or better

- Added Nitrates for symptom relief
- MS 5 – 10 mg q1h prn pain / dyspnea
- Education related to use of pain medications and side effects
- Assessment of pain level by all disciplines every visit using the verbal scale & CM notified if greater than 3

Patient's goal is dyspnea to be controlled to a mild level.

- Increased O2 to 3 – 4 liters as needed
- Evaluate effectiveness of nebulizers
- Encouraged to wear O2 at all times and especially with any activity
- Teach energy conservation techniques
- Assessment of dyspnea by all disciplines every visit using a verbal scale of mild, moderate, distressing & notify CM if greater than mild

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### Plan of Care

Assist patient / caregiver with clarification of Advance Directives and future hospitalizations

- SW to provide information on Advance Directives and provide follow up
- CM and SW to discuss futility of any further hospitalizations
- Inform patient / caregiver of option of use of IPU for symptoms / pain not managed

Alleviation of spiritual distress

- Chaplain to introduce self and establish relationship
- Life review of the patient from the caregiver / family perspective
- Determine patient and family spiritual goals
- Explore living will/advance directives in collaboration with SW
- Open ended questions, listen to their story, tap into emotions and their meanings
- Chaplain to begin bereavement support for pending loss

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Choosing a HHA for Your Mother: HHA Compare					
	HH A	HH B	State	National Average	National Top 20%
Management Daily Activities					5
Improvement in ambulation	50%	<b>65%</b>	66%	63%	69%
Managing Pain and Treating Symptoms					
Improvement in pain interfering with activity	67%	<b>74%</b>	74%	68%	79%
Treating Wounds					
Improvement in status of surgical wound	<b>95%</b>	<b>95%</b>	91%	89%	96%
Preventing Harm					
Timely initiation of care	88%	<b>93%</b>	95%	92%	97%
Drug Education on all medications	90%	<b>98%</b>	93%	93%	99%
Multifactor fall risk assessment conducted	<b>99%</b>	<b>99%</b>	99%	98%	100

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HHCAHPS					
	HH A	HH B	State	Nat Avg	Nat Top 20%
Care of Patients	<b>89%</b>	88%	89%	88%	92%
Communication between providers and patients	<b>86%</b>	<b>86%</b>	86%	85%	90%
Specific care issues	80%	<b>84%</b>	82%	84%	89%
Overall rating of care given by HHA's care providers	<b>82%</b>	<b>82%</b>	84%	84%	90%
Patient willingness to recommend the HHA to family and friends	<b>80%</b>	<b>80%</b>	79%	79%	87%

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**Four Stages of Data Acceptance**

1. The data are wrong
2. The data are right, but it is not a problem
3. The data are right, it is a problem, it is not my problem
4. The data are right, it is a problem, it is my problem

*Take the Journey to "Jiseki"*

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### HIS Data – Where Is Your Hospice?

NQF #	Measure	6 month average
#1634	Pain Screening	89%
#1637	Comprehensive Pain Assessment	76%
#1639	Dyspnea Screening	96%
#1638	Dyspnea Treatment	94%
#1617	Opioid and Bowel Regimen	88%
#1647	Beliefs / Values Addressed	93%
#1641	Treatment Preferences	98%

Hospice Item Set Industry Report  
DEYTA – April 2015

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### Using Home Health Indicators

CMS will compare hospice to home health for same type indicators

#### Home Health Compare

October 1, 2013 – September 30, 2014

	State X Average	National Average	National Top 20%
Pain assessment conducted	99%	99%	100%
Improvement in dyspnea	63%	65%	75%

How well are you doing?

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### How Are You Doing Now

- What are your results of the HIS measures?
- How were your satisfaction surveys scores?
- What do you need to work on the most?
- How do you compare to the HHCAHPS data collection October 1, 2013 – September 30, 2014?

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

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**Hospice Compare Is Coming**

- Expect more quality measures in future rule making
  - OIG is recommending use of claims based data
- Know your data
- Embrace the measures and evaluate what current measures you can give up so you don't keep adding
- Share your data with referral sources, patients, the public to let them know how good you are
  - Much more objective than the "nice letters"




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