

Hospice Quality Reporting Program Voluntary Reporting Period: Executive Summary of Findings

ES.1 Introduction & Background

In the 2012 Hospice Wage Index Final Rule (*Medicare Program; Hospice Wage Index for Fiscal Year 2012. 42 CFR Part 418 [CMS-1355-F] RIN 0938-AQ31. Federal Register Vol. 76, No. 150: page 47318*), The Centers for Medicare & Medicaid Services (CMS) finalized a structural measure and a voluntary quality reporting period that allowed hospices to report information about their Quality Assessment Performance Improvement (QAPI) programs. The voluntary period preceded the required quality reporting for the FY 2014 payment determination as set forth in Section 1814(i)(5) of the Affordable Care Act. For the voluntary reporting period, all hospices had the option of reporting QAPI information by January 31, 2012, reflecting a look-back period of October 1, 2011 through December 31, 2011. CMS plans to use the information gained from the voluntary period to inform the future development of the hospice quality reporting program.

For the structural/QAPI measure, hospices were asked to report whether or not their organization's QAPI program from October 1, 2011 through December 31, 2011 included 3 or more patient care related QAPI indicators. Hospices reporting that they had at least one QAPI indicator were asked for further details about the indicators or quality measures they were using in their QAPI programs.

ES.2 Methods

ES.2.1 Description of Data Collection Approach and Database

RTI International, under contract with CMS, created the voluntary reporting period data collection form. The form was approved by the Office of Management and Budget (OMB) on January 3, 2012. To streamline the data entry process, RTI created and hosted a web-based data entry form allowing hospice providers to enter and submit information about their QAPI indicators online.

The data collection system asked hospices to complete the following information fields:

1. Organizational information including name, address, CCN (CMS Certification Number), NPI (National Provider Identifier)
2. Contact information for the person submitting the data including name, phone number, email address
3. Whether the hospice's current QAPI program includes at least three patient care related indicators. Patient care related indicators include indicators that address topics such as symptom management, care coordination, patient safety, and patient preferences.
4. Additional details about each of their QAPI indicators. For each QAPI indicator, we asked for the following:

- An indication of the care domain the indicator relates to. Hospices selected from a drop-down menu.
 - The indicator name. Hospices supplied the name of the QAPI indicator.
 - A brief description of the indicator.
 - A numerator statement.
 - A denominator statement.
 - An indication of the data source. Hospices selected from a drop-down menu to indicate where the data used to calculate the QAPI indicator came from (e.g., paper medical record, electronic medical record, family survey, other)
5. How much time it took the hospice to complete the data collection form.

ES.2.2 Analytic Approach

Initial analysis steps included eliminating duplicate entries/hospice provider accounts, flagging non-patient care related indicators and reclassifying indicators that had been submitted to the wrong category, which resulted in a data file used for analysis that contained 6,712 QAPI indicators. Both quantitative and qualitative analyses were conducted after the initial data cleaning steps were completed. The quantitative analyses included number of unique CCNs reporting, geographic distribution of the CCNs that submitted data, number of QAPI indicators in each CCN's QAPI program, number of QAPI indicators in each topic, distribution of data sources for the QAPI indicators and a burden estimate. The qualitative analyses focused on analyzing the breadth of indicators under each topic, describing variation in indicators submitted by single CCN and identifying high and low quality indicators. Hospice team members were assigned particular topic areas to analyze using a structure approach for coding QAPI indicators and documenting findings. Frequent team meetings to discuss decision points and findings took place to ensure similar approaches to analysis of the topic areas. A day-long work session was held with all team members present to synthesize findings and finalize recommendations.

The final analytic data file captured information entered by hospices and included an indicator of their submission status. Some hospices entered information into the CMS/RTI portal but never officially submitted their responses. These hospices were excluded from some of the descriptive analyses at the response- or CCN-level. However, since many of these hospices entered information about their QAPI indicators, they (and therefore their indicators) were nonetheless included in the quantitative and qualitative analyses of indicators.

ES.3 Findings

ES.3.1 Description of Hospices and Their QAPI Programs

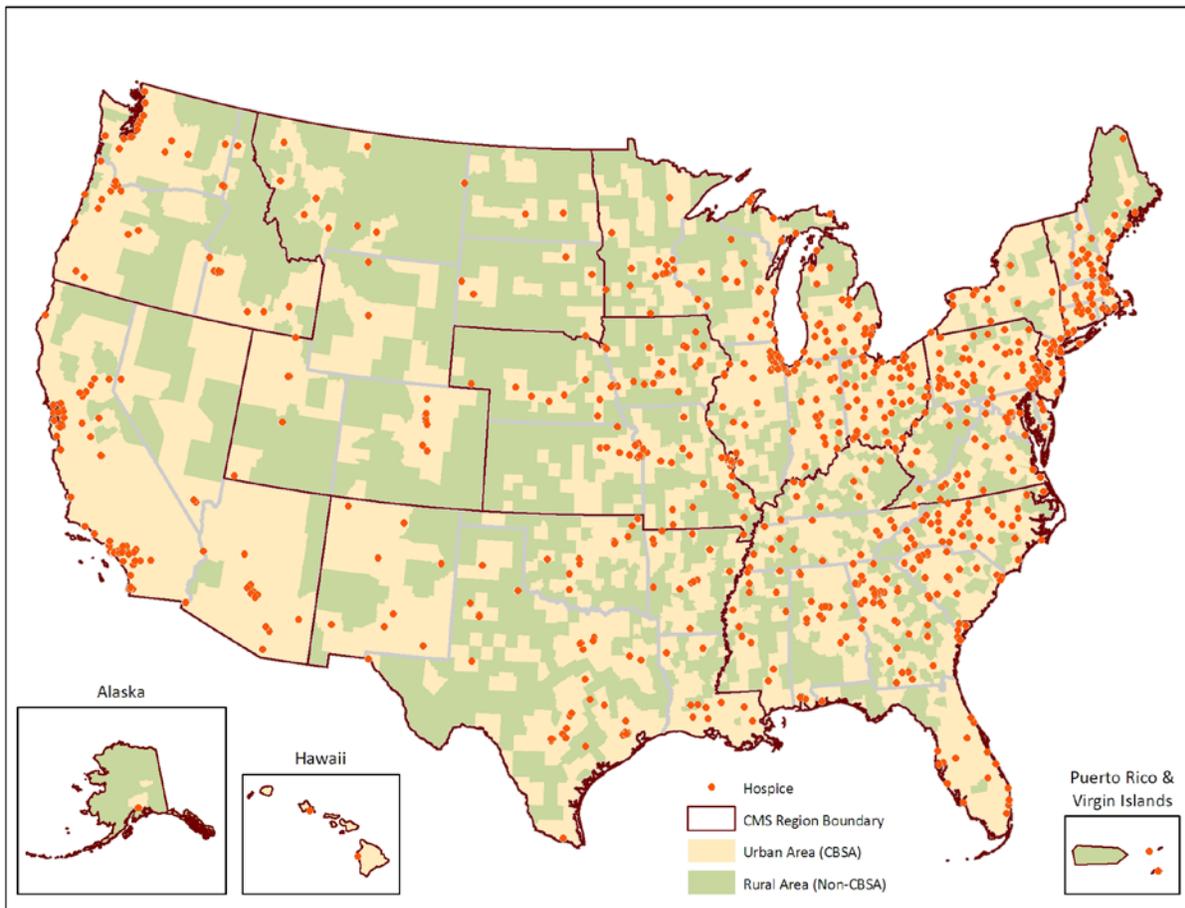
a. Number of Hospices that Participated

There were a higher number of hospices that created accounts in the CMS/RTI web portal than those that entered data. Similarly, the number of hospices that entered data was greater than the number that finally submitted data. Overall, 911 unique CCNs submitted responses to the questions about their QAPI programs and reported information about the QAPI indicators.

b. Geographic Distribution

The geographic distribution of the reporting CCNs is presented in Figure ES-1. There was a large concentration of hospices from the Northeast, Midwest, and South, as well as clusters in metropolitan areas of California and Washington state that submitted data during the voluntary reporting period. The majority of the sample hospices (91.9%) were in urban areas (defined as within a Core Based Statistical Area (CBSA)).

Figure ES-1
Map of unique CCNs that submitted data for voluntary reporting period



c. Question 1

Question 1 of the voluntary data reporting asked “Does your hospice have a QAPI program that includes three or more quality indicators related to patient care?” The majority (95.7%) of respondents reported that they did have a QAPI program that includes three or more indicators related to patient care.

d. Question 2

The hospices were also asked to select if their number of QAPI indicators was 0, 1, 2, or 3+. The majority (95.7%) of hospices that submitted data reported that they collect three or more patient care related indicators in their QAPI programs.

ES.3.2 QAPI Indicators by Topic

a. Question 3

Hospices with at least one patient care related QAPI indicator were asked to report information about their indicators. In total, 6,712 indicators were reported, representing 35 unique topics. Table ES-1 presents the number of indicators by topic and the number of unique CCNs submitting at least one indicator to each topic.

The topic Pain Assessment or Management had the largest number of QAPI indicators reported (1,225), the vast majority of which (797) were related to control or improvement of pain. These indicators looked at whether pain had been controlled in a certain amount of time or the level of pain control achieved. The specified amount of time for these indicators included 24 hours, 48 hours and 48–72 hours. The level of pain control achieved varied and included any decrease in reported pain level, a patient-reported comfortable/acceptable level and achievement of a pain severity score of 4 or less on a 10 point scale. A number of indicators specifically focused on pain control in the last week of life. A large group of indicators in this topic (318) dealt with pain screening and assessment, including screening and assessment on admission and reassessment at later times. Similarly, these indicators specified various timing of the screening or assessment, such as within 24 hours of admission, within 48 hours of admission, at 24, 48, and 72 hours after initial visit or at every subsequent visit. In addition, about 100 indicators in this topic looked at patient and family perception of care they received and ratings of whether the patient’s pain was managed to the level they preferred.

The second largest topic was Communication with Patient/Family (812). More than 300 indicators in this topic tracked the communication between hospice and patient or family about the plan of care, patient’s condition and medical history, who to contact, what to do afterhours and the use of interpreters when needed. Many indicators (244) reflected patient or family’s rating of hospice’s responsiveness afterhours or during weekends. Some indicators (62) in this topic were outcome measures of family/caregiver confidence with providing care and other aspects of caregiving. Other indicators in this topic were family ratings of how well the hospice communicated with them about the patient and other aspects of hospice care.

A retrospectively created topic Other-Family Ratings of Care and Service had the third largest number of indicators (632). The vast majority of indicators in this topic (390) measured family’s overall satisfaction with hospice care. Some of these indicators focused on family’s satisfaction of hospice care provided by a specific discipline, such as nurses, physicians, social workers, chaplains and music therapists. Many other indicators in this topic (153) reflected a family’s likelihood to recommend the hospice.

**Table ES-1.
Indicators by topic**

QAPI Indicator Topic	Number of Indicators	Percent of Total	Number of CCNs Reporting*	Percent of Total	Sub-Topics
Advance Directives/Surrogate Designation	152	2.3%	123	13.5%	<ul style="list-style-type: none"> ▪ Presence of Advance Directives at Some Point ▪ Discussion of Patient Preferences Documented ▪ Surrogate/Proxy Documented ▪ Patient/Surrogate Understanding of Advance Directive Explanation
Anxiety Assessment or Management	170	2.5%	130	14.3%	<ul style="list-style-type: none"> ▪ Assessment of Patient/Caregiver Anxiety ▪ Control/Management/Treatment of Anxiety ▪ Patient/Family Satisfaction with Treatment
Assessment and Management of Social Support	13	0.2%	13	1.4%	<ul style="list-style-type: none"> ▪ Reduction of Psychosocial Distress ▪ Receipt of Support/Psychosocial Assessment ▪ One of the RTI/CMS indicators looks at how many patients are receiving psychosocial/emotional support services.
Assessment and Management of Spiritual Distress	64	1.0%	56	6.1%	<ul style="list-style-type: none"> ▪ Assessment/Management of Spiritual Needs/Issues ▪ Patient/Family Experience/Ratings of Spiritual Care
Care Coordination—Other	42	0.6%	27	3.0%	NA
Communication among Care Professionals	40	0.6%	37	4.1%	<ul style="list-style-type: none"> ▪ Care Communication/Coordination Among Hospice Care Professionals ▪ Care Communication/Coordination Between Hospice and Other Professional Care Providers or Settings

QAPI Indicator Topic	Number of Indicators	Percent of Total	Number of CCNs Reporting*	Percent of Total	Sub-Topics
Communication with Patient/Family	812	12.1%	321	35.2%	<ul style="list-style-type: none"> ▪ Afterhours Responsiveness ▪ Family Education re: Care Broadly ▪ Communication with Patient/Family re: Hospice Care Broadly Family/Caregiver Confidence ▪ Family Ratings of Overall Communication
Community Clergy	7	0.1%	7	0.8%	NA
Constipation Assessment or Management	246	3.7%	230	25.2%	<ul style="list-style-type: none"> ▪ Constipation Screening/Management without Respect to Opioid Use ▪ Bowel Regimen Screening with Respect to Opioid Use
Culturally Sensitive Caregiving	6	0.1%	4	0.4%	NA
Delirium Assessment or Management	3	0.0%	3	0.3%	NA
Depression Assessment or Management	27	0.4%	22	2.4%	<ul style="list-style-type: none"> ▪ Screening/Assessment ▪ Treatment/Control
Documenting Patient/Family Goals of Care	19	0.3%	16	1.8%	<ul style="list-style-type: none"> ▪ Care Plan Review/Update ▪ Patient/Family Involvement in Plan of Care ▪ Documentation of Goals/Wishes
Dyspnea Assessment or Management	262	3.9%	222	24.4%	<ul style="list-style-type: none"> ▪ Screening/Assessment ▪ Intervention/Treatment ▪ Symptom Control/Comfort ▪ Patient/Family Experience/Ratings of Care
Family Education About the Dying Process	275	4.1%	180	19.8%	<ul style="list-style-type: none"> ▪ Caregiver Confidence about the Dying Process ▪ Family Education about What to Expect ▪ Patient/Family Rating of the Information or Assistance Received from Hospice

QAPI Indicator Topic	Number of Indicators	Percent of Total	Number of CCNs Reporting*	Percent of Total	Sub-Topics
Grief, Bereavement Care and Emotional Support	470	7.0%	241	26.5%	<ul style="list-style-type: none"> ▪ Grief and Bereavement Assessment or Care ▪ Emotional Care for Patient/Family Before and/or at Time of Death ▪ Emotional Care for Family After the Death ▪ Culturally Sensitive Caregiving ▪ General—Hospice Staff/Services, Unspecified Timing
Incident/Occurrence Tracking and/or Prevention	605	9.0%	422	46.3%	<ul style="list-style-type: none"> ▪ Incidence/Rate of Infections ▪ Infection Control ▪ Incidence of Specific Conditions ▪ UTI: Catheter Non-Specific ▪ Wound Infections ▪ Combination of Devices ▪ Employee Hygiene ▪ Incidence of Employee Infection/Exposure
Infection Reporting and Control	295	4.4%	271	29.7%	<ul style="list-style-type: none"> ▪ Falls ▪ Tracking of Incidents More Broadly ▪ Wound or Skin Breakdown
Medication Management	227	3.4%	191	21.0%	<ul style="list-style-type: none"> ▪ Incidence Tracking ▪ Medication Reconciliation ▪ Comprehensive Medication Review/Medication profile/other processes of care ▪ Patient/Family Education (correct administration, use of comfort pack, drug disposal, other) ▪ Patient/Family Experience of Pharmacy/Timeliness of Medications etc. ▪ Drug Disposal (completing, documenting by staff) ▪ Appropriateness/Effectiveness of Interventions

QAPI Indicator Topic	Number of Indicators	Percent of Total	Number of CCNs Reporting*	Percent of Total	Sub-Topics
Meeting Patient/Family Care goals/Preferences	260	3.9%	188	20.6%	<ul style="list-style-type: none"> ▪ Preference for Hospitalization ▪ Preference for Location of Death ▪ Preference for CPR ▪ Preference for Treatment/Tests ▪ Family Perception of Care ▪ General: Patient Preferences Honored
Nausea Assessment or Management	103	1.5%	86	9.4%	<ul style="list-style-type: none"> ▪ Screening/Assessment ▪ Intervention/Treatment ▪ Symptom Control/Comfort ▪ Patient/Family Experience/Ratings of Care
Non-Patient Care Related	159	2.4%	96	10.5%	NA
Other	14	0.2%	13	1.4%	NA
Other Aspects of Patient Safety	44	0.7%	36	4.0%	<ul style="list-style-type: none"> ▪ Oxygen Safety Assessment ▪ Oxygen Safety- Patient/Family Education ▪ General—Safety Assessment ▪ Patient/Family Experience of Care Related to Safety
Other Care of the Imminently Dying	48	0.7%	11	1.2%	<ul style="list-style-type: none"> ▪ Physical ▪ Psychological ▪ Social ▪ Spiritual
Other Legal/Ethical Aspects of Care	44	0.7%	44	4.8%	NA

QAPI Indicator Topic	Number of Indicators	Percent of Total	Number of CCNs Reporting*	Percent of Total	Sub-Topics
Other Physical Symptom Assessment or Management	32	0.5%	26	2.9%	<ul style="list-style-type: none"> ▪ Dietary/Nutrition ▪ Weight ▪ Diarrhea/Nausea/Vomiting/Constipation ▪ Fatigue/Drowsiness ▪ Skin Conditions/Wound Care ▪ Other Physical Symptoms
Other Psychological Assessment or Management	13	0.2%	10	1.1%	<ul style="list-style-type: none"> ▪ Insomnia Assessment ▪ Insomnia Intervention ▪ Stress ▪ General Psychological Assessment
Other Spiritual Aspects of Care	32	0.5%	31	3.4%	<ul style="list-style-type: none"> ▪ Percent who had as much spiritual or religious contact as they wanted. ▪ Number of patients/families who requested chaplain services ▪ Hospice discussed religious or spiritual beliefs with family. ▪ Monitors Pastoral Activities as well as any spiritual support needed by patients and families. ▪ Percent of patients who had been offered spiritual services.
Other-Family Ratings of Care and Services	632	9.4%	283	31.1%	<ul style="list-style-type: none"> ▪ Willingness to Recommend ▪ Overall/Global Satisfaction of Hospice Care ▪ Respectful Treatment
Other-Structural and Process	126	1.9%	101	11.1%	<ul style="list-style-type: none"> ▪ Comprehensive Assessment at Admission ▪ Hospice Compliance with Aide Supervisory Visit
Other-Use of Volunteer Services	80	1.2%	72	7.9%	<ul style="list-style-type: none"> ▪ Tracking Utilization of/Number of Care Hours Provided by Volunteers ▪ Patient/Family Ratings of Volunteer Services

QAPI Indicator Topic	Number of Indicators	Percent of Total	Number of CCNs Reporting*	Percent of Total	Sub-Topics
Pain Assessment or Management	1,225	18.3%	782	85.8%	<ul style="list-style-type: none"> ▪ Pain Screening/Assessment ▪ Pain Control/Improvement ▪ Patient/Family Ratings of Care
Transitions to/from Other Care Settings	48	0.7%	44	4.8%	<ul style="list-style-type: none"> ▪ Transitions to other Care Settings ▪ Transitions from other Care Settings
Visit Frequency	117	1.7%	79	8.7%	<ul style="list-style-type: none"> ▪ Tracking Visit Frequency ▪ Consistency Between Visit Frequency and the Plan of Care
Total	6,712	—	911	—	—

*Number of CCNs Reporting do not add up to total because one CCN may submit indicators in multiple topics

Two of these aforementioned topics—Pain Assessment or Management and Communication with Patient/Family—were also top topics under which a large number hospices reported at least one indicator. In addition, almost half of the CCNs (422) submitted at least one indicator to the topic area Incident/Occurrence Tracking and/or Prevention. There were 605 indicators in this topic, more than 500 of which addressed falls. For example, many indicators tracked the incidence of falls with variation in specifications—falls with injury, falls with injury requiring any type of intervention and falls resulting in physician orders. Other fall-related indicators focused on screening for and mitigating falls risk.

Meanwhile, the topics Delirium Assessment or Management, Culturally Sensitive Caregiving and Community Clergy had the smallest number of indicators and the smallest number of CCNs reporting indicators. Delirium Assessment or Management had three indicators that looked at assessment of delirium and documentation of a delirium assessment. Culturally Sensitive Caregiving included six indicators regarding cultural barrier assessment and whether hospices took into account patients’ cultural heritage, traditions or veterans issues. There were seven indicators under Community Clergy regarding the access to and utilization of community clergy or local pastor or spiritual care.

The large number of indicators in the big topics reported during hospice voluntary reporting period, such as Pain Assessment or Management, reflect areas of great interest and work in measure development. On the other hand, the small number of indicators in the small topics such as Delirium Assessment or Management, Culturally Sensitive Caregiving and Community Clergy suggest areas in need of more effort of measure development.

b. Topic Summaries

The qualitative analyses divided each topic into sub-topics. Some topics were not divided into sub-topics due to either 1) small number of indicators, e.g., Delirium assessment or management; or 2) indicators too diverse to group, e.g., Care coordination—other and Other Spiritual aspects of care. The sub-topics in each topic are presented in Table ES-1.

c. Variation in the Quality of the Indicators

The analyses showed significant variability with regard to the quality of the indicators. High quality QAPI indicators shared similar characteristics—measuring important and actionable areas of quality related to patient care, with appropriate specifications and precise description of the numerator and the denominator. On the other hand, low quality indicators were often imprecise and/or unclear, sometimes seemingly not actionable/executable and/or did not measure an appropriate aspect of patient related care. Some hospices submitted quality goals (e.g.; “all patients will be free of pain”) as QAPI indicators without specifying the denominator and numerator.

d. Data Sources

About one third (34.3%) of the indicators were constructed based on information extracted from electronic medical records. A little less than one third (30.2%) of the indicators submitted were based on responses to family surveys or questionnaires. About 20% of the indicators were based on information from other data sources, such as incident reports and logs.

Paper medical record based indicators account for 12.5% of the submitted indicators. Slightly less than 2% of the indicators were based on patient survey/questionnaire.

ES.3.3 Burden Estimate

Question 4 of the voluntary data reporting asked “How much time did it take you to complete this voluntary data submission?” Respondents could choose from 1–5 minutes, 6–10 minutes, 11–15 minutes, 16–20 minutes, 21–25 minutes, or more than 26 minutes. The largest number of respondents (282) reported that the data collection took more than 26 minutes, followed by 165 CCNs that reported 21–25 minutes. Findings from the stratified burden estimate suggested that the more indicators a CCN reports, the longer the data collection takes. All of the sites that reported having 0 QAPI indicators reported that they spent less than 20 minutes to complete collection. Of those sites that reported having 3 or more QAPI indicators the largest number (32.0%) reported that the data collection took more than 26 minutes, followed by 21–25 minutes (18.9%). The longer amount of time for reporting is probably due to these sites completing detailed information about each QAPI indicator they collect, as asked in Question 3.

ES.4 Summary and Recommendations for Mandatory Data Reporting Period

ES.4.1 Summary

The quantitative and qualitative analyses detailed in this report revealed some overarching findings about the state of hospice QAPI programs and several issues of the reported QAPI indicators.

- 1) ***Variability in QAPI indicators***: we found a great deal of variability in how hospices construct and describe indicators.
- 2) ***Misclassification/multiple classifications***: we encountered misclassification of indicators by hospices across all care topics.
- 3) ***Overuse and/or misuse of the “Other” category***: In addition to misclassification and multiple classification, we found that 553 indicators were originally submitted to the “Other” category. The vast majority of these can be classified into other more appropriate categories.
- 4) ***Non-patient care related indicators***: many hospices submitted indicators that were not patient care related or were questionably patient care related.
- 5) ***Compliance versus quality improvement***: Many indicators had to do with tracking compliance with Conditions of Participation (CoPs) or with internal hospice policies and requirements.
- 6) ***Variability in quality of the indicators***: we found significant variability with regard to the quality of the indicators.

ES.4.2 Recommendations for the First Year of Required Reporting by Hospices

The voluntary data reporting period provided a wealth of information about the state of hospice QAPI programs and indicators. To make future data collection less burdensome for

hospices, we recommend a simplified web-based data collection that eliminates free text entry. Instead, we recommend that hospices be provided with a data entry system that allows them to choose and “check off” patient care related domains and topic areas within those domains for which they have an indicator in their QAPI programs during the look-back period.