

Course 1: Didactic Recorded Training Series

Hospice Outcomes and Patient Evaluation (HOPE) National Implementation Virtual Training Program

Part 4



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Attendees will be able to:

- Name at least three of the six new data elements in Section J.
- Summarize the intent of the Symptom Impact item.
- Describe the symptom follow-up (SFV) items and when they need to be completed.



Speaker





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For a list of HQRP acronyms, visit the HQRP Acronym List.

LPN RNCMSSFV HUV HOPE HQRP LVN

Section J: Health Conditions

Section J: Items





J0050. Death is Imminent

J0915. Neuropathic Pain

J2050. Symptom Impact
Screening

J2051. Symptom Impact

J2052. Symptom Followup Visit (SFV)

J2053. SFV Symptom Impact



J0900. Pain Screening

J0905. Pain Active Problem

J0910. Comprehensive Pain Assessment

J2030. Screening of Shortness of Breath



J2040. Treatment for Shortness of Breath



Section J: Health Conditions Intent

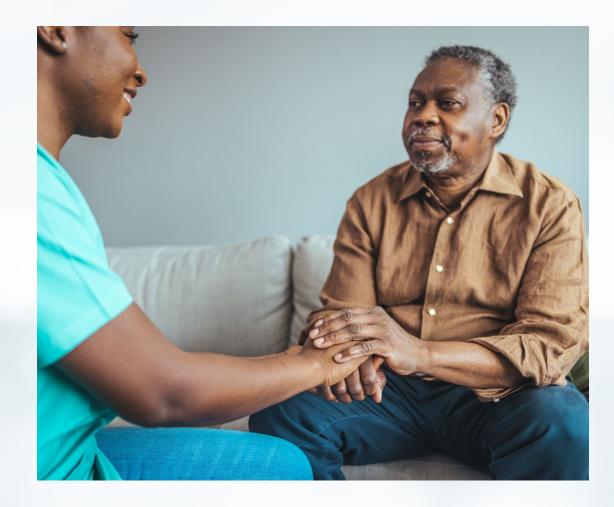
Section J items are intended to document the physical symptoms and the impact of pain and non-pain symptoms for hospice patients.

- Include an assessment of imminent death, screening for pain, a comprehensive pain assessment if warranted, and screening for dyspnea.
- Intended to incorporate information from the interview with the patient and family/caregiver, as well as the clinical assessment and judgment of the assessing nurse if the patient is unable to participate.



Section J: Health Conditions Rationale

- Pain and non-pain symptoms (such as shortness of breath) are prevalent and undertreated for many populations of seriously ill patients, including those nearing the end of life.
- Pain management is a high priority for patients and family/caregivers.





Section J: Health Conditions Rationale (cont.)



- Other non-pain symptoms can be functionally limiting and distressing to patients, as well as to their families/caregivers.
- Screening for pain and non-pain symptoms and their impact on the patient will assist the hospice team with care planning.
- Effective treatment is available to alleviate and lessen the impact of most pain and non-pain symptoms.





J0050. Death	is Imminent
Enter Code	At the time of this assessment and based on your clinical assessment, does the patient appear to have a life expectancy of 3 days or less?
Ш	0. No
	1. Yes

On Admission, HUV1, and HUV2



J0050: Item-Specific Instructions

- This item is coded based upon the clinician's assessment of the patient's status at the time of the visit.
- This response does not indicate a statement of the actual prognosis, but rather the likelihood that death may be imminent based on the symptoms the clinician is observing.
- In counting the number of days, the day of the assessment visit is day zero (0).





J0900. Pain Screening

J0900. Pain S	creening	
Enter Code	 A. Was the patient screened for pain? 0. No — Skip to J0905, Pain Active Problem 1. Yes B. Date of first screening for pain: Month Day Year 	UNCHANGED .
Enter Code	 C. The patient's pain severity was: 0. None 1. Mild 2. Moderate 3. Severe 9. Pain not rated 	On Admission
Enter Code	 D. Type of standardized pain tool used: 1. Numeric 2. Verbal descriptor 3. Patient visual 4. Staff observation 9. No standardized tool used 	



J0900: Item-Specific Instructions

- Assess the patient for the presence of pain.
- Item completion should be based on what is determined during the assessment visit and/or included in the clinical record. Do not use sources external to the clinical record.
- Review the clinical record for information regarding pain screening.
- Consider results of the standardized pain screening tool and any other screening approaches the clinician used that might include asking the patient about their pain comfort.
- Review all response choices before making a selection.





J0905. Pain <i>A</i>	ctive Problem	
Enter Code	Is pain an active problem for the patient?	
	0. No — Skip to J2030, Screening for Shortness of Breath1. Yes	UNCHANGED





J0910. Comprehensive Pain Assessment

J0910. Comprehe	nsive Pain Assessment	
Enter Code	A. Was a comprehensive pain assessment done? 0. No — Skip to J2030, Screening for Shortness of Breath 1. Yes B. Date of Comprehensive pain assessment: Month Day Year	UNGHANGED
	C. Comprehensive pain assessment included:	. OKCIIII
√ Check	all that apply	
	1. Location	
	2. Severity	
	3. Character	
	4. Duration	On Admission
	5. Frequency	On Aumission
	6. What relieves/worsens pain	
	7. Effect on function or quality of life	
	9. None of the above	



J0910: Item-Specific Instructions

- A comprehensive pain assessment should address multiple aspects of pain, beyond a determination of the pain presence and severity.
- For any of the seven characteristics included in the pain assessment, select response options based on whether the clinician made an attempt to gather the information from the patient/caregiver.







J0915. Neuro	pathic Pain
Enter Code	Does the patient have neuropathic pain (e.g., pain with burning, tingling, pins and needles, hypersensitivity to touch)?
	0. No 1. Yes
	NEW SERVICE AND ADDRESS OF THE PARTY OF THE
	On Admission



J0915. Neuropathic Pain - Definition



Neuropathic pain is pain caused by a lesion or disease of the somatosensory nervous system.

Source: International Association for the Study of Pain



J0915: Item-Specific Instructions

- Assess the patient for signs and symptoms of neuropathic pain.
- Several data sources and resources can be used separately or collectively to respond to this item.
 - Patient and/or caregiver interview (including family and facility staff), observation, clinical assessment, and clinical judgment are acceptable.



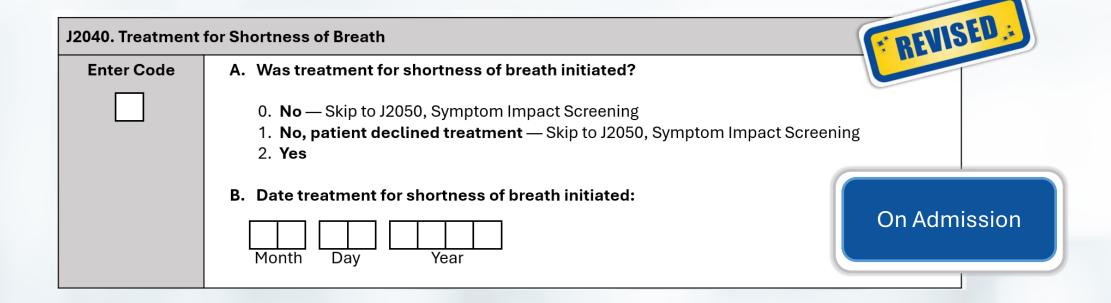


J2030. Screening for Shortness of Breath

J2030. Screening f	or Shortness of Breath A. Was the patient screened for shortness of breath?
Enter Code	 A. Was the patient screened for shortness of breath? 0. No — Skip to J2050, Symptom Impact Screening 1. Yes B. Date of first screening for shortness of breath:
	Month Day Year On Admission
Enter Code	 C. Did the screening indicate the patient had shortness of breath? 0. No — Skip to J2050, Symptom Impact Screening 1. Yes



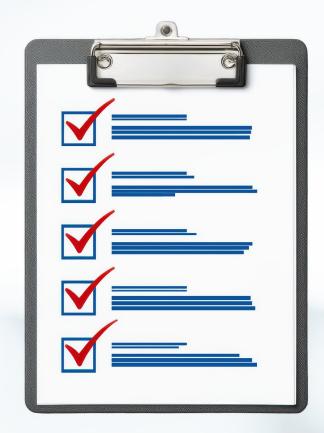
J2040. Treatment for Shortness of Breath





J2030 and J2040: Item-Specific Instructions

- When screening, assess the patient for the presence of shortness of breath.
- A screening for shortness of breath must include evaluating the patient for presence/absence of shortness of breath and, if shortness of breath is present, rating its severity.





J2030 and J2040: Item-Specific Instructions (cont.)

- Item completion should be based on what is determined during the assessment visit and/or included in the clinical record.
- Do not use sources external to the clinical record.





J2050. Symptom Impact Screening

J2050. Sympt	om Impact Screening	
	A. Was a symptom impact screening completed?	
Enter Code		
	0. No — Skip to M1190, Skin Conditions	
	1. Yes	
	B. Date of symptom impact screening:	
		MEW
	Month Day Your	
	Month Day Year	

On Admission, HUV1, and HUV2







- The effect of symptom(s) on the patient.
- Symptoms may impact a patient in multiple ways, (e.g., sleep, concentration, day-today activities).



J2050: Item-Specific Instructions

- Review all response choices before making a selection.
- Item completion should be based on what is determined during the assessment visit and/or included in the clinical record.
- Do not use sources external to the clinical record.





J2051. Symptom Impact

J2051. Symptom Impact			
(including input from patier	nas the patient been affected by each of the following symptoms? Base this on your clinical assessment and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, to day activities, or ability to interact with others.	nent	
 Slight Moderate Severe 	symptom does not affect the patient, including symptoms well-controlled with current treatment ble (the patient is not experiencing the symptom)		
	Enter Code	MENT	
	↓		
A. Pain			
B. Shortness of breath			
C. Anxiety			
D. Nausea		On Admission,	
E. Vomiting		HUV1, and HUV2	
F. Diarrhea			
G. Constipation			
H. Agitation			



J2051: Item-Specific Instructions

- Assess the patient for the impact of symptoms.
- This is not an assessment of the severity, intensity, frequency, or other characteristics of the symptoms listed, but the impact these symptoms have on the patient.
- Item completion should be based on what is determined during the assessment visit and/or included in the clinical record.
- Do not use sources external to the clinical record.





J2051: Item-Specific Instructions (cont.)

- For Admission and HUVs, this is an overall rating of how the patient is affected by their symptom(s) over the past two days.
- This is based on the patient/caregiver interview, observation, clinical assessment, and clinical judgment. The assessing clinician decides the effect of each symptom on the patient.





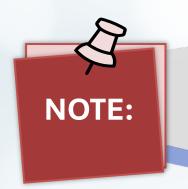
J2052. Symptom Follow-up Visit (SFV)

J2052. Sympto	m Follow-up Visit (SFV) (complete only if any response to J2051 Symptom Impact = 2. Mode	erate or 3. Severe)	
Enter Code	An in-person Symptom Follow-up Visit (SFV) should occur within 2 calendar days as a follow-up for any moderate or severe pain or non-pain symptom identified during Symptom Impact assessment at Admission or HOPE Update Visit (HUV).		
Enter Code	 0. No — Skip to J2052C, Reason SFV Not Completed 1. Yes B. Date of in-person SFV - Complete and skip to J2053, SFV Symptom Impact. Month Day Year 	ENEW	
	 C. Reason SFV not completed — Skip to M1190, Skin Conditions. 1. Patient and/or caregiver declined an in-person visit. 2. Patient unavailable (e.g., in ED, hospital, travel outside of service area, expired). 3. Attempts to contact patient and/or caregiver were unsuccessful. 9. None of the above. 	On Admission, HUV1, and HUV2	



J2052: Item-Specific Instructions

- The in-person SFV may be conducted by either an RN or LPN/LVN within 2 calendar days as a follow-up for any moderate or severe pain or non-pain symptom impact identified during an Admission or HUV.
- This visit could stretch beyond the specified Admission or HUV assessment timeframes.



The SFV cannot be conducted during the same visit, but it can occur later in the same day, as a separate visit.



J2053. SFV Symptom Impact

J2053. SFV Symptom Impa	ct	
Base this on your clinical as activities including, but not	eact assessment was completed, how has the patient been affected by each of the following sessment (including input from patient and/or caregiver). Symptoms may impact multiple palimited to, sleep, concentration, day to day activities, or ability to interact with others.	•
Coding:	wenton does not affect the nations including symptoms well controlled with surrent treatments	nont
1. Slight	ymptom does not affect the patient, including symptoms well-controlled with current treatm	letit
2. Moderate		
3. Severe	ole (the patient is not experiencing the symptom)	Cine !
J. Not applicat	Enter Code	->NEW<
	I Enter Code	
	↓	
A. Pain		
B. Shortness of breath		
C. Anxiety		
D. Nausea		On Admission,
E. Vomiting		HUV1, and HUV2
F. Diarrhea		
G. Constipation		
H. Agitation		



J2053: Item-Specific Instructions

- The SFV Symptom Impact item for follow up of symptoms identified in a HOPE Admission or HUV may be conducted by an RN or LPN/LVN.
- This is not an assessment of the severity, intensity, frequency, or other characteristics of the symptoms listed, but the impact these symptoms have on the patient.





J2053: Item-Specific Instructions (cont.)

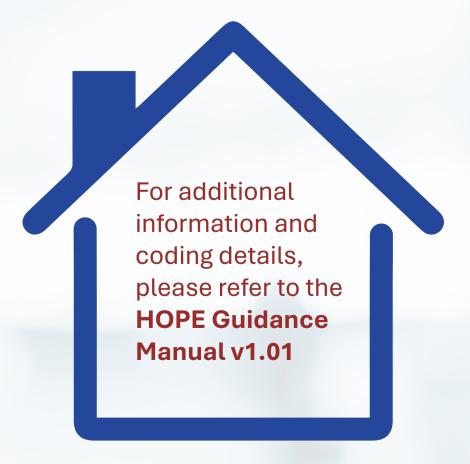
- For each symptom listed, enter one code that best describes how the patient has been affected.
- The clinician, based on the patient/caregiver interview, observation, and clinical judgment, determines how each symptom has affected the patient.





Key Takeaways

- Section J: Health Conditions now contains new data elements to assess the signs of imminent death, the presence of neuropathic pain, and items that evaluate the impact of a variety of symptoms.
- The Symptom Impact item is an overall rating of how a variety of symptoms are impacting the patient.
- The SFV is a follow-up visit that is required within two calendar days if triggered by the presence of moderate or severe symptom impact during a HOPE Admission or HUV.



Conclusion 3



Submitting Questions

- Submit questions based on this presentation to cmspostacutecaretraining@RainmakersSolutions.com.
- Select questions will be answered in the upcoming Coding Workshop.



Thank You!



- You have completed Part 4 of the five-part training for HOPE.
- Please proceed to Part 5 to learn more about HOPE data elements.

