

Hospice Quality Reporting Program HIS-Admission

SECTIONS F, J, AND N



January 18,
2017 Hilton
Baltimore
Baltimore, MD

Section F

Section F

Preferences

F2000. CPR Preference

Enter Code

☐

- A. Was the patient/responsible party asked about preference regarding the use of cardiopulmonary resuscitation (CPR)? - Select the most accurate response**
- 0. No → Skip to F2100, Other Life-Sustaining Treatment Preferences
 - 1. Yes, and discussion occurred
 - 2. Yes, but the patient/responsible party refused to discuss

B. Date the patient/responsible party was first asked about preference regarding the use of CPR:

Month

Day

Year

F2100. Other Life-Sustaining Treatment Preferences

Enter Code

☐

- A. Was the patient/responsible party asked about preferences regarding life-sustaining treatments other than CPR? - Select the most accurate response**
- 0. No → Skip to F2200, Hospitalization Preference
 - 1. Yes, and discussion occurred
 - 2. Yes, but the patient/responsible party refused to discuss

B. Date the patient/responsible party was first asked about preferences regarding life-sustaining treatments other than CPR:

Month

Day

Year

continued on page 2

Section F

F2200. Hospitalization Preference

Enter Code

☐

A. Was the patient/responsible party asked about preference regarding hospitalization? - Select the most accurate response

0. **No** → Skip to F3000, Spiritual/Existential Concerns

1. **Yes, and discussion occurred**

2. **Yes, but the patient/responsible party refused to discuss**

B. Date the patient/responsible party was first asked about preference regarding hospitalization:

Month

Day

Year

F3000. Spiritual/Existential Concerns

Enter Code

☐

A. Was the patient and/or caregiver asked about spiritual/existential concerns? - Select the most accurate response

0. **No** → Skip to I0010, Principal Diagnosis

1. **Yes, and discussion occurred**

2. **Yes, but the patient and/or caregiver refused to discuss**

B. Date the patient and/or caregiver was first asked about spiritual/existential concerns:

Month

Day

Year

Section J

Section J		Health Conditions	
Pain			
J0900. Pain Screening			
Enter Code <input type="checkbox"/>	A. Was the patient screened for pain? 0. No → Skip to J0905, Pain Active Problem 1. Yes		
	B. Date of first screening for pain: <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Month Day Year </div>		
Enter Code <input type="checkbox"/>	C. The patient's pain severity was: 0. None 1. Mild 2. Moderate 3. Severe 9. Pain not rated		
Enter Code <input type="checkbox"/>	D. Type of standardized pain tool used: 1. Numeric 2. Verbal descriptor 3. Patient visual 4. Staff observation 9. No standardized tool used		
J0905. Pain Active Problem			
Enter Code <input type="checkbox"/>	Is pain an active problem for the patient? 0. No → Skip to J2030, Screening for Shortness of Breath 1. Yes		

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Section J (continued)

Section J

Health Conditions

J0910. Comprehensive 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

C. Comprehensive pain assessment included:

↓ Check all that apply

☐

1. Location

☐

2. Severity

☐

3. Character

☐

4. Duration

☐

5. Frequency

☐

6. What relieves/worsens pain

☐

7. Effect on function or quality of life

☐

9. None of the above

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Section J (continued)

Section J Health Conditions

Respiratory Status

J2030. Screening for Shortness of Breath

Enter Code

☐

A. Was the patient screened for shortness of breath?

0. No → Skip to N0500, Scheduled Opioid

1. Yes

B. Date of first screening for shortness of breath:

Month

Day

Year

Enter Code

☐

C. Did the screening indicate the patient had shortness of breath?

0. No → Skip to N0500, Scheduled Opioid

1. Yes

J2040. Treatment for Shortness of Breath

Enter Code

☐

A. Was treatment for shortness of breath initiated? - Select the most accurate response

0. No → Skip to N0500, Scheduled Opioid

1. No, patient declined treatment → Skip to N0500, Scheduled Opioid

2. Yes

B. Date treatment for shortness of breath initiated:

Month

Day

Year

C. Type(s) of treatment for shortness of breath initiated:

↓ Check all that apply

☐

1. Opioids

☐

2. Other medication

☐

3. Oxygen

☐

4. Non-medication

Section N

Section N		Medications	
N0500. Scheduled Opioid			
Enter Code <input type="checkbox"/>	A. Was a scheduled opioid initiated or continued? 0. No → Skip to N0510, PRN Opioid 1. Yes B. Date scheduled opioid initiated or continued: <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Month Day Year </div>		
N0510. PRN Opioid			
Enter Code <input type="checkbox"/>	A. Was a PRN opioid initiated or continued? 0. No → Skip to N0520, Bowel Regimen 1. Yes B. Date PRN opioid initiated or continued: <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Month Day Year </div>		
N0520. Bowel Regimen			
Complete only if N0500A or N0510A = 1			
Enter Code <input type="checkbox"/>	A. Was a bowel regimen initiated or continued? - Select the most accurate response 0. No → Skip to Z0400, Signature(s) of Person(s) Completing the Record 1. No, but there is documentation of why a bowel regimen was not initiated or continued → Skip to Z0400, Signature(s) of Person(s) Completing the Record 2. Yes B. Date bowel regimen initiated or continued: <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Month Day Year </div>		