

Thank you for being part of the **OCS QAPI Snapshot**. These are the data definitions for the OCS QAPI Snapshot 2011 Quarterly Survey. [Please read all instructions and notes carefully.](#)

## Important Dates

### 2011 Quarterly Data Submission Deadlines

<b>Q1 2011</b>	<b>May 4, 2011</b>	<b>Q3 2011</b>	<b>November 2, 2011</b>
<b>Q2 2011</b>	<b>August 3, 2011</b>	<b>Q4 2011</b>	<b>February 1, 2012</b>

## Data Collection & Submission

### Data Element Definitions

We recognize that not every agency collects and reports information in the same way; however, please adhere to OCS QAPI Snapshot definitions as much as possible. If you have any questions about definitions or data collection protocols, contact us at [tech@ocsys.com](mailto:tech@ocsys.com) or 866.641.TECH (8324). If you cannot provide information as requested, but have similar data, please call us to determine the most appropriate way to report your data.

### Total Program v. Home Hospice/Visiting Services

In the QAPI Snapshot survey, you will be asked to make the distinction between Total Program and Home Hospice/Visiting Services data. This is most important for the Visits and Hours Paid by Discipline in the Staffing Section. The majority of Hospice Care is billed as Routine Home Care. To normalize reporting – comparing "apples to apples" – for ADC/FTE and Average Weekly Visits/FTE, we are focussing on Home Hospice/Visiting Services to reduce variation caused by other subsets of patient care (e.g., GIP, Respite), which have different shift/staffing models across providers.

Where you are asked to provide data for your **Total Program**, include services provided at all of the following levels of care: Routine Home Care, General Inpatient, Continuous Care, and Respite Care. Where you are asked to provide data for your **Home Hospice/Visiting Services**, include services provided at the Routine Home Care level, by your Home Hospice/Visiting Services staff, regardless of setting. Please be sure to provide ADC for both Home Hospice/Visiting Services and Total Program, as both are key data elements used to calculate the QAPI Snapshot report.

### When to Use Zero or leave it blank: Best Practices for Your Data

It is important that we differentiate between a response of "zero" (0) and no response. Enter a zero only when it is the correct response for a particular question. You should **not enter a zero** if a question is not applicable to your organization or you cannot obtain the appropriate data. **If the question is not applicable or the data is not available, leave the question blank, never enter "N/A".**

## Frequently Asked Questions

**Q. In the Volume Section, the survey refers to Total Program. What does that mean?**

**A.** Total Program includes all four (4) levels of care (Routine Home Care, General Inpatient, Continuous Home Care, and Inpatient Respite Care).

**Q.**

**In different areas of the survey, references are made to Home Hospice/Visiting Services. What does that mean?**

**A.** Home Hospice/Visiting Services includes all Routine Home Care level of care services, typically provided by your Home Hospice/Visiting Services staff, regardless of setting.

**Q. When are the quarterly data due and reports available?**

**A.** The survey period for each quarter begins the month immediately following the reporting quarter. The survey is open until the first Wednesday of the following quarter, AKA the second month immediately following the reporting quarter. Example: Data for the Q1.09 OCS QAPI Snapshot survey is due May 5th, 2010. It is important to adhere to the submission deadlines to ensure that your data is included in the Snapshot reports. If you have any questions or do not feel that you will be able to meet a deadline, please call us. The QAPI Snapshot reports are to be posted two weeks after the survey period ends.

**Q. What if I am unable to submit my data by the deadline?**

**A.** Please call us right away. We may be able to help you in your data collection efforts. If you are waiting for a few data points, please submit the data that you have. You can add the missing data points later.

**Q. What positions are considered "other clinical staff"?**

**A.** Other Clinical staff includes any clinical staff not included in the distinct discipline categories of the survey. The Other Clinical staff do provide direct care to patients/families, such as: Dietician, Music Therapy, Massage, etc.

**Q. What is considered "non-clinical staff"?**

**A.** Non-clinical staff includes a wide range of non-reimbursable staff, such as administrative and general staff, intake/referral personnel, and Pet Therapy. When non-clinical staff are shared across hospice cost centers; it is preferred that only the portion of hours paid towards Home Hospice/Visiting Services be reported; otherwise report all hours paid for staff, if unable to identify portion of hours.

**Q. How do you determine the location of admission?**

**A.** The location of admission is the place where the first clinical visit occurs. If you provide an informational visit to a referred patient in the hospital prior to the patient being discharged home, you would not consider the hospital as the location of admission. If the admission visit occurred in the hospital, then the hospital would be considered the location of admission.

**Q. If I have FEHC data in aggregate reports, is there any difference in how I complete this survey?**

**A.** For FEHC items such as Evening and Weekend Responsiveness (G2), we realize hospices may receive aggregate reports from a FEHC vendor. For this item we have given specific denominator instructions for those with aggregate data and for those who have patient level detail. The best practice would be for those who can exclude survey respondents who identified: "Never contacted evenings or weekend services" for those who have this detailed information for FEHC G2.

**ORGANIZATIONAL PROFILE SECTION**

Data Element	Definition Detail
Parent Organization	If applicable, enter the name of the Parent Organization.
<b>Hospice Mailing Address</b>	
Main Location Street	Enter the primary Street Address location of hospice operation
Main Location City	Enter the primary City location of hospice organization
Main Location State	Enter the primary State location of hospice organization
Main Location Zip Code	Enter the primary Zip Code of hospice organization
Main Location County	Enter the primary County in which the organization operates.
Medicare Provider Number	Enter the Provider Number issued by Centers for Medicare and Medicaid Services (CMS)
National Provider Identifier (NPI)	Enter the 10 digit NPI issued by CMS, for use in all HIPAA standard transactions
Website Address	Please provide your organization's web page/URL, typically using the HTTP protocol
<b>Primary QAPI Snapshot Contact Information</b>	
Name	Enter the name of the primary person in your organization that would answer questions regarding the data you are submitting via this survey.
Title	Enter the title of the primary QAPI Snapshot contact.
Email Address	Enter the email address of the primary QAPI Snapshot contact.
Phone Number	Enter the 10 digit phone number (and extension if applicable) of the primary QAPI Snapshot contact.
Fax Number	Enter the 10 digit fax number of the primary QAPI Snapshot contact.
<b>Type of Provider Agency (check one)</b>	
Freestanding Hospice	Identify based on Medicare filing status. Typically home health certification dominates hospice certification, regardless of patient volume in each service. (That is, if you hold Medicare certification for home health, even if you serve few patients under home health, you likely file as Home Health Based.)
Hospital Based	Identify based on Medicare filing status, i.e. part of a hospital/hospital organization.
Home Health Based	Identify based on Medicare filing status, i.e. partnered/part of a Home Health Agency.
Nursing Home Based	Identify based on Medicare filing status, i.e. Part of a nursing home provider/skilled nursing facility.
<b>Ownership (check one)</b>	
Hospice Corporate Chain	Identify based on parent organization that is owned by a larger hospice corporation.
Managed Care/HMO	Identify based on parent organization that is a payer and provider of services.
Integrated healthcare system	Identify based on parent organization, such as a tertiary medical system.
Continued care retirement community	Identify based on parent organization that is organized to serve retirement communities.
Division of prison	Identify if your parent organization is a prison, penitentiary, correctional facility or jail.
Independent	Independent hospice/parent organization.
<b>Tax Status (check one)</b>	
Voluntary (not for profit)	Not for Profit -- charitable organizations with 501c3 IRS filing status
Proprietary (for profit)	Privately held or publically traded entities with For Profit tax status
Government	Owned and operated by federal, state, or local municipality
<b>Geographic Area Served (check one)</b>	
Primarily Urban	Select if the majority of patients served are in urban area(s)
Primarily Rural	Select if the majority of patients served are in rural area(s)
Mixed Urban and Rural	Select if patients served are in both urban and rural areas
<b>Membership</b>	
Are you a member of NHPCO?	If your organization is a member of NHPCO, check "Yes". If not, check "No".
<b>Inpatient &amp; Residential Facilities</b>	
Does your hospice operate one or more dedicated hospice facilities or units?	To qualify as an inpatient unit or residential facility, a facility must meet ALL of the following criteria: 1. consists of one or more beds that are owned or leased by the hospice, 2. be staffed by hospice staff, and 3. have major policies and procedures set by the hospice.

Data Element	Definition Detail
<b>Quality Practices</b>	
Percent of patient records reviewed	Enter the percent of patient records you reviewed to perform compliance audits in this reporting period. Record/chart reviews range from focused through comprehensive audits.
Date of last review of your practices with formal standards	Enter the date (mm/yy) when you last reviewed your agency practices with formal standards. Formal standards would include, but are not limited to, published NHPCO standards, preferred practices in the National Quality Forum (NQF) framework for palliative and hospice care quality, and hospice-specific standards of an accrediting body.
Does your compliance program meet OIG Guidance?	Indicate whether your compliance program meets the 1999 issued compliance guidance for hospices by the Office of the Inspector General. <i>On October 5, 1999, the OIG published its final Compliance Program Guidance for Hospices. 64 Fed. Reg. 54031 (October 5, 1999).</i> <a href="http://oig.hhs.gov/authorities/docs/hospicx.pdf">http://oig.hhs.gov/authorities/docs/hospicx.pdf</a>
Does your organization provide bereavement services to the community?	Indicate whether your hospice provides bereavement services to the community, meaning that you extend services to individuals who are not family members of patients enrolled in your hospice.
Do you have access to an ethics committee?	Indicate whether members and staff of your organization have access to an ethics committee for addressing complex ethical issues and review of decision-making processes.
Do you utilize an executive dashboard for performance management?	Indicate whether your organization utilizes an executive dashboard for performance management. An "executive dashboard" is a high level summary of performance data that addresses all key components of performance (clinical and non-clinical.) Other names you may use include, scorecard, integrated performance summary, balanced scorecard, report card, or snapshot. <b>Answer "Yes" if you have utilized the OCS QAPI Snapshot.</b>
Number of Performance Improvement Projects (PIPs)	Enter the number of Performance Improvement Projects (PIPs) the hospice was actively engaged in during any part of the reporting period.
Types of Performance Improvement Projects (PIPs)	Enter the title(s), name(s) or topic area(s) of Performance Improvement Projects (PIPs) the hospice was engaged in during the reporting period. Please use key words/concise language to summarize the PIP(s).
<b>Financials</b>	
Overall hospice profit margin	Report your hospice's overall profit margin as a percent of total revenue. The calculation should be: $\frac{\text{Total Hospice Net Revenue, including fundraising and contributions} - \text{Total Hospice Cost}}{\text{Total Hospice Net Revenue, including fundraising and contributions}}$
Fundraising as a percent of total hospice revenue	Report fundraising revenue, as a percent of your hospice's total net revenue, for the reporting period. To calculate, divide the total agency fundraising revenue (include contributions from patient care, grants, fundraising, bequests, memorial donations, United Way and other community support, as well as transfers from your hospice foundation, if any) by the total agency net revenue.
Total Patient Reimbursement	Report the total dollar amount for hospice care from all payers for the reporting period.
Total Hospice Costs	Enter the sum of all hospice costs for the reporting period. This included direct and indirect expenses and should be a sum of the above services and supplies for your hospice.

Data Element	Definition Detail
<b>VOLUME SECTION</b>	
<b>Data Element</b>	<b>Definition Detail</b>
Total number of patient days – Inpatient Facility, Unit or Residence only	Enter the total number of patient days for your inpatient hospice program (inpatient facility, unit or residence) for the reporting period. This should include general inpatient (GIP). Exclude days of care provided in a facility/residence by your visiting services/home hospice staff (typically billed as routine home care).
Total number of patient days	Enter the total number of patient days for your hospice program (inpatient and home hospice programs combined) for the reporting period.
Total number of admissions	Enter the total number of admissions for the reporting period. Total admissions is equal to "new admissions" (patients not admitted to this hospice before) plus "re-admissions" (patients admitted, discharged and admitted again regardless of when the initial admission occurred).
Total number of deaths	Enter the total number of deaths for the reporting period.
Total number of live (non-death) discharges	Enter the total number of live discharges, of all types, for the reporting period (e.g., discharged for cause, prognosis extended, refused service, moved, transferred, revoked hospice benefit, etc.).
Total number of unique patients served	Enter the total number of unique patients served for the reporting period. The total number of unique patients served is equal to the number of patients on service at the beginning of the reporting period (carry-overs) plus the number of new admissions (patients not admitted to this hospice before) during the reporting period.
Total number of referrals	Enter the total number of referrals received for the reporting period. The total number of referrals should be equal to new admissions plus readmissions plus the referrals not admitted. A referral is defined by one or more of the following: (1) a request for assessment for possible admission to hospice from a physician, case manager, discharge planner, healthcare organization or equivalent. (2) contact by a patient, or family, or friend of patient, that identifies a specific patient who may need hospice care. This definition of a referral is intentionally broad and is intended to capture all calls and contacts that identify potential hospice patients.
<b>Average Daily Census (ADC), Average Length of Service (ALOS), Median Length of Service (MLOS)</b>	
ADC: Home Hospice/Visiting Services	Enter the calculated average daily census (ADC) for your home hospice/visiting services program, for the reporting period. ADC is calculated by dividing all patient days for a given time period by the number of days in that period.  Example Annual ADC Calculation – Your agency provided a total of 12,775 patient days for all levels of home-based hospice care in 2010. 12,775 divided by 365 days equals an ADC of 35 patients per day.  Example Quarterly ADC Calculation – Your agency provided a total of 3150 patient days for all levels of home-based hospice care in Q1, 2010. 3150 divided by 90 days (number of days in quarter 1) equals an ADC of 35 patients per day.
ADC: Total Program	Enter the calculated average daily census (ADC) for your total program, for the reporting period. ADC is calculated by dividing all patient days for a given time period by the number of days in that period.  Example Annual ADC Calculation – Your agency provided a total of 12,775 patient days for all levels hospice care in 2010. 12,775 divided by 365 days equals an ADC of 35 patients per day.  Example Quarterly ADC Calculation – Your agency provided a total of 3150 patient days for all levels of hospice care in Q1, 2010. 3150 divided by 90 days (number of days in quarter 1) equals an ADC of 35 patients per day.

Data Element	Definition Detail
ALOS: Home Hospice/Visiting Services	<p>Enter the calculated average length of service (ALOS) for your home hospice/visiting services program, for the reporting period. ALOS is the average length of stay for all patients who died or were discharged during the period. If you do not have the patient-level detail from which to calculate the average as described, you may calculate ALOS by dividing the total days of care for patients who died or were discharged in the time period by the total number of patients who died or were discharged in that period.</p> <p>Example Annual ALOS Calculation: 100 patients died or were discharged in 2010. Their total patient days from admission to discharge was 4,200. ALOS is calculated as follows: <math>4,200/100=42</math> days.</p> <p>Example Quarterly ALOS Calculation: 24 patients died or were discharged in Q1, 2010. Their total patient days from admission to discharge was 1,008. ALOS is calculated as follows: <math>1,008/24=42</math> days</p>
ALOS: Total Program	<p>Enter the calculated average length of service (ALOS) for your total program, for the reporting period. ALOS is the average length of stay for all patients who died or were discharged during the period. If you do not have the patient-level detail from which to calculate the average as described, you may calculate ALOS by dividing the total days of care for patients who died or were discharged in the time period by the total number of patients who died or were discharged in that period.</p> <p>Example Annual ALOS Calculation: 100 patients died or were discharged in 2010. Their total patient days from admission to discharge was 4,200. ALOS is calculated as follows: <math>4,200/100=42</math> days.</p> <p>Example Quarterly ALOS Calculation: 24 patients died or were discharged in Q1, 2010. Their total patient days from admission to discharge was 1,008. ALOS is calculated as follows: <math>1,008/24=42</math> days</p>
MLOS: Home Hospice/Visiting Services	<p>Enter the calculated median length of service (MLOS) for your <i>home hospice/visiting services</i> program, for the reporting period. MLOS is the midpoint for all patients who died or were discharged in the time period (same population as for ALOS). Half of the patients have an LOS longer than the median and half of the patients have a LOS shorter than the median. Calculate the MLOS by arranging the LOS scores for all patients from lowest to highest (1, 2, 3, ...). Find the score that falls in the exact middle of the list. This is the median length of service.</p> <p>EXAMPLE 1 – Even number of patients: You have six patients that stayed the following number of days: 11, 2, 9, 5, 8, 4. Arrange the LOS scores from lowest to highest: 2, 4, 5, 8, 9, 11. The median will fall between the third and fourth number. In this case, 5 and 8. Add <math>5+8</math> and divide by 2. <math>(5+8)/2=6.5</math>. 6.5 is your median.</p> <p>EXAMPLE 2 – Odd number of patients: You have five patients with the following number of days 8, 22, 3, 10, 7. Arrange the LOS scores from lowest to highest (3, 7, 8, 10, 22). The MLOS is in the middle - 8 days</p>
MLOS: Total Program	<p>Enter the calculated median length of service (MLOS) for your total program, for the reporting period. MLOS is the midpoint for all patients who died or were discharged in the time period (same population as for ALOS). Half of the patients have an LOS longer than the median and half of the patients have a LOS shorter than the median. Calculate the MLOS by arranging the LOS scores for all patients from lowest to highest (1, 2, 3, ...). Find the score that falls in the exact middle of the list. This is the median length of service.</p> <p>EXAMPLE 1 – Even number of patients: You have six patients that stayed the following number of days: 11, 2, 9, 5, 8, 4. Arrange the LOS scores from lowest to highest: 2, 4, 5, 8, 9, 11. The median will fall between the third and fourth number. In this case, 5 and 8. Add <math>5+8</math> and divide by 2. <math>(5+8)/2=6.5</math>. 6.5 is your median.</p> <p>EXAMPLE 2 – Odd number of patients: You have five patients with the following number of days 8, 22, 3, 10, 7. Arrange the LOS scores from lowest to highest (3, 7, 8, 10, 22). The MLOS is in the middle - 8 days.</p>

Data Element	Definition Detail
<b>LOS Breakdown: Total Program</b>	
LOS ≤ 7 Days	Enter the number of patient deaths and discharges with a Length of Service (LOS) of seven
LOS ≥ 180 Days:	Enter the number of patient deaths and discharges with a Length of Service (LOS) of 180
<b>Admissions by Location</b>	
Location of Admission - Home	Enter the number of new admissions to the home (private residence of either the patient or the caregiver) during the reporting period. For admissions, use location on the first day of care. Count each patient one time, meaning patients with multiple admissions are only counted once.
Location of Admission - Hospital	Enter the number of new admissions to a hospital (an acute care facility not operated by the hospice -- may be a floating or scattered bed contract) during the reporting period. For admissions, use location on the first day of care. Count each patient one time, meaning patients with multiple admissions are only counted once.
Location of Admission - Hospice Unit	Enter the number of new admissions to a hospice unit (an inpatient or residential unit -- one or more beds -- operated by the hospice, and located in a facility operated by another entity - includes hospital, nursing home, and other) during the reporting period. Location of admission refers to the location on the first day of care. For admissions, use location on the first day of care. Count each patient one time, meaning patients with multiple admissions are only counted once.
Location of Admission - Free Standing Hospice Inpatient Facility or Residence	Enter the number of new admissions to a free standing hospice inpatient facility or residence (an inpatient facility and/or residence operated entirely by the hospice) during the reporting period. For admissions, use location on the first day of care. Count each patient one time, meaning patients with multiple admissions are only counted once.
Location of Admission - Nursing Facility	Enter the number of new admissions to a nursing facility (a licensed facility providing nursing and supportive services -- may be the equivalent of either a Skilled Nursing Facility or Intermediate Care Facility) during the reporting period. For admissions, use location on the first day of care. Count each patient one time, meaning patients with multiple admissions are only counted once.
Location of Admission - Residential Care Setting	Enter the number of new admissions to a residential care setting (a residential care facility that is not run by the hospice -- assisted living, boarding home, rest home, shelter, etc.) during the reporting period. For admissions, use location on the first day of care. Count each patient one time, meaning patients with multiple admissions are only counted once.
Location of Admission - Total	Enter the total number of new admissions to all locations during the reporting period. Count each patient one time, meaning patients with multiple admissions are only counted once.
<b>Admissions by Diagnosis</b>	
Number of Cancer Admissions	Enter the number of patients admitted with any type of cancer as their primary diagnosis. Include data for your total program. Count each patient one time, meaning patients with multiple admissions are only counted once.
Admissions with Diagnosis of Heart Disease	Enter the total number of patients admitted with primary diagnosis of Heart Disease. Include data for your total program. <i>Examples, but not limited to the following</i> ICD-9 codes: 428.1, 428.9, 414.8, (340-459, excluding 436.)
Admissions with Diagnosis of Dementia	Enter the total number of patients admitted with primary diagnosis of Dementia. Include data for your total program. <i>Examples, but not limited to the following</i> ICD-9 codes: 290, 290.1, 290.11, 290.12, 290.13, 290.2, 290.21, 290.3, 290.4, 290.41, 290.42, 290.43, 294.1, 331, 331.1, 331.2 (290-319, plus 331.0)
Admissions with Diagnosis of Lung Disease	Enter the total number of patients admitted with primary diagnosis related to non-cancer Pulmonary/Lung Disease. Include data for your total program. (ICD-9 codes 460-519) There is no identified ICD-9 code for end stage pulmonary disease. Diagnoses for pulmonary disease that lead to end stage pulmonary disease will be accepted.
Admissions with Diagnosis of Kidney Disease	Enter the total number of patients admitted with primary diagnosis of Kidney Disease. Include data for your total program. <i>Examples, but not limited to the following</i> ICD-9 codes: 584.5 - 584.9, 585, 586 (580-629)
Admissions with Diagnosis of Liver Disease	Enter the total number of patients admitted with primary diagnosis of Liver Disease. Include data for your total program. <i>Examples, but not limited to the following</i> ICD-9 codes: 571.2, 571.4 - 571.49, 571.5, 571.6, 572.2, 572.4, 573.3 (520-579)
Admissions with Diagnosis of HIV	Enter the total number of patients admitted with primary diagnosis of HIV. Include data for your total program. <i>Examples, but not limited to the following</i> ICD-9 code of 042

Data Element	Definition Detail
Admissions with Diagnosis of Stroke/Coma	Enter the total number of patients admitted with primary diagnosis of Stroke or Coma. Include data for your total program. <i>Examples, but not limited to the following</i> ICD-9 codes: 430, 431, 432.0-432.9, 433.1, 433.11, 433.21, 433.31, 433.81, 433.91, 434.0
Admissions with Diagnosis of ALS	Enter the total number of patients admitted with primary diagnosis of Amyotrophic Lateral Sclerosis (ALS). Include data for your total program. <i>Examples, but not limited to the following</i> ICD-9 codes of 335.2.(320-389, excluding 331.0)
Admissions with Diagnosis of Other Motoneuron	Enter the total number of patients admitted with primary diagnosis of Other Motor Neuron diseases. Include data for your total program. <i>Examples, but not limited to the following</i> ICD-9 codes of Parkinson, Huntington, MS-332.
Admissions with Diagnosis of Debility Unspecified	Enter the total number of patients admitted with primary diagnosis of Debility Unspecified. Include data for your total program. <i>Examples, but not limited to the following</i> ICD-9 codes: 783.4, 799.3, 799.9 (780 - 799, excluding 780.01)
Admissions with Other Diagnosis	Enter the total number of patients admitted with primary diagnosis which is not included in the above categories. Include unspecified primary diagnosis data for your total program.

Alternative Therapies Offered	
Massage Therapy	Enter the number of Massage Therapy visits provided during the reporting period.
Music Therapy	Enter the number of Music Therapy visits provided during the reporting period.
Pet Therapy	Enter the number of Pet Therapy visits provided during the reporting period.
Other Alternative Therapies	Enter the number of Alternative Therapies provided during the reporting period.

Patient Days by Level of Care	
Routine Home Care	Enter the number of patient days for Routine Home Care in the reporting period. Routine Home Care is generally provided by Visiting Services Team, but may vary based on individual organizational staffing and service/setting structures.
General Inpatient Care	Enter the number of patient days for General Inpatient (GIP) for the reporting period. GIP may be provided in an inpatient unit owned and operated by the hospice or other facilities with contracted or other relationships to provide patient care.
Respite Care	Enter the number of patient days for Respite Care in the reporting period.
Continuous Care	Enter the number of patient days for Continuous Care in the reporting period.

**STAFFING SECTION**

Data Element	Definition Detail
Nursing Visits	Enter the number of visits by home hospice/visiting services <b>Nurses</b> during the reporting period. A visit is defined as any patient/family visit that the staff member makes during a shift. Do not include telephone calls. Nursing includes RNs, LPN/LVNs, and NPs providing skilled nursing care. This includes salaried, hourly, per diem, contract, on-call, evening and weekend nurses who provided patient care. <i>This does NOT include supervisors or other clinical administrators.</i>
Nursing Hours Paid	Enter the number of home hospice/visiting services <b>Nursing</b> hours paid during the reporting period. Hours paid should be the total number of hours that the staff is paid for - regardless of whether it is spent working or as paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Include contract, PRN and on-call staff. For on-call staff, provide the hours worked/spent providing patient care - not the total number of hours they were on-call waiting to provide care. <i>This does NOT include supervisors or other clinical administrators.</i>
Medical Social Services	Enter the number of visits by home hospice/visiting services <b>Social Workers</b> (Medical Social Services staff as defined by CMS) during the reporting period. A visit is defined as any patient/family visit that the staff member makes during a shift. Do not include telephone calls. Report chaplains and bereavement staff in the categories below.
Medical Social Services Hours Paid	Enter the number of home hospice/visiting services <b>Social Work</b> (Medical Social Service staff as defined by CMS) hours paid during the reporting period. Hours Paid should be the total number of hours that the staff is paid - regardless if it is spent working or paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Include contract, PRN and on-call staff. For on-call staff, provide the hours worked/spent providing patient care - not the total number of hours they were on-call waiting to provide care. Report chaplains and bereavement staff in the categories below.

Data Elements and Definitions

Data Element	Definition Detail
Hospice Aide Visits	Enter the number of visits by home hospice/visiting services <b>Hospice Aides/Homemakers</b> during the reporting period. A visit is defined as any patient/family visit that the staff member makes during a shift. Do not include telephone calls.
Hospice Aide Hours Paid	Enter the number of home hospice/visiting services <b>Hospice Aide/Homemaker</b> hours paid during the reporting period. Hours Paid should be the total number of hours that the staff is paid - regardless if it is spent working or paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Include contract, PRN and on-call agency staff. For on-call staff, provide the hours worked/spent providing patient care - not the total number of hours they were on-call waiting to provide care.
Chaplain/Spiritual Counselor Visits	Enter the number of visits by home hospice/visiting services <b>Chaplains/Spiritual Counselors</b> during the reporting period. A visit is defined as any patient/family visit that the staff member makes during a shift. Do not include telephone calls. This includes salaried, hourly, per diem, contract, on-call, evening and weekend staff who provided patient care.
Chaplain/Spiritual Counselor Hours Paid	Enter the number of home hospice/visiting services <b>Chaplain/Spiritual Counselor</b> hours paid during the reporting period. Hours Paid should be the total number of hours that the staff is paid - regardless if it is spent working or paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Include contract, PRN and on-call staff. For on-call staff, provide the hours worked/spent providing patient care - not the total number of hours they were on-call waiting to provide care.
Therapy Visits	Enter the number of visits by home hospice/visiting services <b>Therapists</b> during the reporting period. A visit is defined as any patient/family visit that the staff member makes during a shift. Do not include telephone calls. This includes salaried, hourly, per diem, contract, on-call, evening and weekend staff who provided patient care. Therapy disciplines include: Occupational, Physical, and Speech Language Pathology.
Therapy Hours Paid	Enter the number of home hospice/visiting services <b>Therapy</b> hours paid during the reporting period. Hours Paid should be the total number of hours that the staff is paid - regardless if it is spent working or paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Include contract, PRN and on-call staff. For on-call staff, provide the hours worked/spent providing patient care - not the total number of hours they were on-call waiting to provide care. Therapy disciplines include: Occupational, Physical, and Speech Language Pathology.
Paid Physician Visits	Enter the number of visits by home hospice/visiting services <b>Physicians</b> during the reporting period. A visit is defined as any patient/family visit that a physician makes during a shift. Do not include telephone calls. Do not include volunteer physician services. Include medical directors and other physicians providing direct care to patients. May include NPs when functioning in physician capacity.
Physician Hours Paid	Enter the number of home hospice/visiting services <b>Physician</b> hours paid during the reporting period. Include medical directors and other physicians providing direct care to patients and participating in clinical support. May include NPs when functioning in physician capacity. Hours Paid should be the total number of hours that the staff is paid - regardless if it is spent working or paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Include contract, PRN and on-call staff. For on-call staff, provide the hours worked/spent providing patient care - not the total number of hours they were on-call waiting

Data Elements and Definitions

Data Element	Definition Detail
Other Clinical Visits	Enter the number of visits by home hospice/visiting services <b>Other Clinical</b> staff during the reporting period. A visit is defined as any patient/family visit that the staff member makes during a shift. Do not include telephone calls. This includes salaried, hourly, per diem, contract, on-call, evening and weekend staff who provided patient care. Other Clinical staff includes any clinical staff not included in the categories above, who provides direct care to patients/families, such as: Dietician, Music Therapy, Massage, etc.
Other Clinical Hours Paid	Enter the number of home hospice/visiting services <b>Other Clinical</b> hours paid during the reporting period. Hours Paid should be the total number of hours that the staff is paid - regardless if it is spent working or paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Include contract, PRN and on-call staff. For on-call staff, provide the hours worked/spent providing patient care - not the total number of hours they were on-call waiting to provide care. Other Clinical staff includes any clinical staff not included in the categories above, who provides direct care to patients/families, such as: Dietician, Music Therapy, Massage, etc.
Bereavement Visits	Enter the number of visits by home hospice/visiting services <b>Bereavement</b> staff during the reporting period. Include only pre-death bereavement visits (sometimes used to address anticipatory grief visits). Include only visits by bereavement staff (i.e., not social work staff providing anticipatory grief support.) A visit is defined as any patient/family visit that the staff member makes during a shift. Do not include telephone calls. Do not include volunteers.
Bereavement Hours Paid	Enter the number of home hospice/visiting services <b>Bereavement</b> hours paid during the reporting period. Bereavement hours paid should include both pre-death and post-death services. Hours Paid should be the total number of hours that the staff is paid - regardless if it is spent working or paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Include contract, PRN and on-call staff. For on-call staff, provide the hours worked/spent providing patient care - not the total number of hours they were on-call waiting to provide care.
Non-Clinical Visits	Enter the number of visits by home hospice/visiting services <b>Non-Clinical</b> staff during the reporting period. A visit is defined as any patient/family visit that the staff member makes during a shift. Do not include telephone calls. This includes salaried, hourly, per diem, contract, on-call, evening and weekend staff who provided patient care. Non-clinical includes a wide range of non-reimbursable activities such as visits by administrative and general staff, intake/referral personnel, and Pet Therapy. NOTE: It is common for organizations to have zero non-clinical visits.
Non-Clinical Hours Paid	Enter the number of home hospice/visiting services <b>Non-Clinical</b> hours paid during the reporting period. Hours Paid should be the total number of hours that the staff is paid - regardless if it is spent working or paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Include contract, PRN and on-call staff. For on-call staff, provide the hours worked/spent providing patient care - not the total number of hours they were on-call waiting to provide care. When non-clinical staff are shared across hospice cost centers; it is preferred that only the portion of hours paid towards Home Hospice/Visiting Services be reported; otherwise report all hours paid for staff, if unable to indentify portion of hours. Non-clinical includes a wide range of non-reimbursable staff, such as administrative and general staff, intake/referral personnel, and Pet Therapy.
Total Visits	Enter the number of <b>Total</b> visits by all home hospice/visiting services staff during the reporting period. A visit is defined as any visit to the patient or family/caregiver that the staff member makes during a shift. Total visits is a sum of the visits entered in the above staffing categories.
Total Hours Paid	Enter the number of <b>Total</b> hours paid by all home hospice/visiting services staff during the reporting period. Hours Paid should be the total number of hours that the staff is paid - regardless if it is spent working or paid time off. For salaried workers, base the total hours in the period on the total number of hours in a full-time work week, not the actual number of hours worked. Total hours paid is the sum of hours paid entered in the above staffing categories.

Data Element	Definition Detail
<b>Volunteer Visits and Hours</b>	
Volunteer Visits	Enter the number of visits by <b>Volunteers</b> during the reporting period. A visit is defined as any patient/family visit that the volunteer makes to any level or setting of hospice care. Do not include telephone calls. Please only include Direct Patient Care Visits.
Volunteer Hours	Enter the number of <b>Volunteer</b> hours to provide direct patient support during the reporting period. Please only include hours related to direct patient care. Do not include volunteer hours spent in indirect activities, such as fundraising, charity events, etc. The direct volunteer hours should include activities with all patients in any level or setting of hospice care.
<b>Certifications</b>	
Percent of Nurses NBCHPN/HPNA-certified	Enter the percent of your nurses (RNs and LPN/LVNs) that are certified in hospice and palliative care by the National Board for Certification of Hospice and Palliative Nurses (NBCHPN) affiliated with the Hospice and Palliative Nurses Association (HPNA).
Percent of Physicians ABHPM/AAHPM-certified	Enter the percent of your physicians that are certified in hospice and palliative care by the American Board of Hospice and Palliative Medicine (ABHPM) affiliated with the American Academy of Hospice and Palliative Medicine (AAHPM).

**OUTCOMES SECTION**

Data Element	Definition Detail
Number of falls requiring intervention	Enter the total number of reported <b>patient falls, witnessed or unwitnessed, that resulted in any type of reasonable intervention</b> by the hospice staff or other individual to assess/respond/support a patient for injury after a fall. Include falls for your entire hospice program - home hospice and inpatient. "Intervention" includes: <ul style="list-style-type: none"> <li>- intervention in home, such as ace wrap, assessment for concussion, emergency response to 911 call, etc.</li> <li>- emergency room visit or hospital admission</li> <li>- a skilled patient assessment that is provided due to the fall, that would not have occurred otherwise.</li> </ul>
Avoided Unwanted Hospitalization Numerator	Enter the number of <b>patients who were hospitalized against their preference</b> , i.e.: <ul style="list-style-type: none"> <li>- Answered YES to the question, "Do you want to avoid hospitalization if your condition worsens?"</li> <li>- Were hospitalized</li> <li>- Were discharged during the reporting period</li> </ul> <i>For details about the NHPCO End Result Outcome Measures go to:</i> <a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376</a>
Avoided Unwanted Hospitalization Denominator	Enter the total number of <b>patients who preferred to avoid hospitalization</b> , i.e.: <ul style="list-style-type: none"> <li>- Answered YES to the question, "Do you want to avoid hospitalization if your condition worsens?" <i>This question should be asked on admission, and updated, if the response changes at any time during the patient's time on service.</i></li> <li>- Were discharged during the reporting period</li> </ul> <i>For details about the NHPCO End Result Outcome Measures go to:</i> <a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376</a>
Hospitalized Due to Uncontrolled Pain Numerator 1	Enter the total number of <b>patients who were hospitalized due to uncontrolled pain</b> .
Hospitalized Due to Uncontrolled Pain Numerator 2	Enter the total number of <b>patients who were admitted to hospice facility for general inpatient (GIP) care due to uncontrolled pain</b> .
Hospitalized Due to Uncontrolled Pain Denominator 1	Enter the number of <b>patients who were admitted to a hospital</b> - regardless if the hospitalization was wanted or unwanted.
Hospitalized Due to Uncontrolled Pain Denominator 2	Enter the number of <b>patients who were admitted to a hospital or acute care facility for general inpatient (GIP) level of care</b> - regardless if the admission was wanted or unwanted.
Hospitalized with Dyspnea Numerator 1	Enter the number of <b>patients who were hospitalized due to uncontrollable dyspnea</b> .
Hospitalized with Dyspnea Numerator 2	Enter the number of <b>patients who were admitted to hospice facility for general inpatient care due to uncontrollable dyspnea</b> .
Hospitalized with Dyspnea Denominator 1	Enter the number of <b>patients who were admitted to a hospital</b> - regardless if the hospitalization was wanted or unwanted.
Hospitalized with Dyspnea Denominator 2	Enter the number of <b>patients who were admitted to a hospital or acute care facility for general inpatient (GIP) level of care</b> - regardless if the admission was wanted or unwanted.

Data Element	Definition Detail
Patients able to respond reporting pain on admission Numerator	Enter the number of <b>patients who responded "yes"</b> to the question on admission: <b>"Are you uncomfortable because of pain?"</b> AKA the patient reporting they were in pain on admission.
Patients able to respond reporting pain on admission Denominator	Number of <b>patients who responded "no"</b> to the question on admission: <b>"Are you uncomfortable because of pain?"</b> AKA the patients reporting they were not in pain on admission.
ALL patients in Pain on Admission Numerator 1	Enter the total number of <b>patients in pain requiring intervention on admission</b> . Based on your hospice's approach to determining patient pain. AKA patients admitted in pain.
ALL patients in Pain on Admission Numerator 2	Enter the number of <b>patients with treated pain on admission and requiring ongoing pain management</b> . AKA patients admitted with treated pain.
ALL patients in Pain on Admission Denominator	Enter the number of patients admitted to hospice during the reporting period. <b>New admissions + readmissions</b> .
Comfort 48 Hours After Admission - "YES" responses at 48-72 hours after admission	Number of <b>patients who were made comfortable within 48 hours of admission</b> , after having been admitted in pain, i.e.: <ul style="list-style-type: none"> <li>- Were admitted during the reporting period</li> <li>- On admission, answered YES to the question <i>"Are you uncomfortable because of pain?"</i></li> <li>- <b>48-72 hours after admission, answered YES to the question, "Was your pain brought to a comfortable level within 48 hours of admission to hospice?"</b></li> </ul> For details about the NHPCO End Result Outcome Measures go to: <a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376</a>
Comfort 48 Hours After Admission - "NO" responses at 48-72 hours after admission	Number of <b>patients who were admitted in pain and responded that they were not made comfortable within 48 hours of admission</b> , i.e.: <ul style="list-style-type: none"> <li>- Were admitted during the time period</li> <li>- On admission, answered YES to the question <i>"Are you uncomfortable because of pain?"</i></li> <li>- <b>48-72 hours after admission, answered NO to the question, "Was your pain brought to a comfortable level within 48 hours of admission to hospice?"</b></li> </ul> For details about the NHPCO End Result Outcome Measures go to: <a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376</a>
Comfort 48 Hours After Onset of Pain Numerator	Number of <b>patients experiencing an onset of pain since admission to hospice</b> and answering <b>"yes"</b> to the question: <b>"Was your pain brought to a comfortable level within 48 hours of your onset of pain?"</b> Exclude patients who have continued to be in pain since admission. This is also known as the numerator: Patients with pain after admission who were made comfortable 48 hours after onset For details about the NHPCO End Result Outcome Measures go to: <a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376</a>
Comfort 48 Hours After Onset of Pain Denominator details	Number of <b>patients experiencing an onset of pain since admission to hospice</b> and answering <b>"no"</b> to the question: <b>"Was your pain brought to a comfortable level within 48 hours of your onset of pain?"</b> Exclude patients who have continued to be in pain since admission. This measure is the additional respondents required for the denominator of the reporting calculation: Patients with pain after admission who were not made comfortable 48 hours after onset For details about the NHPCO End Result Outcome Measures go to: <a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3376</a>
Willingness to Recommend - Numerator	Number <b>responding "Yes" to Willingness to Recommend</b> (FEHC G3 or consistent wording): <ul style="list-style-type: none"> <li>- Received during the reporting period</li> <li>- Where the primary caregiver answered "Yes" the question, <i>"Based on the care that the patient received, would you recommend hospice services to others?"</i></li> </ul> For details about the NHPCO Family Evaluation of Hospice Care Measures go to: <a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpc.org/i4a/pages/index.cfm?pageid=6181</a>
Willingness to Recommend - Denominator	Number of <b>total responses to Willingness to Recommend</b> (FEHC G3 or consistent wording): <ul style="list-style-type: none"> <li>- Received during the reporting period</li> <li>- Where the primary caregiver answered "Yes" or "No" to the question, <i>"Based on the care that the patient received, would you recommend hospice services to others?"</i></li> </ul> For details about the NHPCO Family Evaluation of Hospice Care Measures go to: <a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpc.org/i4a/pages/index.cfm?pageid=6181</a>

Data Element	Definition Detail
Evening and Weekend Responsiveness - Numerator	<p>Number <b>responding "Excellent" to Evening and Weekend Responsiveness</b> (FEHC G2 or consistent wording):</p> <ul style="list-style-type: none"> <li>- Received during the reporting period</li> <li>- Where the primary caregiver answered "Excellent" to the question, <i>"How would you rate the way the hospice team responded to your needs in the evenings and on weekends?"</i></li> </ul> <p>For details about the NHPCO Family Evaluation of Hospice Care Measures go to: <a href="http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181</a></p>
Evening and Weekend Responsiveness - Denominator	<p>Number of <b>total responses to Evening and Weekend Responsiveness</b> (FEHC G2 or consistent wording): <i>(updated in 2011)</i></p> <ul style="list-style-type: none"> <li>- Received during the reporting period</li> </ul> <p><i>Aggregate report users:</i> Use total number of responses to survey question G2 - Number of caregivers who responded to the question <b>"How would you rate the way the hospice team responded to your needs in the evenings and weekends?"</b></p> <p><i>Best practice:</i> Number of caregivers who responded <b>**</b>to the question <b>"How would you rate the way the hospice team responded to your needs in the evenings and weekends?"</b> (**Exclude those who responded 'Never contacted evenings or weekend services' to the question.)</p> <p>For details about the NHPCO Family Evaluation of Hospice Care Measures go to: <a href="http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181</a></p>
Sufficiency of Pain Medication Numerator	<p>Number of caregivers who responded <b>"Just the right amount"</b> to the question: <b>"How much medicine did the patient receive for his/her pain?"</b> (FEHC B2 or consistent wording):</p> <p>For details about the NHPCO Family Evaluation of Hospice Care Measures go to: <a href="http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181</a></p>
Sufficiency of Pain Medication Denominator	<p>Enter the <b>total number of responses</b> to the question <b>"How much medicine did the patient receive for his/her pain?"</b> (FEHC B2 or consistent wording): <i>(updated 2011)</i></p> <p><i>Aggregate report users:</i> Use total number of responses to survey question B2 - Number of caregivers who responded "Just the right amount" to the question: "How much medicine did the patient receive for his/her pain?"</p> <p><i>Best practice:</i> Number of primary caregivers who responded 'Yes' to the question 'While you were under the care of hospice, did the patient have pain or take medicine for pain' (B1) AND responded to question 'How much medicine did the patient receive for his/her pain?' (B2)</p> <p>For details about the NHPCO Family Evaluation of Hospice Care Measures go to: <a href="http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181</a></p>
Confidence in Knowledge of Medicines Numerator	<p>Enter the number of caregivers who responded <b>"Very Confident"</b> to the question: <b>"How confident were you that you knew as much as you needed to about the medicines being used to manage the patient's pain, shortness of breath or other symptoms?"</b> (FEHC D4 or consistent wording):</p> <p>For details about the NHPCO Family Evaluation of Hospice Care Measures go to: <a href="http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181</a></p>
Confidence in Knowledge of Medicines Denominator	<p>Enter the <b>total number of responses</b> to the question: <b>"How confident were you that you knew as much as you needed to about the medicines being used to manage the patient's pain, shortness of breath or other symptoms?"</b> (FEHC D4 or consistent wording):</p> <p>For details about the NHPCO Family Evaluation of Hospice Care Measures go to: <a href="http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181</a></p>
Wanting More Information About Pain Medications Numerator	<p>Enter the number of caregivers who responded <b>"Yes"</b> to the question <b>"Did you want more information than you got about the medicines used to manage the patient's pain?"</b> (FEHC B4 or consistent wording)</p> <p>For details about the NHPCO Family Evaluation of Hospice Care Measures go to: <a href="http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpco.org/i4a/pages/index.cfm?pageid=6181</a></p>

Data Element	Definition Detail
Wanting More Information About Pain Medications Denominator	Enter the <b>total number of responses</b> to the question " <b>Did you want more information than you got about the medicines used to manage the patient's pain?</b> " (FEHC B4 or consistent wording) <i>(updated 2011)</i> <i>Aggregate report users:</i> Use total number of responses to survey question B4 - Number of responses to the question "Did you want more information than you got about the medicines used to manage the patient's pain?" <i>Best practice:</i> Number of primary caregivers who responded 'Yes' to the question 'While you were under the care of hospice, did the patient have pain or take medicine for pain' (B1) AND responded to question 'Did you want more information than you got about the medicines used to manage the patient's pain?' (B4) <i>For details about the NHPCO Family Evaluation of Hospice Care Measures go to:</i> <a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=6181">http://www.nhpc.org/i4a/pages/index.cfm?pageid=6181</a>
Source of Caregiver Satisfaction data	Please identify the <b>source of your Caregiver Satisfaction data</b> reported: NHPCO FEHC, Press Ganey, or Other (if Other, please specify).