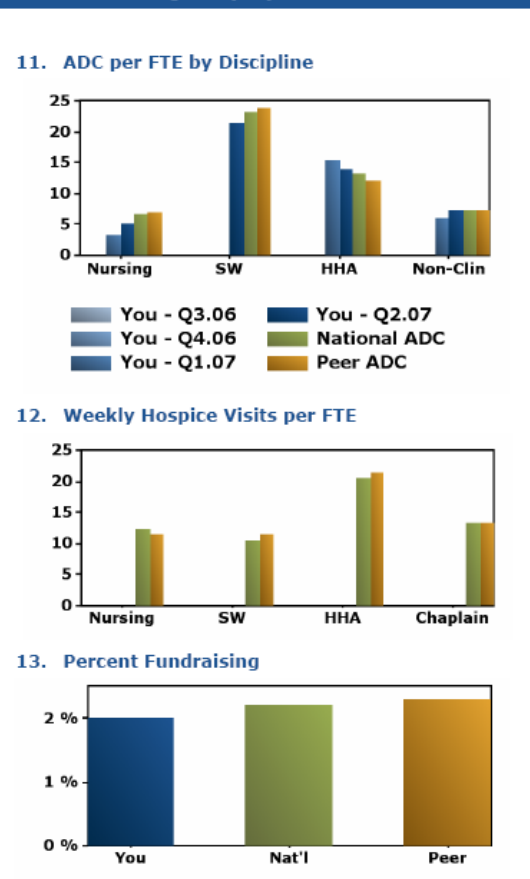
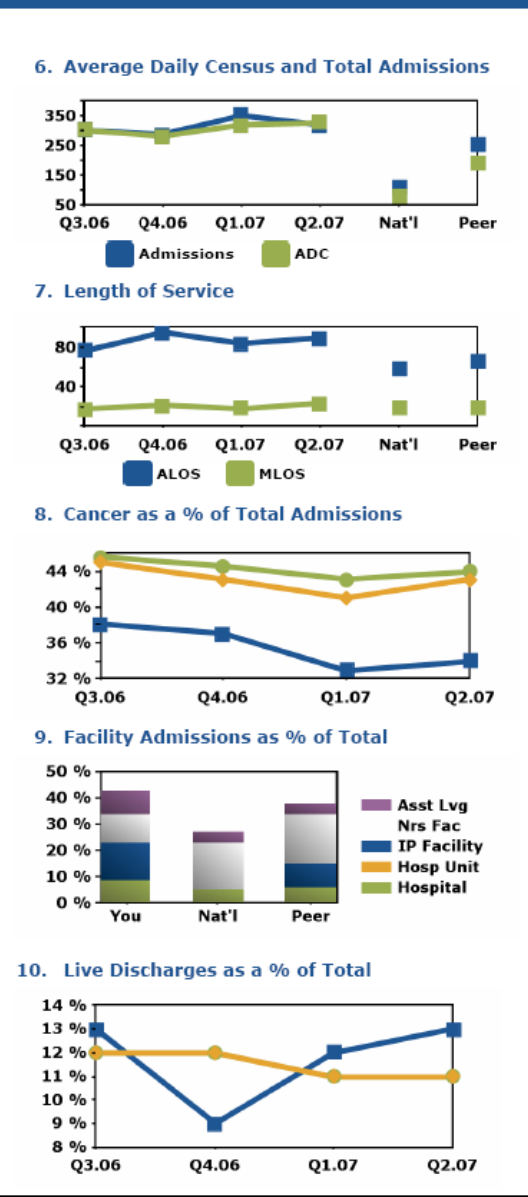
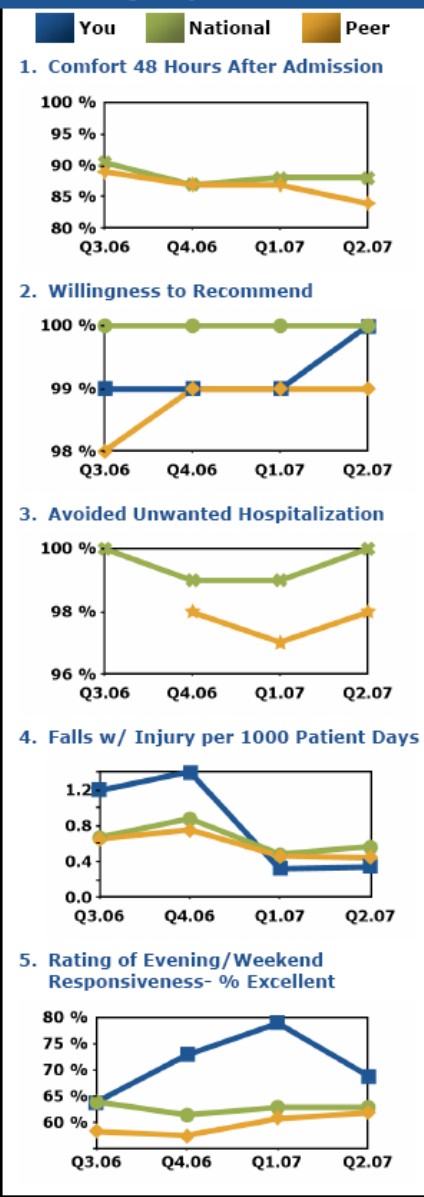


Quality Outcomes Patient Volume & Mix Quality Operations Quality Partners Summary



Quality Partners Summary

Ten Components of Quality

Component	Measures	Performance	Rating
Patient/Family Centered Care			☹️
Ethics and Consumer Rights	✓		😊
Clinical Excellence and Safety			☹️
Inclusion and Access	✓		☹️
Organizational Excellence	✓		😊
Workforce Excellence			☹️
Standards	✓		☹️
Compliance	✓		😊
Stewardship and Accountability			☹️
Performance Measurement	✓		😊

✓ you submitted all measures
? not enough data for rating

Quality Practices

Practice	You	Nat'l	Peer
14. % of Nurses HPNA Certified	8 %	20 %	28 %
15. % of MDs ABHPM-certified	30 %	0 %	45 %
16. Last Review Date	12/2006	2/2007	3/2007
17. Compliance Program OIG Guidance	Yes	98 %	100 %
18. % of patient records reviewed	10 %	20 %	20 %
19. Community bereavement support	Yes	98 %	98 %
20. Access to ethics committee	Yes	93 %	95 %
21. Executive dashboard management	Yes	73 %	89 %

Your missing data may be the result of a lack of (timely) submission or exclusion due to data error.
Missing comparison points may be the result of a lack of historical data or insufficient sample size.

You

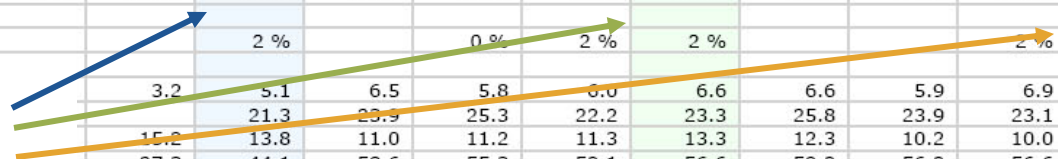
National Median

Peer Median

Prepared For:

Performance Measures	You				National Median				Peer Median			
	Q3.06	Q4.06	Q1.07	Q2.07	Nat'l Q3.06	Nat'l Q4.06	Nat'l Q1.07	Nat'l Q2.07	Peer Q3.06	Peer Q4.06	Peer Q1.07	Peer Q2.07
Quality Outcomes												
Comfort within 48 hours of admit					91 %	87 %	88 %	88 %	89 %	87 %	87 %	84 %
% Avoided Unwanted Hospitalizations					100 %	99 %	99 %	100 %	98 %	98 %	97 %	98 %
Falls with injury/1000 Patient Days	1.2	1.4	0.3	0.3	0.7	0.9	0.5	0.6	0.7	0.8	0.5	0.5
% Caregivers Willing to Recommend	99 %	99 %	99 %	100 %	100 %	100 %	100 %	100 %	98 %	99 %	99 %	99 %
% Caregivers Rating wknd/eve response excellent	69 %	78 %	84 %	74 %	69 %	67 %	68 %	68 %	64 %	63 %	66 %	67 %
Patient Volume and Mix												
ADC	302	280	317	328	71	74	81	79	191	201	195	194
Total Admissions	301	286	354	318	108	120	122	108	279	306	274	251
Average Length of Service	77	95	84	89	52	56	59	58	63	61	65	65
Median Length of Service	17	21	18	23	18	17	17	18	18	16	16	18
Cancer % of Total Admissions	38 %	37 %	33 %	34 %	46 %	45 %	43 %	44 %	45 %	43 %	41 %	43 %
% of Patients Admitted by Location												
Home	55 %	54 %	54 %	57 %	62 %	60 %	57 %	58 %	52 %	47 %	53 %	51 %
IP Facility	16 %	20 %	16 %	14 %	11 %	3 %	0 %	0 %	12 %	12 %	6 %	9 %
Hospice Unit	9 %	9 %			0 %	0 %	0 %	0 %	10 %	9 %	1 %	0 %
Hospital	0 %	0 %	11 %	9 %	3 %	4 %	3 %	5 %	5 %	5 %	6 %	6 %
Nursing Facility	14 %	11 %	12 %	11 %	18 %	15 %	18 %	18 %	19 %	18 %	18 %	19 %
Assisted Living Facility	6 %	6 %	7 %	9 %	5 %	4 %	3 %	4 %	5 %	4 %	4 %	4 %
Live discharges as a % of Total Discharges	13 %	9 %	12 %	13 %	12 %	12 %	11 %	11 %	12 %	12 %	11 %	11 %
Quality Operations												
% of total revenue from fundraising				2 %		0 %	2 %	2 %				2 %
ADC per FTE by Discipline												
Nursing			3.2	5.1	6.5	5.8	6.0	6.6	6.6	5.9	6.9	7.0
Social				21.3	23.9	25.3	22.2	23.3	25.8	23.9	23.1	23.8
HHA			15.2	13.8	11.0	11.2	11.3	13.3	12.3	10.2	10.0	11.9
Chaplain			27.3	44.1	58.6	55.3	52.1	56.6	59.2	56.2	56.6	61.1
Physician			282.3	170.3	260.6	246.8	275.8	269.7	250.4	226.0	253.6	251.2
Nonclinical			6.1	7.4	7.1	6.9	8.0	7.3	6.1	6.2	7.0	7.2
Total			1.7	2.0	2.2	2.2	2.2	2.3	2.1	2.2	2.1	2.3
Weekly Visits per FTE by Discipline												
Nursing					12.8	11.7	12.4	12.2	13.2	11.9	11.9	11.5
Social					10.4	10.7	11.4	10.5	12.4	11.2	11.4	11.5
HHA					21.6	21.2	20.0	20.3	21.1	19.6	19.9	21.5
Chaplain					14.1	13.9	13.1	13.2	14.3	13.9	13.8	13.3
Physician					4.9	5.5	3.7	4.6	4.9	7.9	6.2	9.4
Nonclinical			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Quality Practices												
% of physicians ABHMP-certified		64 %	29 %	30 %	0 %	2 %	1 %	0 %		50 %	50 %	45 %
% of nurses HPNA-certified		15 %	15 %	8 %	0 %	23 %	20 %	20 %		28 %	30 %	28 %
Routine patient record review %		10 %	10 %	10 %	23 %	15 %	20 %	20 %		10 %	20 %	20 %
Compliance meeting OIG Guidance		Yes	Yes	Yes	100 %	96 %	99 %	98 %	100 %	97 %	98 %	100 %
Date of last review against standards		12/06	12/06	12/06	6/06	8/06	1/07	2/07		8/06	1/07	3/07
Bereavement to community	Yes	Yes	Yes	Yes	98 %	98 %	97 %	98 %	97 %	95 %	98 %	98 %
Ethics committee access		Yes	Yes	Yes	92 %	94 %	91 %	93 %	100 %	100 %	97 %	95 %
Executive dashboard for PM		Yes	Yes	Yes	50 %	58 %	69 %	73 %	100 %	74 %	87 %	89 %

**Current
Period
Highlighted**



Prepared For: Your Performance Your Percentile

National 25th Percentile National Median (50th%)

Quality Partners Components	You		Nat'l	
	Q2.07	Q2.07 Percentile	Q2.07 25th	Q2.07 50th
Patient/Family Centered Care	☺			
Average Length of Service	88.5	88.4	41.8	58.0
Median Length of Service	23.0	73.6	13.0	18.0
% Caregivers rating eve/wknd response excellent	74 %	69.5	62 %	68 %
% Caregivers Willing to Recommend	100 %	100.0	98 %	100 %
% Avoided unwanted hospitalizations			98 %	100 %
Ethics and Consumer Rights	☺			
Access to ethics committee.	Yes		93 %	93 %
Clinical Excellence and Safety	☹			
Comfort within 48 hours of admit			81 %	88 %
% Avoided unwanted hospitalizations			98 %	100 %
Falls with injury/1000 patient days	0.3	37.9	0.1	0.6
Inclusion and Access	☺			
Median Length of Service	23.0	73.6	13.0	18.0
% Patients admitted in a facility	43 %	54.9	27 %	42 %
Bereavement to community	Yes		98 %	98 %
Cancer % of Total Admissions	34 %	11.9	38 %	44 %
Organizational Excellence	☺			
% Caregivers willing to recommend	100 %	100.0	98 %	100 %
Executive dashboard for PM	Yes		73 %	73 %
Workforce Excellence	☹			
% Caregivers rating eve/wknd response	74 %	69.5	62 %	68 %
ADC per FTE by Discipline				
Nursing	5.1	25.0	5.1	6.6
Total	2.0	33.0	1.9	2.3
Weekly Visits per FTE by Discipline				
Nursing			10.1	12.2
Social			8.8	10.5
HHA			17.0	20.3
% of physicians ABHPM-certified	30 %	59.5	0 %	0 %
% of nurses HPNA-certified	8 %	37.1	1 %	20 %

Contributing Indicators

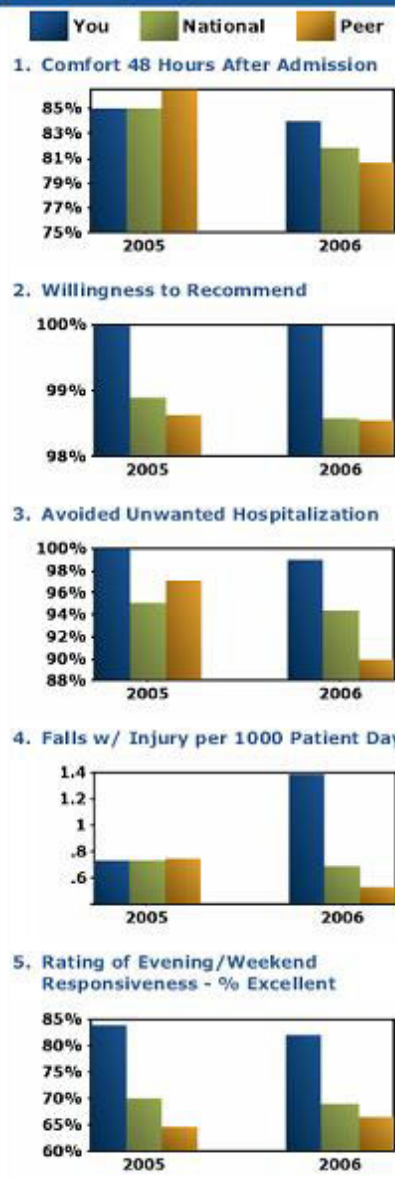
Component Rating Symbol

Quality Partners Components	You		Nat'l	
	Q2.07	Q2.07 Percentile	Q2.07 25th	Q2.07 50th
Standards	☹			
Routine patient record review %	10 %	32.4	10 %	20 %
Date of last review against standards	12/2006	36.30	6/2006	2/2007
Compliance	☹			
Live discharges as a percent of total	13 %	63.6	9 %	11 %
Average Length of Service	88.5	88.4	41.8	58.0
Routine patient record review %	10 %	32.4	10 %	20 %
Compliance meeting OIG Guidance	Yes		98 %	98 %
Stewardship and Accountability	☹			
Average Length of Service	88.5	88.4	41.8	58.0
ADC per FTE by Discipline				
Nursing	5.1	25.0	5.1	6.6
Total	2.0	33.0	1.9	2.3
Weekly Visits per FTE by Discipline				
Nursing			10.1	12.2
Social			8.8	10.5
HHA			17.0	20.3
Performance Measurement	☺			
% of all measures reported	89 %	68.4	50 %	81 %

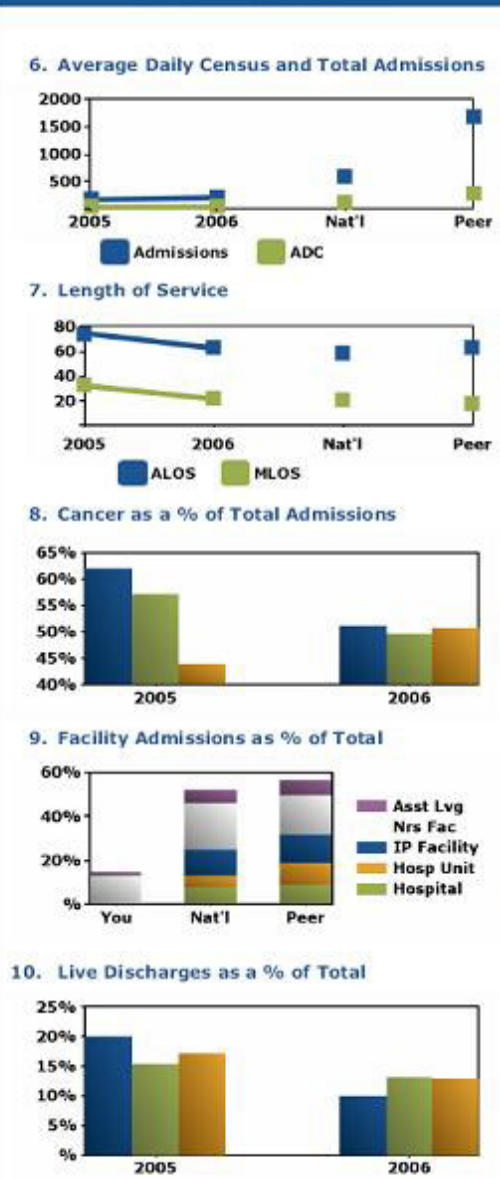
Agency Characteristics	You	Nat'l	Peer
Agency Type			
Freestanding	Yes	43 %	61 %
Home Health		24 %	16 %
Hospital		34 %	23 %
Nursing Facility		0.0	
Ownership			
Not-profit	Yes	87 %	94 %
For Profit		6 %	6 %
Government		7 %	
Operate Inpatient	Yes	31 %	58 %

☺ = All > 50th percentile ☹ = Any < 25th percentile ☹ = all others with enough data

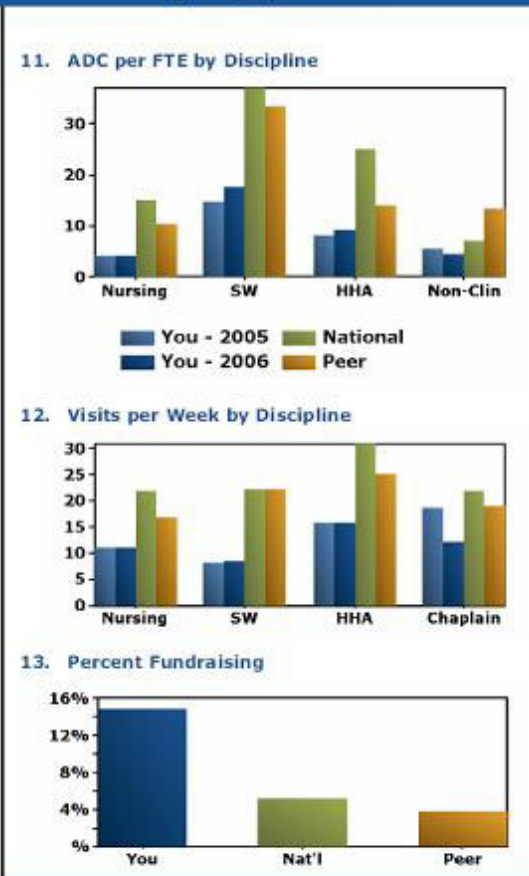
Quality Outcomes



Patient Volume & Mix



Quality Operations



Quality Partners Summary



Ten Components of Quality

<i>Patient/Family Centered Care</i>	Measures ✓	Performance 😊
<i>Ethics and Consumer Rights</i>	Measures ✓	Performance 😊
<i>Clinical Excellence and Safety</i>	Measures ✓	Performance 😞
<i>Inclusion and Access</i>	Measures ✓	Performance 😞
<i>Organizational Excellence</i>	Measures ✓	Performance 😊
<i>Workforce Excellence</i>	Measures ✓	Performance ?
<i>Standards</i>	Measures ✓	Performance 😊
<i>Compliance</i>	Measures ✓	Performance 😊
<i>Stewardship and Accountability</i>	Measures ✓	Performance 😞
<i>Performance Measurement</i>	Measures ✓	Performance 😊

✓ you submitted all measures
? not enough data for rating

Quality Practices

	You	Nat'l	Peer
14. % of Nurses HPNA Certified	52%	26%	33%
15. % of MDs ABHPM-certified	100%	33%	51%
16. Last Review Date	7/2006	4/2006	4/2006
17. Compliance Program OIG Guidance	Yes	95%	96%
18. % of patient records reviewed	20%	43%	28%
19. Community bereavement support	Yes	95%	100%
20. Access to ethics committee	Yes	91%	100%
21. Executive dashboard management	Yes	53%	63%

Your missing data may be the result of a lack of (timely) submission or exclusion due to data error. Missing comparison points may be the result of a lack of historical data or insufficient sample size.

Prepared For: Example Hospice Program

Peer Group: Iowa

Iowa-specific Performance Measures	You	You	You	You	Nat'l	Nat'l	Nat'l	Nat'l	Peer	Peer	Peer	Peer
	Q1.07	Q2.07	Q3.07	Q4.07	Q1.07	Q2.07	Q3.07	Q4.07	Q1.07	Q2.07	Q3.07	Q4.07
Quality Outcomes												
Family Evaluation of Hospice Care Measures												
<i>Sufficiency of Pain Medication</i>	1.8	1.4	1.8	2.0								
<i>Confidence in Knowledge of Medicines</i>	1.8	1.2	1.8	2.1								
<i>Wanting More Information about Pain Medications</i>	0.6	0.5	0.5	0.6								
% Responsive Patients in Pain on Admission	0.3	0.2	0.2	0.3								
% All Patients in Pain on Admission	0.3	0.2	0.3	0.4								
% All Patients with Treated Pain on Admission	0.2	0.0	0.1	0.3								
% Patients Hospitalized due to Uncontrolled Pain												
% Patients Hospitalized due to Uncontrolled Dyspnea												
Patients Served with Alternative Therapies												
<i>Massage Therapy</i>												
<i>Music Therapy</i>												
<i>Pet Therapy</i>												
<i>Other</i>												
Quality Operations												
Visits per Home Hospice Patient Week												
<i>Nursing</i>	1.8	1.4	1.8	2.0								
<i>HHA</i>	1.8	1.2	1.8	2.1								
<i>Social Work</i>	0.6	0.5	0.5	0.6								
<i>Physician/NP</i>	0.3	0.2	0.2	0.3								
<i>Chaplain or Spiritual Counselor</i>	0.3	0.2	0.2	0.3								
<i>Direct Patient Care Volunteer</i>	0.3	0.2	0.3	0.4								
<i>All Other Disciplines</i>	0.2	0.0	0.1	0.3								
<i>Total Visits per Patient Week</i>	4.8	4.2	4.5	5.3								
Annual hospice-reported overall profit margin												
Total hospice costs per patient day												
Total patient reimbursement per patient day												
Patient Volume and Mix												
Conversion rate (percent of referrals admitted)	87.0%	72.8%	93.4%	79.3%								
Short and Long Lengths of Service												
< 7 Days	2.1%	0.0%	1.4%	3.0%								
> 180 Days	3.1%	0.0%	3.1%	5.3%								
Inpatient Days as a % of Total Days	3.0%	1.3%	1.4%	2.8%								
% of Total Admissions by Diagnosis												
<i>Cancer</i>	46.2%	43.2%	49.3%	55.7%								
<i>Heart Disease</i>	10.6%	8.3%	9.7%	11.8%								
<i>Dementia</i>	13.1%	9.0%	11.6%	16.7%								
<i>Lung Disease</i>	8.4%	5.4%	8.2%	10.8%								
<i>Kidney Disease</i>	2.7%	1.2%	2.4%	3.7%								
<i>Liver Disease</i>	1.9%	0.0%	1.4%	2.4%								
<i>HIV</i>	0.4%	0.0%	0.0%	0.8%								
<i>Stroke or Coma</i>		0.0%	2.4%	3.3%								
<i>ALS</i>	0.3%	0.0%	0.0%	0.3%								
<i>Other Motorneuron</i>		0.0%	0.8%	2.6%								
<i>Debility Unspecified</i>	10.3%	7.1%	8.5%	16.5%								
<i>Other Diagnosis</i>	1.5%	0.0%	0.4%	3.7%								

QAPI Snapshot is a powerful executive dashboard, comparing the most important hospice performance measures over time, against peer and national statistics. This Snapshot Interpretation Guide is designed to help you utilize the graphs and tabular back-up data as a part of your hospice's data-driven management process. If you have any questions, please contact the OCS QAPI Help Desk: QAPI@ocsys.com or 603.795.4802.

QAPI Snapshot is a three-page report. The header of each page includes your hospice or site name on the left and the comparison time period and your peer group on the right. Features of each page are listed here:

- (1) Graphic summary displaying comparisons and trends for each performance measure, plus a special NHPCO Quality Partners Summary section**
 - The page is divided into five sections, as noted in the table below. Each graph includes both comparisons and your internal trends.
 - The Quality Practices section includes the most recent data you have provided for each practice.
 - The Quality Partners Summary includes an evaluation of each NHPCO Quality Component, based on selected of Snapshot measures.
- (2) Tabular back-up data, by section of the graphic summary, for each performance measure**
 - For each performance measure, the table lists trend data for your hospice (You), the national median and your Peer Group median.
 - The current period's column is highlighted for each set of statistics.
- (3) Tabular back-up data, listing measures by NHPCO Quality Component, for the Quality Partners Summary, and a listing of Agency Characteristics**
 - The Performance symbol (😊, 😐 or 😞) is shown for each Quality Component, followed by a listing of the contributing performance measures.
 - For each performance measure, comparative current period statistics are illustrated.
 - The Agency Characteristics describes your hospice and the comparison groups.

Measures are generally defined based on one of four sources: NHPCO National Data Set (NDS), NHPCO/Outcomes Forum End Result Outcome Measure protocols (EROM), NHPCO Family Evaluation of Hospice Care (FEHC), and the OCS Hospice PeerForum (OCS). Where possible, NHPCO standard definitions are used, and all measures are included in the OCS Hospice Comprehensive Benchmark. A description of each performance measure, numbered to match the graphic summary, is included in the table on the next page. Note that the separate document, QAPI Snapshot Definitions, provides additional detail on each performance measure.

Missing data points: If you did not provide data, or the data you provided was not usable, there will not be a data point reported in the "You" columns on the graphs or in the tables. Data elements missing from National or Peer columns indicate an insufficient sample size.

A management tool: QAPI Snapshot should guide you in drilling into your organizational data to determine improvement priorities and set performance targets. Note that all "low" scores do not demand change! Determine what strategies and practices are responsible and evaluate the impact of the variation in performance. Also, look for opportunities to show off your fine scores – internally and with referral and donor resources.

Improving over time: QAPI Snapshot is designed both to help you improve performance as evidenced in the comparative measures, and also to record your improvement in data capture and reporting over time. Many agencies cannot report all requested data elements at this time. More hospices are joining and participating hospices are reporting more data. The benchmarks will become more robust – and hospice care will improve!

Quality Outcomes	Patient Volume & Mix	Quality Operations	Quality Partners Summary
<ol style="list-style-type: none"> Comfort 48 hours After Admission (EROM) Based on patient responses. Though challenging to capture for reporting, this is the single best comparative pain management performance measure. It should be used in conjunction with your own pain scores and other indicators. Willingness to Recommend (FEHC) This is the best overall measure of patient satisfaction. The data includes responses from the FEHC, as well as other tools that ask the question in the same way. Avoided Unwanted Hospitalizations Based on the EROM protocol, the score indicates success at meeting patients' preference to avoid hospitalization. While not a big hospice performance improvement issue, hospitalization is a huge issue across healthcare settings. Falls w/ Injury per 1000 Patient Days (OCS) Important as a basic patient safety issue, capturing and reporting of patient falls consistently is relatively new to hospice. Rating of Evening/Weekend Responsiveness – % Excellent (FEHC) This is the most important driver of overall satisfaction. Excellence in responding to evening and weekend requests is one indicator of high-quality, patient- and family-focused care. 	<ol style="list-style-type: none"> ADC and Total Admissions (NDS) This comparison simply shows relative size and hospice program growth. Length of Service (NDS) Average and Median LOS <i>Graphs 6&7 show your trends and current period medians for comparison groups.</i> Cancer as % of Total Admissions (NDS). This is a basic look at your patient diagnostic mix, with a lower percentage indicating greater inclusion of patients with non-cancer diagnoses. Facility Admissions as a % of Total (NDS) This graph shows the mix of admission locations outside of the patient home. A higher total percentage indicates service to patients from many settings. Comparing individual column components can help you identify potential opportunities for increased focus of referral generation efforts. Live Discharges as a % of Total (NDS) Live discharges can be problematic at both extremes. Too many live discharges can be a compliance issue. Too few live discharges may indicate that admission criteria are overly restrictive, meaning that you may be denying service to some hospice-appropriate patients. 	<ol style="list-style-type: none"> ADC per FTE by Discipline (NDS) The best overall measure of staffing resource utilization. A higher number means you serve more patients with a given amount of staff. Chaplains and physicians are not on the graph, due to wide variation in care models. Visits per Week by Discipline (NDS) The average number of visits per staff 40-hour work week – a productivity measure. Non-clinical and physician data are not included in the graph. Percent Fundraising (OCS) The percent of total revenue due to fundraising and contributions – an important resource management measure for non-profit hospices. 	<p>Each performance measure aligns with one or more of the ten NHPCO quality components. For each component, Snapshot evaluates:</p> <p>Measures a checkmark is listed if all data elements that align with that component have been provided.</p> <p>Performance is determined using a subset of measures that generally have a clear "better" direction.</p> <ul style="list-style-type: none"> ☑ all measures > national median ☒ any measure < national 25th % ☺ all other measures ? not enough data to compare <p>Note: ☒ indicates opportunity ... <i>Smile because you've got focus!</i></p>
Quality Practices			
<ol style="list-style-type: none"> Percent of Nurses HPNA-certified and Percent of MDs ABHPM-certified are calculated by participants. Note that the comparison statistics are medians, so a "0%" in the physician category means that more than half of agencies do not have a certified physician. Last formal internal standards review compares how recently participants have reviewed their practices relative to formal standards, such as NHPCO Standards or JCAHO accreditation standards. Comparison dates are the medians – half of participants reviewed practices earlier, half more recently. Compliance Program OIG Guidance. Comparisons calculate the percent of hospices reporting that their compliance program meets the OIG Guidance. Percent of patient records reviewed compares chart audit and record review practices across hospices. The percent may vary by agency size. Community bereavement support comparisons show the percent of hospices who offer bereavement support beyond hospice patients and families. Access to ethics committee compares the percent of hospices who have Executive dashboard management measures the percent of those who use of dashboards (like QAPI Snapshot) to drive their management process. 			