

**CMS Voluntary Quality Reporting Program Related to
Section 3004 of the Affordable Care Act**

Hospice Quality Data Submission Form

Facility Provider Identification
(Fill in all fields)

Hospice Provider's Business Name	<i>[Text field: Enter the legal name of your hospice organization]</i>
Hospice Provider's Mailing Address	<i>[Text field: Enter the mailing address of your hospice organization]</i>
Hospice Provider's Physical Address (if different from mailing address)	<i>[Text field: Enter the physical address, if different from your mailing address, of your hospice organization]</i>
Hospice Provider's Business Telephone Number (10 digits, no dashes or other characters)	<i>[Numeric field: Enter the business telephone of your hospice organization during weekdays 8:30 a.m. to 4:30 p.m. Use numerals only, no dashes or other characters.]</i>
CMS Certification Number (CCN): (6 digits)	<i>[Numeric field: Enter the CMS certification number of your hospice organization Use numerals only, no dashes or other characters.]</i>
National Provider Identifier (NPI): (10 digits)	<i>[Numeric field: Enter the NPI of your hospice organization. Use numerals only, no dashes or other characters.]</i>
Hospice Contact for Questions about this Form: Name, Phone, E-Mail Address	<i>[Text field: Enter the contact name from your hospice organization for questions about this form.]</i>
	<i>[Numeric field: Enter the contact phone number from your hospice organization for questions about this form.]</i>
	<i>[Text field: Enter the contact e-mail address from your hospice organization for questions about this form.]</i>

Voluntary Quality Data for Reporting Period
(October 1, 2011 through December 31, 2011)

Q1. Does your hospice have a QAPI program that includes <i>three or more</i> quality indicators related to patient care? (Check answer that applies to your program in box to left.)	
<i>[Checkbox for yes]</i>	a. Yes, our Hospice does have a QAPI program that includes three or more quality indicators related to patient care.
<i>[Checkbox for no]</i>	b. No, our Hospice does not have a QAPI program that includes at least three quality indicators related to patient care.

Q2. How many patient care-related indicators are included in your hospice's QAPI program? Please check the appropriate box below. Refer to the instructions sheet for definition and examples of patient care-related quality indicators.

[Checkbox for 0]	0 (If this is your answer, SKIP to Q4 below. Do not answer Q3.)
[Checkbox for 1]	1
[Checkbox for 2]	2
[Checkbox for 3 or more]	3 or more

Q3. If your hospice's QAPI program includes at least one patient care-related quality indicator, list each indicator (up to 20 indicators) using the form provided below. Select a topic from the dropdown menu, and then provide details about your indicator and data source. Refer to the examples and to the instructions sheet for additional information

Number	Indicator Topic	Indicator Name	Brief Description	Data Source
Example	Communication with patient/family	Percentage of families who report they were kept informed of the patient's condition.	Question on the FEHC. Calculated from all who respond.	Family Survey/Questionnaire
Example	Advance directives/surrogate designation	Percentage of patients with advance directive conversation documented within 2 weeks of admission.	10% of all admissions are audited within 1 month of admission; either nurse's notes or SW notes must document discussion of advance directives.	Paper Medical Record
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3				
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12				
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14				
15				
16				
17				
18				
19				
20	<ul style="list-style-type: none"> Communication among care professionals Medication management Transitions to/from other care settings Visit frequency Care coordination - other Pain assessment or management Dyspnea assessment or management Nausea assessment or management 			<ul style="list-style-type: none"> Electronic Medical Record Paper Medical Record Family Survey/Questionnaire Patient Survey/Questionnaire Other

INDICATOR TOPICS
Communication among care professionals
Medication management
Transitions to/from other care settings
Visit frequency
Care coordination - other
Pain assessment or management
Dyspnea assessment or management
Nausea assessment or management
Constipation assessment or management
Other physical symptom assessment or management
Anxiety assessment or management
Depression assessment or management
Delirium assessment or management
Grief and bereavement care
Other psychological symptom assessment and management
Assessment and management of social support
Communication with patient/family
Other social aspects of care
Assessment and management of spiritual distress
Community clergy
Other spiritual aspects of care
Culturally sensitive caregiving
Other cultural aspects of care
Family education about the dying process
Other care of the imminently dying
Emotional care before and/or at time of death
Bereavement care
Emotional care for family after the death
Advance directives/surrogate designation
Use of ethics committee
Other legal/ethical aspects of care
Infection reporting and control
Incident/occurrence tracking and/or prevention
Other aspects of patient safety
Documenting patient/family goals of care
Meeting patient/family care goals/preferences
Other

DATA SOURCES
Electronic Medical Record
Paper Medical Record
Family Survey/Questionnaire
Patient Survey/Questionnaire
Other

Q4. How much time did it take you to complete this voluntary data submission?	
<i>[Checkbox for 1 to 5 minutes]</i>	1 to 5 minutes
<i>[Checkbox for 6 to 10 minutes]</i>	6 to 10 minutes
<i>[Checkbox for 11 to 15 minutes]</i>	11 to 15 minutes
<i>[Checkbox for 16 to 20 minutes]</i>	16 to 20 minutes
<i>[Checkbox for 21 to 25 minutes]</i>	21 to 25 minutes
<i>[Checkbox for more than 26 minutes]</i>	More than 26 minutes