

Hospice Quality Reporting Program

Hospice Data Submission Form

Facility Provider Identification	
Hospice Provider's Business Name	
Hospice Provider's Mailing Address	
Hospice Provider's Physical Address (if different from mailing address)	
Hospice Provider's Business Telephone Number (10 digits)	
CMS Certification Number (CCN): (6 digits)	
Hospice Contact for questions: Name	
Phone	
E-mail address	

Data Collection Period October 1, 2012 through December 31, 2012

Part 1. Structural Measure	
Q1. Does your hospice have a Quality Assessment and Performance Improvement (QAPI) program that includes <i>three or more</i> quality indicators related to patient care?	
<input type="checkbox"/>	A. Yes, our Hospice does have a QAPI program that includes three or more quality indicators related to patient care.
<input type="checkbox"/>	B. No, our Hospice does not have a QAPI program that includes at least three quality indicators related to patient care.

Q2. If your hospice's QAPI program includes at least **one** patient care related quality indicator, include **each indicator** using the form provided below.

Check each box where you have one or more indicators in the Topic category

Domain	Sub-domain	Topic
Patient Safety		
	Infections	<input type="checkbox"/> Infections-incidence/prevalence <input type="checkbox"/> Infections-treatment <input type="checkbox"/> Infections-other
	Falls	<input type="checkbox"/> Falls-incidence/prevalence <input type="checkbox"/> Falls-risk screening/assessment <input type="checkbox"/> Falls-interventions <input type="checkbox"/> Falls prevention education <input type="checkbox"/> Falls-patient/family ratings <input type="checkbox"/> Falls-other
	Medication Safety	<input type="checkbox"/> Medication Error-incidence <input type="checkbox"/> Medication Adverse Events-incidence <input type="checkbox"/> Medication reconciliation and/or comprehensive med review <input type="checkbox"/> Medication patient/family education <input type="checkbox"/> Medication-patient/family ratings <input type="checkbox"/> Medication-other
	Pressure	<input type="checkbox"/> Pressure ulcers/wounds-incidence/prevalence <input type="checkbox"/> Pressure ulcers-screening/risk assessment <input type="checkbox"/> Pressure ulcers prevention/intervention <input type="checkbox"/> Pressure ulcers/wounds-other
	Oxygen Safety	<input type="checkbox"/> Oxygen Safety-risk assessment <input type="checkbox"/> Oxygen Safety-patient/family safety education <input type="checkbox"/> Oxygen Safety-other
	Patient Safety or incidents - generally	<input type="checkbox"/> Tracking incidents-broadly <input type="checkbox"/> Safety assessment/family education/interventions
	Patient/family ratings of care re: patient safety	<input type="checkbox"/> Patient/family ratings of patient safety <input type="checkbox"/> Patient/family ratings of instruction/ education about patient safety

Domain	Sub-domain	Topic
Physical symptom management		
	Pain	<input type="checkbox"/> Screening <input type="checkbox"/> Assessment <input type="checkbox"/> Interventions/treatment <input type="checkbox"/> Symptom control/comfort <input type="checkbox"/> Management/control/comfort in last 1-2 weeks of life <input type="checkbox"/> Patient/family education <input type="checkbox"/> Patient/family experience/ratings of care
	Dyspnea	<input type="checkbox"/> Screening <input type="checkbox"/> Assessment <input type="checkbox"/> Interventions/treatment <input type="checkbox"/> Symptom control/comfort <input type="checkbox"/> Management/control/comfort in last 1-2 weeks of life <input type="checkbox"/> Patient/family education <input type="checkbox"/> Patient/family experience/ratings of care
	Nausea	<input type="checkbox"/> Screening <input type="checkbox"/> Assessment <input type="checkbox"/> Interventions/treatment <input type="checkbox"/> Symptom control/comfort <input type="checkbox"/> Management/control/comfort in last 1-2 weeks of life <input type="checkbox"/> Patient/family education <input type="checkbox"/> Patient/family experience/ratings of care
	Bowel Management	<input type="checkbox"/> Screening <input type="checkbox"/> Assessment <input type="checkbox"/> Interventions/treatment <input type="checkbox"/> Symptom control/comfort <input type="checkbox"/> Management/control/comfort in last 1-2 weeks of life <input type="checkbox"/> Patient/family education <input type="checkbox"/> Patient/family experience/ratings of care
	Physical Symptoms-other	<input type="checkbox"/> Physical Symptoms --Other

Domain	Topic
Care coordination and transitions	<input type="checkbox"/> Screening <input type="checkbox"/> Assessment <input type="checkbox"/> Interventions/treatment <input type="checkbox"/> Symptom control/comfort <input type="checkbox"/> Management/control/comfort in last 1-2 weeks of life <input type="checkbox"/> Patient/family education
Domain	Topic
Patient/family preferences	<input type="checkbox"/> Advance Directives/surrogate designation <input type="checkbox"/> Documenting patient/family preferences and goals of care <input type="checkbox"/> Meeting patient/family preferences and goals of care
Domain	Topic
Communication and Education	<input type="checkbox"/> Communication with patient/family re: hospice care broadly <input type="checkbox"/> Family ratings of communication <input type="checkbox"/> Family education/communication about the dying process <input type="checkbox"/> Family/caregiver confidence <input type="checkbox"/> Family education about managing symptoms <input type="checkbox"/> Family education about equipment use <input type="checkbox"/> Family education about safety <input type="checkbox"/> Family education about Advance Directives/surrogate designation
Domain	Topic
Patient/Family Experience/Ratings of Care and/or services	<input type="checkbox"/> Overall ratings/willingness to recommend <input type="checkbox"/> Patient personal care needs met <input type="checkbox"/> Respectful treatment <input type="checkbox"/> Improved comfort/wellbeing/QOL <input type="checkbox"/> Evening/weekend on-call service <input type="checkbox"/> Volunteer services <input type="checkbox"/> Family ratings of disciplines providing care

Domain		Topic
Spiritual		<input type="checkbox"/> Screening/assessment/management of spiritual needs/issues <input type="checkbox"/> Patient/family experience/ratings of spiritual care <input type="checkbox"/> Spiritual care-other
Domain		Topic
Structure and Process of care		<input type="checkbox"/> Visit frequently <input type="checkbox"/> Volunteer services <input type="checkbox"/> Other structures and processes of care
Sub-domain	Domain	Topic
Psychosocial		
	Depression	<input type="checkbox"/> Depression screening <input type="checkbox"/> Depression ASSESSMENT <input type="checkbox"/> Depression interventions/treatment <input type="checkbox"/> Symptom control/comfort <input type="checkbox"/> Depression management/control/comfort in last 1-2 weeks of life <input type="checkbox"/> Patient/family education <input type="checkbox"/> Patient/family experience/ratings of care
	Anxiety	<input type="checkbox"/> Anxiety screening <input type="checkbox"/> Anxiety assessment <input type="checkbox"/> Anxiety interventions/treatment <input type="checkbox"/> Symptom control/comfort <input type="checkbox"/> Anxiety management/control/comfort in last 1-2 weeks of life <input type="checkbox"/> Patient/family education <input type="checkbox"/> Anxiety patient/family experience/ratings of care
	Social	<input type="checkbox"/> Assessment and management of social support
	Psychosocial	<input type="checkbox"/> Assessment and management of psychosocial distress
	Psychosocial	<input type="checkbox"/> Other psychosocial
Domain		Topic
Grief, Bereavement and Emotional Support		<input type="checkbox"/> Grief and Bereavement assessment and care <input type="checkbox"/> Emotional care for patient/family before and/or at time of death <input type="checkbox"/> Emotional care for family after the death <input type="checkbox"/> Culturally sensitive caregiving

Q3. Please indicate the data source(s) for your QAPI indicators. Check all that apply:

- Electronic medical record
- Paper medical record
- Family survey/questionnaire
- Patient survey/questionnaire
- Incident report/log

“I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.”

ACCEPT **DECLINE**

Part 2. NQF 0209 Pain Measure

Measure Title: Comfortable Dying: Pain Brought to a Comfortable Level Within 48 hours of Initial Assessment

Brief Description of measure: number of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who report pain was brought to a comfortable level within 48 hours.

Enter the following numbers in the spaces provided:

1. Enter the number of admissions during the data collection period (October 1, 2012 through December 31, 2012)
2. Pain Measure Denominator: Enter the number of patients who answered YES to the question “are you uncomfortable because of pain” at the initial assessment (after admission to hospice services) during the data collection period (October 1, 2012 through December 31, 2012)
3. Enter the number of patients who answered NO to the question “are you uncomfortable because of pain” at the initial assessment (after admission to hospice services) during the data collection period (October 1, 2012 through December 31, 2012)
4. Enter the number of patients excluded)
5. Pain Measure Numerator: Enter the number of patients who answered YES to the question “ was your pain brought to a comfortable level within 48 hours of the start of hospice care?” during the data collection period (October 1, 2012 through December 31, 2012)

6. Enter the number of patients who answered NO to the question “ was your pain brought to a comfortable level within 48 hours of the start of hospice care?” during the data collection period (October 1, 2012 through December 31, 2012)
7. Enter the number of patients unable to self report at follow up.

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