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| **General Changes** |
| Change | Rationale |
| The Hospice Data Submission Form is renamed Hospice Item Set. The Hospice Data Submission Form - NQF #0209 Pain Measure is renamed Hospice Item Set - Admission. The Hospice Data Submission Form - Structural Measure is renamed Hospice Item Set - Discharge. | Retiring non-NQF-endorsed structural measure and NQF #0209 Pain Measure. Replacing items related to these measures with items needed to calculate newly endorsed quality measures.  |
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| **Items Eliminated/Replaced** |
| Section or Item | Form | Rationale |
| Facility Provider Identification | Structural Measure, NQF #0209 Pain Measure | A0100 Facility Provider Numbers replaces this item (see Items Added). The change is needed for item harmonization across item sets. |
| Part 1. Structural Measure | Structural Measure | Retiring non-NQF-endorsed quality measure.  |
| Q1. Does your hospice have a Quality Assessment and Performance Improvement (QAPI) program that includes three or more quality indicators related to patient care? | Structural Measure | Retiring non-NQF-endorsed quality measure |
| Q2. If your hospice’s QAPI program includes at least one patient care related quality indicator, include each indicator using the form provided below. | Structural Measure | Retiring non-NQF-endorsed quality measure |
| Q3. Please indicate the data source(s) for your QAPI indicators.  | Structural Measure | Retiring non-NQF-endorsed quality measure |
| Part 2. NQF #0209 Pain Measure | NQF #0209 Pain Measure | Retiring NQF #0209 Pain Measure. Items in this section will be replaced with items J0900 Pain Screening and J0910 Comprehensive Pain Assessment which are needed to calculate newly endorsed quality measures addressing pain (See Items Added). |
| 1. Enter the number of admissions during the data collection period (October 1, 2012 through December 26, 2012) | NQF #0209 Pain Measure | Retiring NQF #0209 Pain Measure. |
| 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 | NQF #0209 Pain Measure | Retiring NQF #0209 Pain Measure. |

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| **Items Eliminated/Replaced** |
| Section or Item | Form | Rationale |
| 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  | NQF #0209 Pain Measure | Retiring NQF #0209 Pain Measure. |
| 4. Enter the number of patients excluded. | NQF #0209 Pain Measure | Retiring NQF #0209 Pain Measure. |
| 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 | NQF #0209 Pain Measure | Retiring NQF #0209 Pain Measure. |
| 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  | NQF #0209 Pain Measure | Retiring NQF #0209 Pain Measure. |
| 7. Enter the number of patients unable to self report at follow up. | NQF #0209 Pain Measure | Retiring NQF #0209 Pain Measure. |
| Attestation | Structural Measure, NQF #0209 Pain Measure | Item Z0400 Signature(s) of Person(s) Completing the Record and Item Z0500 Signature of Person Verifying Record Completion replace this item (see Items Added). The change is needed for item harmonization across item sets. |
| Authorization for Hospice QRP Data Entry | Structural Measure, NQF #0209 Pain Measure | This item was for paper submissions. Going forward all submissions will be electronic.  |
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| **Items Added** |
| Section or Item Number | Section or Item Name | Form | Rationale |
| Section A | Administrative Data | Admission, Discharge | Items in this section are needed for record matching and management or to calculate newly endorsed quality measures. |
| A0050 | Type of Record | Admission, Discharge | Needed for record matching and management |
| A0100 | Facility Provider Numbers | Admission, Discharge | This item replaces the Facility Provider Identification section (see Items Eliminated/Replaced). It is needed for record matching and management.  |

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| **Items Added** |
| Section or Item Number | Section or Item Name | Form | Rationale |
| A0205 | Site of Service at Admission | Admission, Discharge | Needed for quality measure maintenance and for harmonization with other item sets |
| A0220 | Admission Date | Admission, Discharge | Needed for record matching and management and to calculate newly endorsed quality measures. |
| A0245 | Date Initial Nursing Assessment Initiated | Admission | Needed to calculate newly endorsed quality measures |
| A0250 | Reason for Record | Admission, Discharge | Needed for record matching and management |
| A0270 | Discharge Date | Discharge | Needed for record matching and management and to calculate newly endorsed measures. |
| A0500 | Legal Name of Patient | Admission, Discharge | Needed for record matching |
| A0600 | Social Security and Medicare Numbers | Admission, Discharge | Needed for record matching |
| A0700 | Medicaid Number | Admission, Discharge | Needed for record matching |
| A0800 | Gender | Admission, Discharge | Needed for record matching |
| A0900 | Birth Date | Admission, Discharge | Needed for record matching |
| A1000 | Race/Ethnicity | Admission | Needed for quality measure maintenance and for harmonization with other item sets |
| A1802 | Admitted From | Admission | Needed for quality measure maintenance and for harmonization with other item sets |
| A2115 | Reason for Discharge | Discharge | Needed for quality measure maintenance and for harmonization with other item sets |
| Section F | Preferences | Admission | Items in this section are needed to calculate newly endorsed quality measures. |
| F2000 | CPR Preferences | Admission | Needed to calculate newly endorsed quality measure |
| F2100 | Other Life-Sustaining Treatments Preferences | Admission | Needed to calculate newly endorsed quality measure |
| F2200 | Hospitalization Preference | Admission | Needed for ease of use of item set and for measure maintenance.  |

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| **Items Added** |
| Section or Item Number | Section or Item Name | Form | Rationale |
| F3000 | Spiritual/Existential Concerns | Admission | Needed to calculate newly endorsed quality measure |
| Section I | Active Diagnoses | Admission | The item in this section is needed for quality measure maintenance and to harmonize with other item sets |
| I0010 | Principal Diagnosis | Admission | Needed for quality measure maintenance and to harmonize with other item sets |
| Section J | Health Conditions | Admission | The items in this section are needed to calculate newly endorsed quality measures. Some will replace the NQF #0209 Pain Measure items. They are needed to calculate newly endorsed quality measures addressing pain and shortness of breath for hospice patients.  |
| J0900 | Pain Screening | Admission | Needed to calculate newly endorsed quality measures  |
| J0910 | Comprehensive Pain Assessment | Admission | Needed to calculate newly endorsed quality measure  |
| J2030 | Screening for Shortness of Breath | Admission | Needed to calculate newly endorsed quality measure |
| J2040 | Treatment for Shortness of Breath | Admission | Needed to calculate newly endorsed quality measure |
| Section N | Medications | Admission | The items in this section are needed to calculate newly endorsed quality measures.  |
| N0500 | Scheduled Opioid | Admission | Needed to calculate newly endorsed quality measure |
| N0510 | PRN Opioid | Admission | Needed to calculate newly endorsed quality measure and for ease of use of item set and for measure maintenance. |
| N0520 | Bowel Regimen | Admission | Needed to calculate newly endorsed quality measure |
| Section Z | Record Administration | Admission, Discharge | The items in this section are needed for record management. They replace the Attestation item. |
| Z0400 | Signature(s) of Person(s) Completing the Record | Admission, Discharge | Needed for record management |
| Z0500 | Signature of Person Verifying Record Completion | Admission, Discharge | Needed for record management |