

Thank you for being part of the [OCS QAPI Snapshot](#). These are the data definitions for the OCS QAPI Snapshot 2009 Quarterly Survey. *Please read all instructions and notes carefully.*

## Important Dates

### 2009 Quarterly Data Submission Deadlines

|         |                |         |                  |
|---------|----------------|---------|------------------|
| Q1 2009 | May 6, 2009    | Q3 2009 | November 4, 2009 |
| Q2 2009 | August 5, 2009 | Q4 2009 | February 3, 2010 |

## 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, call us at 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”.**

| Data Element                                     | Definition Detail   |
|--|---|
| <b>ORGANIZATIONAL PROFILE SECTION</b>            |   |
| Parent Organization                              | If applicable, enter the name of the Parent Organization.   |
| <b>Hospice Mailing Address</b>                   |   |
| Main Location Street                             | Main location or parent organization Street Address   |
| Main Location City                               | Main location or parent organization City   |
| Main Location State                              | Main location or parent organization State  |
| Main Location Zip Code                           | Main location or parent organization Zip Code   |
| Main Location County                             | Enter the primary county in which the organization operates.  |
| Medicare Provider Number                         | Medicare Provider Number(s) for your location(s) reported in this survey  |
| National Provider Indicator (NPI)                | National Provider Indicator (NPI) for your organization   |
| <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.   |
| Business cell phone                              | Enter the 10 digit business cellular 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.  |
| Managed Care/HMO                                 | Identify based on parent organization.  |
| Integrated healthcare system                     | Identify based on parent organization.  |
| Continued care retirement community              | Identify based on parent organization.  |
| Independent                                      | Independent hospice/parent organization.  |
| <b>Tax Status (check one)</b>                    |   |
| Voluntary (not for profit)                       | Not for Profit -- charitable organizations with 501 c3 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".   |

| Data Element   | Definition Detail   |
|--|---|
| <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:<br>1. consists of one or more beds that are owned or leased by the hospice,<br>2. be staffed by hospice staff, and<br>3. have major policies and procedures set by the hospice.  |
| <b>Quality Practices</b>   |   |
| Percent of patient records reviewed  | Enter the percent of patient records you reviewed to perform compliance audits during the 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.<br><i>On October 5, 1999, the OIG published its final Compliance Program Guidance for Hospices. 64 Fed. Reg. 54031 (October 5, 1999).</i><br><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> |
| Provide the number of Performance Improvement Projects (PIPs) for this reporting period        | Provide the number of Performance Improvement Projects your organization engaged in (i.e. identified and/or pursued) during this reporting period.  |
| List the types of (PIPs) Performance Improvement Projects engaged during this reporting period | List the types (i.e title or topic) of the Performance Improvement Projects (PIPs) your organization engaged during this reporting period.  |
| <b>Financials</b>  |   |
| Overall hospice profit margin  | Report your hospice's overall profit margin as a percent of total revenue. The calculation should be: (Total Hospice Net Revenue, including fundraising and contributions - Total Hospice Cost) / 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.  |

| Data Element   | Definition Detail  |
|--|--|
| <b>VOLUME SECTION</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 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:<br>(1) a request for assessment for possible admission to hospice from a physician, case manager, discharge planner, healthcare organization or equivalent.<br>(2) contact by a patient, or family, or friend of patient, that identifies a specific patient who may need hospice care.<br>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 <i>home hospice/visiting services</i> 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.<br><br>Example Annual ADC Calculation – Your agency provided a total of 12,775 patient days for all levels of home-based hospice care in 2008. 12,775 divided by 365 days equals an ADC of 35 patients per day.<br><br>Example Quarterly ADC Calculation – Your agency provided a total of 3150 patient days for all levels of home-based hospice care in Q1, 2009. 3150 divided by 90 days (number of days in quarter 1) equals an ADC of 35 patients per day. |

| Data Element                         | Definition Detail   |
|--------------------------------------|---|
| ADC: Total Program                   | <p>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.</p> <p>Example Annual ADC Calculation – Your agency provided a total of 12,775 patient days for all levels hospice care in 2009. 12,775 divided by 365 days equals an ADC of 35 patients per day.</p> <p>Example Quarterly ADC Calculation – Your agency provided a total of 3150 patient days for all levels of hospice care in Q1, 2009. 3150 divided by 90 days (number of days in quarter 1) equals an ADC of 35 patients per day.</p>  |
| ALOS: Home Hospice/Visiting Services | <p>Enter the calculated average length of service (ALOS) for your <i>home hospice/visiting services</i> 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 2009. Their total patient days from admission to discharge was 4,200. ALOS is calculated as follows: 4,200/100=42 days.</p> <p>Example Quarterly ALOS Calculation: 24 patients died or were discharged in Q1, 2009. Their total patient days from admission to discharge was 1,008. ALOS is calculated as follows: 1,008/24=42 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 2009. Their total patient days from admission to discharge was 4,200. ALOS is calculated as follows: 4,200/100=42 days.</p> <p>Example Quarterly ALOS Calculation: 24 patients died or were discharged in Q1, 2009. Their total patient days from admission to discharge was 1,008. ALOS is calculated as follows: 1,008/24=42 days</p>                                 |

| Data Element  | Definition Detail   |
|---|---|
| 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 5+8 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 5+8 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>                                 |
| Location of Admission - Home  | <p>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.</p>  |
| Location of Admission - Hospital  | <p>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.</p>   |
| Location of Admission - Hospice Unit  | <p>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.</p>  |
| Location of Admission - Free Standing Hospice Inpatient Facility or Residence | <p>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.</p>  |

| Data Element                                     | Definition Detail  |
|--|--|
| 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.   |
| 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.   |
| Number of Non-Cancer Admissions                  | Enter the total number of patients admitted with all other non-cancer primary diagnoses. Include data for your total program. Count each patient one time, meaning patients with multiple admissions are only counted once.  |
| <b>STAFFING SECTION</b>                          |  |
| 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.<br><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 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.  |

| Data Element              | Definition Detail  |
|---------------------------|--|
| 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 to provide care. Do not include volunteer physician services. |
| 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.  |

| Data Element                                 | Definition Detail   |
|--|---|
| 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 identify 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.   |
| Percent of Nurses ACHPN-certified by HPNA    | Enter the percent of your nurses (RNs and LPN/LVNs) that are ACHPN certified in hospice and palliative care by the Hospice and Palliative Nurses Association (HPNA).  |
| Percent of Physicians ABHPM-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) or American Academy of Hospice and Palliative Medicine (AAHPM).   |
| <b>OUTCOMES SECTION</b>                      |   |
| Number of falls requiring intervention       | Include 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:<br>- intervention in home, such as ace wrap, assessment for concussion, emergency response to 911 call, etc.<br>- emergency room visit or hospital admission<br>- a skilled patient assessment that is provided due to the fall, that would not have occurred otherwise.   |
| Avoided Unwanted Hospitalization Numerator   | Number of <b>patients who were hospitalized against their preference</b> , i.e.:<br>- Answered YES to the question, <i>"Do you want to avoid hospitalization if your condition worsens?"</i><br>- Were hospitalized<br>- Were discharged during the reporting period<br><i>For details about the NHPCO End Result Outcome Measures go to:</i><br><a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3377">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3377</a>  |
| Avoided Unwanted Hospitalization Denominator | Number of <b>patients who preferred to avoid hospitalization</b> , i.e.:<br>- Answered YES to the question, <i>"Do you want to avoid hospitalization if your condition worsens?"</i> <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><br>- Were discharged during the reporting period<br><i>For details about the NHPCO End Result Outcome Measures go to:</i><br><a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3377">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3377</a>   |

| Data Element  | Definition Detail   |
|---|---|
| Comfort 48 Hours After Admission - "YES" responses at 48-72 hours after admission | <p>Number of <b>patients who were made comfortable within 48 hours of admission</b>, after having been admitted in pain, i.e.:</p> <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> <p>For details about the NHPCO End Result Outcome Measures go to:<br/><a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3377">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3377</a></p>         |
| Comfort 48 Hours After Admission - "NO" responses at 48-72 hours after admission  | <p>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.:</p> <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> <p>For details about the NHPCO End Result Outcome Measures go to:<br/><a href="http://www.nhpc.org/i4a/pages/index.cfm?pageid=3377">http://www.nhpc.org/i4a/pages/index.cfm?pageid=3377</a></p> |
| Willingness to Recommend - Numerator  | <p>Number <b>responding "Yes" to Willingness to Recommend</b> (FEHC G3 or consistent wording):</p> <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>   |
| Willingness to Recommend - Denominator  | <p>Number of <b>total responses to Willingness to Recommend</b> (FEHC G3 or consistent wording):</p> <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>  |
| 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>  |
| Evening and Weekend Responsiveness - Denominator                                  | <p>Number of <b>total responses 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/Very Good/Good/Fair/Poor" 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>   |
| Please indicate the source of the Caregiver Satisfaction data reported.           | <p>Identify the <b>source of your Caregiver Satisfaction data</b>:<br/>NHPCO FEHC, Press Ganey, or Other (if Other, please specify).</p>  |

## 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, 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 6th, 2009. 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.