

*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](mailto: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"> <li><b>Comfort 48 hours After Admission</b> (EROM) Based on patient responses. Though challenging to capture for reporting, this is the single best <i>comparative</i> pain management performance measure. It should be used in conjunction with your own pain scores and other indicators.</li> <li><b>Willingness to Recommend</b> (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.</li> <li><b>Avoided Unwanted Hospitalizations</b> 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.</li> <li><b>Falls w/ Injury per 1000 Patient Days</b> (OCS) Important as a basic patient safety issue, capturing and reporting of patient falls <i>consistently</i> is relatively new to hospice.</li> <li><b>Rating of Evening/Weekend Responsiveness – % Excellent</b> (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.</li> </ol>	<ol style="list-style-type: none"> <li><b>ADC and Total Admissions</b> (NDS) This comparison simply shows relative size and hospice program growth.</li> <li><b>Length of Service</b> (NDS) Average and Median LOS <i>Graphs 6&amp;7 show your trends and current period medians for comparison groups.</i></li> <li><b>Cancer as % of Total Admissions</b> (NDS). This is a basic look at your patient diagnostic mix, with a lower percentage indicating greater inclusion of patients with non-cancer diagnoses.</li> <li><b>Facility Admissions as a % of Total</b> (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.</li> <li><b>Live Discharges as a % of Total</b> (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.</li> </ol>	<ol style="list-style-type: none"> <li><b>ADC per FTE by Discipline</b> (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.</li> <li><b>Visits per Week by Discipline</b> (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.</li> <li><b>Percent Fundraising</b> (OCS) The percent of total revenue due to fundraising and contributions – an important resource management measure for non-profit hospices.</li> </ol>	<p>Each performance measure aligns with one or more of the ten NHPCO quality components. For each component, Snapshot evaluates:</p> <p><b>Measures</b> a checkmark is listed if all data elements that align with that component have been provided.</p> <p><b>Performance</b> is determined using a subset of measures that generally have a clear “better” direction.</p> <p>☺ all measures &gt; national median  ☹ any measure &lt; national 25<sup>th</sup> %  ☺ all other measures  ? not enough data to compare</p> <p>Note: ☹ indicates opportunity ...  Smile because you've got focus!</p>
<b>Quality Practices</b>			<ol style="list-style-type: none"> <li><b>Percent of Nurses HPNA-certified</b> and <b>Percent of MDs ABHPM-certified</b> 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.</li> <li><b>Last formal internal standards review</b> 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.</li> <li><b>Compliance Program OIG Guidance.</b> Comparisons calculate the percent of hospices reporting that their compliance program meets the OIG Guidance.</li> <li><b>Percent of patient records reviewed</b> compares chart audit and record review practices across hospices. The percent may vary by agency size.</li> <li><b>Community bereavement support</b> comparisons show the percent of hospices who offer bereavement support beyond hospice patients and families.</li> <li><b>Access to ethics committee</b> compares the percent of hospices who have</li> <li><b>Executive dashboard management</b> measures the percent of those who use of dashboards (like QAPI Snapshot) to drive their management process.</li> </ol>