

QAPI Navigator – Quality Measures

Phase I measures; more to be added in 2009



QAPI Navigator Features

- ◆ More measures/Your measures:
 - ◆ 40 measures to choose from – many are consistent with CMS/QIO recommendations
 - ◆ Choose the measures that your hospice wants to track
 - ◆ Customizable measures (choose specific symptoms to track for each patient)
- ◆ Track patient-level data elements for individual care planning and roll-up to hospice-level measures
- ◆ The only tool that offers:
 - ◆ Tracking of patient-level assessment and care planning data elements during care, as required by the CoPs
 - ◆ Tracking and reporting of PCG assessment and outcome data
 - ◆ Tracking and reporting of infections and incidents/occurrences (on-call event tracking to be added later in 2009)
 - ◆ Customizable reports and drill-down reporting for performance improvement
 - ◆ Internet data entry and national comparative reporting

QAPI Navigator Measures (Phase I)	NQF Domain (7 of 8 Domains)	NHPCO Quality Component ¹ (6 of 10 Components)
Admission/Assessment		
Percent of patients with comprehensive assessment completed within 4 days (only includes patient with LOS > 5 d)*	Processes of Care	Clinical Excellence and Safety
Processes of Care – Symptom Management (hospices can select any or all symptoms to monitor)		
For patients with pain identified, the percent who had an intervention documented within 1 day (24 hr)*	Processes of Care Physical Care	Clinical Excellence and Safety
For patients with dyspnea identified, the percent who had an intervention documented within 1 day (24 hr)*	Processes of Care Physical Care	Clinical Excellence and Safety
For patients with nausea identified, the percent who had an intervention documented within 1 day (24 hr)*	Processes of Care Physical Care	Clinical Excellence and Safety
For patients with constipation identified, the percent who had an intervention documented within 1 day (24 hr)*	Processes of Care Physical Care	Clinical Excellence and Safety
For patients with diarrhea identified, the percent who had an intervention documented within 1 day (24 hr)	Processes of Care Physical Care	Clinical Excellence and Safety
For patients with skin impairment (wound/pressure ulcer) identified, the percent who had an intervention documented within 1 day (24 hr)	Processes of Care Physical Care	Clinical Excellence and Safety
For patients with insomnia identified, the percent who had an intervention documented within 1 day (24 hr)	Processes of Care Psychological Care	Clinical Excellence and Safety
For patients with anxiety identified, the percent who had an intervention documented within 1 day (24 hr)*	Processes of Care Psychological Care	Clinical Excellence and Safety
For patients with depression identified, the percent who had an intervention documented within 1 day (24 hr)*	Processes of Care Psychological Care	Clinical Excellence and Safety
For patients with spiritual distress identified, the percent who had an intervention documented within 1 day (24 hr)	Processes of Care Spiritual Care	Clinical Excellence and Safety
Processes of Care – Spiritual Care		
# and % of patients included who had a documented discussion of spiritual/religious concerns*	Processes of Care Spiritual Care	Clinical Excellence and Safety
Processes of Care – Factors Affecting Care		
# and % of patients or PCGs who have communication impairments (deaf or non-English speaking), for whom a translator or interpreter was used for communication*	Processes of Care Cultural aspects of care	Clinical Excellence and Safety
Outcomes – Symptom Management Outcomes (include only those patients with LOS of 3 days or more)		
Pain		
Percent of patients with pain assessed on admission*	Physical Care	Clinical Excellence and Safety
Percent of patients who are uncomfortable due to pain on admission, who report they are comfortable within 2 days (48 hr) (NHPCO measure)*	Physical Care	Clinical Excellence and Safety
Percent of patients with moderate or severe pain on admission whose pain intensity is reduced (at least one level) by day 3 of care	Physical Care	Clinical Excellence and Safety

QAPI Navigator Measures (Phase I)

NQF Domain
(7 of 8 Domains)

NHPCO Quality
Component¹
(6 of 10 Components)

Outcomes – Symptom Management Outcomes (include only those patients with LOS of 3 days or more)

Pain (continued)

Percent of patients with moderate or severe pain on admission whose pain is mild (0 to 3) in the last week of care	Care of Imminently Dying	Clinical Excellence and Safety
Percent of patients with moderate or severe pain in the last week of care*	Care of Imminently Dying	Clinical Excellence and Safety

Problematic Symptom

Hospices can choose one of the following symptoms to track for each patient, based on the patient's most problematic symptom • Dyspnea • Nausea • Constipation • Diarrhea • Depression • Insomnia

Percent of patients with symptom assessed on admission*	Physical or Psychological Care	Clinical Excellence and Safety
Percent of patients with moderate or severe symptom on admission whose pain intensity is reduced (at least one level) by day 3 of care	Physical or Psychological Care	Clinical Excellence and Safety
Percent of patients with moderate or severe symptom on admission whose symptom is mild in the last week of care	Care of Imminently Dying	Clinical Excellence and Safety
Percent of patients with moderate or severe symptom in the last week of care	Care of Imminently Dying	Clinical Excellence and Safety

Patient Anxiety

Percent of patients with anxiety assessed on admission	Psychological Care	Clinical Excellence and Safety
Percent of patients with moderate or severe anxiety on admission whose anxiety intensity is reduced (at least one level) by day 3 of care	Psychological Care	Clinical Excellence and Safety
Percent of patients with moderate or severe anxiety on admission whose anxiety is mild in the last week of care	Care of Imminently Dying	Clinical Excellence and Safety
Percent of patients with moderate or severe anxiety in the last week of care	Care of Imminently Dying	Clinical Excellence and Safety

PCG Anxiety

Percent of PCGs with anxiety assessed on admission	Psychological Care	Clinical Excellence and Safety
Percent of PCGs with moderate or severe anxiety on admission whose anxiety intensity is reduced (at least one level) by day 3 of care	Psychological Care	Clinical Excellence and Safety
Percent of PCGs with moderate or severe anxiety on admission whose anxiety is mild in the last week of care	Care of Imminently Dying	Clinical Excellence and Safety
Percent of PCGs with moderate or severe anxiety in the last week of care	Care of Imminently Dying	Clinical Excellence and Safety

Psychosocial or Spiritual Distress (Hospices can choose one or the other for each patient.)

Percent of patients with distress assessed on admission	Spiritual or Psychological Care	Clinical Excellence and Safety Pt and Fam Centered Care
Percent of patients with moderate or severe distress on admission whose anxiety intensity is reduced (at least one level) by day 3 of care	Spiritual or Psychological Care	Clinical Excellence and Safety Pt and Fam Centered Care
Percent of patients with moderate or severe distress on admission whose anxiety is mild in the last week of care	Care of Imminently Dying	Clinical Excellence and Safety Pt and Fam Centered Care
Percent of patients with moderate or severe distress in the last week of care	Care of Imminently Dying	Clinical Excellence and Safety Pt and Fam Centered Care

Medication Management –Opioid Use

# and % of patients who have opioids prescribed and do NOT have a bowel regimen initiated within 24 hr*	Process of Care Physical Care	Clinical Excellence and Safety
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Patient/Family Preferences For Care

Percent of patients who wanted to avoid hospitalization on admission, who then had unplanned admissions at any time	Ethical and Legal aspects of care	Ethical Behavior & Consumer Rights Pt and Fam Centered Care
Percent of patients who were DNR on admission, who then had unplanned CPR at any time*	Ethical and Legal aspects of care	Ethical Behavior & Consumer Rights Pt and Fam Centered Care
# and % of patients included who had a living will in the chart or a documented surrogate decision maker within 2 weeks of admission*	Ethical and Legal aspects of care	Ethical Behavior & Consumer Rights Pt and Fam Centered Care

Infection Tracking

Infection incidence (# per 1000 patient care days) by type of infection, nurse and location of care	NQF Aim: Safe Care	Clinical Excellence and Safety
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Adverse Event (Occurrence) Track

Adverse events (occurrences) by type of occurrence and location of care*	NQF Aim: Safe Care	Clinical Excellence and Safety
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* Measures comparable to those recommended by the North Carolina QIO; See www.MedQIC.org

¹ Use of the QAPI Navigator is evidence of quality in two additional NHPCO components: Organizational Excellence and Accountability and Performance Measurement