

The Quality Compass

Getting the most out of your QAPI program

Hospice Quality Resources

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Hospices want to know:

What quality measures might become required for hospices ... and when

Whenever we talk to hospices about QAPI, questions about required reporting come up. CMS has followed a uniform process for implementation of quality reporting for other segments of healthcare: 1) encouraging development and use of quality measures; 2) identifying standard measures; 3) requiring standard measure reporting to CMS; and 4) making quality information available to consumers. (See “nursing home compare,” or “home health compare,” on the Internet.) We expect CMS will follow a similar process for hospice. The healthcare reform legislation being discussed by congress this month calls for required quality reporting for hospice to begin in four to five years.

CMS has funded two projects to identify measures for assessing hospice quality: 1) the PEACE project which listed 34 suggested measures along with data definitions and a tool for data collection available at www.medqic.org; and 2) the AIM project, currently being conducted by IPRO, the quality improvement organization for New York State. The AIM project is working with seven New York hospices to test reliability, validity, feasibility, and usefulness of 12 of the original PEACE measures. (See box at right.)

Hospice consultants and QAPI Managers say:

- **These measures are clearly “of interest” at CMS.** While there is no guarantee that any of the PEACE or the AIM measures will be required for hospice quality reporting, this is the list that CMS is most interested in.
- **Track one or more of the AIM measures at your hospice.** Choose measures that address quality concerns at your hospice.
- **Participate with other hospices in tracking other quality measures that you deem important.** This will help the hospice industry be ready to offer validated measures to CMS as options for required reporting.

AIM Project Measures
1: Percentage of patients admitted who had a screening for symptoms during the admission visit.
2: Percentage of patients who had a comprehensive assessment completed within five days of admission.
3: For patients who screened positive for pain, the percentage whose pain was at a comfortable level within two days of screening.
4: For patients who screened positive for dyspnea, the percentage who improved within one day of screening
5: For patients who screened positive for nausea, the percent of patients who received treatment within one day of screening
6: Percentage of patients on opioids who have a bowel regimen initiated within one day of opioid initiation.
7: For patients who screened positive for anxiety, the percentage who received treatment within two weeks of diagnosis.
8: Percentage of families reporting the hospice attended to family needs for information about medication, treatment and symptoms.
9: Provision of interpreter or translator for non-English-speaking or deaf patients.
10: Percentage of patients who had moderate to severe pain on a standard rating scale at any time in the last week of life.
11: Percentage of patients with chart documentation of an advanced directive or discussion that there is no advanced directive
12: Rate of Selected occurrences (falls, medication errors, DME issues, and patient/family complaints)



Introducing QAPI Navigator

The right measures... The right processes... The right reports
At the right price

[View this 10-minute
video to learn more.](#)



QAPI Navigator tracks data for 11 of the 12 AIM measures, 18 of the PEACE measures, and other hospice-specific quality data – 40 measures in all.

- Participating hospices can compare themselves to national benchmarks. The database currently holds information for over 32,000 patient records from more than 125 hospices.
- Use QAPI Navigator and get the information you need to improve performance on these likely-to-be required measures.

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