

# Measures of Excellence Survey Printable Template

## Start of Block: HOSPICE PROFILE AND CONTACT INFORMATION

The Alliance for Care at Home Measures of Excellence

The Measures of Excellence will serve as a data repository comprised of a number of annual and quarterly data collection asks (patient safety data, staffing data, patient demographic data, organizational data, etc.). The Alliance will use the data from the repository to generate a rolling 12-month quarterly report that includes benchmarking and trending and ability to slice data by geography, size, etc.

S1 Are you an Alliance Member?

- Yes
- No

QA1 - DART ID1:

The DART ID is the legacy NHPCO identification number assigned to your hospice. It is the same ID you used to enter the DART system.

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S2 Please provide your email address.

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Select the quarter for which you will submit the data.

- Current Quarter
- Previous Quarter

## End of Block: HOSPICE PROFILE AND CONTACT INFORMATION

### Start of Block: Quarter Display

Q131 You are now filling the data for Quarter \_\_\_\_\_

### End of Block: Quarter Display

**Start of Block: HOSPICE PROFILE AND CONTACT INFORMATION**

QA2 Name of hospice (Legal name – DBA):

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QA3 Address:

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QA4 City:

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QA5 State: \_\_\_\_\_

QA6 Zip Code:

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QA7 Name of person completing survey:

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QA8 Phone Number:

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QA9 Email address of person completing survey:

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**End of Block: HOSPICE PROFILE AND CONTACT INFORMATION**

## Start of Block: PROGRAM DEMOGRAPHICS

QB2 Ownership: (select one)

- Freestanding
- Hospital based
- Home health agency based
- Nursing home based
- Hospice corporate chain
- Managed care/HMO

QB3 Tax Status: (select one)

- Voluntary (not-for-profit)
- Proprietary (for-profit)
- Government
- Integrated healthcare system
- Continuing Care Retirement Community
- Division of a correctional facility
- Independent

QB4 Geographic Area Served: (select one)

- Primarily Urban
- Primarily Rural
- Mixed Urban and Rural

QB5 Are you part of multi-site organization?

- Yes
- No

QB6b Select Parent Organization:  
(Please begin typing and select the correct value)

QB6 Is your hospice Medicare certified?

- Yes
- No

QB6a National Provider ID (NPI) (Please enter the NPI for the location you are entering data for):

List your National Provider Identifier (NPI):

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QB7 Is your hospice a member of (select all that apply)

- AAHPM
- CAPC
- CTAC
- Homecare of America
- HPNA
- Leading Age
- NAHC
- NAHQ
- NPHHI
- State Home Care Association
- State Hospice Association
- Other: \_\_\_\_\_
- Not a member in any of the above

**End of Block: PROGRAM DEMOGRAPHICS**

**Start of Block: ANNUAL APPLICATION CREDITS FOR QC**

QB8 ACCREDITATION STATUS (select all that apply)

- Accreditation Commission for Health Care (ACHC)
- Community Health Accreditation Partner (CHAP)
- The Joint Commission (TJC)
- Not Accredited

**End of Block: ANNUAL APPLICATION CREDITS FOR QC**

**Start of Block: PAYER MIX**

**QG1 LEVEL OF CARE AND PAY SOURCE DIRECTIONS:**

Do not leave any space blank. If your hospice did not serve any patients in a payment source/level of care category, please keep the auto populated 0.

**CALCULATION INSTRUCTIONS:**

Number of Patients Served: Include all patients who received services during this quarter. Count each patient only one time per payment source (do not count readmissions within the same payment source).

Days of Care: Report patient days for all patients served during this quarter.

Patients who changed the primary pay source during this quarter: Include patients under every applicable payment source (this means a patient will be counted more than once in the Number of Patients Served column). Include the number of days of care for each applicable payment source. Count each day only once. If there is more than one pay source on any one day, include that day in the column that represents the second/more recent pay source.

**QG2 Number of Patients Served by Pay Source**

Hospice Medicare: \_\_\_\_\_

Medicare Advantage: \_\_\_\_\_

Hospice Medicaid: \_\_\_\_\_

Medicaid Managed Care: \_\_\_\_\_

Private Insurance: \_\_\_\_\_

Self-Pay: \_\_\_\_\_

Charity Care: \_\_\_\_\_

Uncompensated: \_\_\_\_\_

Other - May include, but not limited to Workers Comp, Home Health Benefit: \_\_\_\_\_

Total: \_\_\_\_\_

QG3 Days of care

	Days of Routine Hospice Care	Days of General Inpatient Care	Days of Respite Care	Days of Continuous Care
Hospice Medicare				
Medicare Advantage				
Hospice Medicaid				
Medicaid Managed Care				
Private Insurance				
Self-Pay				
Charity Care				
Uncompensated				
Other - May include, but not limited to Workers Comp, Home Health Benefit				
Total				

QG4 Total number of patients served by CMMI Care Model demos in this quarter.

Medicare Care Choices Model: \_\_\_\_\_

Primary Care First/Serious Illness Population: \_\_\_\_\_

Direct Contracting/Accountable Care Organization: \_\_\_\_\_

Value-Based Purchasing Insurance Design/Hospice Carve-in: \_\_\_\_\_

Other: \_\_\_\_\_

Not Applicable: \_\_\_\_\_

Total: \_\_\_\_\_

**End of Block: PAYER MIX**

**Start of Block: PATIENT VOLUME**

**QC2 REFERRALS**

**DIRECTIONS:**

Provide the totals for this quarter for each category in the following table.

A referral is defined by one or more of the following:

(1) a request for assessment for possible admission to hospice from a physician, case manager, discharge planner, health care organization staff person, or equivalent

(2) contact by a patient, or family or friend of a patient, that identifies a specific patient who may need hospice care.

This definition of a referral is intentionally broad and is intended to capture all calls and contacts that identify a potential hospice patient.

NOTE: For various reasons, hospices usually do not admit all patients who are referred for care. Therefore, the number of referrals is rarely the same as the number of admissions. A value entered for number of referrals that is the same as the value entered for new admissions will be excluded from the data analysis.

	Number
Community-based Physician or Practice (For example: community-based oncology group practice)	
Acute Care Facility (For example: hospital unit)	
Long Term Care facility (For example: nursing homes and residences)	
Home Health Agency	
Ambulatory Care Facility (For example: hospital-based clinics; dialysis centers)	
Self/Family/Friend	
Other (For example: adult day care, another hospice)	
Total	

**QC1aa PATIENTS SERVED**

**DIRECTIONS:** Provide the totals for this quarter for each category in the following table. Include all patients in inpatient or residential facilities in totals.

For patients cared for by another hospice before admission to your hospice: Include only information related to the patients' stay with your hospice. Do not include information related to prior admissions and patient days for any hospice other than your own.

	Number
<p>Total New Admissions Patients who were admitted to your hospice program for the first time during this quarter. Include only the first admission for each patient.</p>	
<p>Re-Admissions that are new to your program Patients that are admitted new to your program but received hospice care previously from a different hospice any time prior to this quarter.</p>	
<p>Re-Admissions from this quarter Patients who received services from your hospice program previously that were discharged and were readmitted in this quarter. Include every re-admission that occurred during this quarter, no matter how many times a patient may have been discharged and readmitted.</p>	
<p>Total</p>	

QC1ab Total Carry-overs

Patients who were part of your hospice program's census on the last day of the previous quarter and continued to receive uninterrupted services at the start of the current quarter.

	Number
Total Carry-overs	

QC1ac Total Patients Served

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QC1b Discharges in this quarter

Count each discharge for patients who were discharged more than one time.

Transfers and Non-Death Discharges by Category

Provide the number of non-death discharges in this quarter for each of the categories listed. Count each discharge for patients who were discharged more than one time. Include all patients in inpatient or residential facilities in totals.

	Number
Patient moved out of provider service area	
Patient entered a non-contracted facility	
Patient no longer terminally ill	
Patient discharged for cause	
Patients Who Withdrew from Hospice Care Include patients who revoked the Medicare hospice benefit; desired treatment inconsistent with hospice plan of care; and patients who refused service	
Patients Who Were Transferred to Another Hospice Include patients who were transferred to another hospice without interruption of their Medicare hospice benefit (CMS claim codes 50 or 51).	
Total	

QC1c Total Death Discharges in this quarter

	Number
Total Deaths in this quarter	

QC3 Total Discharges

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**End of Block: PATIENT VOLUME**

**Start of Block: PATIENT DEMOGRAPHICS**

**QD1 DIRECTIONS:** Include all patients in inpatient or residential facilities in totals unless the question clearly requests separate information for home hospice care and inpatient/ residential programs. Include only patients who were admitted in this quarter (see calculation instructions below) Report the number (NOT %) of patients admitted during this quarter for each category in this section. If your hospice did not admit patients in one or more of the age categories, enter 0 in the appropriate space.

**CALCULATION INSTRUCTIONS:**

Include patients admitted for the first time in this quarter. Count each patient only one time. This means patients who were admitted multiple times in this quarter are counted only once. Do not include patients carried over from the previous quarter.

QD2b Patient Data:

Total New Patients Served

**AGE**

Enter the number of patients who fall in the following categories. Use patient's age on the first day of admission in this quarter.

Age	Number
<1 Year	
1-4 Years	
5-14 Years	
15-24 Years	
25-64 Years	
65-74 Years	
75-84 Years	
85+ Years	
Total	

QD3 Total New Patients Served:

**ETHNICITY**

Provide the totals for this quarter for each category. Include only patients admitted for the first time in this quarter. All patients should be categorized as Hispanic or non-Hispanic, regardless of race and further categorized by Race below. This approach conforms to the methods used by the U.S. Census bureau.

Hispanic, Latino, or Spanish origin: \_\_\_\_\_

Non-Hispanic: \_\_\_\_\_

Total: \_\_\_\_\_

**QD4 RACE**

American Indian or Alaskan Native: \_\_\_\_\_

Black or African American: \_\_\_\_\_

Asian: \_\_\_\_\_

Hawaiian or Other Pacific Islander: \_\_\_\_\_

White: \_\_\_\_\_

Some other race or races: \_\_\_\_\_

Total: \_\_\_\_\_

**End of Block: PATIENT DEMOGRAPHICS**

## **Start of Block: VOLUNTEER SERVICES**

### QE1 VOLUNTEERS SERVICES

**DIRECTIONS:** Provide the totals for this quarter for each category. Medical director's volunteer hours should be entered in Section on Productivity. (The productivity tables include a category specifically for volunteer physicians.)

#### **CALCULATION INSTRUCTIONS: Number of Volunteers:**

The number of volunteers should be an unduplicated count, with no individuals included in more than one category, even if they engaged in more than one type of volunteer service. Some volunteers participate in multiple types of activities, such as spending time with patients and assisting with fundraising mailings. If any of the activities performed by a volunteer involved direct contact with patients or families, the volunteer should be counted in the direct care category, regardless of the proportion of time spent providing direct care.

#### **Volunteer Hours:**

For those volunteers who contributed hours in more than one volunteer service category, provide the number of hours for each category.

**NOTE:** Direct Patient Care Volunteer hours and Administrative Volunteer hours combined meet the Medicare Condition of Participation (COP) requirement for volunteer time equal to 5% of patient care hours. General Support Volunteer hours do not contribute to the 5% requirement.

QE1a Direct Patient Care Volunteers:

Direct patient care volunteers are defined as volunteers who provide services through direct contact with patients and families, such as spending time with patients or making calls to patients and families as part of a weekend "tuck-in" program.

	Number
Number of Volunteers	
Number of Volunteer Hours	
Number of Volunteer Visits	
Number of Volunteer Phone Calls	

QE1b Administrative Volunteers:

Administrative volunteers are defined as volunteers who provided services, such as clerical duties, answering phones, or organizing supplies, that support patient care and clinical services.

	Number
Number of Volunteers	
Number of Volunteer Hours	

QE1c Total number of Volunteer hours (Direct and Administrative):

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QE1c General Support Volunteers:

General support volunteers provide services, such as help with fundraising and serving as members of the board of directors, which make an overall contribution to the hospice.

	Number
Number of Volunteers	
Number of Volunteer Hours	

QE1d All Hospice Volunteers:

Total Number of Volunteers - The total number of All Hospice Volunteers should equal the sum of Direct Patient Care Volunteers, Administrative Volunteers, and General Support Volunteers.

Total Number of Volunteer Hours - The total number of All Volunteer Hours should equal the sum of hours for Direct Patient Care Volunteers, Administrative Volunteers, and General Support Volunteers.

	Number
Total Number of Volunteers	
Total Number of Volunteer Hours	

QE1e Patients Who Received Volunteer Services:

Include only those patients who received services from a direct care volunteer in this quarter. Patients who received services from more than one volunteer should be counted only one time.

	Number
Number of Patients Who Received Volunteer Services:	

**End of Block: VOLUNTEER SERVICES**

**Start of Block: BEREAVEMENT SERVICES**

QE2 BEREAVEMENT SERVICES

DIRECTIONS: Provide the following information for this quarter. In calculating responses for questions, include all bereavement clients who received services during this quarter, both those currently on bereavement rolls and those who were discharged from bereavement services.

QEA Total Number of Contacts by Visit Include any face-to-face one-to-one contact with individuals, regardless of setting.

Do NOT include support group or camp services.

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QEB Total Number of Contacts by telehealth (Phone Call, audio, and visual connections)

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QED Total Number of Individuals who Received Bereavement Services Include all individuals enrolled for bereavement, including those served through support groups and camps.

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QEE In this quarter, did your hospice provide bereavement services to individuals in the community who were NOT associated with a family member or friend who received hospice services?

Yes

No

QEE2 Select all services that your hospice provides

Support groups

Individual counseling

Online support

Pediatric bereavement services

**End of Block: BEREAVEMENT SERVICES**

## **Start of Block: PRODUCTIVITY**

### QF PRODUCTIVITY

#### **DIRECTIONS:**

Provide the totals for this quarter for each category. Do not include inpatient staff when completing this section. Data for inpatient staff should be entered in Hospice Facility Section.

Complete Tables below using the following definitions and calculation instructions:

#### **DEFINITIONS:**

**Direct Care:** includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care, as distinct from supervision of other staff or program activities.

**PRN Employees:** also called "per diem" employees, are called upon to work when necessary without a commitment to work a specific number of hours for your agency. They may be available all of the time or they may be only available for certain days or times. However, they are not the same as part time employees, even though they may routinely work on the same day or number of hours each week. A part time employee is expected to work a certain number of hours each week, but there is no expectation for number of hours for a PRN employee.

**Separation:** a voluntary or involuntary termination of employment.

**FTE:** One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

#### **CALCULATION INSTRUCTIONS:**

**Total FTEs:** Divide paid hours by 2080. Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.

**On-call FTEs:** First, calculate total payments made for on-call nursing staff. Next, calculate the average salary of a full-time nurse providing direct patient care. Then divide the total payments for on-call by the average nursing salary.

**Separations:** Do not include PRN employees in the calculation of total separations.

QF1a Staffing by Discipline

Please provide the following staffing information for this quarter. Do not include hospice facility staff here.

	Total Employees (on last Day of this quarter, no PRN)	Total PRN Employees (average for year if number fluctuates)	Total of Employees Certified in Hospice & Palliative Care	Total Separations (all causes, no PRN)
<p>Nursing - Direct Clinical Include RNs. Include on- call and after-hours care. Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.</p>				
<p>Nursing - Direct Clinical Include LPNs. Include on- call and after-hours care. Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.</p>				

<p>Nursing - Indirect Clinical Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc.)</p>				
<p>Nurse Practitioners Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner (NP).</p>				
<p>Social Services Include medical social services staff as defined by CMS for the cost report. Do not include chaplains, bereavement staff, or volunteer coordinator.</p>				
<p>Hospice Aide</p>				

<p>Physicians -- Paid  Include medical directors and other physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians</p>				
<p>Physicians -- Volunteer</p>				
<p>Chaplains</p>				
<p>Other Clinical  Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists, dieticians, etc. Do not include Volunteers.</p>				

<p><b>Bereavement</b>          Include all paid staff providing bereavement services, including pre-death grief support. Do not include volunteers.</p>				
<p><b>Volunteer Coordinators</b></p>				
<p><b>Non-Clinical</b>          Include all administrative and general staff (dental, medical records, IT, human resources, etc.). Also include non-clinical staff who assist with intake, education, or other clinical support activities. Do not include volunteers.</p>				

QF1b Visits by Discipline -

DIRECTIONS: Please provide visit information for this quarter for the disciplines listed in the table below. Count ALL visits, regardless of setting (nursing home, residential facility, hospital, etc.) Do not include inpatient staff. See next section for on-call and after-hours care visits.

	In person	Phone	Audio/visual
Nursing - Include visits made by RNs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation).			
Nursing - Include visits made by LPNs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation).			
Nurse Practitioners- Include visits made by Nurse Practitioners when they are serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation.			
Social Services - Include visits made by medical social services staff as defined by CMS for the cost report. Do not include chaplains or bereavement staff.			
Hospice Aides			

<p>Physicians Paid - Include visits made by medical directors and other physicians providing direct care to patients. Exclude volunteer physicians.</p>			
<p>Physicians Volunteer</p>			
<p>Chaplains</p>			
<p>Other Clinical - Include any paid staff, in addition to those captured above, who make visits as part of direct care to patients or families. Include therapists, dietitians, etc. Do not include volunteers or bereavement staff.</p>			

QF1c On-call and after-hours care visits

DIRECTIONS: Please provide visit information for this quarter for on-call and after-hours care visits per discipline listed in the table below. Count ALL visits, regardless of setting (nursing home, residential facility, hospital, etc.) Do not include inpatient staff.

	In person	Phone	Audio/visual
Nursing - Include visits made by RNs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation).			
Nursing - Include visits made by LPNs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation).			
Nurse Practitioners- Include visits made by Nurse Practitioners when they are serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation.			
Social Services - Include visits made by medical social services staff as defined by CMS for the cost report. Do not include chaplains or bereavement staff.			
Hospice Aides			
Physicians Paid - Include visits made by medical directors and other physicians providing direct care to patients. Exclude volunteer physicians.			
Physicians Volunteer			

Chaplains			
Other Clinical - Include any paid staff, in addition to those captured above, who make visits as part of direct care to patients or families. Include therapists, dietitians, etc. Do not include volunteers or bereavement staff.			

**QF2 CASELOADS**

**DIRECTIONS:** Provide the number of patients in the average daily caseloads for the following positions in this quarter.

**Definition:** Case load is the number of patients for which a staff member has responsibility for or to which she/he is assigned at a time. Enter a single number, NOT a range. Do not include inpatient staff.

**Caseload definition clarification:** Some disciplines, such as chaplains and social workers, may be responsible for contacting all patients and families, but visit only a proportion of them. In this situation, include **ONLY** those patients who receive visits as part of their care plan in determining caseloads.

	Number
Primary Nurse/Nurse Case Manager - RN with primary responsibility for the patient's care.	
Social Worker - SW with medical social services duties, as defined by CMS. Include only those patients who received visits in determining SW caseloads.	
Hospice Aide	
Chaplain - Include only those patients who received visits in determining chaplain caseloads.	
Volunteer Coordinator - Include only those patients who were assigned a volunteer in determining volunteer coordinator caseloads.	
Hospice Physician - Include only those patients for whom the medical director was the attending physician in determining caseloads.	
Nurse Practitioners - Include only those patients for whom the nurse practitioner was the attending in determining caseloads	

**End of Block: PRODUCTIVITY**

**Start of Block: EMERGENCY ROOM VISITS and HOSPITALIZATIONS**

QD EMERGENCY ROOM VISITS and HOSPITALIZATIONS

DIRECTIONS: Provide the following information for patients enrolled in hospice at the time of an ER visit, observation stay or hospital admission for which Hospice General Inpatient Care (GIP) was not billed.

Definition: A hospitalization is defined as receipt of medical care in a hospital (including care provided in the ER) for any reason other than for general inpatient care (GIP). Count visits to the hospital in all of the following situations: the patient received care in the Emergency Room or observation stay and was subsequently admitted to the hospital the patient received care in the Emergency Room and was subsequently placed on observation status the patient received care only in the Emergency Room and was NOT admitted to the hospital hospitalization was related to the patient's terminal diagnosis? hospitalization was NOT related to the patient's terminal diagnosis hospitalization was arranged or authorized by the hospice and was NOT for GIP level of care hospitalization was NOT arranged or authorized by the hospice hospitalization resulted in discontinuation of hospice care (discharge or revocation) hospitalization did NOT result in discontinuation of hospice care Do NOT include: admissions to the hospital for the provision of care at the General Inpatient level of care (GIP) or Inpatient Respite level of care hospitalizations that occurred prior to admission to hospice services

QDa Number of unduplicated patients who were hospitalized (ED, observation, acute hospital stays) in this quarter

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QDb Total number of hospitalizations in this quarter

	Number
ED Visits	
Observation Stays	
Hospitalization	
Total	

**End of Block: EMERGENCY ROOM VISITS and HOSPITALIZATIONS**

**Start of Block: PATIENT LEVEL SAFETY DATA SET**

QP Patient Level Safety Data Set

Provide the totals for this quarter for each category. When entering data in the following sections, if there is no value for the month keep 0 vs leaving blank. If you have questions regarding any of the definitions, please follow this [link](#) for details. Should have any questions, please contact us at [quality@nhpco.org](mailto:quality@nhpco.org).

**End of Block: PATIENT LEVEL SAFETY DATA SET**

**Start of Block: PATIENT INFECTIONS**

QPI1 Are there any patient infections to report for this quarter?

- Yes
- No

QPI\_b The following section captures information about the total number of patients who developed infections after Hospice Admission but is broken out by Site of Infection:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Urinary Tract Infection (UTI) without catheter in place												
Patients with Urinary Tract Infection with catheter in place (HAI infection)												
Respiratory												
Ear, Nose, Throat												
Skin or wound												
Intravenous (IV) access (HAI infection)												

Pressure area (infected)												
Other												
Total												

**QPI\_a Patient Infections:**

The following section captures information about the total number of patients admitted to the Hospice Program with an active infection but is broken out by site of infection:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Urinary Tract Infection (UTI) without catheter in place												
Patients with Urinary Tract Infection with catheter in place (HAI infection)												
Respiratory												
Ear, Nose, Throat												
Skin or wound												
Intravenous (IV) access (HAI infection)												

Pressure area (infected)												
Other												
Total												

QPI\_c This section captures specific data around patient infections caused by specific reasons.  
 Total number of patients with infections caused by the following reasons if known:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total number of patients with a Multi-drug resistant organisms (MDRO) Infection												
Total number of "probable" patients with Infection caused by COVID-19 out of all patient infections												
Total number of "confirmed" patients with infection caused by COVID-19 out of all patient infections												

Total number of patients who received treatment for an infection initiated out of all patient infections												
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QPI\_d The following section captures information about patient infections by location of care.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Home Setting (Private Residence)												
Inpatient Hospital												
Hospice Inpatient Unit (IPU) or residence												
Skilled Nursing Facility (SNF)												
Nursing Facility (NF)												
Assisted Living Facility (ALF)												

Other Congregate Living Facility													
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**End of Block: PATIENT INFECTIONS**

**Start of Block: MEDICATION ERRORS**

QME1 Are there any medication errors to report for this quarter?

- Yes
- No

QME\_a Medication Errors:

The following section captures information about medication error types.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Wrong Drug Administration Errors												
Total Wrong Patient Errors												
Total Wrong Dosage Errors												
Total Prescription Writing Errors												
Total Medication Dispensing Errors												
Total Medication Delivery Errors												
Total Near Miss Errors												

Total Adverse Reaction(s) with a Result of Harm												
Total Adverse Reaction(s) with a Result in a Sentinel Event												

QME\_d The following section captures information about medication errors by care location:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Home Setting (Private Residence)												
Inpatient Hospital												
Hospice Inpatient Unit (IPU) or residence												
Skilled Nursing Facility (SNF)												
Nursing Facility (NF)												
Assisted Living Facility (ALF)												

Other Congregate Living Facility													
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**End of Block: MEDICATION ERRORS**

**Start of Block: PATIENT FALLS**

QPF1 Are there any patient falls to report for this quarter?

- Yes
- No

QPF\_a Patient Falls:

The following section captures information about witnessed patient falls by type of injury.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No injury: Patient did not sustain an injury secondary to the fall												
Minor: Indicates those injuries requiring a simple intervention (i.e., band aid or protective dressing to injured area)												

Moderate: indicates injuries requiring sutures or splints												
Major: injuries are those that require surgery												
Death: refers to those that result from injuries sustained from the fall												
Total												

QPF\_b The following section captures patient falls broken out by injury category but were NOT WITNESSED.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No injury: Patient did not sustain an injury secondary to the fall												
Minor: Indicates those injuries requiring a simple intervention (i.e., band aid or protective dressing to injured area)												
Moderate: indicates injuries requiring sutures or splints												
Major: injuries are those that require surgery												

Death: refers to those that result from injuries sustained from the fall												
Total												

QPF\_c Total number of patients falls with a result in a sentinel event

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Number of Adverse sentinel event falls												
Total Number of Adverse sentinel event falls for NOT witnessed falls												

QPF\_d The following section captures information about patient falls by care location:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Home Setting (Private Residence)												
Inpatient Hospital												
Hospice Inpatient Unit (IPU) or residence												
Skilled Nursing Facility (SNF)												
Nursing Facility (NF)												
Assisted Living Facility (ALF)												

Other Congregate Living Facility													
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**End of Block: PATIENT FALLS**

**Start of Block: INPATIENT AND RESIDENTIAL FACILITIES 1**

QH Does your hospice operate one or more dedicated hospice facilities or units?

- Yes
- No

QHb DIRECTIONS: Please provide the following information for this quarter. If your program operates more than one unit or facility, please indicate how many facilities you have, and the survey will ask about each.

QHc How many facilities or units does your hospice operate? (Note: A maximum of 5 facilities is allowed)

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**End of Block: INPATIENT AND RESIDENTIAL FACILITIES 1**

**Start of Block: INPATIENT AND RESIDENTIAL FACILITIES 2**

QH1 Hospice

Total number of beds

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QH2 Facility Name

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QH3 Where is the inpatient facility sited? Select one

- Freestanding
- Hospital based
- In a Nursing Home
- Other (if Other, please specify) \_\_\_\_\_

QH4 What level of care does the inpatient facility provide? Select one

- Acute/General Inpatient - (short term, intensive hospice services provided to meet the hospice patient's need for skilled nursing, symptom management, complex care, or inpatient respite)
- Residential Care- (hospice home care provided in a facility rather than in the patient's personal residence)
- Mixed Use both - acute and residential levels

**QH5 Definition:**

**Average daily census =** To calculate the average daily patient census in a month, add the daily census for each day of the calendar month and divide the total by the number of days in a month. Each census day begins at 12:00am and ends at 11:59pm. Because Medicare uses the midnight census hour as a cut-off for determining a Medicare day, this standard is generally used by the industry.

**Average Length of Stay:** The average length of stay is calculated by adding the total length of stay for each discharged patient in the month and dividing by the number of discharge patient in a month.

	GIP	Respite	Routine
Average Length of Stay per Level of Care			
Median Length of Stay per level of care			
Average Daily Census per Level of Care			

## QH6 Hospice Facility Staffing by Discipline

**DIRECTIONS:** Complete the table below using the following definitions and calculation instructions: FTE: One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs. Direct Care: includes all activities involved in care delivery, including patient care, team meetings, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care, as distinct from supervision of other staff or program activities. PRN Employees: also called "per diem" employees, are called upon to work when necessary, without a commitment to work a specific number of hours. They may be available all the time or they may be only available for certain days or times. However, they are not the same as part-time employees, even though they may routinely work on the same day or number of hours each week. A part-time employee is expected to work a certain number of hours each week, but there is no expectation for number of hours for a PRN employee.

**CALCULATION INSTRUCTIONS:** Total FTEs: Divide paid hours by 2080. Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.

	Total Inpatient Facility FTEs	Total PRN Employees (average for year if number fluctuates)	Total Separations (all causes, no PRN)
Nursing - Direct Care Include RNs. Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.			
Nursing - Direct Care Include LPNs. Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.			
Nurse Practitioner Include nurses with an advanced degree who function as a Nurse Practitioner.			
Social Services Include medical social services staff as defined by CMS for the Cost Report. Do not include chaplains or bereavement staff.			
Hospice Aides			
Physicians - Paid Include medical directors and other			

<p>physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians.</p>			
<p>Physicians - Volunteer</p>			
<p>Chaplains</p>			
<p>Other Clinical - Include any paid staff, in addition to those captured above, who make visits as part of direct care to patients or families. Include therapists, dietitians, etc. Do not include volunteers or bereavement staff.</p>			
<p>Non-Clinical Include all administrative and general staff or contracted staff whose responsibilities are limited to support for the facility Do not include volunteers.</p>			

**End of Block: INPATIENT AND RESIDENTIAL FACILITIES 2**