



**Don't Re-invent The Wheel...
Benchmark With Existing
Reliable Outcomes**

2008 OCHC Fall Conference

Lynda Laff

Strategic Healthcare Programs

It's Happening As We Speak!

Value Based Purchasing
Across The Continuum...



CMS Report To Congress November 21, 2007

- Deficit Reduction Act of 2005
 - ▶ Value Based Purchasing plan
 - VBP Plan for hospital implementation in 2009
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
 - Post Acute Care (PAC) Reform
 - Care Tool
- Public reporting of hospital consumer satisfaction began in 2008

*Reporting Hospital Quality Data for Annual Payment Update

Value Based Purchasing

It's all about the data...

- Phase out current quality reporting system
- Payment contingent on performance NOT simply on reporting
- High performers = higher payments
- Hospitals report on 21 measures
 - No reporting = 2% reduction in APU



VBP Program Goals

- Improve Clinical Quality
- Address underuse, overuse, and misuse of services
- Encourage patient-centered care
- Reduce adverse events and improve patient safety



VBP Program Goals

- Transform Medicare from a passive payer to an active purchaser of high quality, efficient care
- Avoid unnecessary costs in care
 - Current Medicare payment systems are based on resource consumption and quantity of care NOT **proven** quality or unnecessary costs avoided

VBP Program Goals

- Stimulate investments in effective information technology and the re-engineering of systems
- Make results transparent and useable



HCAHPS

- Currently HCAHPS is used by;
 - Hospitals
 - Hemodialysis Centers
 - Medicare Advantage Plans
 - Nursing Homes



But This Is About Hospice...

- Condition of Participation 418.58
 - Transparency
 - Encourage patient-centered care
 - Reduce adverse events and improve patient safety
 - To ensure that hospice resources are being used effectively and efficiently
 - Ability to Compare Provider Performance – Benchmark
 - Evidence of quality care...in other words – ***Data Driven Quality and Performance!***

Condition of Participation **418.58**

- ***Collect and Use DATA to Improve Your Performance***
 - Develop, implement, and maintain an effective, continuous quality assessment and performance improvement program
 - Use proven and reliable tools and processes
 - Monitor and improve performance continually
 - Respond to the needs, desires, and satisfaction levels of the patients and families
 - Ensure effectiveness and efficiency

Condition of Participation § 418.58

Quality Assessment – Performance Improvement

- “We did not propose that hospices use any specific quality measures, data elements or benchmarks”
- “Currently no available, valid, reliable, widely applied set of clinical and/or administrative quality measures”

Federal Register, June 5, 2008 (page#32121)

Condition of Participation **418.58**

Use Proven, Reliable QAPI Tools

CMS provides multiple resources

- PEACE Project - conducted by the North and South Carolina QIO – (*medqic.org*)
 - List of Assessment Instruments for End of Life Care
 - Physical Symptoms
 - Multiple Domains
 - Psychological Symptoms
 - Continuity of Care
 - Social Aspects of Care
 - Spiritual Aspects of Care
 - Ethical/Legal Aspects of Care
 - Function
 - Cultural Aspects of Care
 - Prognosis

Federal Register, June 5, 2008 (*pages 32118 – 32119*)

Proven, Reliable QAPI Tools

Condition of Participation **418.58**

- National Hospice and Palliative Care Organization (National Quality Initiative and Quality Collaborative)
- Brown University (Toolkit)
- National Quality Forum (NQF)
- Agency for Healthcare Quality and Research (AHRQ)
- National Association for Home Care and Hospice (NAHC)
 - Data collection tools
 - ESAS study
- Strategic Healthcare Programs (SHP)
 - Patient Satisfaction
 - Automated demographic and statistical data & benchmarking
 - Automated ESAS Hospice Symptom Management Tool

Condition of Participation **418.58**

Quality Assessment – Performance Improvement

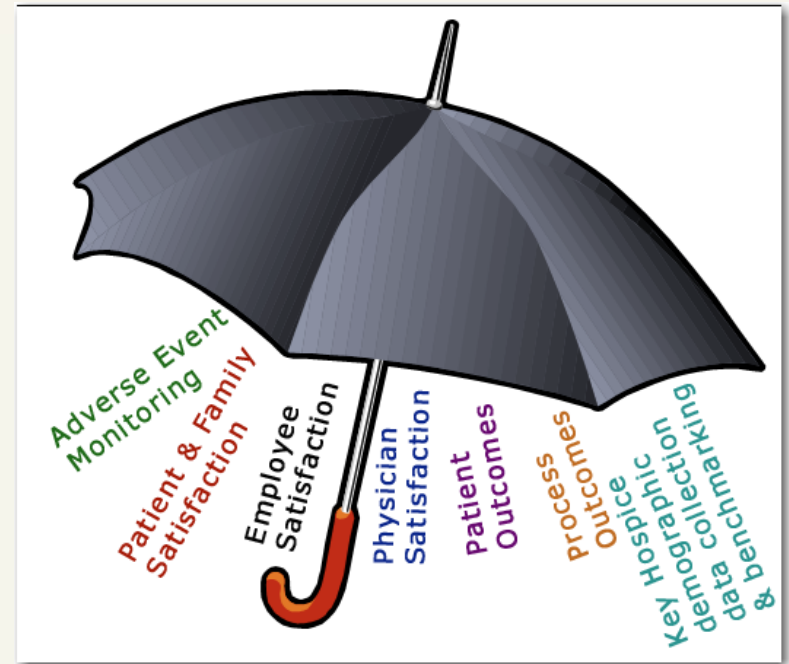
- Surveyors will focus on;
 - Scope of program...include **ALL** pertinent indicators
 - How and why you chose specific quality measures
 - How you ensure consistent data collection
 - How you use data in patient care planning
 - How you aggregate and analyze data
 - How you use the data analysis to select PI projects
 - How you implement PI projects
 - How you use data to evaluate the effectiveness of those projects

Develop A QAPI Plan

- The PI Plan should include;
 - Who will be responsible for QAPI program
 - What services and processes are to be assessed
 - What data to be documented and aggregated
 - When high volume, problem prone care and services provided
 - How often data will be collected and analyzed and how will the findings be used
 - How you will implement action plan findings into ongoing care plan development
 - What method(s) will be used to evaluate improvement
 - How often you will report on performance

It's All About The Data...

- Incorporate all PI activities into one program
 - Key Hospice demographic data collection and benchmarking
 - Patient and Family Satisfaction
 - Employee Satisfaction
 - Physician Satisfaction
 - Adverse Event Monitoring
 - Process Outcomes
 - Patient Outcomes



SHP Hospice Demographic

		Surveys	Score	Percentile
Q1 Arrived for visits on time				
Scores required to achieve percentiles: 50th=4.68, 75th=4.83, 80th=4.89, 90th=5.00				
	SHP Database	18.0	4.66	NA
10082	Superior Outcomes Hospice	18	4.83	77.8 %
Q2 Taught how to give meds				
Scores required to achieve percentiles: 50th=4.82, 75th=4.89, 80th=4.93, 90th=5.00				
	SHP Database	15.0	4.80	NA
10082	Superior Outcomes Hospice	18	4.89	66.7 %
Q3 Taught self-care				
Scores required to achieve percentiles: 50th=4.83, 75th=4.91, 80th=5.00, 90th=5.00				
	SHP Database	15.9	4.83	NA
10082	Superior Outcomes Hospice	18	4.89	55.6 %
Q4 Staff was courteous and helpful				
Scores required to achieve percentiles: 50th=4.91, 75th=5.00, 80th=5.00, 90th=5.00				



SHP for Patient Satisfaction™ Hospice V3.0
 Average Scores and Percentiles - Patient
 Superior Outcomes Hospice
 SHP Database
 4/1/2008 - 6/30/2008

Report Date: 7/28/2008

Benchmark Important Statistics

- Average daily census
- Length of service
- Deaths – in place of preference
- Total patients discharged due to death
- Patients who died in less than 7 days
- Patients who died in greater than 180 days



SHP Hospice Demographic

Daily Census	You	SHP Avg
Average Daily Census	453.1	68.5

*All patient days for reporting period divided by the number of days in the reporting period.

Length of Service	You	SHP Ref.
Average length of service in days for patients discharged within period	64.3	59.2
Median length of service in days for patients discharged within period	18.0	20.0

*Half of the patients have an LOS longer than the median, and half have an LOS shorter.

Deaths by Period	You	Your %	SHP Avg	SHP Avg %
Total number of patients discharged due to death	377	83.6 %	54	76.2 %
Patients who died in <= 7 days	147	32.6 %	19	26.7 %
Patients who died >= 180 days	27	6.0 %	4	6.8 %

SHP Hospice Program

Comparative Outcomes Report

SHP for Hospice™ V3.0

Your Hospice

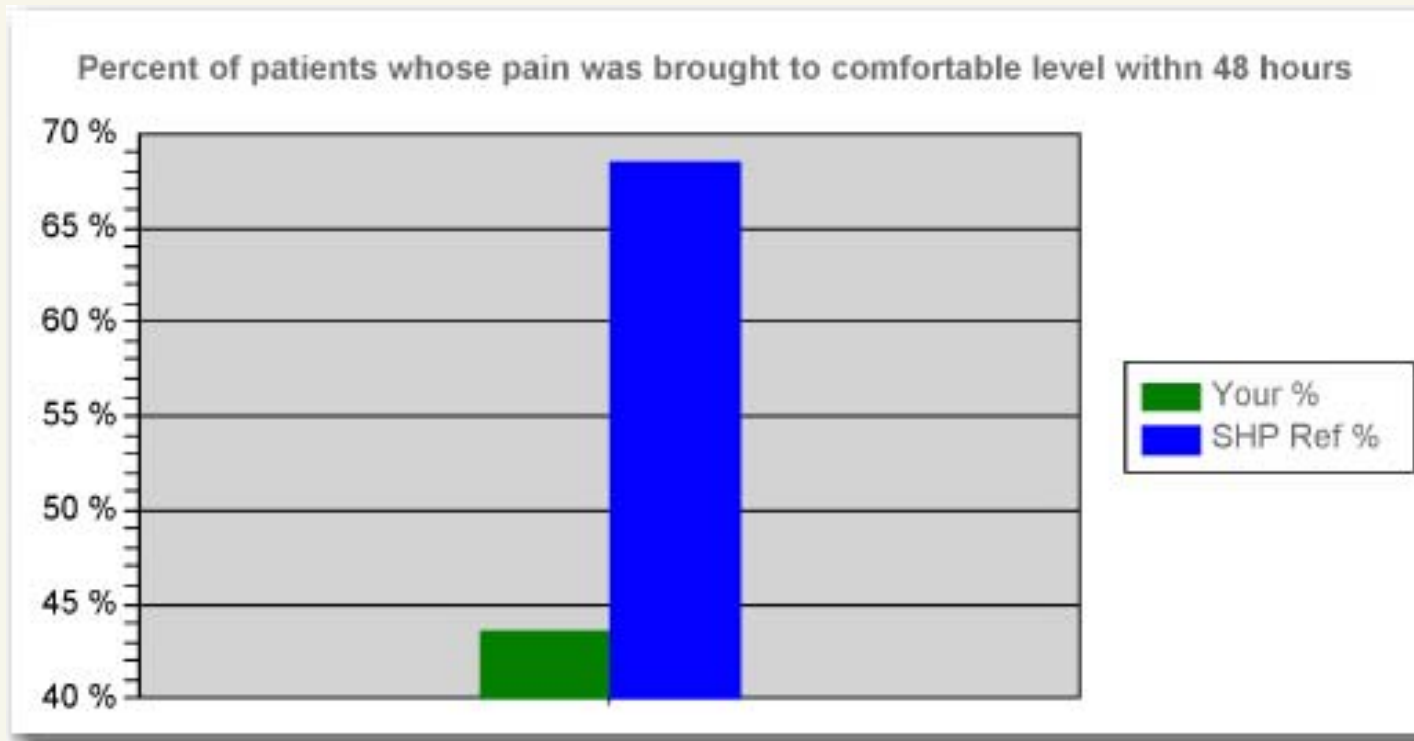
6/30/2008

Diagnostic Categories	Admitted Patients	Active Patients	Percent Active Patients	SHP Reference %
ALS	1	3	0.3 %	0.1 %
Cancer	125	199	21.4 %	11.3 %
Stroke/Coma	22	39	4.2 %	2.0 %
Debility unspecified	40	102	11.0 %	5.6 %
Dementia	84	187	20.2 %	10.2 %
Diabetes	0	0	0.0 %	0.0 %
Heart	54	109	11.8 %	6.5 %
HIV	0	1	0.1 %	0.1 %
Kidney	17	25	2.7 %	1.1 %
Liver	1	4	0.4 %	0.6 %
Lung	30	59	6.4 %	3.8 %
Other motoneuron	8	27	2.9 %	0.8 %
Other	8	43	4.6 %	5.1 %
Undocumented	100	130	14.0 %	52.9 %

Admitted Patients by Disease Category



SHP Hospice program



QAPI – It's All About The Data

▶ Infection

- Surveillance
- Identification
- Prevention,
- Control and investigation of infections and communicable disease

▶ Customer Concerns

▶ Adverse Events

- Falls – witnessed and un-witnessed
- Unexpected death
- Suicide



CMS - Adverse Events

- “Adverse patient events,” as used in the field, generally refer to occurrences that are harmful or contrary to the targeted patient outcomes.

Identify **Important Aspects** of Care

Examples of Important Clinical Functions

- Pain and Symptom management
- Administration of narcotics – titration of narcotics
- Use of standing orders
- Delivery and set up of medical equipment
- Management of Oxygen therapy in the home
- Transferring patients from bed to commode
- Administration of IV, IM and subque medications

Select **Measurable** Indicators

- Measurable Indicators
 - ▶ Relevant to YOUR hospice and YOUR patient population
- High volume and problem prone measures
- Potential areas of risk
- Processes and outcome measures common in your agency
 - ▶ Include all settings as appropriate
- Automate data collection whenever possible using established databases whenever possible
 - ▶ Demographics
 - ▶ Selected indicators

Select **Measurable** Indicators

MEASURABLE indicators

Patient & Family Outcomes

- ▶ Pain control to patient's desired level of comfort within 4 hours
- ▶ Shortness of breath relieved to patient's desired level of acceptance within 4 hours
- ▶ Patient remained in place of choice at time of death
- ▶ Family satisfaction with timeliness of response from hospice staff after hours
- ▶ Family satisfaction with quality and quantity of support provided by hospice staff

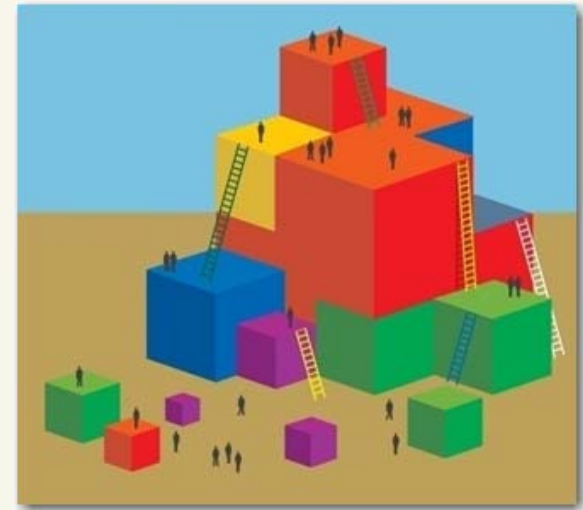
Select **Measurable** Indicators

MEASURABLE indicators

- Processes
 - Equipment delivery (timeliness, quality, patient education)
 - Timeliness of physician signature on certification of terminal illness
 - Timeliness of completion of interdisciplinary care plan
 - Timeliness of completion of initial assessment
 - Coordination of services for ECF patients
 - 24 hour availability of pharmacy – log calls
 - Accuracy and timeliness of communication among team members
 - On call response time

Incorporate **All Levels** of Care

- Routine home care
- Respite care
- General Inpatient Care
- Skilled Facility as Residence
- Continuous Care
 - Largest concentration of patients
 - Highest risk and / or problem prone



Tools...You Need Tools!

- Select or develop data gathering tools that allow for;
 - Easy capture of selected measures
 - Integration of results into practice
- Standardize documentation and data collection processes
- Document assessments at designated frequency



Use Proven Tools and Processes

- Incorporate data gathering into daily practice
 - Patient symptom management
 - Visit note – insert into clinical assessments
 - Communication note – telephone or telehealth contact
 - Create yes / no responses
 - Standardize assessments and responses
 - Collate data
 - Present ongoing findings at staff meetings
 - Use findings in IDG to update care plans



Tidewater Hospice

- Small privately owned hospice
 - Census of 25 patients
 - Performance Improvement plan initiated to include;
 - Infection control, surveillance and analysis
 - Employee occurrence monitoring
 - Patient adverse events



Performance Improvement Program

- Quarterly clinical record audits / Process measures
 - Documentation of Local Coverage Determinations (LCD) for each patient
 - Signed physician certification of terminal illness
 - Presence of orders for care and treatment
 - Timeliness of completion of interdisciplinary care plan
 - Timeliness of necessary assessments
 - Interventions implemented according to care plan

Performance Improvement Calendar

Patient Record Audit	Monthly Data Gathering	Quarterly Reporting	Bi-Annual Data Gathering	Annual Reporting
Infection Control	X	X		
Satisfaction Patient Referral Source Staff			X	X
Adverse Events	X	X		
Customer Concerns	X	X		
Process Measures	X	X		
Patient Outcomes	X	X		
Patient Safety Initiatives	X	X		

Patient Outcomes

Symptom Management

- Edmonton Symptom Assessment (ESAS)
- We chose 3 measures to begin
 - Pain score and SOB ≥ 4 ;
intervention within 4 hours,
assess at 24, 48 and 72 hours
as indicated.
 - Constipation; no bowel movement
 ≥ 4 days; intervention within 4
hours; assess in 24, 48 and 72 hours as indicated.



Examples of ESAS Implementation

- Symptom assessment tool
 - ▶ Patient answers symptom related questions
 - ▶ Clinician may have patient answer question
- Pain and SOB are measured by a scale 1 – 10

1 2 3 4 5 6 7 8 9 10

Mild Moderate Severe Worst Possible

ESAS & SHP for Hospice TM : (Edmonton Survey Assessment System)

Main Menu

Patient Info

SOC / 48 hr.

Discharge

Optional Measures

Post Death Support

Pressure Ulcers

UTI

Visits & Supply Costs

ESAS Assessments

Falls

Pain Assessments

Useful document

Help

ESAS Assessments

Assessments

Color display: Graduated Simple No Color Threshold:

	Assessed	PAN	FTG	NAU	DEP	ANX	DRW	SOB	APP	WB	CON	Total	Follow-up
Select	2/1/2008	6	3	1	1	3	2	1	1	0	0	18	Pending
Select	2/5/2008	5	6	1	2	0	1	1	1	3	0	20	Pending
Select	2/9/2008	4	3	2	0	0	0	0	0	0	0	9	Pending
Select	2/13/2008	1	3	4	2	2	0	0	5	0	5	17	Pending
Select	2/17/2008	0	2	7	0	0	0	0	5	0	5	17	Pending
Select	2/21/2008	6	1	0	3	0	2	0	2	0	0	13	Pending
Select	2/25/2008	7	3	3	3	1	0	0	2	0	0	19	Pending

Follow-ups

Pain

Fatigue

Nausea

Depression

Anxiety

Drowsiness

Shortness of Breath

Appetite

Feeling of Well-Being

Constipation (Other)

TOTAL Distress Score

- 10 Symptoms
- Scale 0 – 10
- Pt Rating Symptoms
- Total Distress Score
- Tracking System

Quality Measures

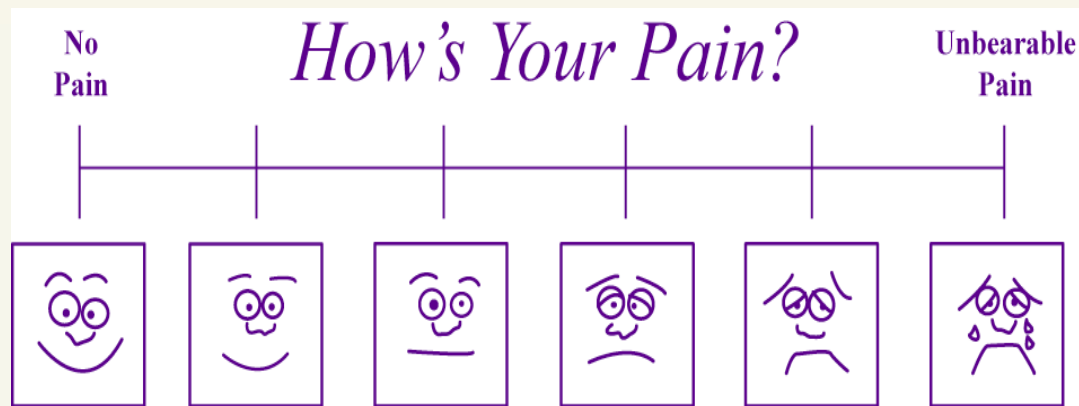
- Percentage of patients with average time between regular symptom assessments (ESAS) = <8 days
- Percentage of new ratings of pain = >4 with treatment (or satisfied) w/in 4hrs
- Percentage of pain ratings = >4 with follow-up assessment w/in 24 hours
- Percentage of new ratings of pain = >4 with control (or satisfied) w/in 48hr
- Percentage of patients with last pain rating before death <4 (or satisfied)
- Percentage of new ratings of sob = >4 with treatment (or satisfied) w/in 4hrs
- Percentage of SOB ratings = >4 with follow-up assessment w/in 24 hours

Quality Measures

- Percentage of new ratings of sob ≥ 4 with control (or satisfied) w/in 48hr
- Percentage of patients with last SOB rating before death < 4 (or satisfied)
- Percentage of patients with bowel function assessment completed at least weekly
- Percentage of patients on opioids with bowel management regimen
- Percentage of reports of ≥ 4 days since last BM with treatment w/in 4hrs
- Percentage of reports of ≥ 4 days since last BM with bowel movement w/in 72hrs

Examples of ESAS Implementation

- Pain was also initially assessed using a Wong – Baker **FACES** scale (per caregiver)



0 = no pain 0 - 3 4 - 6 7 - 9 10 = worse pain ever
(MILD) (MODERATE) (SEVERE)

Examples of ESAS Implementation

- Constipation measured by date of last bowel movement & use of episodes with patient specific considerations;
 - ▶ If >than 4 days since last BM and patient's satisfaction is BM in less than 4 days
 - Intervention(s) should occur within 4 hours
 - Assess patient again within 24 hours, 48 hours and 72 hours.
 - Visit or telephone contact
 - If no results – new intervention until results achieved

Integrate Data Collection Into Assessments – Pain ≥ 4

PAIN: No Problem Unchanged Deferred

Is patient experiencing pain? Yes No Unable to communicate

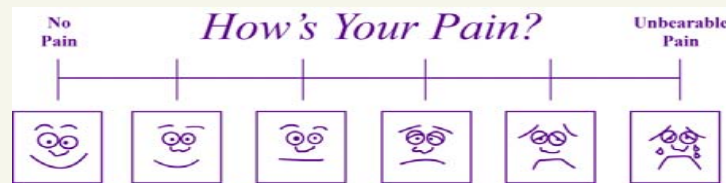
Non-verbals demonstrated: Diaphoresis Grimacing Moaning/ crying Anger
 Irritability Guarding Tense Restlessness Change in VS Other

PAIN LOCATION: (specify site(s)): _____

COLLECTED USING:

Intensity:

NONE SEVERE **1-10 scale** (subjective)
 1 2 3 4 5 6 7 8 9 10
 0= no pain 0 - 3 4 - 6 7 - 9 10=worse pain ever
 (MILD) (MODERATE) (SEVERE)



FACES scale (per CGs)

Worse pain level past 24hrs: _____

Current pain level: _____

Patient / caregiver current acceptable level of pain: _____

If level of pain ≥ 4 over past 24 hrs, is Pt / CG satisfied w/ pain control regimen?

Yes **No**

Integrate Data Collection Into Assessments – Pain ≥ 4

- **Type:** Aching Nagging Dull Heavy Crushing
Sharp Stabbing Throbbing Radiating Burning
Tingling Cramping Pressure
- **Frequency:** Occasionally Continuous Intermittent
Other: _____
- **What makes pain worse:** Movement Ambulation
Other _____
- **What makes pain better:** Heat / ice Massage
Repositioning Rest / relaxation Medication Diversion
Other: _____
- **BREAKTHROUGH medication needed over past 24 hrs:**

- **ROUTINE Pain medications taken over past 24 hrs:**

Integrate Data Collection Into Assessments – Pain ≥ 4

Interventions:

- Attending notified current pain regime not adequate; adjustment requested
- Medications ordered / re-ordered: _____
- New medication** _____

Instructed Patient/ CG:

- How to assess patient's pain level based on subjective or objective criteria
- Proper administration, use, desired effect, & potential side effects of medications used for symptom control
- Need for routine dosing of pain medication to prevent increasing pain levels
- Need for increasing frequency of dosing of pain medication to prevent frequent breakthrough pain
- Use of pain log to document breakthrough medication used for symptom mgmt.
- Pharmacological & non-pharmacological methods of alleviating pain & other sx..
- Call hospice nurse for any unrelieved symptoms
- Importance of maintaining pain & other medications in safe place to prevent diversion & accidental use.

Comments: _____

Integrate Data Collection Into Assessments - SOB

RESPIRATORY: No Problem Unchanged Deferred

Lung sounds : Clear Crackles/rales Rhonchi Absent Diminished
Cough: None Dry/Acute/Chronic Non-Productive
 Productive Amt: Small/ Med/ Lg

Able / Unable to cough up secretions

Respiratory Status: Accessory muscles used Death rattle Cheyne Stokes
 Orthopnea Stridor/ retractions Used Dyspnea at rest With exertion/ activity
 O₂ _____ L/min Periods of apnea _____ seconds
 Inhalation Therapy PRN continuous

SOB (Circle Degree) **1 2 3 4 5 6 7 8 9 10**
Current: _____
Last 24 hrs. _____

If level of dyspnea \geq 4 over past 24 hrs is Pt / CG satisfied w/ dyspnea control?

Yes **No**

Comments: _____

Integrate Data Collection Into Assessments - SOB

Interventions

- Oxygen ordered & Pt/ CG instructed safe use of O2 & equipment mgmt.
- Aerosol treatment equipment/ meds ordered & pt/CG instructed in use
- Increased medication dose_____per standing orders.
- Contacted MD regarding need for medication change**

Instructed patient/ CG:

- Respiratory disease process (disease progression/ measures to prevent exacerbation)
- Measures to control symptoms related to respiratory difficulties
- Notify hospice nurse of any unrelieved symptoms
- Changes in respiratory pattern of patient approaching death w/measures to control symptomology

Additional Interventions: _____

Integrate Data Collection Into Assessments - Constipation

GASTROINTESTINAL: No Problem Unchanged Deferred
 Continent Incontinent Belching / indigestion Diarrhea
Constipation/ impaction Nausea Vomiting Current therapy for
above symptoms: _____

Effective sx. control? Y N

OPIOID THERAPY: **Y** **N** (circle) **LAST BM** (Date) _____

Current bowel / laxative therapy:

Ileostomy / Colostomy site: (describe surrounding
skin) _____

Abdomen: Tenderness Pain Distention Hard/ Soft Ascites

Bowel sounds: Present Absent Hypoactive Hyperactive

NG/ Enteral Tube Tube feedings: _____
Rate: _____

Integrate Data Collection Into Assessments - Constipation

Interventions:

- Check for impaction
- Disimpacted
- Fleet's enema
- SSE
- Bowel program initiated

Instructed Patient/ CG:

- GI disease process and progression & measures to control GI symptomology
- Potential for constipation R/T immobility and meds with measures to prevent
 - Ileostomy/ Colostomy care
 - NG/ enteral tube care and feeding technique
- Incontinent care
- Incontinent supplies left in home

Comments: _____

Follow Up Communication Note

Being completed for: New rating PAIN ≥ 4 New rating DYSPNEA ≥ 4
No BM reported in ≥ 4 days

Telephone call SNV (If treatment documented on visit note STOP HERE)
PROBLEM: *Pain or Dyspnea* Collected using: 0-10 scale
 FACES scale **Date:** _____
Worse symptom level past 24 hrs: _____ **Current level:** _____
Acceptable level: _____ **If level is ≥ 4 , is Patient / CG satisfied** with current
level of symptom control? YES NO **If YES STOP HERE.**
Comments: _____ **PROBLEM:** *Constipation* Number of days
since last BM: _____ **If no BM in ≥ 4 days, is there a reason treatment for**
constipation is not being initiated at this time? Yes No (If yes,
explain): _____

TREATMENT: For new rating pain or dyspnea \geq
4 or no BM in ≥ 4 days, was treatment initiated within 4 hours? Yes No
 Attending notified and requested adjustment in medications Instructed
patient / CG in medication changes: _____

Instructed patient / CG medication dosage
adjustment: _____
 Instructed patient / CG in non-pharmacological methods to relieve
symptoms: _____
Comments: _____

Nurses Signature: _____

Integrate Findings Into Practice

- Concept of pain control
 - Patient's level of acceptable pain
 - 24 hour pain control vs. at time of assessment
- Intervention requirement
 - Within 4 hours – response from MD
 - Is it acceptable for a patient to have a score of 9 on pain scale for more than 4 hours?
- Assessment
 - Telephone follow up
 - In home visit
- Documentation Clarity
 - Degree of ease / difficulty of audit process

Integrate Findings Into Practice

- Each audit produces new data
- Findings initiate change in clinical practice
- Patient care has actually improved
- Clinicians are intervening in a timely manner
- Best practices are initiated for all hospice patients
 - Pain assessment is ongoing
 - Pain is managed to a level acceptable to the patient



Action Plan

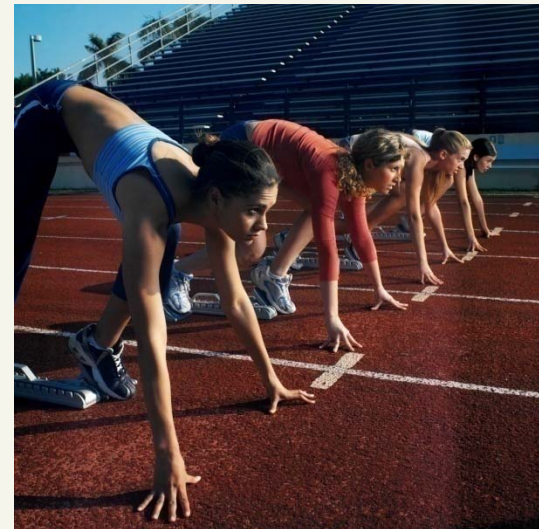
Pain

- Added assessment for present level of pain
- Changed wording; “worse pain in past 24 hours” instead of “worse pain gets”
- Implemented a faces scale to correspond with numerical 1 – 10 scale – mild-mod-severe
- Added patient/caregiver satisfied with current pain control regimen Y N

Action Plan

SOB

- Re-educated clinicians regarding use of 1 – 10 scale to measure SOB
- Determined that if SOB occurs ONLY with ambulation and the patient is satisfied with respiratory status = 0
 - ▶ Rate degree of SOB with ambulation for future monitoring



Action Plan

Constipation

- Re-educate clinicians regarding documentation of last bowel movement
- Re-educate clinicians regarding need to follow-up if intervention was to administer laxative
- If no result from intervention – continue to address problem



Performance Improvement Cycle

- Integrate Best Practices
 - Discuss patient findings at IDG
 - Identify specific interventions that have produced positive results
 - Update patient care plans with interventions as appropriate
 - Implement changes
 - Evaluate effectiveness of plan and interventions
 - Try again!
 - When it works...
 - **Develop a best practice and implement organization-wide**



References

Strategic Healthcare Programs (SHP)
Phone: (805) 963-9446

Lynda Laff, Principal
Laff Associates
117 Club Course Drive
Hilton Head Island, South Carolina
llaff@laffassociates.com

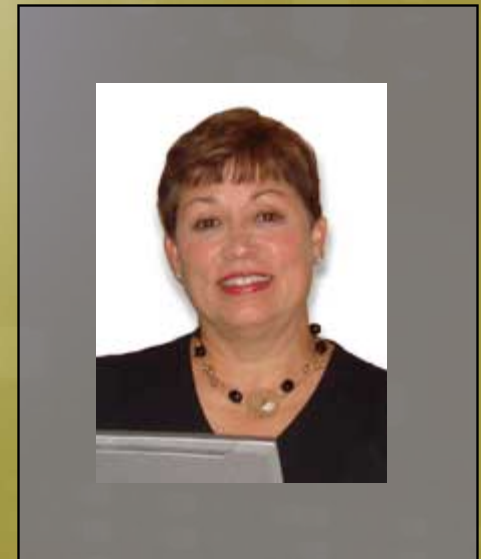
Susan Saxon, Administrator
Tidewater Hospice, Bluffton, South Carolina
SusanSaxon@TidewaterHospice.com

Federal Register, June 5, 2008 (pages 32118 – 32119)
Federal Register, June 5, 2008 (page#32121)





Lynda Laff



Strategic Healthcare Programs

www.SHPdata.com

805-963-9446

Benchmarking: In order to further the process of establishing widely-accepted, valid, benchmarked quality measures, CMS is actively pursuing additional research on selected quality measures. This research will help identify and refine measures that are valid, meaningful, and reliable for hospices. It will also help establish benchmarks for hospices to attain.