Agenda

- Why Hospice is in the Spotlight
- QAPI - It's all about Data
- Quality Reporting
- The Hospice Item Set (HIS)
- CAHPS® Hospice
- Hospice Compare on cms.gov
- Using the Data for Quality and Competition
Hospice Growth 1982 - 2011

1995
1,992 Hospices

1984
31 Hospices

2012
3,782 Hospices
**Hospice Trends in LOS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients in Hospice at Time of Death</th>
<th>Average LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>22.9%</td>
<td>54 days</td>
</tr>
<tr>
<td>2010</td>
<td>44.0%</td>
<td>86 days</td>
</tr>
<tr>
<td>2012</td>
<td>46.7%</td>
<td>88 days</td>
</tr>
</tbody>
</table>

**Changing Face of Hospice**

Number of Medicare Certified Hospices by type between 1986 and 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Home Health Agencies</th>
<th>Hospital Based Hospices</th>
<th>Skilled Nursing Facility</th>
<th>Free Standing Hospices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>113</td>
<td>54</td>
<td>10</td>
<td>68</td>
</tr>
<tr>
<td>1998</td>
<td>763</td>
<td>553</td>
<td>21</td>
<td>878</td>
</tr>
<tr>
<td>2007</td>
<td>627</td>
<td>582</td>
<td>18</td>
<td>2050</td>
</tr>
<tr>
<td>2012</td>
<td>463</td>
<td>571</td>
<td>403</td>
<td>2,633</td>
</tr>
</tbody>
</table>
### For-Profit Hospices Tripled 2000 - 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Not For Profit</th>
<th>For Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1,323</td>
<td>672</td>
</tr>
<tr>
<td>2007</td>
<td>1,334</td>
<td>1,676</td>
</tr>
<tr>
<td>2012</td>
<td>1,313</td>
<td>2,196</td>
</tr>
</tbody>
</table>

### Growth in Non-Specific Diagnoses

<table>
<thead>
<tr>
<th>Year</th>
<th>Adult Failure to Thrive</th>
<th>Debility</th>
<th>Senile Dementia</th>
<th>Alzheimer's</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>1,810</td>
<td>8,533</td>
<td>5,520</td>
<td>12,829</td>
</tr>
<tr>
<td>2000</td>
<td>20,369</td>
<td>21,808</td>
<td>11,184</td>
<td>20,633</td>
</tr>
<tr>
<td>2002</td>
<td>28,010</td>
<td>39,440</td>
<td>17,832</td>
<td>30,212</td>
</tr>
<tr>
<td>2003</td>
<td>43,491</td>
<td>47,406</td>
<td>22,969</td>
<td>36,215</td>
</tr>
<tr>
<td>2005</td>
<td>47,097</td>
<td>68,055</td>
<td>0</td>
<td>48,980</td>
</tr>
<tr>
<td>2006</td>
<td>86,467</td>
<td>70,404</td>
<td>30,227</td>
<td>49,705</td>
</tr>
<tr>
<td>2012</td>
<td>161,163</td>
<td>64,199</td>
<td>56,234</td>
<td>64,199</td>
</tr>
</tbody>
</table>
CMS is Trying to Understand Hospice

- Data inconclusive and obscure – lack of detail
  - Types of personnel providing care
  - Actual services provided
  - Frequency or duration of patient visits
  - Only one Diagnosis code was reported by 72% of all hospices!
- Radical variability – cost & profit margins
  - Median profit margin for large for-profit hospices = 18%
  - Median for large non-profit hospice = 2%
It's All About The Data Now

- Key Hospice demographic data collection and benchmarking measures
- Patient Related Structural Measures
- Symptom Management
- Patient preferences
- Care Coordination
- Patient Safety
- Medication Management
- Process Measures
  - Assessment for pain, SOB
- Family/Caregiver
- Perception of Care
- Adverse Event Monitoring
- Infection control

CMS Holding Hospice Accountable - QAPI

- QAPI - Hospice Quality Reporting
  - 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
- Hospice Item Set
- CAHPS® Hospice
- Future Standard Data Set
- Hospice Compare @CMS.gov
Using QAPI Data to Prepare for HIS

Now You Must **IMPROVE** Performance, Not Just **REPORT**

### Symptom Control

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Unsatisfied at Admit</th>
<th>Controlled 24 Hours</th>
<th>Controlled 48 Hours</th>
<th>Unsatisfied / All*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appetite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellbeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Pain controlled at 48 hours

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**Report Date:**
- Admission Assessment

**Case Manager:**
- Primary Case

**Patient:**
- Doe, Jane (DEMO)
- Doe, John (DEMO)
- Green, Jane (DEMO)
- Green, John (DEMO)

**Case Manager:**
- Johnson, Jane
- Carter, David
- Carroll, David

**Key Details about Hospice Item Set**
Using ESAS to Prepare for HIS

Hospice Item Set (HIS) Sections

- Section A: Administrative Information
- Section F: Preferences
- Section I: Active Diagnoses
- Section J: Health Conditions (Pain and Dyspnea)
- Section N: Medications
- Section Z: Record Administration
NQF Items Calculated by HIS

• **7 endorsed items:**
  • NQF#1617 – Patients who are treated with an opioid and given a bowel regimen
  • NQF#1634 – Pain screening
  • NQF#1637 – Pain assessment
  • NQF#1638 – Dyspnea treatment
  • NQF#1639 – Dyspnea screening
  • NQF#1641 – Treatment preferences
  • NQF#1647 – Beliefs/Values addressed (if desired)

  **2% reduction in APU for FY 2016 for failure to report**

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General Conventions for Completing the HIS

• **All patient admissions on or after July 1, 2014**
• **HIS may be completed by any hospice staff member**
  • Each person completing any portion of an HIS record should provide a signature in Section Z
  • Responses based on data in the clinical record that were documented prior to the Completion Date
  • HIS records must be electronically submitted to the QIES ASAP system
  • HIS should be submitted even if the patient revokes the hospice benefit or is discharged from hospice before all HIS-related care processes are complete
HIS Completion Requirements

- Admissions
  - Admission Date + 14 calendar days
  - Warning on the Final Validation Report if Completion Date >14 days after the Admission Date

- Discharge
  - Discharge Date + 7 calendar days
  - Warning on the Final Validation Report if Completion Date >7 days after the Discharge Date

HIS Submission Requirements

- Admissions
  - Admission Date + 30 calendar days
  - Warning on the Final Validation Report if Submission Date >30 days after the Admission Date

- Discharge
  - Discharge Date + 30 calendar days
  - Warning on the Final Validation Report if Submission Date >30 days after the Discharge Date
HART Software from CMS

• The final version of the HART software was made available for download recently

• Advantages of HART
  ✓ Free
  ✓ Creates HIS file for transmission to CMS
  ✓ Contains some nice QA features

• Disadvantages of HART
  ✓ Requires some training
  ✓ Not as intuitive as we've all grown accustomed

• Software downloads, instructions, and training videos can be found at: https://www.qtso.com/hart.html

• SHP will be providing additional HART training and support

HART Software from CMS (cont.)

• Validation errors are listed on the lower-left hand side of the HIS form

• Clicking on an error will highlight the field that has the problem
Review of Timelines and Timeframes

Completion Date

- The Completion Date (Item Z0500B) is the actual date on which all required information has been collected and recorded in the HIS and completeness of the record has been verified and recorded in Item Z0500

- Note: If the patient's status with respect to a care process item changes between the Completion Date and Completion Deadline, the hospice should not update the HIS Admission record to reflect these changes

Example

<table>
<thead>
<tr>
<th>Admission Date:</th>
<th>Completion Deadline:</th>
<th>Completion Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2014</td>
<td>07/15/2014 (Admission Date + 14 calendar days)</td>
<td>Can be earlier than Completion Deadline, but must be no later than Completion Deadline (07/15/2014)</td>
</tr>
</tbody>
</table>

- Patient admitted on 07/01/2014
- Clinical record shows at time of comprehensive assessment (which took place on 7/05/2014) that the patient was not on any opioids
- Hospice completes HIS-Admission "early" on 07/07/2014
- Hospice should respond “0, No” for N0500A and N0510A, since at the time of HIS completion (07/07/2014), the patient was not on any type of opioid
- If at a later date (sometime after the Completion Date but prior to the Completion Deadline) the patient was prescribed an opioid, the hospice should not update the items in Section N to reflect this change in patient status
**Timelines and Timeframes (cont.)**

**Completion Deadline**
- The Completion Deadline is the latest possible date on which a provider can complete the HIS record
  - For the **HIS Admission** record, the Completion Deadline is defined as the Admission Date + 14 calendar days
  - For the **HIS Discharge** record, the Completion Deadline is defined as the Discharge Date + 7 calendar days
- To better align HIS completion processes with clinical workflow processes, hospices may develop internal policies to complete HIS records earlier than the Completion Deadline
- If a hospice chooses to complete an HIS Admission record early, the hospice should complete care process items in Sections F, J and N based on documentation in the clinical record up to the Completion Date

**Submission Deadline**
- The Submission Deadline is defined as the latest possible date on which a provider should submit an HIS record to CMS
  - The Submission Deadline for the HIS **Admission** record is the Admission Date + 30 calendar days
  - The Submission Deadline for the HIS **Discharge** record is the Discharge Date + 30 calendar days

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Submitting HIS Files

Submission Process

- Hospices should submit their own data, just as home health agencies do with OASIS
- **Remember**: No one cares about your reimbursement more than you do!
- How to submit files:
  - Multiple files can be zipped up and submitted in one upload batch
  - Files for multiple providers can be uploaded at the same time
  - As long as someone is accountable for managing the upload of the files on a regular, ongoing basis, the actual submission process is very easy

OK, enough on the “mechanics”...

Now on to the “fun stuff”!
HQRP Reports

Measure Overview

- Look at all 7 NQF Measures used to calculate the HIS dataset
- Percentile ranking helps put performance in context
- Look at patient data behind poor scores
- State and national benchmarks provide comparisons to your peers – there may be regional differences

Treatment Preferences (NQF #1641)

Measure: Percentage of hospice patients with chart documentation of preferences for life-sustaining treatments.

Eligible patients are included in the numerator if they meet the following criteria before admission or within 5 days of admission:

1) The patient/responsible party was asked about preference regarding the use of cardiopulmonary resuscitation (CPR) (F2000A = 1 or 2), and/or

2) The patient/responsible party was asked about preferences regarding life-sustaining treatments other than CPR (F2100A = 1 or 2), and/or

3) The patient/responsible party was asked about preference regarding hospitalization (F2200A = 1 or 2)
Treatment Preference Challenges

• This measure requires that the hospice attempt to engage in a direct
discussion regarding CPR, Other Life-Sustaining Treatment, and/or
Hospitalization preferences with the patient or responsible party within 5
days of admission

• CMS is clear that a DNR or other prior written documentation is not sufficient
and there is no wiggle room for patients that are unable to self-report their
wishes due to their condition

• The hospice is required to have a discussion with a "responsible party" in
order for this measure to be "met"

Huffington Post Article: HOSPICE, INC (6/19/14)
"The final straw was the apparent confusion over Maples "full code" status. It's a designation
rarely seen in hospice, because it means the family wants the kind of life-saving treatment that
hospices don't provide."

Beliefs/Values Addressed (NQF #1647)

Measure: Percentage of hospice patients with documentation of
spiritual/existential concerns or documentation that the patient and/or
caregiver did not want to discuss.

Eligible patients are included in the numerator if they meet the following
criteria within 5 days of admission:

1) Patient and/or caregiver was asked about spiritual/existential concerns or
patient and/or caregiver refused the discussion (F3000A = 1 or 2)
### Pain Screening (NQF #1634)

**Measure:** Percentage of hospice patients who were screened for pain during the initial nursing assessment.

Eligible patients are included in the numerator if they meet the following criteria within 2 days of admission:

1. Patient was screened for pain (J0900A = 1), and
2. Patient reported that they had no pain (J0900C = 0)

OR

3. Patient was screened for pain (J0900A = 1), and
4. Patient’s pain severity was rated mild, moderate, or severe (J0900C = 1, 2, or 3), and
5. A standardized pain tool was used (J0900D = 1, 2, 3, or 4)

### Pain Assessment (NQF #1637)

**Measure:** Percentage of hospice patients who screened positive for pain and who received a comprehensive assessment of pain within 1 day of screening.

Eligible patients are included in the numerator if they meet the following criteria within 1 day of the initial nursing assessment:

1. A comprehensive pain assessment was completed (J0910 = 1), and
2. The comprehensive pain assessment included at least 5 of the following characteristics: location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life (5 or more of J0910C boxes checked)
Dyspnea Screening (NQF #1639)

Measure: Percentage of hospice patients who screened positive for dyspnea during the initial nursing assessment.

Eligible patients are included in the numerator if they meet the following criteria within 2 days of the admission date:

1) Patient was screened for shortness of breath (J2030A = 1)

Dyspnea Treatment (NQF #1638)

Measure: Percentage of hospice patients who screened positive for dyspnea and who received treatment within 1 day of screening.

Eligible patients are included in the numerator if they meet the following criteria within 1 day of the initial nursing assessment:

1) Treatment for shortness of breath was initiated (J2040A = 2), or
2) The patient declined treatment (J2040A = 1)
Opioids/Bowel Regimen (NQF #1617)

Measure: Percentage of vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed.

Eligible patients are included in the numerator if they meet the following criteria within 1 day of being prescribed a scheduled opioid:
1) A bowel regimen was initiated or continued (N0520A = 2), or
2) There is documentation of why a bowel regimen was not initiated or continued (N0520A = 1)

Hospice Compare – How will you Score?
Why CAHPS® Hospice?

CAHPS® Hospice is the new survey mandated by CMS to begin in April, 2015, with a dry run in Q1 2015.

- As part of the Hospice Quality Reporting Program (HQR), hospices serving more than 50 survey-eligible patients per year will be required to contract with a CMS approved vendor for survey administration and provide the sampling data to the approved vendor on a monthly basis.
- The goals are similar to other CAHPS survey initiatives:
  1. Produce standardized data using the caregiver’s perspective on quality of patient care to allow objective and meaningful comparisons between hospices on eight domains that are important to consumers
  2. Create incentives for hospices to improve quality of care through public reporting of survey results
  3. Enhance public accountability in health care by increasing the transparency of the quality of the care provided in return for the public investments
About the CAHPS® Hospice Survey

CAHPS® Hospice Dry Run Period

- Data collection for the CAHPS® Hospice Survey will begin with a Dry Run which will last for three months (January to March 2015)
- Hospices will be required to collect data for at least one month during that period
- Once a hospice starts participation in the dry run period, we recommend continuing with the CAHPS® Hospice survey for the remainder of the dry run period to avoid gaps in reporting
- Hospices are required to start continuous monthly data collection on April 1st, 2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CAHPS® Hospice website and final survey released</td>
<td>CMS Protocols and Guidelines manual to be released</td>
<td>Contract with a CAHPS® Hospice vendor</td>
<td>Participate in at least one month of the “dry run” period</td>
<td>Begin continuous use of the CAHPS® Hospice survey</td>
</tr>
</tbody>
</table>
About Supplemental Questions

- All supplemental questions must be placed after the core CAHPS® Hospice survey questions
- Supplemental questions may be placed either before or after the demographic questions
- Avoid sensitive questions or lengthy additions, because these will likely reduce response rates
- Survey vendors will not include responses to the supplemental questions on the data files that will be submitted to the CAHPS® Hospice Survey Data Center
- Hospices cannot add questions that repeat verbatim any of the core items in the CAHPS® Hospice Survey, even if the response scale is different
- Supplemental questions cannot be used with the intention of marketing or promoting services
- Supplemental questions cannot ask sample caregivers to identify other individuals who may need hospice services due to privacy and confidentiality issues they raise if personally identifiable information (PII) were shared with the hospice without that person’s knowledge and permission

Eligibility

- Hospices with less than 50 eligible deaths in the previous calendar year are eligible for exemption from participating in the CAHPS® Hospice Survey, however, an exemption form must be submitted to CMS by August 12th, 2015
- All other hospices are required to participate in the survey as outlined below

Not Eligible for Survey:
- Live Discharges
- Under the age of 18
- Died within 48 hours of admission to hospice care
- No caregiver of record
- Caregiver is a non-familial legal guardian
- Caregiver has a foreign home address
- Caregiver requested that they not be contacted

<table>
<thead>
<tr>
<th>Deaths in Previous Calendar Year</th>
<th>Survey and Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 50 deaths</td>
<td>Exempt from CAHPS data collection and reporting</td>
</tr>
<tr>
<td>50 to 299 deaths</td>
<td>Survey and report as cases</td>
</tr>
<tr>
<td>&gt;= 700 deaths</td>
<td>Sample of 710 will be drawn under equal probability design</td>
</tr>
</tbody>
</table>
CAHPS® Hospice Data

Links and Resources

• CAHPS® Hospice Website:
  • http://www.hospicecahpsurvey.org

• CAHPS® Hospice Survey:
  • http://www.hospicecahpsurvey.org/Content/SurveyInstruments.aspx

• FAQ:
  • http://www.hospicecahpsurvey.org/Content/FAQ.aspx

• What’s New:
  • http://www.hospicecahpsurvey.org/Content/WhatsNew.aspx

• Exemption Form:
  • http://www.hospicecahpsurvey.org/Content/ExemptionSizeForm.aspx

• CAHPS® Hospice Survey Project Team:
  • Email: hospicecahpsurvey@HCQIS.org
  • Phone: 1 (844) 472-4621
FEHC to CAHPS® Crosswalk

Transitioning from FEHC to CAHPS® Hospice

• CMS does not recommend that you utilize both surveys simultaneously

• Once you start the dry-run, only the CAHPS survey may be used to survey eligible patients

• CMS encourages hospices to do all three months of the dry run to ensure they have data for January through March to prepare you to start using the survey full-time in April
Crosswalk Guide for Hospices

SHP FEHC-to-CAHPS® Hospice Crosswalk™

To use this guide, print out the CAHPS® Hospice survey.

1. Print out the CAHPS® Hospice survey
2. Print out the SHP FEHC Scores & Benchmarks Report
3. Print out SHP FEHC → CAHPS Crosswalk
4. Determine which questions are highlighted in any shade of red
5. Note the question number and cross reference to CAHPS® Hospice question using the SHP crosswalk
6. Compile your findings in a document showing the FEHC question number and the corresponding CAHPS® Hospice question.
7. Communicate your findings to all staff, not just field staff or case managers
8. Set goals for the next quarter to improve your scores by 2% annually
9. Tie performance to annual raises or bonuses, but share results with staff every month
10. Begin adoption of CAHPS® Hospice as soon as possible
## Survey Item Crosswalk: Questions 1-7

<table>
<thead>
<tr>
<th>Question Focus</th>
<th>#</th>
<th>CAMPS® Hospice (16 questions)</th>
<th>#</th>
<th>FEDC (16 questions)</th>
<th>SHIP National FEDC Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Patient 1</td>
<td>1</td>
<td>How are you related to the person listed on the survey cover letter? Nine options listed at beginning of survey.</td>
<td>E1</td>
<td>What is your relationship to the patient? Eight options listed at end of survey.</td>
<td>N/A</td>
</tr>
<tr>
<td>Locations of Care 2</td>
<td>2</td>
<td>In what locations did your family member receive care from this hospice? Choose one or more. Home, Emergency Room, Outpatient Clinic, Hospital, Hospice, Facility, Hospice House, Other.</td>
<td>G5</td>
<td>Whether under the care of hospice, was the patient in a nursing home? Yes, No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Oversight of Care 3</td>
<td>3</td>
<td>How often did you take part in or oversee care for him or her? Never, Sometimes, Usually, Always.</td>
<td>D1</td>
<td>Was the patient under the care of hospice, did you participate in taking care of him/her? Yes, No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Evenings &amp; Weekends 4</td>
<td>4</td>
<td>How often did the hospice team contact you during evening, weekends, or holidays? Never, Sometimes, Usually, Always.</td>
<td>G2</td>
<td>How would you rate the way the hospice team responded to your needs in the evenings and weekends? Excellent, Very Good, Good Fair, Poor, Never Contacted (Also respond to G5).</td>
<td>65%</td>
</tr>
<tr>
<td>Evenings &amp; Weekends 5</td>
<td>5</td>
<td>How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?</td>
<td>G2</td>
<td>How would you rate the way the hospice team responded to your needs in the evenings and weekends? Excellent, Very Good, Good Fair, Poor, Never Contacted (Also respond to G5).</td>
<td>65%</td>
</tr>
<tr>
<td>Timeliness of Visits 6</td>
<td>6</td>
<td>While your family member was in hospice care, how often did the hospice team keep you informed about important health issues? Never, Sometimes, Usually, Always.</td>
<td>Not Covered by FEDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response Time 7</td>
<td>7</td>
<td>If your family member was in hospice care, when you or your family member asked for help as soon as you needed it? Never, Sometimes, Usually, Always.</td>
<td>Not Covered by FEDC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Survey Item Crosswalk: Questions 8-14

<table>
<thead>
<tr>
<th>Question Focus</th>
<th>#</th>
<th>CAMPS® Hospice (16 questions)</th>
<th>#</th>
<th>FEDC (16 questions)</th>
<th>SHIP National FEDC Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explaining Things Well 8</td>
<td>8</td>
<td>While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand? Never, Sometimes, Usually, Always.</td>
<td>G2A</td>
<td>Did the hospice team explain the plan of care to you in a way that you could understand? Yes, No. Hospice Team Did Not Explain Plan of Care in an Easy to Understand Way.</td>
<td>95%</td>
</tr>
<tr>
<td>Keeping You Informed 9</td>
<td>9</td>
<td>While your family member was in hospice care, how many times did the hospice team keep you informed about your family member’s condition? Never, Sometimes, Usually, Always.</td>
<td>G5</td>
<td>How often did the hospice team keep you or other family members informed about the patient's condition? Always, Usually, Sometimes, Never.</td>
<td>85%</td>
</tr>
<tr>
<td>Contradictory Information 10</td>
<td>10</td>
<td>While your family member was in hospice care, how often did any family member receive confusing or contradictory information about your family member’s condition? Never, Sometimes, Usually, Always.</td>
<td>F1</td>
<td>How often did someone from the hospice team give confusing or contradictory information about your family member’s condition? Always, Usually, Sometimes, Never.</td>
<td>97%</td>
</tr>
<tr>
<td>Sincerity &amp; Respect 11</td>
<td>11</td>
<td>While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect? Never, Sometimes, Usually, Always.</td>
<td>C3</td>
<td>How often did the hospice team treat the patient with respect? Always, Usually, Sometimes, Never.</td>
<td>Not Covered by FEDC</td>
</tr>
<tr>
<td>Genuinely Cared 12</td>
<td>12</td>
<td>While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member? Never, Sometimes, Usually, Always.</td>
<td>Not Covered by FEDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Told About Hospice Care 13</td>
<td>13</td>
<td>While your family member was in hospice care, if you talk with the hospice team about any problems with your family member's hospice care? Yes, No</td>
<td>Not Covered by FEDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listened Carefully 14</td>
<td>14</td>
<td>How often did the hospice team listen carefully to you when you talked to them about problems with your family member's hospice care? Never, Sometimes, Usually, Always.</td>
<td>Not Covered by FEDC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Survey Item Crosswalk: Questions 15-20

<table>
<thead>
<tr>
<th>Question Topic</th>
<th>CAHPS® Hospice (17 questions)</th>
<th>#</th>
<th>FEHC (15 questions)</th>
<th>SHP National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Management 15</td>
<td>While your family member was in hospice care, did he or she have any pain?</td>
<td>Q1</td>
<td>While under the care of hospice, did the patient have pain or take medicine for pain? Yes, No</td>
<td>N/A</td>
</tr>
<tr>
<td>Pain Management 16</td>
<td>Did your family member get as much help with pain as he or she needed?</td>
<td>Q2</td>
<td>How much medicine did the patient receive for his/her pain? Less than was wanted, Just right, More than patient wanted</td>
<td>95%</td>
</tr>
<tr>
<td>Pain Management 17</td>
<td>While your family member was in hospice care, did he or she receive any pain medicine? Yes, No</td>
<td>Q3</td>
<td>While under the care of hospice, did the patient have pain or take medicine for pain? Yes, No</td>
<td>N/A</td>
</tr>
<tr>
<td>Pain Management 18</td>
<td>Side effects of pain medicine included things like drowsiness. Were side effects of pain medicine discussed with anyone in the hospice team? Yes definitely, Yes somewhat, No</td>
<td>Q4</td>
<td>Side effects, specifically, not covered by FEHC</td>
<td>70%</td>
</tr>
<tr>
<td>Pain Management 19</td>
<td>Did the hospice team give you the training you needed about what side effects to watch for from pain medicines? Yes definitely, Yes somewhat, No</td>
<td>Q5</td>
<td>Did you or your family receive any information from the hospice team about the medicines that were used to manage the patient’s pain? Yes, No, Don’t know</td>
<td>70%</td>
</tr>
<tr>
<td>Pain Management 20</td>
<td>Did the hospice team give you the training you needed about how and when to give more pain medicine to your family member? Yes definitely, Yes somewhat, No</td>
<td>Q6</td>
<td>How confident were you that you knew as much as you needed to about the medicines being used to manage the patient’s pain, shortness of breath, or other symptoms? Very confident, Fairly confident, Not confident, Also mapped to Q2</td>
<td>70%</td>
</tr>
</tbody>
</table>

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## Survey Item Crosswalk: Questions 21-25

<table>
<thead>
<tr>
<th>Question Topic</th>
<th>CAHPS® Hospice (17 questions)</th>
<th>#</th>
<th>FEHC (15 questions)</th>
<th>SHP National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyspnea Management 21</td>
<td>While your family member was in hospice care, did your family member ever have trouble breathing or receive treatment for trouble breathing? Yes, No</td>
<td>Q7</td>
<td>While under the care of hospice, did the patient have trouble breathing? Yes, No</td>
<td>N/A</td>
</tr>
<tr>
<td>Dyspnea Management 22</td>
<td>How much help in dealing with his/her breathing did the patient receive while under the care of hospice? Less than was wanted, Just right, More than patient wanted</td>
<td>Q8</td>
<td>How confident were you that you knew as much as you needed to about the medicines being used to manage the patient’s pain, shortness of breath, or other symptoms? Very confident, Fairly confident, Not confident, Also mapped to Q2</td>
<td>70%</td>
</tr>
<tr>
<td>Constipation Management 23</td>
<td>Did the hospice team give you the training you needed about how to help your family member if he or she has trouble breathing? Yes definitely, Yes somewhat, No</td>
<td>Q9</td>
<td>Did you or your family member ever have trouble with constipation? Yes, No</td>
<td>N/A</td>
</tr>
<tr>
<td>Constipation Management 24</td>
<td>Did the hospice team give you the training you needed about how to help your family member if he or she has trouble with constipation? Yes definitely, Yes somewhat, No</td>
<td>Q10</td>
<td>How confident were you that you knew as much as you needed to about the medicines being used to manage the patient’s pain, shortness of breath, or other symptoms? Very confident, Fairly confident, Not confident, Also mapped to Q2</td>
<td>70%</td>
</tr>
<tr>
<td>Constipation Management 25</td>
<td>How often did your family member get the help he or she needed for trouble with constipation? Never, Sometimes, Usually, Always</td>
<td>Q11</td>
<td>Not covered by FEHC</td>
<td>70%</td>
</tr>
</tbody>
</table>

---

27
### Survey Item Crosswalk: Questions 26-30

<table>
<thead>
<tr>
<th>Question Focus</th>
<th>#</th>
<th>CAHPS® Hospice (17 questions)</th>
<th>#</th>
<th>SHEC (15 questions)</th>
<th>SHEC National (15 questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety &amp; Sadness</td>
<td>20</td>
<td>White your family member was in hospice care, did they or she show any feelings of anxiety or sadness? Yes, no.</td>
<td>32</td>
<td>White the patient was under the care of hospice, did he/she have any feelings of anxiety or sadness? Yes, no.</td>
<td>N/A</td>
</tr>
<tr>
<td>Anxiety &amp; Sadness</td>
<td>27</td>
<td>How often did your family member feel the help he or she needed?</td>
<td></td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>Agitation</td>
<td>28</td>
<td>White your family member was in hospice care, did he or she ever become restless or agitated?</td>
<td></td>
<td></td>
<td>Not covered by SHEC</td>
</tr>
<tr>
<td>Agitation</td>
<td>32</td>
<td>Did the hospice team give you the training you needed about what to do if your family member became restless or agitated? Yes, definitely, yes, somewhat, no.</td>
<td></td>
<td></td>
<td>Not covered by SHEC</td>
</tr>
<tr>
<td>Turning &amp; Transferring</td>
<td>39</td>
<td>Moving your family member includes things like helping him or her from one bed to another, get in and get out of bed, or help with bathing. Did the hospice team give you the training you needed about how to safely move your family member? Yes, definitely, yes, somewhat, no.</td>
<td></td>
<td></td>
<td>Not covered by SHEC</td>
</tr>
</tbody>
</table>

### Survey Item Crosswalk: Questions 31-35

<table>
<thead>
<tr>
<th>Question Focus</th>
<th>#</th>
<th>CAHPS® Hospice (17 questions)</th>
<th>#</th>
<th>SHEC (15 questions)</th>
<th>SHEC National (15 questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What to Expect</td>
<td>31</td>
<td>Did the hospice team give you as much information as you wanted about what to expect while your family member was dying? Yes, definitely, yes, somewhat, no.</td>
<td>32</td>
<td>Did you or your family receive any information from the hospice team about what to expect while the patient was dying? Yes, no.</td>
<td>90%</td>
</tr>
<tr>
<td>Hospice Care Received in a Nursing Home</td>
<td>33</td>
<td>How often did the nursing home staff and hospice team work well together to care for your family member? Never, sometimes, usually, always.</td>
<td></td>
<td></td>
<td>Not covered by SHEC</td>
</tr>
<tr>
<td>Hospice Care Received in a Nursing Home</td>
<td>34</td>
<td>How often did the nursing home staff and hospice team work well together to care for your family member? Never, sometimes, usually, always.</td>
<td></td>
<td></td>
<td>Not covered by SHEC</td>
</tr>
<tr>
<td>Hospice Care Received in a Nursing Home</td>
<td>35</td>
<td>How often did the hospice team give you the information you were given about your family member by the nursing home staff different from the information you were given by the hospice team? Never, sometimes, usually, always.</td>
<td></td>
<td></td>
<td>Not covered by SHEC</td>
</tr>
<tr>
<td>Listened Carefully</td>
<td>36</td>
<td>How often did the hospice team listen carefully to you? Never, sometimes, usually, always.</td>
<td></td>
<td></td>
<td>Not covered by SHEC</td>
</tr>
</tbody>
</table>
## Survey Item Crosswalk: Questions 36-40

<table>
<thead>
<tr>
<th>Question Focus</th>
<th>CAHPS® Hospice (47 questions)</th>
<th>PEHC (56 questions)</th>
<th>SHP National PEHC Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Spiritual</td>
<td>Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, was there enough support for your religious or spiritual beliefs? Did you get from the hospice team? Too little, Right amount, Too much.</td>
<td>Did you have as much contact of that kind as you wanted? Yes, No. Did anyone of the hospice team talk with you about your religious or spiritual beliefs?</td>
<td>56%</td>
</tr>
<tr>
<td>Year Emotional Support</td>
<td>While your family member was in hospice care, how much emotional support did you get from the hospice team? Too little, Right amount, Too much.</td>
<td>How much emotional support did the hospice team provide to you prior to the patient's death? Less than wanted, Right amount, More attention than was wanted.</td>
<td>54%</td>
</tr>
<tr>
<td>Involvement</td>
<td>In the weeks after your family member died, did you get as much emotional support as you wanted from the hospice team? Yes definitely, Yes somewhat, No.</td>
<td>How much emotional support did the hospice team provide to you after the patient's death? Less than wanted, Right amount, More attention than was wanted.</td>
<td>91%</td>
</tr>
<tr>
<td>Overall Rating of Hospice Care</td>
<td>Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care? 0-10 scale.</td>
<td>Overall, how would you rate the care the patient received while under the care of hospice? Excellent, Very good, Good, Fair, Poor.</td>
<td>70%</td>
</tr>
<tr>
<td>Likely to Recommend</td>
<td>Would you recommend this hospice to your friends and family? Definitely no, Probably no, Probably yes, Definitely yes.</td>
<td>Based on the care the patient received, would you recommend hospice services to others? Definitely no, Probably no, Probably yes, Definitely yes.</td>
<td>85%</td>
</tr>
</tbody>
</table>

## Survey Item Crosswalk: Questions 41-47

<table>
<thead>
<tr>
<th>Question Focus</th>
<th>CAHPS® Hospice (47 questions)</th>
<th>PEHC (56 questions)</th>
<th>SHP National PEHC Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>About the Patient</td>
<td>What is the highest grade or level of school that your family member completed? (responses same as CAHPS)</td>
<td>What is the highest grade or level of school that the patient completed? Responses same as CAHPS</td>
<td>N/A</td>
</tr>
<tr>
<td>About the Patient</td>
<td>What is your race or Hispanic/Latino ethnicity? (responses same as CAHPS)</td>
<td>What is the patient's race or Hispanic/Latino ethnicity? Yes, No</td>
<td>N/A</td>
</tr>
<tr>
<td>About the Patient</td>
<td>What is your age? Responses are in 5 Baskets of 5 years.</td>
<td>How old were you on your last birthday? Free from test.</td>
<td>N/A</td>
</tr>
<tr>
<td>About the Respondent</td>
<td>Are you male or female?</td>
<td>Are you male or female?</td>
<td>N/A</td>
</tr>
<tr>
<td>About the Respondent</td>
<td>What language do you speak at home? (English, Spanish, Chinese, Some other language)</td>
<td>What is the highest grade or level of school that you have completed? Some responses in CAHPS.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### FEHC Questions Not on CAHPS® Hospice

<table>
<thead>
<tr>
<th>Question Focus</th>
<th>#</th>
<th>FEHC (15 questions)</th>
<th>SHIP National FEHC Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>About the Patient</td>
<td>A1</td>
<td>In what month and year did the patient die?</td>
<td>N/A</td>
</tr>
<tr>
<td>About the Patient</td>
<td>A2</td>
<td>Of or about how many days or months did the patient receive hospice services?</td>
<td>N/A</td>
</tr>
<tr>
<td>Treatment Preferences</td>
<td>A3</td>
<td>As far as you know, did any member of the hospice team speak to the patient or to a family member about the patient’s wishes for medical treatment as he/she was dying?</td>
<td>84%</td>
</tr>
<tr>
<td>End of Life Wishes</td>
<td>A4</td>
<td>At any time while the patient was under the care of hospice, did the doctor or another hospice team member do anything with respect to end-of-life care that was inconsistent with the patient’s previously stated wishes?</td>
<td>96%</td>
</tr>
<tr>
<td>Pain Management</td>
<td>B4</td>
<td>Did you want more information than you got about the medicine used to manage the patient’s pain?</td>
<td>94%</td>
</tr>
<tr>
<td>Dyspnea Management</td>
<td>B7</td>
<td>Did you or your family receive any information from the hospice team about what was being done to manage the patient’s trouble with breathing?</td>
<td>95%</td>
</tr>
<tr>
<td>Dyspnea Management</td>
<td>B8</td>
<td>Did you want more information than you got about what was being done for the patient’s trouble with breathing?</td>
<td>93%</td>
</tr>
<tr>
<td>Personal Care Needs</td>
<td>C1</td>
<td>How often were the patient’s personal care needs such as bathing, dressing, and changing bedding taken care of as well as they should have been by the hospice team?</td>
<td>75%</td>
</tr>
<tr>
<td>What to Expect</td>
<td>D7</td>
<td>Would you have wanted more information about what to expect while the patient was dying?</td>
<td>85%</td>
</tr>
<tr>
<td>What to Expect</td>
<td>D8</td>
<td>How confident were you that you knew what to expect while the patient was dying?</td>
<td>56%</td>
</tr>
<tr>
<td>What to Expect</td>
<td>D9</td>
<td>How confident were you that you knew what to do at the time of death?</td>
<td>61%</td>
</tr>
</tbody>
</table>

### FEHC Questions Not on CAHPS® Hospice (Cont.)

<table>
<thead>
<tr>
<th>Question Focus</th>
<th>#</th>
<th>FEHC (15 questions)</th>
<th>SHIP National FEHC Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious &amp; Spiritual</td>
<td>E1</td>
<td>Did any member of the hospice team talk with you about your religious or spiritual beliefs?</td>
<td>74%</td>
</tr>
<tr>
<td>Volunteer</td>
<td>E5</td>
<td>How much help did the patient and/or you receive from volunteers while under the care of hospice?</td>
<td>53%</td>
</tr>
<tr>
<td>Case Manager</td>
<td>F2</td>
<td>While under the care of hospice, was there always one nurse who was identified as being in charge of the patient’s overall care?</td>
<td>95%</td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>E3</td>
<td>To what extent did the hospice team work with your family and other providers to coordinate the patient’s care?</td>
<td>95%</td>
</tr>
<tr>
<td>Plan of Care</td>
<td>G2B</td>
<td>How often did you agree with changes in the plan of care?</td>
<td>74%</td>
</tr>
<tr>
<td>Referral to Hospice</td>
<td>G4</td>
<td>In your opinion, was the patient referred to hospice too early, at the right time, or too late during the course of the patient’s illness?</td>
<td>95%</td>
</tr>
<tr>
<td>Quality of End of Life Care</td>
<td>G2A</td>
<td>After hospice became involved, would you say the quality of end-of-life care the patient received was better, same, or worse?</td>
<td>56%</td>
</tr>
<tr>
<td>About the Patient</td>
<td>H1</td>
<td>How old was the patient when he/she died?</td>
<td>N/A</td>
</tr>
<tr>
<td>About the Patient</td>
<td>H2</td>
<td>Was the patient male or female?</td>
<td>N/A</td>
</tr>
<tr>
<td>About the Patient</td>
<td>H3</td>
<td>Please choose the one disease group that best describes the primary illness that caused the patient to be referred to hospice.</td>
<td>N/A</td>
</tr>
<tr>
<td>About the Respondent</td>
<td>I5</td>
<td>Are you of Hispanic or Spanish-speaking background?</td>
<td>N/A</td>
</tr>
<tr>
<td>About the Respondent</td>
<td>I6</td>
<td>Which of the following best describes your race? American Indian or Alaskan Native, Alaska Native or Pacific Islander, Black of African American, White, Another race or multiracial?</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### CAHPS® Hospice Public Reporting

21 of the CAHPS® Hospice questions will be publicly reported in 8 different NQF Quality Measures

<table>
<thead>
<tr>
<th>NQF Quality Measure</th>
<th>CAHPS® Hospice (42 questions)</th>
<th>NQF National (30 questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice Team Communication 1: How often did the hospice team listen carefully to you when you talked with them about problems with your family member’s hospice care? Never, Sometimes, Usually, Always.</td>
<td>Not covered by NHIC.</td>
<td></td>
</tr>
<tr>
<td>Hospice Team Communication 2: While your family member was in hospice care, how often did the hospice team listen carefully to you? Never, Sometimes, Usually, Always.</td>
<td>Not covered by NHIC.</td>
<td></td>
</tr>
<tr>
<td>Hospice Team Communication 3: While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand? Never, Sometimes, Usually, Always.</td>
<td>Did the hospice team explain the plan of care to you in a way that you could understand? Yes, No.</td>
<td>95%</td>
</tr>
<tr>
<td>Hospice Team Communication 4: While your family member was in hospice care, how often did the hospice team keep you informed about your family member’s condition? Never, Sometimes, Usually, Always.</td>
<td>How often did the hospice team keep you or another family member informed about the patient’s condition? Always, Usually, Sometimes, Never.</td>
<td>90%</td>
</tr>
</tbody>
</table>

### CAHPS® Hospice Public Reporting (cont.)

<table>
<thead>
<tr>
<th>NQF Quality Measure</th>
<th>CAHPS® Hospice (42 questions)</th>
<th>NQF National (30 questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Timely Care 1: While your family member was in hospice care, when you or your family member asked for help from the hospice team how often did you get help as soon as you needed it? Never, Sometimes, Usually, Always.</td>
<td>Not covered by NHIC.</td>
<td></td>
</tr>
<tr>
<td>Getting Timely Care 2: How often did you get the help you needed from the hospice team during evenings, weekends, or holidays? Never, Sometimes, Usually, Always.</td>
<td>Here would you rate the way the hospice team responded to your needs in the evenings and weekends? Excellent, Very Good, Good Fair, Poor.</td>
<td>95%</td>
</tr>
<tr>
<td>Treating Family Member with Respect 1: While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect? Never, Sometimes, Usually, Always.</td>
<td>How often did the hospice team treat the patient with respect? Always, Usually, Sometimes, Never.</td>
<td>97%</td>
</tr>
<tr>
<td>Treating Family Member with Respect 2: While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member? Never, Sometimes, Usually, Always.</td>
<td>Not covered by NHIC.</td>
<td></td>
</tr>
<tr>
<td>Providing Emotional Support 1: In this situation: When a family member died, did you get as much emotional support as you wanted from the hospice team? Yes, definitely, Yes somewhat, No.</td>
<td>Here much emotional support did the hospice team provide to you after the patient’s death? Less than wanted, Right amount, More attention than was wanted.</td>
<td>95%</td>
</tr>
<tr>
<td>Providing Emotional Support 2: While your family member was in hospice care, how much emotional support did you get from the hospice team? Too little, Right amount, Too much.</td>
<td>Here much emotional support did the hospice team provide to you prior to the patient’s death? Less than wanted, Right amount, More attention than was wanted.</td>
<td>94%</td>
</tr>
</tbody>
</table>
### CAHPS® Hospice Public Reporting (cont.)

**NOI Quality Measure** | CAHPS® Hospice (4 questions) | FERBC (5 questions) | SHP National Benchmark
--- | --- | --- | ---
Getting Help for Symptoms |  |  |  
Getting Help for Symptoms |  |  |  
Getting Help for Symptoms |  |  |  
Getting Help for Symptoms |  |  |  
Information Continuity |  |  |  
Understanding the Side Effects of Pain Medication |  |  |  

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### CAHPS® Hospice Public Reporting (cont.)

**NOI Quality Measure** | CAHPS® Hospice (4 questions) | FERBC (5 questions) | SHP National Benchmark
--- | --- | --- | ---
Getting Hospice Care Training (Home Setting of Care Only) |  |  |  
Getting Hospice Care Training (Home Setting of Care Only) |  |  |  
Getting Hospice Care Training (Home Setting of Care Only) |  |  |  
Getting Hospice Care Training (Home Setting of Care Only) |  |  |  

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Quality Care = Referrals

- As competition and value-based payment heats up, SHP clients like Caris are well-positioned
- Of note is the fact that the measures that were included when gauging Caris’ performance were pain, nausea, dyspnea, and anxiety

Caris won the Tennessee Center for Performance Excellence (TNCPE) award for excellence in 2008 and was one of only seven healthcare companies in America to receive a National Quality Baldrige site visit in 2010.

For two consecutive years, Caris has exceeded national scores in key performance indicators for symptom management of pain, nausea, dyspnea and anxiety by an average of 43 percent according to Strategic Healthcare Programs, LLC.

- WSJ Market Watch, January 31, 2012
Becoming a Preferred Referral Source

Data, Not Donuts –

Putting Your Playbook Together

- All Quality Performance Data Highlighting –
  - Symptom Control
  - Adverse Event Avoidance
  - Caregiver Satisfaction
- Regional and National Benchmarks
- Predictive Alert Technology
- Any Differentiators
Becoming a Preferred Referral Source

- Hospitalizations Related to Primary Dx

<table>
<thead>
<tr>
<th>Hospitalizations</th>
<th>Patient Days*</th>
<th>Events</th>
<th>Incidence</th>
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<tr>
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<tr>
<td>Other</td>
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<tr>
<td>Injury caused by accident</td>
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<tr>
<td>Uncontrolled signs of symptoms other than pain or dyspnea</td>
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<tr>
<td>Uncontrolled pain</td>
<td></td>
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<tr>
<td>Dyspnea</td>
<td></td>
<td></td>
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<tr>
<td>Unstable environment</td>
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<tr>
<td>Undocumented</td>
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<tr>
<td>Caregiver unable or unwilling to provide care</td>
<td></td>
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<tr>
<td>Medication side effects or toxicity</td>
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<tr>
<td>Result care</td>
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</tbody>
</table>

CAHPS® Hospice Benchmarks

Scores & Benchmarks

1. Hospital Team Communication
   - Ideal: 70%
   - Typical: 50%
   - Actual: 30%

2. Family/Friend Feedback
   - Ideal: 70%
   - Typical: 50%
   - Actual: 30%

3. Handling Medicare Part B
   - Ideal: 50%
   - Typical: 30%
   - Actual: 10%

4. Providing Emotion Support
   - Ideal: 70%
   - Typical: 50%
   - Actual: 30%

5. Providing Pain Control
   - Ideal: 70%
   - Typical: 50%
   - Actual: 30%

6. Providing Physical Comfort
   - Ideal: 50%
   - Typical: 30%
   - Actual: 10%

7. Providing Spiritual Support
   - Ideal: 50%
   - Typical: 30%
   - Actual: 10%

CAHPS® Hospice Benchmarks (continued)

8. Handling Hospice End-of-Life Planning
   - Ideal: 70%
   - Typical: 50%
   - Actual: 30%

9. Providing Hospice Palliative Care (Palliative Care of Care Only)
   - Ideal: 50%
   - Typical: 30%
   - Actual: 10%
Utilize CAHPS® Hospice Comments

- Early adoption—Hospices that adopt the survey early can identify areas for improvement long before their scores are publicly reported
- Use caregiver comments in marketing (website, materials, etc.)

Questions

We invite your questions!
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