

**Quality Indicator Data Elements and Definitions  
(Haven Hospice)**

**Rev 7/5/08**

Data elements for the quality indicators will be gathered into Excel spreadsheets. These data will be uploaded into the quality metric/application to be developed by the QA contractor. A customized computer application will pull the data elements from the spreadsheets and use them to calculate the indicators and provide reports,

There are 7 spreadsheets for Haven Hospice and the data elements will come from Misys queries, scanned forms created during focused chart reviews, and manual data entry from existing hospice logs. Mocked-up Excel files for these spreadsheets are provided in a separate document.

**Details on the Misys queries are provided on the next page.**

The seven spreadsheets are:

NOTE: The terms “Discharge” and “Termination” are used interchangeably for Haven Hospice. Both refer to the end of the patient’s care at the hospice and the end of the hospice’s responsibility for patient management.

<b>Workbook</b>	<b>Spreadsheet</b>	<b>How it is populated</b>	<b>Patient Population</b>	<b>Includes:</b>
<b>HHPatientsAdmitted YYYYQ#</b>	Misys – Admitted Patients	Misys Query	All patients admitted in the quarter	Patient-level data on admission and days of care
<b>HHPatientsDischarg edYYYYQ#</b>	Misys – Discharged Patients	Misys query	All patients discharged in the quarter	Patient-level data for Length of Stay Indicator
<b>HHDemoPatients YYYYQ#</b>	Demonstration Patients	Report exported from the Eval database (Access)	Demonstration patients	Patient-level data on start date as demo patient
<b>HHPainData YYYYQ#</b>	Patient comfort scanned form	Scanned form completed by QA	All patients who fit criteria for the Patient Comfort Indicator	Patient-level data on pain management
<b>HHCompAssess YYYYQ#</b>  <b>NOTE: Data are not being reported due to problems with Misys</b>	<b>Comprehensive Assessment</b>	<b>Scanned form completed by QA</b>	<b>All patients admitted in the quarter</b>	<b>Patient-level data elements for Admission/Assessme nt Indicator on Completion of the Comprehensive Assessment</b>
<b>HH Hospice- level_OccurrencesDa taYYYYQ#</b>	Hospice-level Metrics	Hand entered or calculated from the Occurrences Data-Raw	All patients served in the quarter	Hospice-level data on occurrences (Patient Safety); Communication and Coordination of Care;

		Numbers spreadsheet		HR Indicators; and Volunteer Hours
	Occurrence Data - Raw Numbers	Hand entered	All patients served in the quarter	Raw data on occurrences and patient days for the Patient Safety Indicator

**Misys Queries**

**These will be programmed at Haven Hospice.**

**1. Admitted patients**

- Includes all hospice patients admitted in the quarter
- Provides the following data elements for each patient
- Patient ID
- Branch
- Class
- Admit Date
- Termination Date (if there is one)

**2. Discharged patients**

- Includes all hospice patients discharged/ (terminated) in the quarter (any reason for discharge)
- Provides the following data elements for each patient
  - Patient ID
  - Branch
  - Class
  - Admit Date
  - Termination Date
  - *Length of stay (calculated value)*, defined as days between admit date and discharge, including both the day admitted and the day discharged/termination date

**3. Team ID: Additional data element to be generated for both Misys queries in the Quality Metric Analysis Application (QMAA)**

Translate Branch and Class to the Team ID according to the table below:

Branch	Class	Combined	Team	Description
Chiefland	FA	14FA	DN	Chiefland Facilities
Chiefland	HO	14HO	DD	Chiefland Home/Hospitals
Gainesville	CC	15CC	HH	Gainesville Care Center
Gainesville	FA	15FA	NN	Gainesville Facilities
Gainesville	HO	15HO	AA	Gainesville Home
Chiefland	HL	14HL	L	Gainesville Hospitals (Chiefland patients)
Gainesville	HL	15HL	L	Gainesville Hospitals (Gainesville patients)

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<b>Branch</b>	<b>Class</b>	<b>Combined</b>	<b>Team</b>	<b>Description</b>
Jacksonville	HL	16HL	L	Gainesville Hospitals (Jacksonville patients)
Lake City	HL	17HL	L	Gainesville Hospitals (Lake City patients)
Palatka	HL	18HL	L	Gainesville Hospitals (Palatka patients)
Jacksonville	CC	16CC	JH	Jacksonville Care Center
Jacksonville	FA	16FA	JN	Jacksonville Facilities
Jacksonville	HO	16HO	JJ	Jacksonville Home/Hospitals
Lake City	CC	17CC	LH	Lake City Care Center (DEMONSTRATION LOCATION)
Lake City	FA	17FA	CN	Lake City Facilities
Lake City	HO	17HO	CC	Lake City Home/Hospitals
Palatka	CC	18CC	RR	Palatka Care Center/Roberts Care Center (DEOMNSTRATION LOCATION)
Palatka	FA	18FA	BN	Palatka Facilities
Palatka	HO	18HO	BB	Palatka Home/Hospitals
Pegasus	HO	19HO	PA	Pegasus Home
Pegasus	PC	19PC	KK	Pegasus PICTFK

<b>Indicator:</b>	<b>A: Patient Outcomes/Comfort</b>
<b>Area:</b>	Patient Outcomes
<b>Domain:</b>	Patient comfort/ symptom management
<b>Time Frame:</b>	Quarterly
<b>Definition:</b>	Average pain severity on admission and one day and two days after admission for patients who: Report on admission that they are not satisfied with pain management ; Report (or have assessed) pain $\geq 6$ on admission (whether satisfied or not); Have a medication change for pain due to admission assessment.
<b>Included Population:</b>	1) Admitted in the quarter and days of care in the quarter are $\geq 3$ days, AND 2) Have a pain score (0-10) recorded on admission, AND 3) Meet one or more of the following criteria: a) Report on admission that they are not satisfied with pain management ; and/or b) Recorded pain severity score $\geq 6$ on admission (whether satisfied or not); and/or c) Have a medication change for pain due to admission assessment.
<b>Group by:</b>	All patients Demonstration patients Non-demonstration patients Team ID

Data elements/ Fields for database	Notes	Data Source for Application
Patient ID	Include ONLY patients admitted in the period Format is hospice-specific Use this number to “link” to data in other spreadsheets	<b>HHPainDataYYYYQ#</b>
Team ID	Do NOT use “admitting team” from the HHPainData spreadsheet; use Team ID based on Branch and Class from PateintsAdmitted spreadsheet	<b>HHPatientsAdmittedYYYYQ#</b> See crosswalk for Team ID
Date of enrollment in the demonstration	Date format mm/dd/yyyy (May be blank)	<b>HHDemoPatientsYYYYQ#</b>
Admit Date	Date format mm/dd/yyyy	<b>HHPatientsAdmittedYYYYQ#</b>
Termination Date	Date format mm/dd/yyyy (May be blank)	<b>HHPatientsDischargedYYYYQ#</b>
Days of care in the quarter (DOCQ)	> IF Admit Date and Discharge/Termination Date are in the quarter, then [(Discharge/Termination date - Admit date)+1] > IF Admit Date is in the quarter, and	<b>Calculated</b>

Data elements/ Fields for database	Notes	Data Source for Application
	Discharge/Termination Date is blank, then [(Date of last day of quarter - Admit date)+1] > IF Admit Date is in the quarter, and Discharge/Termination Date is after the end of the quarter, then [(Date of last day of quarter - Admit date)+1]	
Pain severity score on admission	0 through 10	HHPainDataYYYYQ#
Was patient satisfied with pain management on admission?	Yes/No	HHPainDataYYYYQ#
Pain medications changed on admission?	Yes/No	HHPainDataYYYYQ#
Pain severity score on day 1 follow-up	0 through 10	HHPainDataYYYYQ#
Was patient satisfied with pain management on day 1?	Yes/No	HHPainDataYYYYQ#
Pain severity score on day 2 follow-up	0 through 10	HHPainDataYYYYQ#
Was patient satisfied with pain management on day 2?	Yes/No	HHPainDataYYYYQ#

**Patient Comfort – These data will be calculated in the application.**

Calculated Elements	Definition	Calculation
<b>Calculate the number of patients in each group to be reported</b>	Include ONLY patients admitted in the period	
ALL: Number of patients admitted in the quarter	Admitted in the quarter	Count (From HHPatientsAdmittedYYYYQ#)
DEMO: Number of demonstration patients admitted in the quarter	Date of enrollment in the demonstration is not blank, AND Date of enrollment in the demonstration = admit date	Count

Calculated Elements	Definition	Calculation
Non-DEMO: Number of <b>Non-demonstration</b> patients admitted in the quarter	Date of enrollment in the demonstration is blank, OR Date of enrollment in the demonstration not= admit date	Count
TEAM ID: Number of patients admitted in the quarter for <b>each team</b>	Group all patients by Team ID Defined by Branch and Class (see crosswalk)	Count
<b>Calculate the following for each group – All, Demo, Non-demo, Each team by Team ID</b>		
Number of patients for whom pain data is reported	Patients in Comfort table with pain_severity_Admit not null	Count
Number of patients meeting the criteria for the indicator and for analysis – <b>determined using the criteria</b>	DOCQ $\geq$ 3 days, AND Pain severity score on admission is not blank, AND one or more of the following is true: a) Pain score on admission is $\geq$ 6; and/or b) Patient satisfied on admission = No; and/or c) Pain meds changed = Yes	Count
Percentage of patients who are not satisfied with pain management on admission	(# Patients where patient satisfied on admission= No / Number of patients in the group who meet criteria) X100	Calculate percentage – one decimal
Number of patients with no pain on admission	Pain score on admission = 0	Count
Number of patients with mild pain on admission	Pain score on admission = 1, 2 or 3	Count
Number of patients with moderate on admission	Pain score on admission = 4,5, or 6	Count
Number of patients with severe pain on admission	Pain score on admission = 7, 8, 9, or 10	Count
<b>Average pain severity on admission</b>	<b>SUM of admit pain scores for patients meeting criteria / Number of patients in the group who meet criteria) X 100</b>	<b>Calculate average – one decimal</b>

Calculated Elements	Definition	Calculation
Number of patients meeting the criteria who have a pain score on day 1	Pain score on day 1 is not blank	Count
Percentage of patients who are not satisfied with pain management on day 1	(# Patients where patient satisfied on day 1 = No / Number of patients in the group who meet criteria) X100	Calculate percentage – one decimal
Number of patients with no pain on day 1	Pain score on day 1= 0	Count
Number of patients with mild pain on day 1	Pain score on day 1 = 1, 2 or 3	Count
Number of patients with moderate on day 1	Pain score on day 1 = 4,5, or 6	Count
Number of patients with severe pain on day 1	Pain score on day 1 = 7, 8, 9, or 10	Count
<b>Average pain severity on day 1</b>	<b>SUM of day 1 pain scores for patients meeting criteria / Number of patients in the group who meet criteria and have pain scores on day 1</b>	<b>Calculate average – one decimal</b>
Number of patients meeting the criteria who have a pain score on day 2	Pain score on day 2 is not blank	Count
Percentage of patients who are not satisfied with pain management on day 2	(# Patients where patient satisfied on day 2 = No / Number of patients in the group who meet criteria) X 100	Calculate percentage – one decimal
Number of patients with no pain on day 2	Pain score on day 2= 0	Count
Number of patients with mild pain on day 2	Pain score on day 2 = 1, 2 or 3	Count
Number of patients with moderate on day 2	Pain score on day 2 = 4,5,or 6	Count
Number of patients with severe pain on day 2	Pain score on day 2 = 7, 8, 9, or 10	Count
<b>Average pain severity on day 2</b>	<b>SUM of day 2 pain scores for patients meeting criteria / Number of patients in the group who meet criteria and have pain scores on day 2</b>	<b>Calculate average – one decimal</b>

<b>Indicator:</b>	<b>B: Patient Outcomes/Safety</b>		
<b>Area:</b>	Patient Outcomes		
<b>Domain:</b>	Patient Safety		
<b>Time Frame:</b>	Quarterly		
<b>Definition:</b> All types of occurrences are defined in the notes following this table	Occurrences per 100 patient-days (all occurrences combined and the following four individually): Patient/family complaints Medication errors Falls DME issues Aggregated separately for home care patients and care center patients (Care Centers)		
<b>Included Population:</b>	All occurrences in the period Data are not reported at the patient level		
<b>Group by:</b>	Occurrence type	Patient groups	
	All occurrences (not just the following four types) Falls Medication Errors DME issues Patient/Family Complaints	All patients Demonstration patients Non-demonstration patients	Also group All, Falls and Medication Errors by: Home Care patients Facility patients (Care Centers)

**NOTES:**

Data are derived from occurrence logs prepared by each team

Data are aggregated by the Quality Manager

**DEFINITIONS:** Provided by Haven Hospice

**Falls – Patient Falls only.** “An unintentional change in position resulting in coming to rest on the ground or at a lower level.”

**Medication Error (HH uses the term “Medication Variance”)** – Any type of error having to do with a patient’s medication or treatment; stock medication (in care centers); narcotic count; etc.

**DME issues (HH uses the term “HME”)** – Any occurrence (complaint, error, etc) regarding medical equipment from Haven HME.

**Complaint – A negative comment specifically regarding hospice care or services from an outside vendor, referral source, patient, or family member. (i.e. physician, hospital case manager, family member, etc.) Includes HME problems regarding outside vendors (not Haven HME).**



**Data elements:** These data are populated into the Hospice-level Occurrences Excel Workbook by the hospice. Data are uploaded to the application without further calculations – see below.

Data Element		Data Source
A	Number of patient-days for all patients during the time period.	Hospice logs/ Misys
B	Number of patient-days for demonstration patients during the time period.	Data will be provided by the evaluation support contractor or calculated in the application
C	Number of patient-days for non-demonstration patients during the time period.	Calculated in the workbook: (Pt-days for all pts) – (pt-days for demo pts)
D	Number of Home Care patient-days during the time period.	Hospice logs/ Misys
E	Number of Facility-based patient-days during the time period.	Hospice logs/ Misys

<p><b>The following elements are repeated for each of the five categories of occurrences:</b></p> <p>All occurrences                      Medication errors                      Falls                                      DME issues                          Patient/Family complaints</p>		
F	Number of occurrences reported for <b>all patients</b> during the time period.	Hospice logs
G	Number of occurrences reported for <b>demonstration patients</b> during the time period.	Hospice logs
H	Number of occurrences reported for <b>non-demonstration patients</b> during the time period.	Hospice logs
<p><b>The following elements are repeated for three categories of occurrences:</b></p> <p>All occurrences                      Falls                      Medication errors</p>		
I	Number of occurrences reported for <b>patients in Home Care</b>	Hospice logs
J	Number of occurrences reported for <b>patients in Care Centers</b>	Hospice logs

Calculated Elements	Definition	Data Source
<p><b>Repeat calculations for each of category of occurrence:</b></p> <p>All occurrences                      Falls</p>	<p>Medication errors                      DME issues                      Patient/Family complaints</p>	
<b>Occurrences reported for ALL</b>	<b>F x 100/A</b>	<b>HH Hospice-</b>

Calculated Elements	Definition	Data Source
patients / 100 patient-days		level_OccurrencesDataYYYYQ#
Occurrences reported for demonstration patients / 100 demo patient-days	G x 100/B	HH Hospice-level_OccurrencesDataYYYYQ#
Occurrences reported for non-demonstration patients / 100 non-demo patient-days	H x 100/C	HH Hospice-level_OccurrencesDataYYYYQ#
Repeat calculations for three categories of occurrence: All occurrences Falls Medication errors		HH Hospice-level_OccurrencesDataYYYYQ#
Occurrences reported for patients in Home Care / 100 patient-days in Home Care	I x 100/D	HH Hospice-level_OccurrencesDataYYYYQ#
Occurrences reported for patients in Care Centers / 100 patient-days in Care Centers	J x 100/E	HH Hospice-level_OccurrencesDataYYYYQ#

The following data will be uploaded to the application from the Excel Workbook HH Hospice-level\_Occurrences DataYYYYQ# using both spreadsheets: Occurrence Data – Raw Numbers and Hospice-level metrics.

<b>Total patient days of care</b>
<b>Demonstration patient days of care</b>
<b>Non-demonstration patient days of care</b>
<b>Care Center patient days of care</b>
<b>Home care patient days of care</b>
Total occurrences reported/100 patient-days for all patients
Total occurrences reported/100 patient-days for demonstration patients
Total occurrences reported/100 patient-days for non-demonstration patients
Total occurrences reported/100 patient days for patients in hospice care centers
Total occurrences reported/100 patient days for patients on home care teams
<b>Falls</b> reported/100 patient-days for all patients
<b>Falls</b> reported/100 patient-days for demonstration patients
<b>Falls</b> reported/100 patient-days for non-demonstration patients
<b>Falls</b> reported/100 patient days for patients in hospice care centers
<b>Falls</b> reported/100 patient days for patients on home care teams
<b>Medication errors</b> reported/100 patient-days for all patients
<b>Medication errors</b> reported/100 patient-days for demonstration patients

<b>Medication errors</b> reported/100 patient-days for non-demonstration patients
<b>Medication errors</b> reported/100 patient days for patients in hospice care centers
<b>Medication errors</b> reported/100 patient days for patients on home care teams
<b>DME issues</b> reported/100 patient days for all patients
<b>DME issues</b> reported/100 patient-days for demonstration patients
<b>DME issues</b> reported/100 patient-days for non-demonstration patients
<b>Pt/Fam Complaints</b> reported/100 patient days for all patients
<b>Pt/Fam Complaints</b> reported/100 patient-days for demonstration patients
<b>Pt/Fam Complaints</b> reported/100 patient-days for non-demonstration patients

<b>Indicator:</b>	<b>C: Processes of Care/LOS</b>
<b>Area:</b>	Processes of Care
<b>Domain:</b>	Admission/Assessment
<b>Time Frame:</b>	Quarterly
<b>Definition:</b>	Percentage of patients with length of stay (LOS) ≤ 3 days and >180 days
<b>Included Population:</b>	All hospice patients discharged (terminated) during the period
<b>Group by:</b>	All patients Demonstration patients Non-demonstration patients Team ID

Data elements/ Fields for database	Notes	Data Source for Application
Patient ID	Include all patients discharged in the period	<b>HHPatientsDischargedYYYYQ#</b>
Date of enrollment in the demonstration	Date format mm/dd/yyyy (May be blank)	<b>HHDemoPatientsYYYYQ#</b>
Team ID	Hospice specific	<b>HHPatientsDischargedYYYYQ#</b> See crosswalk for Team ID
Admit Date	Date format mm/dd/yyyy	<b>HHPatientsDischargedYYYYQ#</b>
Termination Date	Date format mm/dd/yyyy	<b>HHPatientsDischargedYYYYQ#</b>
Length of stay (LOS) for each discharged patient	Days between admit date and termination date [(Termination date – Admit date)+1]	<b>HHPatientsDischargedYYYYQ#</b>

**Admission/Assessment-LOS: These data will be calculated in the application.**

Calculated Elements	Definition	Note/Calculation
<b>Calculate the number of patients in each group to be reported</b>	Include ONLY patients discharged/terminated during the period	Must appear in <b>HHPatientsDischargedYYYYQ#</b>
ALL: Number of patients discharged in the quarter		Count
DEMO: Number of <b>demonstration patients</b> discharged in the quarter	Date of enrollment in the demonstration is not blank	Count
Non-DEMO: Number of <b>Non-demonstration patients</b> discharged in the quarter	Date of enrollment in the demonstration is blank	Count
TEAM ID: Number of patients admitted in the quarter for <b>each team</b>	Group all patients by Team ID Defined by Branch and Class (see crosswalk)	Count

Calculated Elements	Definition	Note/Calculation
<b>Calculate the following for each group</b>		
Number of patients with LOS $\leq 3$	LOS is $\leq 3$ days	Count
Number of patients with LOS $>180$	LOS is $> 180$ days	Count
<b>Calculate the following for each group</b>		
<b>Percentage of patients with LOS <math>\leq 3</math></b>	(# patients in the group with LOS $\leq 3$ days/ total patients in the group) X 100	Calculate percentage – one decimal
<b>Percentage of patients with LOS <math>&gt;180</math></b>	(# patients in the group with LOS 180 days/ total patients in the group) X100	Calculate percentage – one decimal
Average length of stay	Total of all days for all patients discharged/total number of patients discharged	Calculate average – one decimal
Median length of stay	The length of stay for which 50% of patients' stays are longer and 50% of patients' stays are shorter	Calculate median
Shortest of length of stay	Report shortest length of stay recorded	No calculation
Longest length of stay	Report longest length of stay recorded	No calculation
Mode of length of stay	The length of stay reported for the highest number of patients	Calculate mode

**Indicator D: Processes of Care/Comprehensive Assessment**

<b>Indicator:</b>	<b>D: Processes of Care/Comprehensive Assessment*</b>
<b>Area:</b>	Processes of Care
<b>Domain:</b>	Admission/Assessment
<b>Time Frame:</b>	Quarterly
<b>Definition:</b>	Percentage of patients for whom time from admission to completion of the comprehensive assessment is $\leq 5$ days
<b>Included Population:</b>	Admitted in the quarter and days of care in the quarter are $\geq 6$ days
<b>Group by:</b>	All patients Demonstration patients Non-demonstration patients Team ID

\*Not currently being reported by Haven Hospice.

<b>Data elements/ Fields for database</b>	<b>Notes</b>	<b>Data Source for Application</b>
Patient ID Code	Include ONLY patients admitted in the period Format is hospice-specific Use this number to “link” to data in other spreadsheets	<b>HHCompAssessDataYY YYQ#</b>
Team ID	Use Branch and Class data from PatientsAdmitted spreadsheet Do not use Team ID from CompAssessData spreadsheet	<b>HHPatientsAdmittedY YYYQ#</b> See crosswalk for Team ID
Date of enrollment in the demonstration	Date format mm/dd/yyyy (May be blank)	<b>HHDemoPatientsYYYY Q#</b>
Admit Date	Date format mm/dd/yyyy	<b>HHPatientsAdmittedY YYYQ#</b>
Termination Date	Date format mm/dd/yyyy (may be blank)	<b>HHPatientsDischarged YYYYQ#</b>
Days of care in the quarter (DOCQ)	> IF Admit Date and Discharge/Termination Date are in the quarter, then [(Discharge/Termination date - Admit date)+1] > IF Admit Date is in the quarter, and Discharge/Termination Date is blank, then [(Date of last day of quarter - Admit date)+1] > IF Admit Date is in the quarter, and Discharge/Termination Date is after the end of the quarter, then [(Date of last day of quarter - Admit date)+1]	<b>Calculated</b>

**Indicator D: Processes of Care/Comprehensive Assessment**

Date of completion of comprehensive assessment	Calculated Field: Latest date of completion for 3 forms that comprise the comprehensive assessment; IF all forms are not completed, this date field should be BLANK	HHCompAssessDataYY YYQ#
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**These data will be calculated in the application.**

Calculated Elements	Definition	Calculation
<b>Calculate for each patient</b>		
Days to complete the comprehensive assessment for each patient	Calculated field: # of days from admission date to date of completion of the comprehensive assessment IF all forms are not completed, then this field should be BLANK	(Date of completion of comprehensive assessment – Admit Date)+1
<b>Calculate the number of patients in each group to be reported</b>	Include ONLY patients admitted in the period	
ALL: Number of patients admitted in the quarter		Count (From <b>HHPatientsAdmittedYYY YQ#</b> )
DEMO: Number of <b>demonstration patients</b> admitted in the quarter	Date of enrollment in the demonstration is not blank, AND Date of enrollment in the demonstration = admit date	Match patient numbers from <b>HHPatientsAdmittedYYY YQ#</b> and <b>HHDemoPatientsYYYYYQ#</b> Count those meeting definition
Non-DEMO: Number of <b>Non- demonstration patients</b> admitted in the quarter	Date of enrollment in the demonstration is blank, OR Start Date not equal to Admit Date	Match patient numbers from <b>HHPatientsAdmittedYYY YQ#</b> and <b>HHDemoPatientsYYYYYQ#</b> Count those meeting definition
TEAM ID: Number of patients admitted in the quarter for <b>each team</b>	Group all patients by Team ID Defined by Branch and Class (see crosswalk)	Count (From <b>HHPatientsAdmittedYYY YQ#</b> )
<b>Calculate the following for each group – All, Demo, Non-demo, Team ID</b>		
Number of patients meeting the criteria for the	DOCQ ≥ 6 days (from Admit Table) (DO NOT INLCUDE	Count

**Indicator D: Processes of Care/Comprehensive Assessment**

Calculated Elements	Definition	Calculation
indicator	patients that appear in <b>HHCompAssessYYYYQ#</b> but not in <b>HHPatientsAdmittedYYYYQ#</b> )	
<b>Calculate the following ONLY for patients meeting the criteria in each group – All, Demo, Non-demo, Team ID</b>	<b>Select only patients meeting the criteria in each group</b>	
Number for whom “All forms not completed”	“Date of completion of comprehensive assessment” and “Days to complete comprehensive assessment” are BLANK	Match patient numbers from <b>HHPatientsAdmittedYYY YQ#</b> and <b>HHCompAssessYYYYQ#</b> Count those meeting definition and include patients that appear in the <b>HHPatientsAdmitted</b> table but not in the <b>HHCompAssess</b> data table
Percentage for whom date of completion of comprehensive assessment is blank	(Number for whom completion of comprehensive assessment is BLANK/ Number of patients in the group meeting criteria for the indicator) X 100	Divide and express as a percentage
Total days between admission and completion of the comprehensive assessment	SUM of “Days to complete comprehensive assessment” for patients meeting the criteria	Sum
Number pts for whom time between admission and comprehensive assessment is 1 day	“Days to complete comprehensive assessment” = 1	Count
Number pts for whom time between admission and comprehensive assessment is 2 days	“Days to complete comprehensive assessment” = 2	Count
Number pts for whom time between admission and comprehensive assessment is 3 days	“Days to complete comprehensive assessment” = 3	Count
Number pts for whom time between admission and comprehensive assessment is 4 days	“Days to complete comprehensive assessment” = 4	Count



**Indicator D: Processes of Care/Comprehensive Assessment**

Calculated Elements	Definition	Calculation
Number pts for whom time between admission and comprehensive assessment is 5 days	“Days to complete comprehensive assessment” = 5	Count
<b>Number pts for whom time between admission and comprehensive assessment is <math>\leq</math> 5 days</b>	<b>“Days to complete comprehensive assessment” <math>\leq</math> 5</b>	<b>Count</b>
Number pts for whom time between admission and comprehensive assessment is > 5 days	“Days to complete comprehensive assessment” > 5	Count
Average days between admission and completion of the comprehensive assessment	SUM of “Days to complete comprehensive assessment” for patients meeting the criteria/ Number of patients in the group who meet the criteria	Divide Express decimal, one place
Percentage for whom time between admission and comprehensive assessment is 1 day	(Number for whom time between admission and comprehensive assessment is 1 day/ Number of patients in the group who meet the criteria) X 100	Divide Express as percentage, one decimal
Percentage for whom time between admission and comprehensive assessment is 2 days	(Number for whom time between admission and comprehensive assessment is 2 days/ Number of patients in the group who meet the criteria) X100	Divide Express as percentage, one decimal
Percentage for whom time between admission and comprehensive assessment is 3 days	(Number for whom time between admission and comprehensive assessment is 3 days/ Number of patients in the group who meet the criteria) X100	Divide Express as percentage, one decimal
Percentage for whom time between admission and comprehensive assessment is 4 days	(Number for whom time between admission and comprehensive assessment is 4 days/ Number of patients in the group who meet the criteria) X100	Divide Express as percentage, one decimal
Percentage for whom time between admission and comprehensive assessment is 5 days	(Number for whom time between admission and comprehensive assessment is 5 days/ Number of patients in the group who meet the criteria) X100	Divide Express as percentage, one decimal

**Indicator D: Processes of Care/Comprehensive Assessment**

Calculated Elements	Definition	Calculation
Percentage for whom time between admission and comprehensive assessment is $\leq 5$ days	(Number for whom time between admission and comprehensive assessment is $\leq 5$ days/ Number of patients in the group who meet the criteria) X100	Divide Express as percentage, one decimal
Percentage for whom time between admission and comprehensive assessment is $> 5$ days	(Number for whom time between admission and comprehensive assessment is $> 5$ days / Number of patients in the group who meet the criteria) X 100	Divide Express as percentage, one decimal

<b>Indicator:</b>	<b>E: Operations/Employee Turnover</b>
<b>Area:</b>	Operations
<b>Domain:</b>	Human Resources
<b>Time Frame:</b>	Quarterly
<b>Definition:</b>	Employee turnover rates all positions
<b>Included Population:</b>	All active and filled positions during the designated period*
<b>Group by:</b>	No grouping; report for entire hospice

\* Active/filled Positions = Average # employees during the quarter = SUM of number employed on the last day of each month in the quarter divided by 3 (months)

**Data elements:** These data are populated into the Hospice-level\_Occurrences Excel Workbook by the hospice. Data are uploaded to the application without further calculations – see below.

Data Element	
A	Number of employees separated during the quarter
B	Number of active/filled positions during the quarter = Average # employees during the quarter = SUM of number employed on the last day of each month in the quarter divided by 3 (months)

Calculated Elements	Definition	Value
Employee Turnover Rate	$A/B \times 100$	Report as a percentage, two decimal places

The following data will be uploaded to the application from the Excel Workbook HH Hospice-level\_OccurrencesDataYYYYQ# using the spreadsheet: Hospice-level metrics.

Employee Turnover
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<b>Indicator:</b>	<b>F: Operations/Position Vacancy Rate</b>
<b>Area:</b>	Operations
<b>Domain:</b>	Human Resources
<b>Time Frame:</b>	Quarterly
<b>Definition:</b>	Position vacancy rates– percentage of active, funded positions that are not filled
<b>Included Population:</b>	Budgeted/active positions* in the quarter
<b>Group by:</b>	No grouping; report for entire hospice

\* Positions for which funding is allocated and that are filled or actively being recruited. Do not count positions that are funded but which are not yet being recruited/filled.

**Data elements:** These data are populated into the Hospice-level Occurrences Excel Workbook by the hospice. Data are uploaded to the application without further calculations – see below.

Data Element	
A	Number of active, budgeted positions at the end of the quarter
B	Average # employees during the quarter = SUM of number employed on the last day of each month in the quarter divided by 3 (months)

Calculated Elements	Definition	Value
Employee Vacancy Rate	$[(A-B) / A] \times 100$	Report as a percentage, two decimal places

The following data will be uploaded to the application from the Excel Workbook HH Hospice-level OccurrencesDataYYYYQ# using the spreadsheet: Hospice-level metrics.

Position Vacancy Rate

<b>Indicator:</b>	<b>G: Hospice Services/Communication</b>
<b>Area:</b>	Hospice Services
<b>Domain:</b>	Communication and Care Coordination
<b>Time frame:</b>	Quarterly
<b>Indicator:</b>	Percentage of families who respond “Always” on D5 of the Family Evaluation of Hospice Care (FEHC); how often the family was kept informed about the patient’s condition
<b>Included Population:</b>	All families who return surveys within the quarter
<b>Group by:</b>	No groups; hospice-level only

**Data will come directly from the FEHC Report.**

**Data elements:** These data are populated into the Hospice-level\_Occurrences Excel Workbook by the hospice. Data are uploaded to the application without further calculations – see below.

Total # of respondents for the quarter
Percentage who answer “Always” to item D5 on the FEHC

**The following data will be uploaded to the application from the Excel Workbook HH Hospice-level\_OccurrencesDataYYYYQ# using the spreadsheet: Hospice-level metrics.**

Total number of respondents to Item D5 on the FEHC
Percentage of respondents who answer "Always" to Item D5 on the FEHC

<b>Indicator:</b>	<b>H: Hospice Services/Volunteer Hours</b>
<b>Area:</b>	Hospice Services
<b>Domain:</b>	Volunteers
<b>Time frame:</b>	Quarterly
<b>Indicator:</b>	Direct patient care volunteer hours as a percentage of total paid patient care hours.*
<b>Included Population:</b>	Includes all volunteers (professionals and non-professional)
<b>Group by:</b>	No groups; hospice-level only

\* Definitions for this indicator (which is mandated in the hospice regulations) tend to vary slightly from hospice to hospice. The definitions for Haven Hospice are:

Direct care volunteer hours are all volunteer hours that contribute to patient care; they include administrative hours related to patient care such as filing charts, patient data entry, or mailing surveys. They do not include any hours devoted to fundraising.

Total patient care hours include only face-to-face patient care. They do not include team meeting, travel time, or training time for home care staff, or paid time off for any staff.

**Data elements:** These data are populated into the Hospice-level Occurrences Excel Workbook by the hospice. Data are uploaded to the application without further calculations – see below.

**Definitions for calculated values from Haven Hospice:**

<b>Numerator</b>	All direct patient care volunteer hours plus administrative volunteer hours directly related to patient care (no fundraising hours are included)
<b>Denominator</b>	All face-to-face patient care hours for home care staff and all hours for care center (facility) staff; does not include team meeting, travel time, or training time for home care staff, or paid time off for any staff

The following data will be uploaded to the application from the Excel Workbook HH Hospice-level OccurrencesDataYYYYQ# using the spreadsheet: **Hospice-level metrics.**

<b>VOLUNTEER HOURS</b> as a percentage of total patient care hours
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