

Quality Indicator Data Elements and Definitions **Rev. 7/5/08**
Sanctuary Hospice House

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 4 spreadsheets for Sanctuary Hospice House and the data elements will come from manual data entry into 2 Excel workbooks (each with 2 spreadsheets) and a report (in Excel Workbook format) from the evaluation contractor’s Access database. Mocked-up Excel files for these spreadsheets are provided in a separate document.

The five spreadsheets are:

*NOTE: The terms “Discharge” and “Termination” are used interchangeably for **Haven Hospice** and both are therefore used in some places in this document. Both refer to the end of the patient’s care at the hospice and the end of the hospice’s responsibility for patient management.*

| Workbook | Spreadsheet | How it is populated | Patient Population | Includes: |
|--|------------------------------|--|---|--|
| SHHRoster_Pain YYYYQ# | Patient Roster | Hand entered by SHH staff | All patients served by the hospice | Patient-level demographics and data on completion of the comprehensive assessment; will be used for the LOS indicator and the comprehensive assessment indicator |
| | Patient Comfort Data File | Automatically populated and hand entered by SHH staff | All patients who fit criteria for the Patient Comfort Indicator | Patient-level data on pain management |
| SHH Hospice-level _OccurrencesData YYYYQ# | Hospice-level Metrics | Hand entered or calculated from Occurrences Data – Raw Numbers Spreadsheet | All patients served in the quarter | Hospice-level data on occurrences (Patient Safety); Communication and Coordination of Care; 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 |

| | |
|-----------------------------|--|
| Indicator: | A: Patient Outcomes/Comfort |
| Area: | Patient Outcomes |
| Domain: | Patient comfort/ symptom management |
| Time Frame: | Quarterly |
| Definition: | <p>Average pain severity at 1 day and 2 days after admission for patients who:</p> <ul style="list-style-type: none"> • Report on admission that they are not satisfied with pain management ; • Report (or have assessed) pain ≥ 6 on admission (whether satisfied or not); • Have a medication change for pain due to admission assessment. |
| Included Population: | <p>Includes only patients under professional management by the hospice</p> <ol style="list-style-type: none"> 1) Admitted in the quarter and days of care in the quarter are ≥ 3 days, AND 2) Have a pain score recorded on admission, AND 3) Meet one or more of the following criteria: <ol style="list-style-type: none"> a) Report on admission that they are not satisfied with pain management ; and/or b) Recorded pain severity score ≥ 6 on admission (whether satisfied or not); and/or c) Have a medication change for pain due to admission assessment. |
| Group by: | <p>All patients Demonstration patients Non-demonstration patients</p> |

Data elements for this indicator are in one of the following workbook:

- **Patient Roster_Pain Workbook (SHHRoster_PainYYYYQ#), which contains two spreadsheets: Patient Roster; and Pain Indicator Data File**

| Data elements/ Fields | Notes | Data Source |
|-------------------------------------|---|---|
| Patient ID | Include ONLY patients admitted in the period Format is hospice-specific | Patient Roster SHHRoster_PainYYYYQ# |
| Contract Patient? | Yes/No | Patient Roster SHHRoster_PainYYYYQ# |
| Date of enrollment in demonstration | Date format mm/dd/yyyy | Patient Roster SHHRoster_PainYYYYQ# |
| Admit Date | Date format mm/dd/yyyy | Patient Roster SHHRoster_PainYYYYQ# |
| Discharge Date | Date format mm/dd/yyyy | Patient Roster SHHRoster_PainYYYYQ# |
| Days of care in the quarter (DOCQ) | <p>> 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]</p> | Calculated |

| Data elements/ Fields | Notes | Data Source |
|--|---|--|
| Patient included in pain indicator? | Yes/No | Patient Roster SHHRoster_PainYYYYQ# |
| Pain scale used on admission | Value labels: VAS Faces PAINAD None | Pain Indicator Data File SHHRoster_PainYYYYQ# |
| Pain severity score on admission | 0 through 10 | Patient Comfort Data File SHHRoster_PainYYYYQ# |
| Was patient satisfied with pain management on admission? | Yes/No | Patient Comfort Data File SHHRoster_PainYYYYQ# |
| Pain medications changed on admission? | Yes/No | Patient Comfort Data File SHHRoster_PainYYYYQ# |
| Pain scale used on day 1 follow-up | Value labels: VAS Faces PAINAD None | Patient Comfort Data File SHHRoster_PainYYYYQ# |
| Pain severity score on day 1 follow-up | 0 through 10 | Patient Comfort Data File SHHRoster_PainYYYYQ# |
| Was patient satisfied with pain management on day 1? | Yes/No | Patient Comfort Data File SHHRoster_PainYYYYQ# |
| Pain scale used on day 2 follow-up | Value labels: VAS Faces PAINAD None | Patient Comfort Data File SHHRoster_PainYYYYQ# |
| Pain severity score on day 2 follow-up | 0 through 10 | Patient Comfort Data File SHHRoster_PainYYYYQ# |
| Was patient satisfied with pain management on day 2? | Yes/No | Patient Comfort Data File SHHRoster_PainYYYYQ# |

These data will be calculated in the application.

| Calculated Elements | Definition | Calculation |
|--|---|-------------|
| <i>Remove contract patients from database</i> | Contract patient = Yes | Remove data |
| <i>Calculate the number of non-contract patients in each group to be reported – All, Demonstration, Non-demonstration</i> | Admit Date is in the quarter Include ONLY patients admitted in the quarter | |
| All - Number of patients admitted in the quarter | | Count |
| 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 |
| Number of Non- demonstration patients admitted in the quarter | Date of enrollment in the demonstration is blank, OR Date of enrollment in the demonstration not= admit date | Count |

| Calculated Elements | Definition | Calculation |
|---|---|--|
| Calculate the following for each group – All, Demo, Non-demo | | |
| Number of patients for whom pain data is reported (according to the patient roster) | "Included in pain indicator?" = Yes On Patient Roster | Count |
| Number of patients meeting the criteria for indicator analysis – to be determined using the criteria | DOCQ \geq 3 days, AND Pain severity score on admission is not blank, AND one or more of the following: 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) X 100 | 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 |
| Average pain severity on admission | SUM of admit pain scores for patients meeting criteria / Number of patients in the group who meet criteria | Calculate average – one decimal |
| 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) X 100 | 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 admission = 4,5,or 6 | Count |
| Number of patients with severe pain on day 1 | Pain score on admission = 7, 8, 9, or 10 | Count |
| Average pain severity on day 1 | 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 | Calculate average – one decimal |
| 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 admission = 4,5,or 6 | Count |
| Number of patients with severe pain on day 2 | Pain score on admission = 7, 8, 9, or 10 | Count |
| Average pain severity on day 2 | 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 | Calculate average – one decimal |

| | | |
|--|---|--|
| Indicator: | B: Patient Outcomes/Safety | |
| Area: | Patient Outcomes | |
| Domain: | Patient Safety | |
| Time Frame: | Quarterly | |
| Definition: 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 | |
| Included Population: | All occurrences in the period Data are not reported at the patient level | |
| Group by: | Occurrence type | Patient groups |
| | All occurrences (not just the following four types) Falls Mediation Errors DME issues Patient/Family Complaints | All patients Demonstration patients Non-demonstration patients |

NOTES:

- Data are derived from occurrence reports submitted to the Clinical Director

- **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– Any type of error having to do with a patient’s medication or treatment; stock medication (in care centers); narcotic count; etc.

DME issues – Any occurrence (complaint, error, etc) regarding medical equipment.

NOTE: SHH does not operate a DME service. For SHH these occurrences will include any problems with rental DME (broken, dirty, lack of availability.)

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 DME problems reported by patients and families.

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 | | Source |
|---|---|--|
| A | Number of patient-days for all patients during the quarter | Calculated by SHH in billing software |
| B | Number of patient-days for demonstration patients during the quarter | Data will be provided by the evaluation support contractor |
| C | Number of patient-days for non-demonstration patients during the quarter | Calculated in the workbook: (Pt-days for all pts) – (pt-days for demo pts) |
| The following elements are repeated for each of the four categories of occurrences: <ul style="list-style-type: none"> • All occurrences • Falls • Medication errors • DME issues • Patient/Family complaints | | |
| F | Number of occurrences reported for all patients during the quarter | Hospice logs |
| G | Number of occurrences reported for demonstration patients during the quarter | Hospice logs |
| H | Number of occurrences reported for non-demonstration patients during the quarter | Hospice logs |

| Calculated Elements | Definition | Source |
|---|--|---|
| Repeat calculations for each of category of occurrence: <ul style="list-style-type: none"> • All occurrences • Falls | <ul style="list-style-type: none"> • Medication errors • DME issues • Patient/Family complaints | |
| Occurrences reported for ALL patients / 100 patient-days | F*100/A | SHH Hospice-level_OccurrencesDataYYYYQ# |
| Occurrences reported for demonstration patients / 100 patient-days for demonstration pts | G*100/B | SHH Hospice-level_OccurrencesDataYYYYQ# |
| Occurrences reported for non-demonstration patients / 100 patient-days for non-demo patients | H*100/C | SHH Hospice-level_OccurrencesDataYYYYQ# |

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

| |
|--|
| Total patient days of care |
| Demonstration patient days of care |
| Non-demonstration patient days of care |
| 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 |

| |
|---|
| Falls reported/100 patient days for all patients |
| Falls reported/100 patient days for demonstration patients |
| Falls reported/100 patient days for non-demonstration patients |
| Medication errors reported/100 patient days for all patients |
| Medication errors reported/100 patient days for demonstration patients |
| Medication errors reported/100 patient days for non-demonstration patients |
| DME issues reported/100 patient days for all patients |
| DME issues reported/100 patient days for demonstration patients |
| DME issues reported/100 patient days for non-demonstration patients |
| Pt/Fam Complaints reported/100 patient days for all patients |
| Pt/Fam Complaints reported/100 patient days for demonstration patients |
| Pt/Fam Complaints reported/100 patient days for non-demonstration patients |

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

Data elements for this indicator are in one of the following workbook:

- *Patient Roster_Pain Workbook (SHHRoster_PainYYYYQ#); data are in the Patient Roster*

| Data elements | Notes | Data Source |
|--|---|---|
| Patient ID | Hospice specific | Patient Roster SHHRoster_PainYYYYQ# |
| Contract patient? | Yes/No | Patient Roster SHHRoster_PainYYYYQ# |
| Date of enrollment in demonstration | Date format mm/dd/yyyy | Patient Roster SHHRoster_Pain YYYYQ# |
| Admit Date | Date format mm/dd/yyyy | Patient Roster SHHRoster_PainYYYYQ# |
| Discharge Date | Date format mm/dd/yyyy | Patient Roster SHHRoster_PainYYYYQ# |
| Length of stay (LOS) for each discharged patient | Calculated field: Days between admit date and discharge date [(Discharge date – Admit Date) +1] | Patient Roster SHHRoster_PainYYYYQ# |

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

| Calculated Elements | Definition | Note/Calculation |
|--|---|------------------|
| Remove contract patients from database | Contract patient = Yes | Remove data |
| Calculate the number of patients in each group to be reported (not including contract patients) | Include ONLY patients with a discharge date in the applicable quarter | |
| ALL: Number of patients discharged in the quarter | | Count |
| DEMO: Number of demonstration patients discharged in the quarter | Date of enrollment in the demonstration is not blank | Count |
| Non-DEMO: Number of Non-demonstration patients discharged in the quarter | Date of enrollment in the demonstration is blank | Count |

| Calculated Elements | Definition | Note/Calculation |
|---|---|---------------------------------|
| Calculate the following for each group | | |
| Number of patients with LOS ≤ 3 | LOS is ≤ 3 days | Count |
| Number of patients with LOS >180 | LOS is > 180 days | Count |
| Calculate the following for each group | | |
| Percentage of patients with LOS ≤ 3 | (# patients in the group with LOS ≤ 3 days/ total patients in the group) X 100 | Count |
| Percentage of patients with LOS >180 | (# patients in the group with LOS 180 days/ total patients in the group) X 100 | Count |
| 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

| | |
|-----------------------------|--|
| Indicator: | D: Processes of Care/Comprehensive Assessment |
| Area: | Processes of Care |
| Domain: | Admission/Assessment |
| Time Frame: | Quarterly |
| Definition: | Percentage of patients for whom time from admission to completion of the comprehensive assessment is ≤ 5 days |
| Included Population: | Includes only patients under professional management by the hospice Admitted in the quarter and days of care in the quarter are ≥ 6 days |
| Group by: | All patients Demonstration patients Non-demonstration patients |

Data elements for this indicator are in one of the following workbook:

- *Patient Roster_Pain Workbook (SHHRoster_PainYYYYQ#); data are in the Patient Roster*

| Data elements/ Fields for database | Notes | Data Source for Application |
|--|--|--|
| Patient ID | Include ONLY patients admitted in the period Format is hospice-specific | Patient Roster SHHRoster_PainYYYYQ# |
| Contract patient? | Yes/No | Patient Roster SHHRoster_PainYYYYQ# |
| Date of enrollment in demonstration | Date format mm/dd/yyyy | Patient Roster SHHRoster_PainYYYYQ# |
| Admit Date | Date format mm/dd/yyyy | Patient Roster SHHRoster_PainYYYYQ# |
| Discharge Date | Date format mm/dd/yyyy (may be blank) | Patient Roster SHHRoster_PainYYYYQ# |
| 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] | Patient Roster SHHRoster_PainYYYYQ# |
| Date of completion of comprehensive assessment | Calculated Field: Latest date of completion for 6 forms that comprise the comprehensive assessment; IF all forms are not completed, this date field should be BLANK | Patient Roster SHHRoster_PainYYYYQ# |

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Indicator D: Processes of Care/Comprehensive Assessment

| Data elements/ Fields for database | Notes | Data Source for Application |
|--|--|--|
| 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 | Patient Roster SHHRoster_PainYYYYQ# |

These data will be calculated in the application.

| Calculated Elements | Definition | Calculation |
|---|---|--|
| Remove contract patients from database | Contract patient = Yes | Remove data |
| Calculate the number of patients in each group to be reported | Include ONLY patients admitted in the quarter | |
| ALL: Number of patients admitted in the quarter | | Count |
| DEMO: Number of demonstration patients admitted in the quarter | Start date as demonstration patient is not blank, AND Start date as demonstration patient = admit date | Count |
| Non-DEMO: Number of Non-demonstration patients admitted in the quarter | Start date as demonstration patient is blank, OR Start date as demonstration patient not= admit date | Count |
| Calculate the following for each group – All, Demo, Non-demo | | |
| Number of patients meeting the criteria for the indicator | DOCQ \geq 6 days | Count |
| Calculate the following ONLY for patients meeting the criteria in each group – All, Demo, Non-demo | Select only patients meeting the criteria in each group | |
| Number pts for whom date of completion of comprehensive assessment is blank | "Date of completion of comprehensive assessment" and "Days to complete comprehensive assessment" are BLANK | Count |
| 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 – one decimal |
| Total days between registration and completion of the comprehensive assessment | SUM of "Days to complete comprehensive assessment" for patients meeting the criteria | Sum |
| Number of patients for whom time between registration and comprehensive assessment is 1 day | "Days to complete comprehensive assessment" = 1 | Count |
| Number of patients for whom time between registration and comprehensive assessment is 2 days | "Days to complete comprehensive assessment" = 2 | Count |
| Number of patients for whom time between registration and comprehensive | "Days to complete comprehensive assessment" = 3 | Count |

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Indicator D: Processes of Care/Comprehensive Assessment

| Calculated Elements | Definition | Calculation |
|---|--|--|
| assessment is 3 days | | |
| Number of patients for whom time between registration and comprehensive assessment is 4 days | "Days to complete comprehensive assessment" = 4 | Count |
| Number of patients for whom time between registration and comprehensive assessment is 5 days | "Days to complete comprehensive assessment" = 5 | Count |
| Number of patients for whom time between registration and comprehensive assessment is ≤ 5 days | "Days to complete comprehensive assessment" ≤ 5 | Count |
| Number of patients for whom time between registration and comprehensive assessment is > 5 days | "Days to complete comprehensive assessment" > 5 | Count |
| Average days between registration 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 as decimal, one place |
| Percentage for whom time between registration and comprehensive assessment is 1 day | (Number for whom time between registration 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 registration and comprehensive assessment is 2 days | (Number for whom time between registration and comprehensive assessment is 2 days/ Number of patients in the group who meet the criteria) X 100 | Divide Express as percentage, one decimal |
| Percentage for whom time between registration and comprehensive assessment is 3 days | (Number for whom time between registration and comprehensive assessment is 3 days/ Number of patients in the group who meet the criteria) X 100 | Divide Express as percentage, one decimal |
| Percentage for whom time between registration and comprehensive assessment is 4 days | (Number for whom time between registration and comprehensive assessment is 4 days/ Number of patients in the group who meet the criteria) X 100 | Divide Express as percentage, one decimal |
| Percentage for whom time between registration and comprehensive assessment is 5 days | (Number for whom time between registration and comprehensive assessment is 5 days/ Number of patients in the group who meet the criteria) X 100 | Divide Express as percentage, one decimal |
| Percentage for whom time between registration and comprehensive assessment is ≤ 5 days | (Number for whom time between registration and comprehensive assessment is ≤ 5 days/ Number of patients in the group who meet the criteria) X 100 | Divide Express as percentage, one decimal |
| Percentage for whom time between registration and comprehensive assessment is > 5 days | (Number for whom time between registration and comprehensive assessment is > 5 days / Number of patients in the group who meet the criteria) X 100 | Divide Express as percentage, one decimal |

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|-----------------------------|--|
| Indicator: | E: Operations/Employee Turnover |
| Area: | Operations |
| Domain: | Human Resources |
| Time Frame: | Quarterly |
| Definition: | Employee turnover rates (include volunteers in core patient care positions*) |
| Included Population: | All active/filled positions (including volunteers in core patient care positions) during the designated period** |
| Group by: | No grouping; report for entire hospice |

* Core patient care positions are physician, advanced practice nurse, nurse, social worker, chaplain, health aide

** 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 (or volunteers in core patient care positions) separated during the quarter |
| B | Number of active/filled positions during the quarter = Average # employees (and volunteers in core patient care positions) during the quarter = SUM of number employed (or volunteering for core patient care positions) on the last day of each month in the quarter divided by 3 (months) |
| | Number of core patient care positions filled by volunteers Includes members of core patient care team; does not include professional volunteers who supplement core services |

| Calculated Elements | Definition | Value |
|---|------------------|---|
| Employee Turnover Rate (includes core patient care positions filled by volunteers) | A/B X 100 | Report as a percentage, one decimal place |

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

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|--|
| Turnover Rate: All paid positions and core patient care positions filled by volunteers |
| Number of core patient care positions filled by volunteers |

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|-----------------------------|--|
| Indicator: | F: Operations/Position Vacancy Rate |
| Area: | Operations |
| Domain: | Human Resources |
| Time Frame: | Quarterly |
| Definition: | Position vacancy rates– percentage active, funded positions that are unfilled (include core patient-care positions filled by volunteers) |
| Included Population: | Budgeted/active positions* in the quarter |
| Group by: | 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 | | Value |
|--------------|--|-------|
| A | Number of active, budgeted positions at the end of the quarter (include core patient care positions typically filled by volunteers) | |
| B | Average # employees during the quarter = SUM of number employed (and volunteers in core patient care positions) on the last day of each month in the quarter divided by 3 (months) | |

| Calculated Elements | Definition | Value |
|--|--------------------------|---|
| Position (and core patient care volunteer) Vacancy Rate | [(A-B) / A] X 100 | Report as a percentage, one decimal place |

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

| |
|---|
| Position (and core patient care volunteer) Vacancy Rate |
|---|

| | |
|-----------------------------|--|
| Indicator: | G: Hospice Services/Communication |
| Area: | Hospice Services |
| Domain: | Communication and Care Coordination |
| Time frame: | Quarterly |
| Indicator: | Percentage of families who respond “Always” on Item 6 of the SHH Family/Friends Evaluation Questionnaire; how often the family was kept informed about the patient’s condition |
| Included Population: | All families who return surveys within the quarter |
| Group by: | No groups; hospice-level only |

Data will come directly from Family/Friends Evaluation Questionnaire

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.

| | | |
|--------------------|--|---|
| Numerator | Number of respondents during the quarter who answered “Always” for Item 6 | |
| Denominator | Total respondents to Item 6 during the quarter | |
| Calculation | (Numerator/Denominator) X 100 (Express as percentage with one decimal) | Report as a percentage, one decimal place |

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

| |
|--|
| Total number of respondents to Item 6 - Family/Friends Evaluation |
| Percentage of respondents who answer "Always" to Item 6 on the Family/Friends Evaluation |

| | |
|-----------------------------|--|
| Indicator: | H: Hospice Services/Volunteer Hours |
| Area: | Hospice Services |
| Domain: | Volunteers |
| Time frame: | Quarterly |
| Indicator: | Direct patient care volunteer hours as a percentage of total paid patient care hours.* |
| Included Population: | Includes all volunteers (professionals and non-professional) |
| Group by: | 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 general rules are:

- Do NOT count any volunteer hours devoted to fundraising or serving on the board of directors;
- Include the same types of patient care hours for both volunteers (in the numerator) and employees (in the denominator); for example, if volunteer administrative time (typing, filing, etc.) will be included in the numerator, include paid administrative staff time in the denominator and similarly, if only direct face-to-face patient care is included in the denominator, include only direct face-to-face volunteer time in the numerator

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.

| | | |
|--------------------|--|---|
| Numerator | All direct patient care volunteer hours plus administrative volunteer hours directly related to patient care (no fundraising hours are included) | SHH will provide a list of volunteer categories included in the numerator |
| Denominator | All patient care hours for staff; does not include paid time off; include all direct patient care and any other hours similar to those counted for volunteers (e.g., if volunteer administrative time is counted, also count paid administrative time) | |
| Calculation | (Numerator/Denominator) X 100 (Express as percentage with one decimal) | Report as a percentage, one decimal place |

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

VOLUNTEER HOURS as a percentage of total patient care hours