Introduction

This guide is for hospice organizations that want to master the Hospice Quality Reporting Program (HQRP) and integrate all of its components into daily operations and quality assessment and performance improvement (QAPI) activities. This step-by-step guide will help you:

- Learn the current components of the HQRP
- Understand the details for each of the Hospice Item Set (HIS) measures
- Become familiar with the proposed hospice experience of care survey
- Incorporate HQRP into the hospice’s quality assessment and performance improvement activities
- Utilize HQRP data in strategic planning

Hospices operate much differently than they did 30 years ago when the Medicare hospice benefit was enacted. As hospice grew, it became a more important component of the health care system and, subsequently, more accountable for its quality of care. Quality care has always been a part of hospice operations and the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs), but now hospices must report quality data to CMS. Some states require hospices to report quality data to the state as well. Eventually, hospice quality data will become public information.

The Affordable Care Act (ACA) of 2010, Section 3004, mandated the hospice quality reporting program. This section requires each Medicare-certified hospice program to submit to the Secretary of Health and Human Services (HHS) data on quality measures for fiscal year (FY) 2014 and each subsequent fiscal year. Reported measures are specified by the Secretary and must have been endorsed by a government-contracted entity, such as the National Quality Forum (NQF),¹ with one exception—in the case of a specified area or medical topic determined appropriate by the Secretary but for which a feasible and practical measure has not been endorsed by an entity such as the NQF, the Secretary may determine a measure provided the Secretary gives due consideration to measures that have been endorsed or adopted by the consensus organization.

The ACA also provides for a monetary penalty for any hospice not reporting data as required. The penalty is a 2% reduction in the hospice’s market basket update for the associated payment year. No specific reporting rates or thresholds indicating HQRP compliance have been finalized by CMS; however, the following thresholds are expected to be part of the FY2016 final rule. Hospices will need to ensure that the required percentage of HIS submissions is timely (within 30 days of the Admission or Discharge) as follows:

- January 1, 2016 to December 31, 2016 – 70%
- January 1, 2017 to December 31, 2017 – 80%
- January 1, 2018 to December 31, 2018 – 90%

¹ The National Quality Forum reviews, endorses, and recommends use of standardized healthcare performance measures. See Resources for more information.
Hospice Quality Reporting Program (HQRP) Operations Checklist

- The Governing Body is made aware of the HQRP to determine if its measures will be incorporated into the existing QAPI program.

- If the HQRP measures are going to be incorporated in the QAPI program, the applicable QAPI policies and procedures (i.e. QAPI Plan, QAPI Schedule, etc.) must be updated to reflect this.

- Incorporate HQRP into the organization’s Compliance Plan and make it part of the compliance audits.

- Senior Leadership to determine budgetary requirements of the Hospice Quality Reporting Program
  a. HIS implementation
     i. Staff changes – may need additional staff for data extraction and submission
     ii. Staff education
     iii. Possible forms or software changes
  b. Experience of Care Survey (H CAHPS)
     i. Vendor selection and costs associated with implementation

- Educate applicable staff on the following
  a. Two components of the Hospice Quality Reporting System
     i. Hospice Item Set (HIS)
        1. HIS – Admission and HIS – Discharge
           a. Completion and Submission timing
           b. Data details for each measure
           c. Documentation changes
           d. Data extraction process/procedure
           e. Data submission
           f. Correction and modification policies
           g. Maintenance of the HIS records, including submission reports
     ii. Hospice Experience of Care Survey (H CAHPS)
        1. Survey process

- Educate all staff on the Hospice Quality Reporting Program and what it means for the organization

- Hospice Experience of Care Survey (H CAHPS)
  a. Is the organization staying informed on CMS progress toward implementation?
  b. Is the organization evaluating and contracting with a vendor?
P-D-S-A Worksheet: Testing Incremental Change

**Team name:** East Team – QAPI

**Change concept name:** Spiritual/Existential Concerns Discussion Offer

**Team members:** Jon Jones, Spiritual Care; Jenny Johnson, MD; Jan James, SW; Jim Jenkins, RN; Judy Jacobs, QAPI Coordinator

**Cycle number:** 2

**Date form begun:** 1/25/20XX

**Date form completed:** 5/25/20XX

**Plan**

**What will we do?** Collect data for 2nd P-D-S-A cycle.

**Where will we do it?** Medical Records Office

**Who will conduct the test?** Judy Jacobs assisted by Jon Jones and Jim Jenkins

**When will we start and stop the test?** 2nd audit will cover February, March and April, 20XX. A short review of the expectations related to the spiritual/ existential concerns patient questionnaire will be done the week of January 25, 20XX.

**What data will we collect?** Same data: completed spiritual/ existential concerns patient questionnaires. These questionnaires have 3 yes/no questions related to spiritual/ existential concerns. If at least 1 question is marked “yes”, the findings for that record will be positive. Excluded from the audit will be records of patients with significant cognitive impairment.

See attached data collection form?  ✔ Yes  ☐ No

**How will we collect data?** On previously developed data form

**We predict that this test will:** Show an increase in the offer to discuss spiritual/ existential concerns with all patients who do not exhibit significant cognitive impairment. Must meet all parts of Aim Statement.

<table>
<thead>
<tr>
<th>Assignment?</th>
<th>Who is responsible?</th>
<th>By when?</th>
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<tbody>
<tr>
<td>Complete short “reminder” inservice for all clinicians on the East Team on use of patient questionnaire as a way of offering discussion about spiritual/ existential concerns.</td>
<td>Jon Jones, Spiritual Care</td>
<td>January 28, 20XX</td>
</tr>
<tr>
<td>Complete audits of 10 East Team records covering February, March and April.</td>
<td>Judy Jacobs, QAPI Coordinator assisted by Jon Jones, Spiritual Care</td>
<td>May 10, 20XX</td>
</tr>
<tr>
<td>Compare the results of the audits to predictions and expectations as defined by the Aim Statement. Report to QAPI Team.</td>
<td>Judy Jacobs, QAPI Coordinator</td>
<td>May 20, 20XX</td>
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**Date of next meeting:** May 25, 20XX

**Time:** 1:00 pm

**Place:** Conference Room

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