

# **NYS-DOH Quality Indicators Project – Part 2**

**Progress Report as of June 30, 2011**

**Updated via Addendum I - September 30, 2011**

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## Hospice Quality Indicators Initiative – Part 2 Final Report - Executive Summary

### **Executive Summary**

To assist hospices with development and implementation of quality assessment and performance improvement (QAPI) programs, The New York State Department of Health (NYS DOH) developed a two-part initiative to provide statewide education and support. In Part 1, Weatherbee Resources worked with the NYS DOH to administer a questionnaire to assess the landscape of NY state hospices as well as the QAPI training needs of these hospices, and to deliver two all-day training sessions (one in upstate and one in downstate) designed to address concerns identified in the questionnaire. In addition, videos of the training sessions were made available via the Internet to all NY state hospices for 6 months. For Part 2, the NYS DOH engaged Weatherbee Resources to provide technical assistance to six hospice programs selected to participate in a demonstration project on implementation of quality/performance improvement activities.

The six participating hospices represent each of the four service regions across the state and vary in size and type of medical record used. All hospices received the performance improvement chapter from the Weatherbee Resources' manual, *The QAPI Requirement: Resources for Hospice Programs*. Project activities included formal education (via webinar), bi-weekly one-on-one coaching calls, assistance with data collection and analysis, one visit to each hospice for on-site technical assistance, and two group conference calls during which participants shared information about their projects.

The focal point of the *Quality Indicators* demonstration project was a formal performance improvement project (PIP). PIP topics were chosen by each hospice based on a combination of data and other factors including state survey deficiencies and/or staff suggestions. The hospices were coached on: forming the PIP team and conducting meetings; collecting baseline data and planning for follow-up measurement; developing and implementing interventions; and monitoring progress.

We observed several key barriers to progress as well as key elements for success. Barriers included finding time for the PIP team to meet, difficulty in keeping the PIP team focused on the initial problem, and moving from problem identification to development of solutions/interventions for improvement. Key elements of success included significant leadership support, focusing on a well-defined and manageable issue, engaging staff who are closest to the issue in design of interventions, and an effective pilot test.

All six of the hospices have active QAPI programs that meet key provisions of the Medicare Conditions of Participation, and we observed several examples of QAPI best practices among the participants. Implementation of an efficient and effective QAPI program was dependent upon a strong leadership commitment to quality and a well-qualified QAPI manager. The primary challenges with respect to QAPI were inconsistent use of the electronic medical record (EMR), a need for additional, ongoing and "just-in-time" education for staff and, in some cases, improved systems for holding staff accountable for following procedures.

Via an anonymous online survey, all of the participants indicated that they learned from participation in the project and that they could apply that learning in their work. They identified the site visit and coaching calls as the most useful elements of the project.

The *Hospice Quality Indicators Project* was successful in helping the hospices move from a level of basic compliance with QAPI requirements to a point where they can use QAPI principles to effect more fundamental and sustainable change. Based on participant feedback, the key features of the project that contributed to this outcome were the availability of ongoing support from a recognized expert and the regular contact with other hospices to discuss quality concerns. We suggest that this kind of support would be of value not only to all hospices, but also to other healthcare provider organizations in New York State. With assistance from the NYS DOH, more of these providers would be able to tackle their toughest challenges more successfully and make meaningful improvements in both clinical and operational quality.

**Hospice Quality Indicators Initiative – Part 2  
Final Report**

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## I. Background and purpose

Beginning in December of 2008, Medicare-certified hospices have been required to implement an ongoing quality assessment and performance improvement (QAPI) program that includes collection and reporting of quality indicators, identification and prioritization of opportunities for improvement, and completion of performance improvement projects (PIPs) that lead to measurable and sustained improvement in performance. To assist hospices with development and implementation of QAPI programs, The New York State Department of Health developed a two-part initiative to provide statewide education and support. In Part 1, Weatherbee Resources worked with the NYS DOH to administer a questionnaire concerning QAPI practices to all NY state hospices. The information from the questionnaire informed the development of an all-day training course on QAPI. The training was provided twice in December 2009, once in an upstate location and once in a downstate location. In addition, videos of the training sessions were made available via the Internet to all NY state hospices for 6 months.

Part 2 of the NYS DOH Quality Indicators Project began in late 2010, when the NYS DOH engaged Weatherbee Resources to provide technical assistance to six hospice programs selected to participate in a demonstration project to implement quality/performance improvement activities. The project was designed by Heather Wilson, PhD and Melanie Merriman, PhD, MBA with input from Rebecca Fuller Gray, Kelvin Sapp and Diane Jones at the NYS DOH.

The aims of this second phase of the Quality Indicators project were:

- To provide participating hospices with education and coaching on performance improvement activities;
- To capture and report on key challenges and facilitators of performance improvement activities;
- To make recommendations concerning needed support for QAPI programs;
- To gather and disseminate tools to assist hospice organizations with QAPI; and
- To develop a framework for best practices in performance improvement activities.

Due to funding delays, the Part 2 work with hospices began in late February. The interim report (pages 1-32 of this document) covers the first three and a half months of the project. Addendum I, prepared on September 30, 2011, provides an update on activities and findings between June and September of 2011.

## II. Participating hospices

NYS DOH staff, with input from the project consultants at Weatherbee Resources, selected six hospices to participate in the Quality Indicators demonstration project. All hospices voluntarily elected to participate in the project. This was very important as it spoke to the organization's readiness and willingness to participate, and confirmed leadership buy-in.

Following the training, NYS DOH staff conducted follow-up via a questionnaire and survey with each hospice that attended the training to assess how they were doing back in the field. The surveys were sent 2 months post and 1 year post training. Along with assessing knowledge/understanding with respect to QAPI, the hospices were asked whether they were using the tools and resources provided via the training, and whether they were conducting PIPs. The survey also asked what additional training, resources, and tools would be helpful. The data from these surveys were used to help identify hospices that would benefit most from technical assistance. The criteria used in the final selection process included the following:

- Demonstration of high level of interest;
- Expressed need for assistance specific to project focus;
- Demonstrated need based upon certification survey history and/or complaints;
- Size and complexity of hospice organization;
- Dedicated QAPI FTEs at hospice;
- Electronic Medical Records systems (so that the final group would include a mix of systems); and
- Geographic location (so that the final group would represent all regions).

Participating hospices represent each of the four service regions across the state and vary in size (See Table 1: Participating Hospices and Appendix 1: Map of participating hospice locations). The final group selected also uses a variety of electronic medical record systems.

**Table 1: Participating Hospices**

Hospice Name	City/Town	Region	# of Sites	ADC	Staff FTEs	Medical Record System
<b>Hospice &amp; Palliative Care of St. Lawrence Valley</b>	Potsdam	Central New York	1	76	44.25	Suncoast Solutions
<b>Hospice of Chautauqua</b>	Lakewood	Western	1	86	52.25	Suncoast Solutions
<b>Hospice of Orange &amp; Sullivan Counties, Inc.</b>	Newburgh	Metropolitan Area	2	120	82.4	Cerner/ Beyond Now
<b>Hospice, Inc. (Hospice of Dutchess/Ulster)</b>	Poughkeepsie	Metropolitan Area	2	150	93.4	Mysis/ Allscripts
<b>Hospice Care Network (Long Island, Queens, South Shore)</b>	Woodbury	Metropolitan Area	3	487	198.17	Suncoast Solutions
<b>Mountain Valley Hospice</b>	Gloversville	Capital District	2	35	27.18	Mumms/ Healthwise

### III. Project Activities

Work began with the selected hospices in February 2011. The demonstration project design called for the external consultant to coach participating hospices through a performance improvement project (PIP), from identification of the topic/area for improvement to an end point where measurable improvement occurred and could be monitored for sustainability. The PIP process provided a mechanism for “hands-on” learning about the QAPI program at each hospice. The project design also aimed to assure that each hospice would accomplish tangible and valuable results through participation in the demonstration.

The initial event was a webinar led by Melanie Merriman, PhD. The agenda for this session included:

1. Introductions of NYS DOH and consultant leaders
2. An overview of the project
3. Introductions of each participating hospice with each representative providing a self-introduction and a brief description of their quality improvement areas of interest
4. Review of performance improvement activity “basics”

Following this discussion, all hospices received a copy of [Chapter V: Performance Improvement](#) from the Weatherbee Resources’ manual, *The QAPI Requirement: Resources for Hospice Programs*. The chapter includes a description of the performance improvement process, a timeline for conducting performance improvement projects, and a template for detailed reporting of the PIP.

From March 1 to June 15, 2011, the Weatherbee Resources consultant for this project (Melanie Merriman, PhD) provided individual coaching to each of the six participating hospices on the selection of a PIP topic and the implementation of a performance improvement project in each organization. The one-on-one coaching became increasingly important over the course of the project as most of the participating hospices struggled to varying degrees with moving from problem identification to project implementation (see sidebar). Coaching activities included:

1. Bi-weekly one-on-one coaching calls with participating hospices on a variety of topics including:
  - a. Building a PIP team based on the focus of the project
  - b. Focusing a PIP project
  - c. Root cause analysis
  - d. Baseline data collection
  - e. Data analysis and understanding implications for PIP work
  - f. Moving from problem definition to intervention
  - g. Action plan development and writing a PIP plan
  - h. Sustainability and ongoing performance monitoring
2. Assistance with data collection and analysis when needed. For some participants, this took the form of assisting with the

#### Consultant Reflections on the Coaching Process

The one-on-one coaching calls were a key feature of the demonstration. Calls were held with each hospice every two weeks. The regular contact was essential to establishing a working relationship. As the consultant, I needed frequent updates to stay abreast of each project so that I could offer useful feedback and suggestions. The hospices reported that the calls helped them stay on track and kept them moving forward.

Early on, the calls took the form of a brief report by the hospice contact, and my offering a few suggestions. As the projects and the relationships progressed, the hospice contact often came to the call with specific questions for us to address together. In the final few calls with several of the hospices, we reviewed data together and discussed the implications of the data on the next steps for the project.

identification, development or modification of baseline data collection tools. For others, this included helping to analyze data already being collected or new data.

3. Site visits to all participating hospices for half-day on-site technical assistance. Focus of the site visits:
  - a. Meeting with PIP team; on-site coaching based on stage of project
  - b. Discussion of overall QAPI program and ideas for strengthening
  - c. Meeting with management team (3 out of 6 sites) to discuss the importance of QAPI
4. Reviewed and edited PIP reports (developed using previously provided template from *QAPI Requirement manual*)
5. Facilitated two group calls where participants provided updates on their PIPs, shared what was being learned and asked questions of the group to inform their PIP work

In June 2011, at the end of the contract period, an online questionnaire was developed and distributed to participating hospices to gather feedback about the project such as:

- Ways the project could have been more useful
- What was learned through participation in the project
- If/how the state office can continue to support hospice quality assessment and performance improvement (QAPI) programs

Results of this questionnaire are reported below (See Section VI).

#### **IV. Findings - Performance Improvement Projects (PIPs)**

At each participating hospice, the focal point of the *Quality Indicators* demonstration project was a formal performance improvement project (PIP), the topic of which was chosen by the participant. In this section we report on how the hospices chose the projects, how they configured their PIP teams, what data they collected, and what progress they made.

The six hospices in this demonstration conducted PIPs on the following topics:

- Medication reconciliation (2 hospices)
  - Improving the processes by which clinical staff assure that the list of patient medications in the medical record is consistent with the lists kept in the patient's home, nursing home or residential facility, and that all lists accurately reflect the medications that the patient is taking
- Internal staff communication (1 hospice)
  - Improving the processes for contacting nurses in the field when patients, families and others call the hospice office with the goal of assuring that all patient and family needs are being met efficiently and effectively
- Documentation of clinical team collaboration concerning visit frequencies (1 hospice)
  - Improving documentation processes to assure that they accurately reflect the clinical team collaboration for setting appropriate visit frequencies, particularly during the first two weeks of care

- Teamwork across the organization (1 hospice)
  - Improving teamwork across departments and functional areas within the hospice to assure a collaborative working environment (1 hospice)
- Documentation of the required assessment update every 15 days (1 hospice)
  - Improving the processes and technical support for timely documentation of assessment updates in the electronic medical record or EMR (This project also addressed use of the EMR more broadly.)

### ***Choosing the focus for the Performance Improvement Project (PIP)***

The expectation, according to the Medicare Conditions of Participation for hospices, is that hospices will identify opportunities for improvement based on tracking quality indicators over time and relative to specific targets for performance. In practice, the six hospices in this demonstration used a combination of data and other factors to select the topics for their PIPs including:

- Data collected via periodic medical record audits;
- State survey deficiencies; and/or
- Staff observations and suggestions of areas for improvement.

As is typical in PIPs, we observed that the definition of the problem nearly always evolved as the PIP team began discussing the issue. This was especially the case when the team collected additional data to better understand the root causes of the problem and to establish a baseline against which to measure improvement. In two of the hospices, discussion and analysis of an apparent problem with one part of the documentation process led to uncovering a broader issue concerning standardized use of the electronic medical record. In one of the hospices, collection of data about incoming patient calls and outgoing pages to hospices staff revealed that the initial issue was not as systematic as it seemed and rather was due to a few outliers (which were dealt with appropriately); at the same time, the data identified a different systematic issue that did require intervention via the PIP process.

We think it is important to note that two of the hospices chose somewhat atypical topics for their PIPs. These included the project focused on teamwork, which is more commonly seen as an organizational change initiative, and the project that involved fairly extensive procedural changes in the use of the electronic medical record. Another hospice also decided to address issues with use of the electronic medical record as part of their PIP. In all three cases, we were concerned about the breadth of the topics, but also felt that addressing them at this time would be critical for laying the groundwork for more successful QAPI programs at these hospices. In addition, the PIP teams at these hospices were determined to take on these complex issues because of their importance to the agency.

### ***PIP teams and processes***

All of the participating hospices were encouraged to empanel PIP teams that included specific staff with the knowledge and experience needed to address the identified problem. It is common practice to configure each PIP team with those individuals who are closest to the issue and/or those who “own” the problem and have the most to gain from making improvements. Most of the hospice participants did this, but two did not. In one case, the hospice has a standing QAPI committee that runs all of the PIPs. In another, a senior management team conducted most of the PIP, although they sought the input of staff members who were most affected by both the identified problem and the planned solutions.

An unusual development at one of the hospices was the engagement of a consultant to direct the PIP. Because the project involved organization-wide issues, it was thought best to engage a neutral

party to spearhead the effort, and it is working very well. In addition, the staff person initially running the PIP team found that she could not devote the time necessary due to other responsibilities.

Nearly all of the hospices struggled with holding regular meetings of the PIP teams. Meetings were often postponed or cancelled due to unexpected changes in schedule that prevented key members of the team from participating. Although participation in QAPI by all staff is an expectation of the Medicare Conditions of Participation, we observed that most organizations struggled to find staff who could find time for QAPI in light of their other clinical or management responsibilities.

#### ***Measures/Data collected for the projects***

All of the hospices had some form of data to support the identification of the PIP topic as an opportunity for improvement, but nearly all collected additional data at the start of the PIP. There were two purposes for the additional data collection. The first was to better understand the issue being addressed. The second was to provide specific baseline data against which to assess performance improvement.

With respect to defining the issue, three hospices conducted focused medical record audits. The other three conducted some kind of staff survey to better understand the scope of the issue, to ascertain the level of staff concern and/or support for improvement, and to gather staff suggestions for improvement. All felt that the use of the staff surveys helped to engage the entire hospice in the PIP. One of the hospices also established a log to capture data about the problem being addressed. This log was very helpful in determining root causes and in distinguishing between “average” and “outlier” events.

With respect to baseline data, it was relatively easy for hospices to gather “pre-intervention” data for quantitative outcome targets (medication reconciliation or other specific documentation). It was harder to determine the right data to collect for the qualitative elements of each project – acceptability of processes to staff, improved teamwork, and even staff reactions to new communication processes. Typically staff surveys (as noted above) and/or staff feedback during pilot projects were used to assess the more qualitative outcomes.

The following tools developed and/or used by the hospices for data collection are included in Appendix II:

- A staff satisfaction survey
- A staff survey about use of the electronic medical record and point-of-care documentation
- A log for tracking patient/family calls to the office that resulted in paging clinical staff persons
- A process and form for auditing congruence of the computer-based medication record and the medication record in the patient’s home

#### ***Progress and achievements***

All of the hospices made progress on their projects in the first three and a half months of the project. (Table 2)

**Table 2: Progress of each hospice**

HOSPICE	Clearly describe the problem	Generate ideas for solving the problem	Write a plan for improving performance	Carry out the plan on a small scale (pilot test)	Assess/measure results of the pilot test	Make adjustments to the plan as needed	When you have a working plan, implement the changes program-wide	Assess/measure results for several months to assure improvements is sustained
1								
2								
3								
4								
5								
6								

***PIP challenges***

In coaching the hospices through their projects, we observed several barriers to progress. As noted above, simply finding time for the PIP team to meet was challenging. We also noted difficulty in keeping the PIP team focused on the initial problem, especially when that problem was revealed to be part of a larger issue. Several PIP teams struggled with returning to solutions for what they had thought the cause of the problem was, rather than focusing on the true causes as they emerged from the data and discussion.

Most, but not all, of the hospices struggled with moving from problem identification to development of solutions/interventions for improvement. On the one hand, some PIP teams moved too quickly to solutions before they had a good idea of what the problem and barriers were. On the other hand, at least one organization found that the PIP team kept rehashing the barriers and rather than designing possible solutions for testing.

***Key elements of the most successful projects***

All of the hospices have had some success with their projects. Those that have been most successful in terms of moving the farthest in the least time have benefitted from significant leadership buy-in and support. Buy-in from the highest levels of the organization, including the governing body (typically the Board of Directors), assures that the PIP team will have the necessary resources to effect meaningful change. Leadership support must be obvious to all in the organization in order to drive engagement of all departments needed to make the project succeed. In one organization, leadership support grew slowly, and when the project came to the attention of the Board, the momentum picked up considerably. One board member now attends the PIP team meetings when possible.

The most successful projects also focused attention on a well-defined and manageable issue. As noted above, we were aware that some of the projects were fairly broad, and while overall progress was slowed, successful completion of these projects will be essential to better organizational quality.

Another key to success was engaging the staff who are closest to the issue in the design of the interventions. Overall, the more successful hospices made it a point to involve staff in data collection

and then the PIP team shared the findings with those who had collected the data. This is a good way to build organization-wide support for improvement.

In previous work with hospices (outside of this project) we have observed that successful PIPs require a well-designed set of interventions and careful assessment of a pilot test of the plan for improvement. The two hospices that have progressed to this stage have confirmed the importance of these elements. In the follow-up report, we will provide an update on these and other key elements of success.

## V. QAPI Programs at the Participating Hospices

### ***Compliance with QAPI program requirements***

All six of the hospices participating in this project have active programs for quality assessment and performance improvement that meet the key provisions of the Medicare Conditions of Participation. As we expected, the level of sophistication of these programs varies.

All of the hospices have designated an individual who is responsible for the day-to-day running of the QAPI program. In two hospices, this person focuses on QAPI full-time, but in four hospices, the QAPI coordinator also has other responsibilities.

All are monitoring performance across the organization by tracking and trending a set of quality indicators. (See Appendix I for a list of the indicators being tracked at each hospice.) At most of the hospices, the measures include indicators of compliance, most often focused on documentation requirements. All of the hospices are also tracking both process and outcome indicators related to clinical care, hospice services, and operations. In the hospices with more well-developed programs, all of the compliance and quality surveillance activities for all departments are considered as part of the QAPI program and are described in the QAPI plan, and responsibilities for data collection and reporting are appropriately designated to individuals across the organization.

All of the hospices are conducting performance improvement projects and have been doing so for more than a year. The selection of projects is appropriately driven by quality data monitoring (including patient/family feedback about the experience of care), survey deficiencies, and/or staff/management concerns. Performance improvement activities include the required feedback across the organization.

The hospices vary in the extent to which the governing body has been involved in QAPI, but all have involved the board at least to a minimal degree.

### ***QAPI best practices***

We observed several examples of QAPI best practices among the hospice participants. Appendix IV is a best practice tool based on these findings. These include:

- **Using a framework for quality assessment**

Two of the hospices had established frameworks for quality assessment that provided a 360 degree view of the organization. The well-defined frameworks provided a context for discussing quality and assured that all aspects of the organization were being monitored. They also provided a structure for reporting on quality throughout the organization and to the governing body.

- **Purposeful selection of quality indicators and measures (A list of the indicators and measures used by each hospice is included as Appendix III.)**

The better functioning QAPI programs tracked fewer measures and focused on specific areas of concern. Including too many measures in the periodic (usually quarterly) review of performance can quickly overwhelm managers or board members who need to determine whether and where to implement improvement activities.

Another best practice was a yearly review of quality measurement that included elimination of indicators no longer needed, addition of indicators to track new areas of concern, and refinement of indicators that were not working well.
- **Use of multiple methods for collection of quality data**

The best practices we observed with respect to quality data collection were the use of multiple methods for data collection (e.g., medical record audits, infection and incident logs, patient and/or family surveys, personnel record audits, and staff surveys among others) and the dissemination of responsibilities for data collection and monitoring among several individuals/departments. In two of the hospices, some of the medical record audits are conducted by front-line clinical managers and staff. This strategy not only produces more quality data, but is also a powerful teaching tool because the “auditors” see how others are conducting and documenting care.
- **Periodic reporting on quality indicators to observe changes over time and relative to a target**

In reviewing the periodic quality indicator reports for several of the participating hospices, we observed one best practice – the reporting of the data over time and relative to a specific target for performance.
- **Informed selection and prioritization of performance improvement projects**

All of the hospices had good processes for identifying opportunities for improvement and used a several kinds of information to select topics for improvement projects. We observed that some hospices were better at prioritizing one or more opportunities for improvement and this seemed to be linked to experience rather than a specific best practice.
- **Implementation of performance improvement activities based on proven practices**

As noted above, best practices for performance improvement included focusing on a well-defined issue, appointing staff who had first-hand knowledge of the issue to the PIP team, and engaging the entire hospice in the PIP.
- **Instilling a “culture of quality”**

One of the participating hospices seemed to have succeeded particularly well in integrating QAPI throughout all hospice operations. The QAPI manager at this hospice explained that they focused on the theme of “best practice” in all staff and management training. Clinicians and administrative staff are encouraged to ask the following question when faced with a decision about what to do: “What would be the ‘best practice’ in this circumstance?” They are further encouraged to bring ideas for improving any part of their job to the hospice management.

#### ***Key QAPI challenges and elements of success***

We observed that implementation of an efficient and effective QAPI program was dependent on strong leadership commitment to quality at the highest levels of the organization. Without unequivocal support, QAPI managers tended to lack the time and/or the approval/support to conduct all of the necessary performance improvement activities.

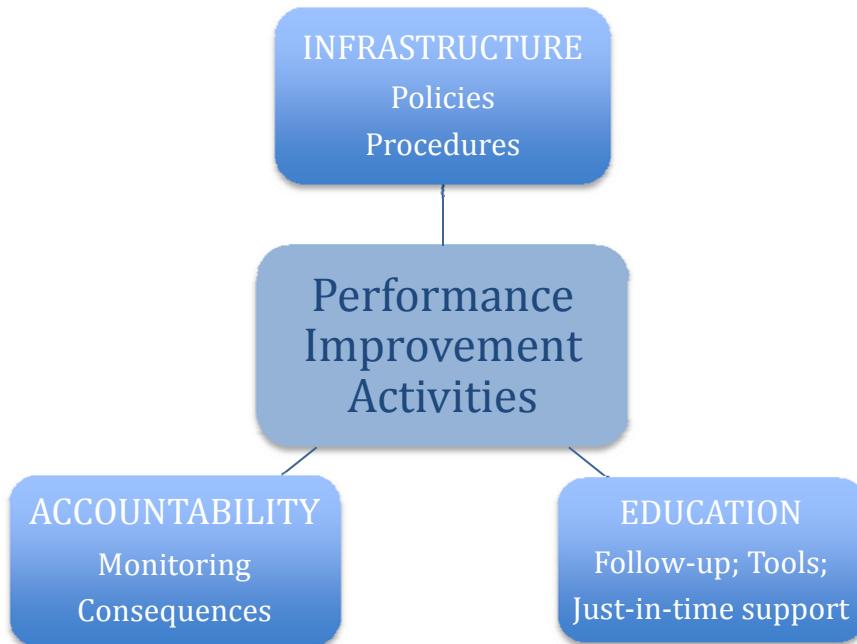
Another key to a high functioning QAPI program was a well-qualified QAPI manager. Hospices benefitted from having a QAPI manager with several years of experience and/or specific training in quality improvement strategies.

With respect to quality assessment, the primary challenge we observed was the lack of standardized use of the electronic medical record (EMR). The Medicare QAPI requirements depend at least in part on being able to use the medical record as a reliable data source. Several of the participating QAPI managers were finding considerable variability in the way that clinical staff were using the medical record. This made it difficult to capture and to extract specific data elements for quality assessment of both process and outcomes. Several factors contribute to this challenge including the fact that software vendors have allowed hospices to customize forms and data elements in the EMR which compromises the built-in reporting functions. In general, the various software programs seem to emphasize data entry over data extraction making reporting difficult. An additional factor affecting standard use of the EMR is the lack of ongoing and/or appropriate staff education. Typically, clinical staff are trained to use the system by the vendor at the time of initial implementation and this is rarely sufficient to build the required level of competence. Moreover, new staff are often taught to use the system by existing staff who have already deviated from the standard procedures.

Staff education and training were also a key challenge with respect to performance improvement. We observed that “education via in-services” tended to be the “fall-back” intervention for all performance improvement efforts. We encouraged the hospices to think about innovative ways to take education out to staff in the field where the work is being done (e.g., checklists, online reminders, or instruction manuals), rather than always/only bringing the staff into the office for in-services because the latter tend to have limited and short-term effectiveness.

The final key to performance improvement success that we observed was management accountability. It was essential that staff be held accountable for conforming to policies and procedures. When there was a lack of accountability, staff would drift to the easiest way of completing their tasks. While one change in a process (or a method of documentation) might not compromise quality, the accumulation of multiple changes led to a lack of standardization that potentially interfered with effective teamwork and made it difficult to assess quality.

We developed the following diagram (Figure 1) to represent the three keys to successful performance improvement activities. The infrastructure must include systems, policies and procedures that make the right way, the easy way. Education is initially used to inform staff about the correct procedures, but must be followed up with “just-in-time” support and tools that reinforce the prescribed behaviors. Lastly, all must be held accountable for conforming to the policies and procedures through monitoring and consequences for non-conformance.

**Figure 1: Keys to successful performance improvement activities**

## VI. Hospice Feedback on the Project

Representatives of each participating hospice were asked to provide feedback on the project by completing a questionnaire. The questionnaire was administered via an online survey application (Zoomerang). Overall, respondents reported that the project was very helpful. A copy of the questionnaire, with detailed results and verbatim comments is attached as Appendix IV.

While the feedback suggested that we could have done a better job of assessing and then enhancing core QAPI skills, all of the questionnaire respondents indicated that they learned from participation in the project and that they could apply that learning in their work. What was learned varied across participants, but several mentioned learning about: the need for clearly defining a circumscribed issue for their project; techniques for moving from problem definition to action; tips for appointing and managing the PIP team; and the importance of monitoring improvement over time. Respondents also appreciated learning that many of the issues they faced were the same at other organizations.

Questionnaire respondents identified the site visit and coaching calls with the consultant as the most useful elements of the QAPI project. Several respondents mentioned that the coaching calls helped them stay on track and keep moving forward. They also appreciated the opportunity to have their specific needs addressed. Ideas for improving the *Quality Indicators* project included more frequent group calls and additional opportunities to share tools and quality indicators.

Respondents were asked about their key challenges with QAPI. Several mentioned lack of time, support and resources. They also reported that it is difficult to involve other staff in QAPI activities. All

had ideas for how NYS DOH might help, and a high percentage indicated that their hospices would be very likely to participate if NYS DOH were to offer: a system for data sharing and anonymous benchmarking; a way to share tools such as assessments, checklists, or educational curricula for specific QAPI projects; and/or periodic webinars/discussion groups on QAPI topics.

## VII. Conclusions and Recommendations

Based on the findings described above and on our experiences working with the participating hospices, we conclude that the *Hospice Quality Indicators Project* was successful in helping the hospices move to a higher level with respect to performance improvement activities. We believe that these hospices have moved from a level of basic compliance with QAPI requirements to a point where quality measurement and improvement are more broadly integrated into operations. Furthermore, we think that they are learning how to effect more fundamental and sustainable change through QAPI.

The primary outcome of participation in the project seems to be optimization of hospice performance improvement activities in several ways. So far, the participating hospices have increased leadership buy-in and support for QAPI, found new ways to involve more staff in QAPI, honed their process for conducting PIPs, and gained experience in new ways of collecting quality data. Overall, these hospices have learned to get more benefit for their agencies out of the required QAPI activities.

We believe that the key features of the *Quality Indicators* project that contributed to this outcome were the availability of ongoing support from a recognized expert and the regular contact with other hospices to discuss quality concerns. The hospices seemed to see the availability of expert support as an opportunity to tackle tough quality issues that they had chosen not to address previously. Over the course of the project, we saw their confidence and expertise grow to the point where they may more readily take on the tougher issues in the future. In addition, the contact with other hospices served to normalize each organization's experiences. They found that many of them were dealing with similar challenges, and they were able to share strategies for improvement.

We suggest that this kind of support would be of value not only to all hospices, but also to other healthcare provider organizations in New York State. With assistance, more of these providers would be able to tackle their toughest challenges successfully and make meaningful improvements in clinical and operational quality.

We recommend that the NYS DOH consider developing a multi-tiered program for offering assistance with quality measurement and performance improvement to healthcare provider organizations. We further recommend that the program include the following key components:

- Availability of a champion/point person who can provide technical support and coaching on quality measurement and performance improvement activities;
- A “clearinghouse” where organizations can share tools for quality measurement and performance improvement;
- Periodic webinars provided by NYS DOH staff and by external experts;
- Regularly scheduled (e.g., bi-monthly) conference calls for organizations to discuss quality measurement and performance improvement;
- Opportunities to conduct joint performance improvement projects, where several organizations simultaneously work on an identified improvement opportunity.

The hospices that participated in this project indicated that they would be very likely to participate if the state offered a system for sharing quality data for benchmarking purposes. Interest in data sharing and benchmarking is likely to grow following the recent publication of proposed rules for hospice quality reporting by the Centers for Medicare and Medicaid Services (CMS). We recommend that NYS DOH consider collaborating with the state hospice organization (Hospice and Palliative Care of New York State) to explore development of a benchmarking program for hospices and other providers of palliative and end of life care.

## **VIII. Next Steps**

As of the writing of this interim report, the six hospices were scheduled to continue their performance improvement projects through August 2011. We planned to hold two additional group conference calls with all six hospices, one in July and one in August. One-on-one coaching calls were offered on an as-needed/as-requested basis.

*Update as of September 30:* The planned calls were held and all six hospices submitted final PIP summaries by September 25, 2011. We used the information gathered via the group calls, the one-on-one coaching calls, and the written summaries to create an update on activities and findings between June and September, 2011. The update is appended to this document (Appendix I).

## **IX. Closing Comments**

Weatherbee Resources, Inc. thanks the NYS DOH for the opportunity to work with the participating hospices. We hope that the information provided in this report will help the NYS DOH in their work to support quality improvement among healthcare provider organizations in New York State.

## **X. Appendices**

**Appendix I: Locations of Participating Hospices in New York State**

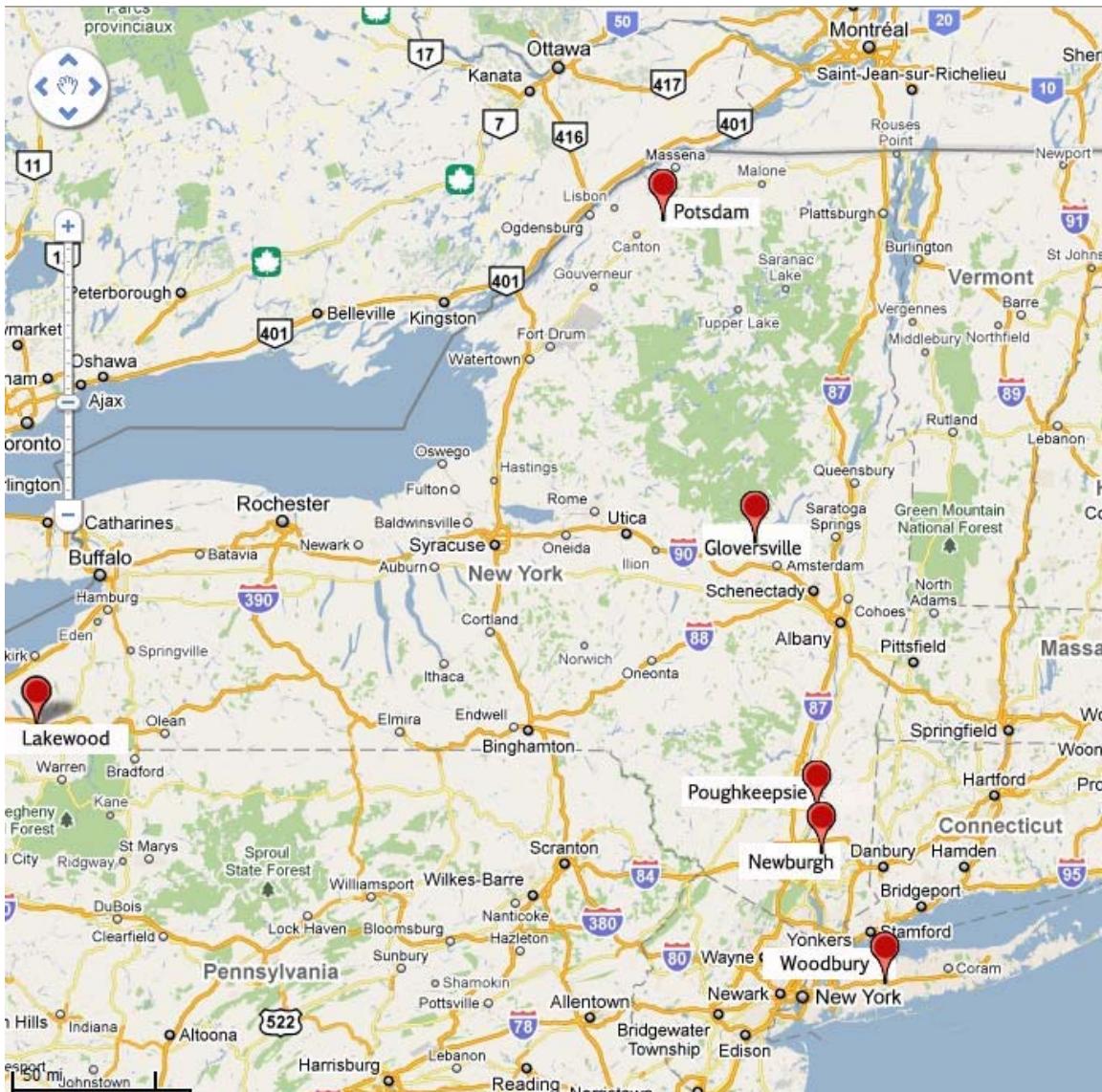
**Appendix II: QAPI Tools for Data Collection**

**Appendix III: QAPI Indicators for Participating Hospices**

**Appendix IV: QAPI Best Practices**

**Appendix V: Feedback Questionnaire and Results**

## Appendix I: Locations of participating hospices in New York State



Potsdam	Hospice of St. Lawrence Valley
Gloversville	Mountain Valley Hospice
Poughkeepsie	Hospice, Inc.
Newburgh	Hospice of Orange and Sullivan Counties
Woodbury	Hospice Care Network
Lakewood	Hospice of Chautauqua

**HOSPICE , INC. – Staff Survey on use of the EMR for assessment updates**  
*NOTE: This survey could be modified to ask about other elements of the EMR*

Clinical Staff Survey  
Updated Comprehensive Assessment Documentation  
Point of Care Documentation

1 – strongly disagree 2 – disagree 3 – neither agree nor disagree 4 – agree 5 – strongly agree

- Do you have the working computer equipment needed in order to easily document in the home?

1 2 3 4 5

Comments:

- Do you feel comfortable documenting in the home?

1 2 3 4 5

Comments:

- Do you find the layout of the updated comprehensive assessment in Allscripts easy to use for documentation?

1 2 3 4 5

Comments:

- Do you feel confident that you know what to document in Allscripts for the updated comprehensive assessment in accordance with the COP's and Hospice P&P?

1 2 3 4 5

Comments:

- Do you feel confident that you know where to document in Allscripts all the needed information for the updated comprehensive assessment in accordance with the COP's and Hospice P&P?

1 2 3 4 5

Comments:

- Do you feel you have the needed support to be confident in documenting the updated comprehensive assessment in the home? (IT/ Education/Allscripts)

1 2 3 4 5

Comments:

**MOUNTAIN VALLEY HOSPICE - STAFF SATISFACTION SURVEY<sup>1</sup>**

**Introduction and Instructions:**

This questionnaire is divided into five sections. Please answer all of the questions. We ask you to respond according to your honest feelings and remind you that all of your answers are confidential.

Place your completed questionnaire in the suggestion box. If you wish, you may put the questionnaire into a sealed envelope before putting it into the box. All of the surveys will be sent directly to the outside consultant for data entry. No one at Mountain Valley Hospice will see your questionnaire.

**Section 1 - My Work**

1. Do you work in the Hospice House?

*(Answer "yes" even if you sometimes work in the field and/or the office; then, base your answers on your work experience in the hospice house only.)*

- Yes  
 No

**Indicate the extent of your agreement or disagreement with each of the following numbered statements by checking just one answer for each statement.**

	<b>Disagree strongly</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Agree strongly</b>
2. My work gives me a feeling of accomplishment.	<input type="checkbox"/>				
3. I am challenged and have opportunities for professional growth.	<input type="checkbox"/>				
4. I have the tools I need to do the required work.	<input type="checkbox"/>				
5. I take advantage of opportunities to manage and process workplace stress/challenges.	<input type="checkbox"/>				
6. I have educational opportunities to maintain my job skills.	<input type="checkbox"/>				
7. I believe my work / role is valued within the agency.	<input type="checkbox"/>				
8. I have flexibility within my work role.	<input type="checkbox"/>				
9. I make an effort to be involved in the agency.	<input type="checkbox"/>				
10. Overall, I am satisfied with my job.	<input type="checkbox"/>				

Continued on the next page...

<sup>1</sup> Modified from a survey developed by Pathways Hospice of Northern Colorado.

**NYS-DOH Hospice Quality Indicators Project**  
**Appendix II: QAPI Tools for Data Collection**

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**Section 2 - Teamwork**

Indicate the extent of your agreement or disagreement with each of the following numbered statements by checking just one answer for each statement.

	<b>Disagree strongly</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Agree strongly</b>
11. My work group is good at problem solving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My co-workers maintain a professional and welcoming attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My co-workers maintain positive communication and professional boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My co-workers are willing to help out when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have good working relationships with my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My co-workers show respect for individuals from different cultural and ethnic backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I believe there is good teamwork between my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Overall, the culture of Mountain Valley Hospice promotes an atmosphere of cooperation and teamwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3 - Working With My Supervisor**

Indicate the extent of your agreement or disagreement with each of the following numbered statements by checking just one answer for each statement.

	<b>Disagree strongly</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Agree strongly</b>
19. My supervisor provides clearly-defined performance expectations and assists me with setting goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My supervisor is willing to listen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. My supervisor and I communicate well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My supervisor and I have a good working relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My supervisor trusts me to make the day-to-day decisions necessary to accomplish my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My supervisor acknowledges me for my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on the next page.....

**NYS-DOH Hospice Quality Indicators Project**  
**Appendix II: QAPI Tools for Data Collection**

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**Section 4 - Organization and Culture**

Indicate the extent of your agreement or disagreement with each of the following numbered statements by checking just one answer for each statement.

	<b>Disagree strongly</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Agree strongly</b>
25. I believe the work of Mountain Valley Hospice is consistent with our mission to provide compassionate care to patients and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I believe I am given opportunities to contribute to the organization's success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The current recognition programs such as the Annual Dinner and the Employee of the Year are meaningful recognition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I am paid fairly for the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I believe the amount of PTO (vacation, holiday, personal & sick time) I receive is appropriate to my length of time with Mountain Valley Hospice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I believe the benefits available from hospice (Health, Dental, Vision Insurance, Disability, Basic Life and Simple IRA) are valuable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5 – My ideas for improving teamwork**

31. List up to three things that you think Mountain Valley Hospice should do to improve teamwork across the organization.

Idea #1:

Idea #2:

Idea #3:

HOSPICE AND PALLIATIVE CARE OF THE ST. LAWRENCE VALLEY  
CALL LOG AND INSTRUCTIONS FOR USE



Paging Log

Name: \_\_\_\_\_

Date	Code	Time Paged	Time Answ.	RN/SW	Page Requested By & Phone #	Patient	Message	Page Forwarded to:
	1							
	2							
	4							
	1							
	2							
	4							
	1							
	2							
	4							
	1							
	2							
	4							
	1							
	2							
	4							
	1							
	2							
	4							

**HOSPICE AND PALLIATIVE CARE OF THE ST. LAWRENCE VALLEY**  
**CALL LOG AND INSTRUCTIONS FOR USE**

The paging log is utilized as a record keeping and triaging system for pages requested by patients, their families and various medical personnel. Completed logs are used as records of pages and a source of data for quality improvement. Below is an explanation of the log and accompanying triage codes:

**Page Log:**

Log sheet columns are used to record the following information:

- Date/Time Paged/Time Ans.: date of the page, the time the RN/SW was paged and the time the page was answered.
- Code: triage code corresponding with the expected time span of response from RN/SW.
- RN/SW: name of RN/SW being requested.
- Page Requested By & Phone #: name of person requesting page and the phone number they can be reached by RN/SW.
- Patient: name of patient the page request concerns.
- Message: brief explanation for the reason page is being requested.
- Page Forwarded to: name of person the page request is transferred to in the event that the RN/SW is unable to attend to the matter for whatever reason.

In cases of extreme urgency, all the information may not be obtained due to time constraints and/or the emotional state of the caller. In these cases, the minimal amount of information necessary is obtained.

**Triage Pager Codes:**

A page request is always as urgent as the patient/family member believes it to be. In most cases a specific timeframe for response by the RN/SW is not requested and the following triage code system is used:

<b>Code</b>	<b>Urgency/Timeframe for Response</b>	<b>Examples</b>
1	Emergency. Return call is needed as soon as possible. RN/SW is expected to respond within 5 minutes.	<ul style="list-style-type: none"><li>• Patient death</li><li>• Crisis (medical, social, spiritual)</li><li>• Symptoms that require urgent attention (i.e. seizure, stroke)</li><li>• End stage death behavior/symptoms</li></ul>
2	Non-emergency, but requires response from RN/SW at their earliest convenience. RN/SW is expected to respond within 30 minutes.	<ul style="list-style-type: none"><li>• Symptoms/situations requiring RN attention:<ul style="list-style-type: none"><li>◦ Catheter displacement</li><li>◦ Vomiting/diarrhea</li><li>◦ Labored Breathing</li><li>◦ Wound Care</li></ul></li><li>• Non-crisis social work assistance</li></ul>
4	Non-emergency, but requires follow up with the patient/family. RN/SW is expected to respond within 1 ½ hours.	<ul style="list-style-type: none"><li>• Prescription refills</li><li>• DME requests</li><li>• Assistance with paperwork</li><li>• Questions that don't require an immediate answer</li></ul>

**HOSPICE CARE NETWORK**  
**AUDIT FOR MEDICATION RECONCILIATION WITH INSTRUCTIONS FOR USE**

Medication Reconciliation Audit Form

**Instructions:** Team managers are given a list of randomly selected patients being served by a different team within the agency. The team managers place calls to the patient homes and speak to the patient, PCG, hospice LPN or other hospice staff if on site. The person on site is asked to report what is on the medication list in the home and the team manager compares this with the list in the computer and notes any discrepancies including mediation name, amount, route, etc.

Patient ID#\_\_\_\_\_ DOA: \_\_\_\_\_

Team: \_\_\_\_\_

Primary RN: \_\_\_\_\_

Caller: \_\_\_\_\_

Date of Call: \_\_\_\_\_ Time: \_\_\_\_\_

Reviewed medication profile with: \_\_\_\_\_

Patient       PCG       Other \_\_\_\_\_

Medications complete and accurate:

Medication inaccuracies:

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## **A sample of quality indicators used by one or more of the participating hospices**

### **Referral statistics**

- Referrals
- Admissions
- Time from referral to first contact
- Length of intake (time between referral ad admission)
- Not taken under care (by reason); % conversion of referral to an admit

### **Census statistics**

- Patients served
- Average daily census
- Length of stay
  - Average LOS
  - LOS  $\leq$  1-7 days
  - LOS > 180 Days
  - Median LOS
- Location of Death (Patient's place of residence: Home, Nursing Home, Assisted Living)
- Discharges
  - Non-death discharges; all reasons
  - Hospice initiated discharges
  - Patient initiated discharges

### **Finance and Development**

- Percentage of bills submitted to payer by the 5<sup>th</sup> business day of the month
- Percentage of accounts receivable aging over 90 days
- Total *Core Hospice Income/Expenditures* as a percentage of *Net Pt. Revenue*
- Revenue generated by charity events (yearly)
- Endowment fund growth

### **Revenue and Costs per Patient Day**

- Revenue/ppd
- Personnel cost/ppd
- Total Operating Expense/ppd
- Medication Cost/Patient Day

### **Human Resources**

- Turnover Rate - Nursing, Hospice Aide, All staff
- Workers Compensation - Experience Modification Ratio
- Employee Star Survey – employee perception
- Annual Employee Education Survey

### **Bereavement services**

- Community information calls
- Community referrals
- Initial visits – HCN families
- Initial visits – community
- HCN family home visit
- HCN family office visit
- Community family office visit
- Support groups
- Speaking engagement

### **Live discharges**

Bar graph showing total and broken out by:

- Non-contracted facility; Not hospice appropriate; Aggressive treatment; Other services; Refused service; Moved; Not recertified; Transferred to another hospice (monthly for the entire year)

# NYS-DOH Hospice Quality Indicators Project

## Appendix III: QAPI Indicators for Participating Hospices

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### Human Resources, cont.

- % Employees meeting Continuing Education hours requirement by discipline
- Percentage of personnel record complete and in compliance
- Staff competencies – percentage of staff tested who met or exceeded criteria
- Hospice aide orientation and supervision
- Percentage of RN's, LPN's, and HHAs certified in palliative care within 24 months of hire

### Volunteers

- % of volunteers who are competent to begin volunteer services within one month of completion of volunteer training
- Volunteer hours as a percentage of total employee patient care hours
- Percentage of patient/families requesting volunteers and percentage who received volunteer services within 2 weeks of request

### Operations

- Percentage of contracts that are up-to-date with scheduled review/revision

### Nursing Home Partners

- Facility Education given (per schedule)
- Nursing Home satisfaction survey

### HIPAA

- HIPAA Security and Privacy Log Summary
- # of HIPAA Breach Incidents per 1000 patient days

### Outreach and Referrals

- Percentage of primary caregivers who report the patient was referred to hospice at the right time

### Visits

- Visit Frequencies – RN, HHA, SW, SC, On-call RN
- Percentage of RN as SW visits of specified length (including documentation)

### Patient/Family Services Quality Indicators

- Evening/Weekend Services provided
  - Calls received - by reason for the call
  - Response to calls by type of response (e.g., call, visit, medication delivery)
- NHPco Family Evaluation of Hospice Care
  - Percentage who would recommend hospice to others
  - Percentage indicating they had enough instruction about caregiving
  - Percentage indicating "very confident" they knew how to use medications for symptoms
  - Percentage indicating "very confident" to do what was needed to take care of the patient
  - Percentage indicating hospice team response to evening/weekend needs was "excellent"
  - Percent answering "No" - 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?  
(% No)

# NYS-DOH Hospice Quality Indicators Project

## Appendix III: QAPI Indicators for Participating Hospices

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### ***Bereavement***

- Total Number of Hospice family members served per death
- Percentage of primary bereavement contacts (family members) who report receiving helpful telephone contact
- NHPco Family Evaluation of Bereavement Services (2<sup>nd</sup> and 4<sup>th</sup> quarter)
  - Percentage indicating the number of calls received from hospice was “just about right”
  - Percentage indicating that the in-person grief support was “very helpful”
  - Percentage indicating they were informed about hospice-sponsored support groups
  - Percentage indicating the hospice met needs “very well”

### ***Service Excellence/Complaints***

- Number of complaints per 1,000 patient days
- Summary report of complaints by reason
- % complainants acknowledged within 48 hours of call/letter
- % complainants with final response within 14 days

## Patient Care Quality Indicators

### ***Processes***

- Percentage of patients for whom English is not the primary language who had needs for a translator met
- Percentage of patients with specific symptoms assessed on admission using the Edmonton scale
- Percentage of patients with pain score of 4 or higher who received an RN pain assessment
- Percentage of patients who screen positive for anxiety or depression and receive interventions within 2 days of assessment
- Medication management
  - Breakthrough Pain Management - # of pts with no breakthrough medication who are on a LA Opioid
  - Constipation Management - # of pts with no bowel medication who are on a non-PRN Opiate
  - Percentage of patients with pancreatic and lung cancer diagnosis that have a liquid pain medication in the home
  - For patients on anti-coagulation therapy: percentage of test results (critical and non-critical) with MD follow-up call
  - For patients with infusion therapy: percentage with documentation of site assessment for signs/symptoms of infection and % with appropriate basal/bolus ratio
- Medication management at the Residence/Hospice House
  - Percentage of records documenting indication for symptom management with:
    - proper scale used for symptom management,
    - proper administration based on score (PRN meds only), and
    - pre/post scores entered

### ***Outcomes***

- Percent of patients assessed positive for pain on admission who had improvement within 2 days of assessment

- Percentage of patients with pain exacerbation for whom pain is brought to an acceptable level within 48 hr
- % of patients with moderate to severe pain in last week of life

**NOTE: One hospice listed all indicators related to managing specific symptoms as a group.**

**PAIN**

- Patients initial screen for pain on admission (% whose pain was at a comfortable level within 72 hours)
- Patient's pain was within a comfortable range (3 or below) 48 hours prior to death

**Hospice Patient Perception of Care Telephone Survey**

- Has Hospice staff helped you deal with your pain effectively? % YES

**NHPCO Family Evaluation of Hospice Care\***

- Did you want more information than you got about the medicines used to manage the patient's pain? % NO

**SHORTNESS OF BREATH**

- Patient initial screen for shortness of breath on admission (% whose shortness of breath is at a comfortable level at 72 hours)

**Hospice Patient Perception of Care Telephone Survey**

- Has Hospice staff helped you deal with your Shortness of Breath effectively? % YES

**NHPCO Family Evaluation of Hospice Care\***

- How much help in dealing with his/her breathing did the patient receive while under the care of hospice? % RT AMT

**ANXIETY**

- Patient initial screen for anxiety on admission (% whose anxiety decreased at 72 hours)

**Hospice Patient Perception of Care Telephone Survey**

- Has Hospice staff helped you effectively deal with your anxiety? % YES

**NHPCO Family Evaluation of Hospice Care\***

- Help with patient's feelings of anxiety/sadness (% RT AMT)
- Hospice emotional support to family PRIOR to patient's death % RT AMT
- Hospice emotional support to family AFTER patient's death % RT AMT

**NAUSEA**

- Patients initially screened for Nausea on admission (% whose Nausea decreased at 72 hours)

**Hospice Patient Perception of Care Telephone Survey**

- Has Hospice staff helped you deal with your Nausea effectively? % YES

# NYS-DOH Hospice Quality Indicators Project

## Appendix III: QAPI Indicators for Participating Hospices

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### Patient Records

#### **Compliance**

- Percentage of records with certifications signed within specified time period
- Percentage of records with initial orders signed within specified time period
- Percentage of patients with comprehensive assessment completed within 5 days of admission (by discipline)
- Percentage of records documenting collaboration pre-admission with physician and patient/family
- Percentage of patients receiving spiritual care whose Plan of Care reflects spiritual care

#### **Quality of Care**

- Percentage of records with Physician Plan of Care (PPOC) completed in specified time period
- Percentage of records with death and discharge summary completed in specified time period
- Percentage of deaths with Primary MD notified by Team Assistant
- Percentage of records with care Plan Revision after Patient Fall
- For patients with CVAD, percentage of records with CVAD plan on admission

#### **Patient safety**

- Percentage of medical records documenting completion of safety assessment (Home, SNF, Hospice House)
- Percentage of records showing fall assessment (Inpatient in settings other than the Hospice House)
- Bar graph showing total incidents and broken out by: Falls; Staff incidents; Medication errors, and Other incidents (monthly for the entire year)
  - Falls breakdown
    - Bar graph for falls broken out by: witnessed/non-witnessed and injury/no injury (monthly for the entire year)
    - Bar graph for falls follow-up broken out by: visit within 24 hr; documentation of MD notification; documentation of fall prevention (monthly for entire year)
  - Adverse Drug Reactions
    - Drug Interactions
    - Significant Side Effects
  - Medication Errors
    - Omissions/missed dose
    - Wrong medication, wrong route, wrong time
    - Source of error – physician, pharmacy, hospice, family, other

#### **Infection Surveillance**

- Bar graph showing total infections and broken out by: UTI – with and without device; Wound/local skin; Cellulitis; Upper respiratory; Herpes zoster; C. diff.; Other (Monthly)
  - Tracked by team and by nurse
- Infusion therapy site assessment documentation for signs and symptoms of infection

**QAPI Best Practices – Observed in Six New York State Hospices - 2011****❖ Using a framework for quality assessment**

Well-defined frameworks provided a context for discussing quality and assured that all aspects for the organization were being monitored. They also provided a structure for reporting on quality throughout the organization and to the governing body.

**❖ Use of a smaller number of quality indicators and measures that focused on specific areas of concern**

Including too many measures in the periodic (usually quarterly) review of performance can quickly overwhelm managers or board members who need to determine whether and where to implement improvement activities.

**❖ Yearly review of quality measures**

This provided an opportunity to eliminate indicators that were no longer needed, to add indicators to track new areas of concern, and to refine indicators that were not working well.

**❖ Use of multiple methods to collect quality data and dissemination of responsibilities for data collection**

Methods included medical record audits, infection and incident logs, patient and/or family surveys, personnel record audits, and staff surveys among others. Dissemination of data collection, such as medical record audits, not only produces more quality data, but is also a powerful teaching tool because the “auditors” see how others are conducting and documenting care.

**❖ Reporting on quality indicators that shows performance over time and relative to a specific target**

Reporting was done via either tables or graphs.

**❖ Use of several sources of information to select and prioritize topics for performance improvement**

Hospices used quality indicator data, state survey deficiency reports, and management and staff suggestions to identify opportunities for improvement.

**❖ Performance improvement activities**

Best practices for performance improvement included focusing on a well-defined issue, appointing staff who had first-hand knowledge of the issue to the PIP team, and engaging the entire hospice in the PIP.

**❖ Instilling a “culture of quality” throughout all hospice operations**

Clinicians and administrative staff are encouraged to ask the following question when faced with a decision about what to do: “What would be the ‘best practice’ in this circumstance?” They are further encouraged to bring ideas for improving any part of their job to the hospice management.

**NYS-DO Hospice Quality Indicators Project  
Appendix V Feedback Questionnaire Results**

**Page 28 of 34**

**1. List up to three things you learned through participation in the NYS-DOH QAPI Project.**

**6 Responses**

1. Learned the importance of sustainability of a performance project and the need for administrative buy in. 2. Learned how to move the team from identifying barriers to developing action plans. 3. Learned the importance of developing vision statements to focus the activities of the team.

1. Value of an integrated team. Many Perspectives. 2 Developed an awareness of other team members 3. Other agencies have similar issues. We are not alone.

1) It is better to focus on fewer objectives than to try to address ALL of the need we see (i.e. keep your ambition in check) 2) As PIPs develop, keep it measurable and be cautious of goal drift. 3) Small hospices with limited staffing resources make focusing on PIPs difficult.

1. How to develop tools to measure outcomes. 2. To get a clear picture of what is actually happening, and not assume you know. 3. How to manage PIP teams and meetings more effectively

1. Shared challenges among hospices in this project 2. Identifiable opportunity for improvement should be integrated into education plan 3. NY State Department of Health is invested into improving hospice QAPI programs

1. The process for implementing a PIP. 2. How to monitor for sustained improvement. 3. Most important, how to track and report on the progress.

**2. To what extent did participation in the NYS-DOH QAPI Project enhance your proficiency with each of the following QAPI skills? (Choose "6-Not Needed" if you feel you did not need to enhance this skill; Choose N/A if the skill was not addressed during the project.)**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Not at all 1	2	3	4	A great deal 5	Not Needed	N/A
	0	1	1	1	1	2	0
Selecting or developing data collection tools	0 0%	17% 17%	17% 17%	17% 17%	17% 17%	33% 33%	0% 0%
Selecting target areas for performance improvement	0 0%	0% 0%	2 33%	1 17%	1 17%	2 33%	0% 0%
Putting together a team for performance improvement	0 0%	1 17%	1 17%	0 0%	2 33%	2 33%	0% 0%
Conducting PIP team meetings	0 0%	1 17%	2 33%	0 0%	2 33%	1 17%	0% 0%
Conducting root cause analysis	0 0%	1 17%	1 17%	2 33%	1 17%	1 17%	0% 0%
Developing interventions to address the performance improvement target	0 0%	0% 0%	1 17%	2 33%	2 33%	1 17%	0% 0%
Tracking and reporting on the progress of a performance improvement project	0 0%	0% 0%	2 33%	2 33%	2 33%	0% 0%	0% 0%
Sustaining improvement	0 0%	0% 0%	1 17%	1 17%	2 33%	1 17%	1 17%

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**3. Provide up to three examples of ways you will apply what you learned through participation in the NYS-DOH QAPI project in your work at the hospice.**

**6 Responses**

1. To gain the support of the administration for Improvement Projects since I have learned sustainability of any improvement is a must. 2. To facilitate PIP teams to move from identifying barriers to developing plans of improvement. 3. I will use many of the suggestions from Melanie for example to use a staff survey to help collect more data and help understand the issue better.

1 Communication is very important 2 Positive dialogue 3 To re-evaluate more often, don't let it go so bad.

1) PIP documentation in chronological order (tell a story). 2) Keep PIP objectives clear, limited, and measurable. 3) Reduce the number of concurrently active PIPs.

1. Will consider methods used by other hospices for keeping PIP team members engaged. 2. Will use ideas for developing tools and analyzing data in new and existing PIPs. 3. Will consider using some of the information provided by other hospices on their PIP topics and interventions.

1. Standardization of data collection and reporting 2. Added fall rate and Not Taken Under Care data as a percentage rather than a number

1. We will use the PIP process to assist in many areas that need improvement. 2. We will do baseline audits to help us monitor improvement. 3. We will pilot improvement initiatives before we implement policy changes.

**4. How useful were each of the following elements of the NYS-DOH QAPI project for you and your hospice?**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Not useful at all 1	2	3	4	Extremely useful 5
Introductory webinar about conducting a performance improvement project	0 0%	1 17%	4 67%	1 17%	0 0%
Individual hospice coaching calls with the consultant	0 0%	0 0%	2 33%	0 0%	4 67%
Site visit with the consultant	0 0%	0 0%	0 0%	4 67%	2 33%
Template for writing up the PIP report	0 0%	0 0%	2 33%	2 33%	2 33%
Group calls with all participating hospices	0 0%	0 0%	1 17%	3 50%	2 33%

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**5. What element or elements of the NYS-DOH QAPI project were most useful to you/your hospice and why?**

**6 Responses**

I appreciated the guidance to reassure us we were on the right track. Also the project helped give the team credibility and gain support from administration.

Coaching Calls kept us on track and accountable for project moving forward.

Access to Melanie for guidance and processing. Because each hospice and PIP is very different, a certain amount of creativity and critical thinking is necessary. Having an expert to model that process was very helpful.

The individual coaching calls were the most useful, as it helped me learn to use the data to direct the processes of the PIP team, to identify the target for improvement and get advice on what the interventions that might be best. The calls also helped to keep the process moving forward.

Collaboration by Department of Health and other hospices facilitated conversation which was a positive impetus for change.

We looked forward to the coaching calls most of all. All members anticipated sharing their concerns. Melanie was so resourceful and helpful in directing us. She also kept us on track and was a great leader.

**6. What would have made the NYS-DOH project more helpful or useful to you and your hospice?**

**6 Responses**

Melanie was very helpful with her advice but maybe a few more tools in how to go from brainstorming solution ideas to a well developed plan of action. Tools to help organize the process.

Starting with an outside consultant from the start.

More frequent group telephone calls.

I have found the experience to be extremely helpful and cannot think of any way I would change it. All calls were provided as scheduled, were informative and motivational, and I received excellent feedback.

Sharing the other hospice's QAPI measures

The only thing we needed was more time in our day. We will need to work on staying focused and develop better time management skills.

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**7. What are the primary challenges you face in implementing a successful quality assessment and performance improvement (QAPI) program in your hospice?  
(List up to three.)**

6 Responses

Lack of knowledge at the staff level. Lack of buy in as to the importance of QAPI. Lack of seeing quality activities as impacting the quality of care.

1 Finding time and involving others 2 knowing that project needs constant reinforcement, it will never really be finished. 3. Difficulty to measure emotion and behavior.

Clear leadership and priorities from Administration.

1. Staff time and resources 2. All staff recognizing QAPI as an important part of hospice process.

Time • Time • Time

Keeping up with all the changes has been a huge challenge. Developing policies, protocols and systems that flow smoothly takes time and then educating the staff and monitoring for compliance is overwhelming.

**8. This QAPI project was designed by the NYS-DOH Office of Long Term Care and the Quality Assurance Branch of NYS-DOH to help hospices with the implementation of QAPI requirements. Going forward, what do you think that the state office can or should do continue to support hospices across the state with QAPI? For example, what kind of training, tools or support would be helpful?**

6 Responses

To become a clearinghouse for best practices in QAPI in the State with examples of projects and assistance. Benchmarking capabilities.

Offer more training with clear expectations of regulations and expectations. Provide specific directions about what should be included in QAPI Program.

PIP templates. Board training

The recommendations in Question 9 are all ways that would be helpful to hospice's across NYS. Also, some central location to access the information about QAPI, such as a website, or part of the HCN, would also be very helpful.

Webinars related to the QAPI process across continuum • Clear standardization of measurement data and process

A designated support person would be so helpful when trying to interpret or implement changes.

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**9. If any of the following could be provided by the NYS-DOH Office of Long Term Care (or through a contractor), how likely is it that you/your hospice would participate?**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Not likely at all	1	2	3	4	Very likely
	5					
A system for sharing data and benchmarking - anonymously	0	0	0	1	1	5
	0%	0%	0%	17%	83%	
Periodic webinars/discussion groups on QAPI topics	0	0	0	2	2	4
	0%	0%	0%	33%	67%	
A system for NY hospices to share tools (assessments, checklists, educational curricula) for specific QAPI projects	0	0	0	1	1	5
	0%	0%	0%	17%	83%	
Access to a DOH staff person who can provide telephone-based assistance with QAPI activities	0	0	2	1	1	3
	0%	0%	33%	17%	50%	
Joint QAPI projects – participate with a group of hospice all working on the same topic	0	0	1	2	2	3
	0%	0%	17%	33%	50%	

**10. Write in any additional comments you have about the NYS-DOH QAPI Project.**

**4 Responses**

I have found this process very helpful in guiding us through this process.

Thank you for holding onto this as an initiative.

This has been an exceptional program for our hospice!

I appreciate the opportunity to work collaboratively with the other Hospices. I especially appreciate all of Melanie's guidance, enthusiasm and genuine interest in helping us improve our process.

## **XI. Addendum I: Final Update as of September 30, 2011**

In June 2011, Weatherbee Resources submitted an interim report covering the first three and a half months of the Hospice Quality Indicators Project – Part 2. This addendum describes the project activities and that took place from June to September 2011 after the initial report was submitted. The addendum also provides an update on the progress of the participating hospices.

### ***Additional project activities***

Between June and September of 2011:

- The six participating hospices continued with implementation of their PIPs.
- Dr. Merriman, the lead project consultant, continued to provide one-on-one coaching calls with participating hospices as needed (three hospices requested four calls total).
- Two additional group conference calls were held (July and August 2011) where representatives of each participating hospice provided updates on their PIPs, shared what was being learned, and asked questions of the group to inform their work.
- The participating hospices submitted their final PIP reports in mid-September to be reviewed by Dr. Merriman.

### ***Update on progress in participating hospices***

Over the course of the project, all but one of the hospices were able to carry out their performance improvement plans through the pilot test phase. Over half have gone on to implement improvements program-wide and are in the final monitoring phase, which can last for one year or more. Of the two hospices that have not made it to program-wide implementation, one had the entire project put “on hold” by senior leadership, and the other is determining the best way to integrate the pilot project improvements into ongoing operations. Given the competing priorities health care organizations face daily, we feel this is an above average rate of project completion.

**Table 1: Progress of each hospice**

**Green** – progress through June 2011    **Purple** – Progress June to September 2011

HOSPICE	Clearly describe the problem	Generate ideas for solving the problem	Write a plan for improving performance	Carry out the plan on a small scale (pilot test)	Assess /measure results of the pilot test	Make adjustments to the plan as needed	When you have a working plan, implement the changes program-wide	Assess/measure results for several months to assure improvement is sustained
1								
2								
3							Planned	Planned
4								
5							Being planned	
6				On hold				

***Additional PIP challenges and elements of success***

From discussions with participants, and from a review of the PIP reports, we identified the following performance improvement project challenges and key elements of success, in addition to those described in the June progress report. (See page 7, above.)

**Challenges:**

- PIP projects can stall and leadership support weaken when a significant outlay of resources is required to meet project goals. This highlights the importance of focusing PIPs on well-defined and manageable issues rather than using them as a vehicle to achieve systemic organizational change.
- Issues more closely related to organizational culture (like communication and teamwork) can be difficult to tackle successfully within the rapid-cycle PIP process. However, these issues are often viewed as “top priority” areas for staff and, in some cases, a necessary first step for an organization prior to coming together to tackle challenging quality problems.
- Improvement activities can come to be identified with the PIP team and may be seen as a short-term project, rather than a pathway to systemic change. When this happens, then improvement may cease when the PIP team finishes its work and is disbanded. Instead, the PIP team must focus on changing policies, procedures, and/or systems that will sustain improvements over time.

**Elements of success:**

- Cultivation of champions is very helpful in moving a performance improvement project forward and keeping it vibrant. Multiple champions support each other so that no one person carries all of the responsibility.
- Sharing both baseline and follow-up data with staff across the organization can be a powerful way to prolong the staff support and behavioral changes needed to sustain improvements. People are motivated by success, and especially by partial success that spurs greater achievement.