



METRICS THAT MATTER IN HOSPICE CARE

Improve Your Hospice by Monitoring These Key Metrics

QUALITY METRICS

Quality Metrics

Monitoring key performance metrics is critical in the delivery of high-quality hospice care. Metrics help organizational leadership keep a pulse on the effectiveness of operational processes, patient care delivery and finances, so changes can be implemented when the efficacy of certain practices falls below standards. This guidebook provides best practices for analyzing the most critical metrics in hospice care to maintain the operational, clinical and financial health of your hospice organization.



▶ Visits in the Last Days of Life

Meeting the increased visit requirements in a patient's last three days of life is an important opportunity for the hospice to be more involved during perhaps the most transitional period of a hospice patient's care. Increased visits mean increased support to families, caretakers and facilities along with increased assessment of changing symptoms and caregiver needs. Organizations should closely monitor visits in the last days of life to ensure regulatory requirements are fulfilled and patient needs are met. Visits in the last days of life are also part of the hospice care index scoring.

Visits in the Last Days of Life Measurement

Number of patients receiving SN or SW visits in the last three days of life

Number of patients with at least one day of hospice in the last three days of life

Scoring: One point if the hospice scores above the 10th percentile nationwide

Current Average: 90.5% of patients have visits in the last three days of life

CMS [reported](#) patients who receive increased visits in the last three days of life yield higher scores on the [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) Hospice Survey](#), a standardized measurement of care quality and required component of the Hospice Quality Reporting Program (HQRP).

▶ HIS Metrics

Another component of the HQRP, the Hospice Item Set (HIS) consists of data elements that are extracted from the patient's medical record and used to calculate seven quality measures:

1. Treatment Preferences
2. Beliefs/Values Addressed
3. Pain Screening
4. Pain Assessment
5. Dyspnea Screening
6. Dyspnea Treatment
7. Patients Treated with an Opioid Who Are Given a Bowel Regimen

Hospices are required to submit a HIS record to CMS for each admission and discharge, regardless of the patient's payer. Submitted HIS data are compiled into quality measure reporting that hospices can access through the Certification and Survey Provider Enhanced Report (CASPER) application.

In the CASPER application, the Hospice-Level Quality Measure Report enables hospices to view their scores for each quality measure compared to national averages. Results can also be trended across multiple reporting periods.

Hospices should leverage CASPER reporting to identify HIS quality measures that require improvement and develop action plans to improve performance.



For additional information on the CASPER quality measure reports, CMS provides a [tip sheet](#) to help you get started.

▶ **Care Quality Indicators**

Certain clinical metrics help organizations monitor the level of care quality being delivered to patients. It's important for hospices to monitor these metrics to ensure patient needs are being met. Clinical metrics that reflect care quality include shortness of breath, opioid use, depression, oxygen use, wounds, hospitalizations, vital signs, symptom ratings, imminence of death, pain assessment and dyspnea treatment. Your hospice software should provide business intelligence capabilities that display patient trends to help you determine the best possible care options and drive QAPI efforts.

▶ **Patients Who Die Within Seven Days**

Hospices should closely monitor the number of patients who die within seven days of admission, as managing these patients can lead to staff burnout. If your hospice routinely admits patients who die within seven days, assess referral patterns, sales diversification processes and intake workflow operations to promote improved acuity management.

To optimize performance on each of these metrics, evaluate your organization's current performance, identify areas that require improvement and create an action plan, integrating the best practices provided above. After implementing your improvement plan, continue monitoring these metrics to gauge ongoing progress.

Remember, every hospice has unique needs and improvement goals. Being proactive by monitoring metrics with the highest risk stratification assignment is key.

For additional information on hospice metrics that matter, or to learn more about hospice technology solutions designed for your success, [connect with Axxess](#).

About the Authors



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