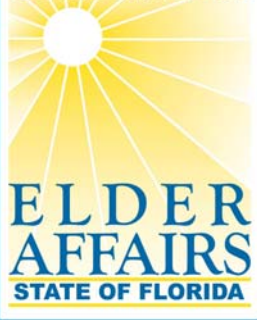


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2013 REPORT

Hospice Demographic and Outcome Measures

*Bureau of Planning & Evaluation, October 2013
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1.0 Legislative Directive and Purpose of the Report

Section 400.60501, Florida Statutes, requires the Department of Elder Affairs, in conjunction with the Agency for Health Care Administration, to develop outcome measures to determine the quality and effectiveness of hospice care for hospices licensed in Florida. This statute, along with Rule 58A-2.005, Florida Administrative Code, defines the outcome measures, as well as demographic and diagnostic information hospices are required to submit to the Department of Elder Affairs annually. Hospices are also required to conduct patient surveys using the National Hospice and Palliative Care Organization Patient/Family Satisfaction Survey or a similar survey. Two of the three hospice outcome measures were promulgated on August 11, 2008. Calendar year 2012 is the fourth year for which a full year's results for all three outcome measures are available.

This report contains an analysis of the data submitted by Florida's 43 licensed hospices for calendar year 2012. Three prior reports describe the analysis of hospice data and outcomes for calendar years 2009 through 2011.¹

2.0 Data Collected

Hospices licensed in Florida are required to submit outcome measures, demographic, and diagnostic information to the Department each year. A secure online form was made available January 1, 2010, to all hospices for the purpose of data collection. A copy of the form that lists the information required (DOEA Form H-002) is included in the Appendix.

The information provided by each hospice organization includes the following:

- Basic hospice and contact information;
- Counties served;
- Facility and residential unit information including the number of beds, facility admissions, and facility patient days;
- Proportion of patients reporting a reduction of pain (Outcome Measure 1);
- Proportion of patients receiving the right amount of pain medicine (Outcome Measure 2);
- Proportion of patients who would recommend hospice services to others (Outcome Measure 2A);
- Diagnosis, age, race, and reimbursement information for patients admitted;
- Number of patient days by location; and

¹ <http://elderaffairs.state.fl.us/does/evaluations.php>

- Number of patient discharges by death/non-death.

Most of the required information is reported at the hospice organization level (not for each facility or residential unit operated by a hospice).

3.0 Outcome Measures

Hospices are required to report on three outcome measures (see Table 1 below). These measures were designed to be used as a tool for evaluating hospice quality. Results from calendar year 2012 indicate that all hospices that reported outcome measure data met the standards set for these three measures.

Table 1 below lists the standard set for each outcome measure and the percentage of reporting hospices that met the standard. The acceptable standard for all three outcome measures was set at 50 percent of the survey responses received by the hospice.

Table 1: Percentage of Florida Hospices That Met Outcome Measures for 2012

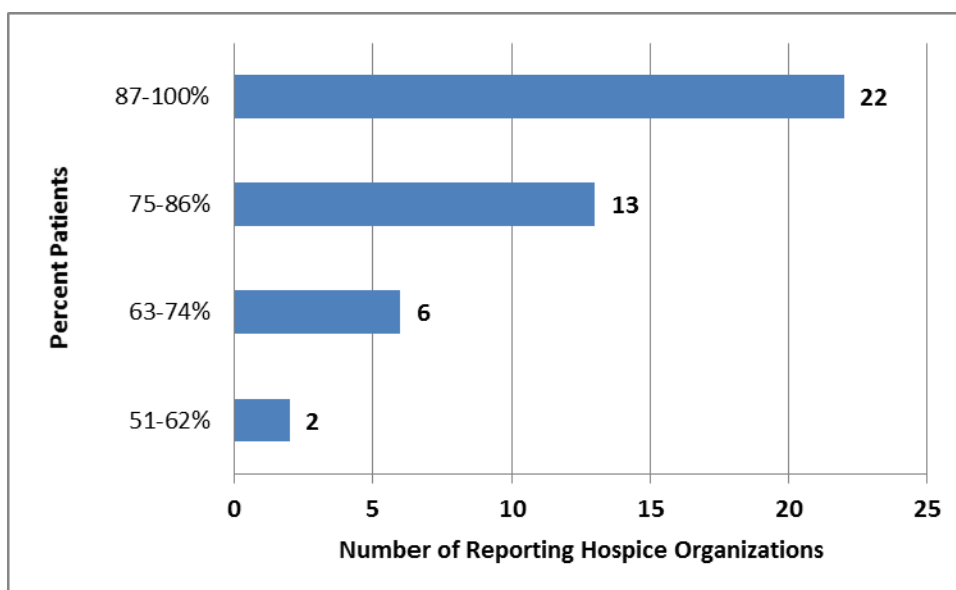
Outcome Measure Number	Description of Outcome Measure and Standard	Percentage of Reporting Hospices That Met Standard
1 (OM1)	50 percent or more of patients who reported severe pain on a 0-to-10 scale reported a reduction to five or less by the end of the fourth day of care in the hospice program.	100%
2 (OM2)	50 percent or more of patients reported they received the right amount of medicine for his or her pain.	100%
2A (OM2A)	50 percent or more of patients and/or family members recommended hospice services to others based on the care the patient received.	100%

3.1 Outcome Measure 1 (OM1)

As required in Section 400.60501, Florida Statutes, Outcome Measure 1 measures the percentage of patients who had severe pain (seven or higher on the 0-10 scale) at admission and whose pain was reduced to a level of five or less by the end of the fourth day of care in the hospice program. All hospices reported data on this measure.

All hospices met or exceeded the 50 percent standard for decreasing pain to a level of five or less by the end of the fourth day.² The majority (22) of the hospices in 2012 reported they reduced the pain level to five or less by the end of the fourth day for 87 to 100 percent of their patients (see Chart 1 below). For the years 2009 and 2010, the number of hospices reporting that the percentage of patients whose pain was reduced to level five or less was 21, while it was 17 for the year 2011. In 2011 and 2012, all hospices met the standard for minimum pain reduction by the fourth day, compared to two hospices in 2010 and one hospice reporting in 2009 who did not meet the standard. See Table 5 for a list of the names of the hospices and the percentages of their patients that met this outcome measure.

Chart 1: The Number of Hospices Whose Percentage of Patients With Pain Was Reduced to Level 5 or Less

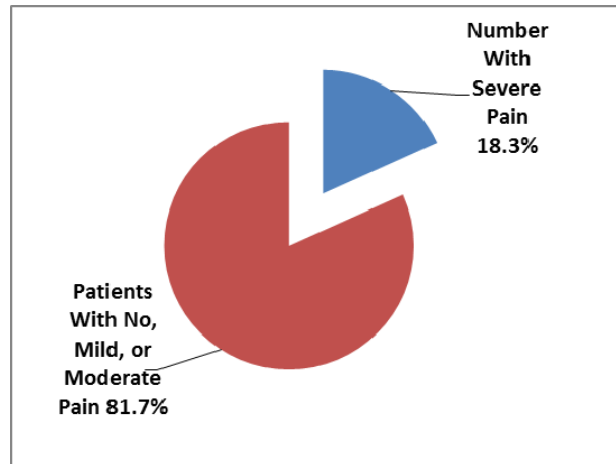


Number of hospices reporting on this measure: 43; 2012

²
$$\frac{\text{Number reporting reduction in pain level to 5 or less}}{\text{Number reporting reduction in pain level to 5 or less} + \text{Number reporting continued pain level 6 or higher}}$$

Statewide, hospices reported pain level data for 53,097 patients at the time of admission. Eighteen (18) percent of these patients (8,966) reported having severe pain at admission (see Chart 2 below).

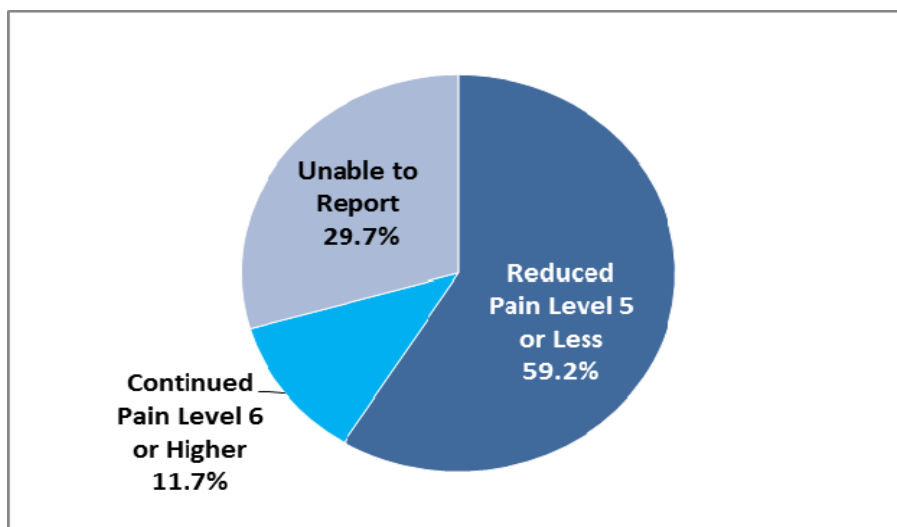
Chart 2: Florida Hospices Pain Level at Time of Admission



n=53,097; 2012

Of those patients reporting severe pain at the time of admission, 59 percent reported a reduction in pain to a level five or less by the end of the fourth day of care. Twelve (12) percent reported their pain level was six or higher by the end of the fourth day of care. Thirty (30) percent were unable to report their pain level by the fourth day (see Chart 3 below). These totals may include patients who chose not to receive pain medicine.

Chart 3: Status of Florida Hospice Patients at End of Fourth Day of Care for Those Who Had Severe Pain at Admission



Number severe pain at admission= 8,966; 2012

Inconsistencies in data collection for this outcome measure were identified. Namely, not all hospices reported the level of pain on the fourth day after admission. Furthermore, the first day on which pain measures are collected may vary by hospice, as some hospices start reporting pain on the day of admission while others start on the first day of care received. In addition, when multiple pain scores were reported on the fourth day, the score selected varied; some hospices use the first pain score reported, some use the lowest pain score reported, and others use the highest pain score reported. The Centers for Medicare & Medicaid Services (CMS) reported similar challenges in the reporting of the National Quality Forum (NQF) pain measure in its effort to implement this measure nationwide (see section 15.0 for more information).

3.2 Outcome Measure 2 (OM2)

Outcome Measure 2 measures the percentage of patients/families who said the patient received the right amount of pain medicine. All 43 hospices exceeded the standard that at least 50 percent of their patients receive the right amount of medicine for their pain.

Hospice organizations reported that 79,517 surveys were initiated during the reporting period that included a question about whether or not the patient received the right amount of medicine for his or her pain. The total number of surveys received was 23,901 or 33 percent of the initiated surveys. Of these, 18,958 (79%) answered the question for Outcome Measure 2. Ninety-five percent of all patients/families said the patient received the right amount of medicine for his/her pain (see Table 2 below).³ This proportion has not changed over the past four years of reporting.

Table 2: Florida Hospice Patients Outcome Measure 2 Results

Did the patient receive the right amount of medicine for his or her pain?	Number of Patients	Percentage of Patients
Number of survey responses received during reporting period indicating the patient received the right amount of medicine for his or her pain.	17,946	94.7%
Number of survey responses received during the reporting period indicating the patient did not receive the right amount of medicine for his or her pain.	1,012	5.3%
Total survey responses received indicating whether or not the right amount of medicine was received.	18,958	100%

³ $\frac{\text{Number that received right amount of medicine for pain}}{\text{Number that received right amount of medicine} + \text{Number that did not receive right amount of medicine}}$

3.3 Outcome Measure 2A (OM2A)

Outcome Measure 2A measures the percentage of patients who would recommend hospice services to others. All of the 43 hospices reported data on this measure. All of the reporting hospices exceeded the standard that at least 50 percent of their patients and/or family members would recommend hospice services to others based on the care the patient received.

The hospice organizations reported that 79,683 surveys were initiated during the reporting period that included a question about whether or not the patient or responsible party would recommend hospice services to others. The total number of surveys received was 25,489 (32 % of the initiated surveys) and 24,821 of these (97%) reported on Outcome Measure 2A.

Ninety-seven percent of all patients/families who responded to this question said the patient or responsible party would recommend hospice services to others (see Table 3 below).⁴ This proportion has not changed from year 2011 and 2010, even though it decreased slightly from reporting year 2009, when 98 percent of patients and/or family said they would recommend hospice services to others.

Table 3: 2012 Florida Hospice Patients Outcome Measure 2A Results

Based on the care the patient received, would the patient and/or responsible party recommend hospice services to others?	Number of Patients	Percent of Patients
Number of survey responses received during the reporting period answering "yes" to this survey question.	23,992	96.7%
Number of survey responses received during the reporting period answering "no" to this survey question.	829	3.3%
Total survey responses received indicating whether or not hospice services would be recommended to others.	24,821	100%

⁴ $\frac{\text{Number would recommend hospice services}}{\text{Number would recommend hospice services} + \text{Number would not recommend hospice services}}$

4.0 Accreditation

While all hospices in the state of Florida have to be licensed (Section 400.602, Florida Statutes), accreditation is a voluntary process that requires a hospice organization to submit to an extensive on-site evaluation. The evaluation covers many areas of patient care and patient safety. Many see accreditation as a tool for measuring the quality of an organization. Between 2009 and 2011 the number of accredited hospices increased from 18 to 22, and decreased to 19 in 2012.

Table 4: Number and Percentage of Accredited Hospices

	2012	2011	2010	2009
Number of Accredited Hospices	19	22	17	18
Number of Hospices	43	43	41	41
Percentage of Accredited Hospices	44%	51%	41%	44%

The hospices that have been accredited are identified in Table 5 along with the name of the accrediting agency. The majority of hospices were accredited by The Joint Commission (11), followed by CHAP (7), and ACHC (1).

5.0 Individual Hospice Information

For each of the 43 hospices licensed in Florida, Table 5 lists the city in which the organization is located, the hospice's outcome measures results, accrediting entities, profit-status, and the number of patients admitted.

The Profit Status column contains "FP" if the hospice is a for-profit hospice (the field is blank for non-profit hospices). The majority of hospices in 2012 (31 or 72%) had non-profit status. The number of for-profit hospices has been increasing over the past four years. In 2012 and in 2011, 12 of the 43 (28%) hospices were for-profit, which compares to 9 of the 41 hospices (22%) in 2010, and 7 of 41 hospices (17%) in 2009. Sixteen (52%) of the non-profit hospices in 2012 were accredited compared to three of 12 (25%) for-profit hospices.

Table 5: 2012 Outcome Measure (OM) Results, Accrediting Entity, Profit Status and Number of Patients, by Hospice

Hospice Name	City	OM 1	OM 2	OM 2A	Accrediting Entity	Profit Status	Number Patients
Avow Hospice, Inc.	Naples	96%	94%	98%	The Joint Commission		1,963
Big Bend Hospice, Inc.	Tallahassee	74%	96%	98%	CHAP		1,338
Catholic Hospice, Inc.	Miami Lakes	93%	97%	88%			2,399
Community Hospice of Northeast Florida, Inc.	Jacksonville	90%	95%	98%			5,697
Compassionate Care Hospice of Miami Dade, Inc.	Bartow	75%	85%	96%	CHAP	FP	301
Covenant Hospice, Inc.	Pensacola	92%	95%	97%	The Joint Commission		4,207
Emerald Coast Hospice	Overland Park	77%	85%	98%			1,454
Florida Hospital Hospice Care	Ormond Beach	57%	93%	90%	The Joint Commission		931
Good Shepherd Hospice	Temple Terrace	97%	95%	97%	The Joint Commission		3,430
Gulfside Regional Hospice, Inc.	New Port Richey	72%	93%	97%			1,630
Halifax Hospice, Inc.	Port Orange	91%	95%	98%			3,214
Haven Hospice	Gainesville	94%	96%	93%	ACHC		3,084
Heartland Home Health Care and Hospice	Jacksonville	100%	88%	100%	CHAP	FP	206
Heartland Hospice ⁵	Plantation	88%	100%	93%	CHAP	FP	784
Heartland Hospice Services II	Palmetto Bay	86%	96%	97%		FP	230
Hope Hospice and Community Services, Inc.	Fort Myers	81%	95%	97%	CHAP		4,705

⁵ Formerly known as Hospicecare of Southeast Florida.

Table 5: 2012 Outcome Measure (OM) Results, Accrediting Entity, Profit Status and Number of Patients, by Hospice (continued)

Hospice Name	City	OM 1	OM 2	OM 2A	Accrediting Entity	Profit Status	Number Patients
Hospice by the Sea, Inc.	Boca Raton	88%	93%	95%	The Joint Commission		3,716
Hospice Care of South Florida	Miami	100%	100%	100%			101
Hospice of Citrus County, Inc.	Lecanto	57%	98%	99%	Joint Commission		3,230
Hospice of Gold Coast	Fort Lauderdale	91%	99%	99%	CHAP		437
Hospice of Health First	Melbourne	77%	95%	100%	The Joint Commission		1,064
Hospice of Lake & Sumter, Inc., dba Cornerstone Hospice & Palliative Care	Tavares	84%	95%	92%			4,481
Hospice of Marion County, Inc.	Ocala	97%	100%	99%	The Joint Commission		2,945
Hospice of Okeechobee, Inc.	Okeechobee	75%	95%	100%			200
Hospice of Palm Beach County, Inc.	West Palm Beach	83%	96%	99%	The Joint Commission		6,701
Hospice of St Francis, Inc.	Titusville	73%	96%	99%			770
Hospice of the Comforter, Inc.	Altamonte Springs	80%	94%	97%			2,515
Hospice of the Florida Keys	Key West	94%	96%	100%			216
Hospice of the Treasure Coast, Inc.	Stuart	66%	93%	97%			1,907
HPH Hospice	Hudson	75%	95%	92%			4,210
LifePath Hospice	Temple Terrace	87%	93%	96%	The Joint Commission		6,262
Odyssey Healthcare of Marion County, Inc.	Miami	91%	93%	92%		FP	1,333

Table 5: 2012 Outcome Measure (OM) Results, Accrediting Entity, Profit Status and Number of Patients, by Hospice (continued)

Hospice Name	City	OM 1	OM 2	OM 2A	Accrediting Entity	Profit Status	Number Patients
Regency Hospice of Northwest Florida, Inc.	Pensacola	100%	100%	100%		FP	274
Samaritan Care Hospice of Florida	Orlando	89%	91%	89%		FP	518
Seasons Hospice and Palliative Care of Southern Florida	Miami	94%	90%	100%		FP	912
Suncoast Hospice	Clearwater	95%	95%	99%			7,532
The Hospice of Martin and St. Lucie, Inc.	Stuart	72%	97%	97%			1,406
Tidewell Hospice, Inc.	Sarasota	88%	94%	97%	CHAP		7,469
Vitas Healthcare Corporation of Florida	North Miami Beach	85%	94%	96%		FP	6,787
Vitas Healthcare Corporation of Florida	Melbourne	80%	94%	98%		FP	6,454
VITAS Healthcare Corporation of Florida	Boynton Beach	86%	94%	96%		FP	7,335
VNA Hospice of Indian River County	Vero Beach	70%	95%	98%	The Joint Commission		1,077
Wuesthoff Brevard Hospice and Palliative Care	Viera	88%	98%	98%		FP	817
Average outcomes; Total number & average of patients		84%	95%	97%			116,242; 2,703

ACHC = American Commission for Healthcare, Medicare Deeming Authority for Home Health, Hospice, and DMEPOS accrediting

CHAP = Community Health Accreditation Program

VNA= Visiting Nurse Association of the Treasure Coast, Inc.

The Joint Commission, formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

FP=For Profit

6.0 Hospice Geographical Coverage

As in the prior three years of reporting, each of Florida's 67 counties was served by at least one hospice organization in 2012. The number of hospice organizations serving each county is listed in Table 6 below.

Table 6: 2012 Geographic Coverage of Florida's Hospices

County	Number Hospice Organizations Serving County	County	Number Hospice Organizations Serving County	County	Number Hospice Organizations Serving County
Alachua	2	Hernando	1	Pasco	2
Baker	4	Highlands	3	Pinellas	1
Bay	2	Hillsborough	1	Polk	3
Bradford	2	Holmes	2	Putnam	2
Brevard	4	Indian River	1	Saint Johns	4
Broward	6	Jackson	2	Saint Lucie	2
Calhoun	2	Jefferson	2	Santa Rosa	3
Charlotte	1	Lafayette	2	Sarasota	1
Citrus	2	Lake	1	Seminole	2
Clay	4	Lee	1	Sumter	1
Collier	2	Leon	2	Suwannee	2
Columbia	2	Levy	2	Taylor	2
Desoto	1	Liberty	2	Union County	2
Dixie	2	Madison	2	Volusia	5
Duval	4	Manatee	1	Wakulla	2
Escambia	3	Marion	2	Walton	3
Flagler	5	Martin	2	Washington	2
Franklin	2	Miami-Dade	7		
Gadsden	2	Monroe	5		
Gilchrist	2	Nassau	4		
Glades	1	Okaloosa	3		
Gulf	2	Okeechobee	3		
Hamilton	2	Orange	5		
Hardee	3	Osceola	5		
Hendry	1	Palm Beach	3		

7.0 Inpatient Facilities and Residential Units

During 2012, Florida's hospice organizations operated 100 inpatient facilities and residential units, increasing from 87 since 2009. These include inpatient wings or rooms within a hospital or skilled nursing facility that were operated by the hospice as well as freestanding hospice inpatient facilities and residential units that appear on the hospice license. Each facility/unit must meet the following criteria:

- (1) Consist of one or more beds that are owned or leased by the hospice,
- (2) Be staffed by the hospice organization, and
- (3) Have policies and procedures set by the hospice.

The hospice organizations in the state operated between zero and 16 facilities/residential units (see Table 7 below). The number of hospices without facilities/residential units in 2011 and 2012 was 15, compared to 10 hospices in 2009 and 12 hospices in 2010. The number of hospices with one to two facilities/residential units in 2012 decreased to 13 from the years 2009 to 2011 (19, 18, and 16, respectively).

Table 7: Number of Facilities/Residential Units Operated by Florida's Hospices 2009-2012

Number of Facilities/Residential Units	Number of Hospices			
	2012	2011	2010	2009
0	15	15	12	10
1	8	8	9	10
2	5	8	9	9
3-8	14	11	10 ^a	15 ^b
16	1	1	1	0

^a 3-9; ^b 5-9

On average, there were 28 admissions per bed and 250 patient days per bed in 2012 (see Table 8). The number of admissions and days patients stayed at a facility or residential unit has been continuously increasing since 2009 and increased by five percent from 2011. During 2012, there were 41,878 admissions and hospices provided 1,520 beds in their facilities/residential units. While the number of beds increased between 2009 and 2011 (from 1,329 to 1,545), it decreased slightly from 2011 to 2012 (from 1,545 to 1,520). The average admission of patients per bed and the average number of patient days per bed also increased between 2009 and 2011 and decreased by 10 and eight percent, respectively, from 2011 to 2012.

Table 8: Admissions, Hospice Beds, and Facility Patient Days, 2009 through 2012

	2012	2011	2010	2009	Difference 2011 to 2012
Admissions	41,878	39,799	38,469	34,719	5.2%
Number of Beds	1,520	1,545	1,445	1,329	-1.6%
Average Number of Admissions per Bed	28	30	27	26	-10.0%
Average Number of Patient Days Spent per Bed	250	268	258	256	-7.5%

The Older Americans 2012 Key Indicators of Well-Being⁶ reports that 34 percent of hospice Medicare patients nationwide stayed in hospices seven days or fewer and 18 percent more than 90 days. Approximately 35 percent of patients admitted to Florida facilities/residential units in 2012 stayed for an average of seven days or less and 65 percent stayed on average of more than seven days up to 90 days. In none of the hospices reporting information did patients stay more than 90 days. In 2012 and 2011, the overall average days per hospice admissions for Florida patients was 10 and 13, respectively, and the median was eight days for both years.

Table 9 presents information about facilities' number of beds, patient admissions, the number of days patients spent at a facility, and averages by county. Compared to 2012, three additional counties (Bay, Clay, and St. Johns) opened hospice facilities in 2013, totaling 38 counties.

⁶ Federal Interagency Forum on Aging-Related Statistics. (2012). *Older Americans 2012: Key Indicators of Well-Being*. Washington, DC: U.S. Government Printing Office. June 2012, p. 66.

Table 9: 2012 Inpatient Facility/Residential Units Operated by Florida Hospices, by County

County	Total Beds	Total Facility Admissions	Total Facility Days	Average Admissions Per Bed	Average Days Per Bed	Average Occupancy Rate	Average Facility Days per Admission
Alachua	18	762	5,765	42	320	88%	8
Bay	15	372	2,601	25	173	48%	7
Brevard	42	1,429	10,128	34	241	66%	7
Broward	109	2,302	31,987	21	293	80%	14
Charlotte	19	660	6,521	35	343	94%	10
Citrus	34	1,148	8,805	34	259	71%	8
Clay	18	163	1,147	9	64	17%	7
Collier	27	1,187	7,109	44	263	72%	6
Columbia	16	577	4,266	36	267	73%	7
Desoto	8	92	2,628	12	329	90%	29
Duval	87	1,611	25,444	19	292	80%	16
Escambia	34	1,076	7,673	32	226	62%	7
Flagler	8	243	1,788	30	224	61%	7
Hernando	56	1,113	8,565	20	153	42%	8
Highlands	23	762	4,425	33	192	53%	6
Hillsborough	48	2,360	15,516	49	323	89%	7
Indian River	12	185	3,042	15	254	69%	16
Lake	16	453	4,478	28	280	77%	10
Lee	108	3,283	33,071	30	306	84%	10
Leon	12	605	3,394	50	283	77%	6

Table 9: 2012 Inpatient Facility/Residential Units Operated by Florida Hospices, by County (continued)

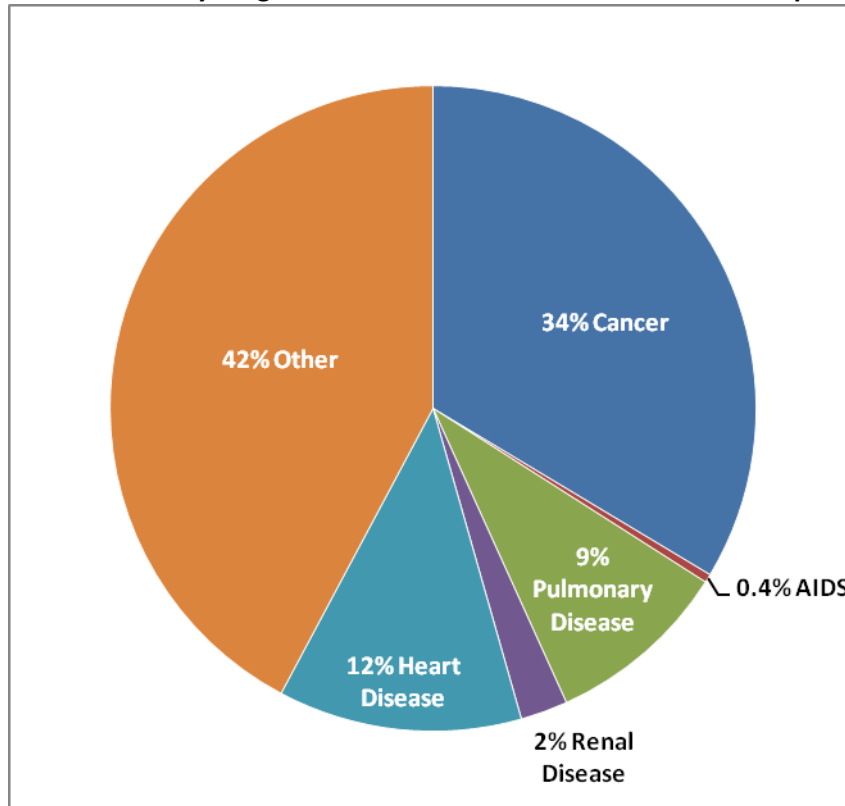
County	Total Beds	Total Facility Admissions	Total Facility Days	Average Admissions Per Bed	Average Days Per Bed	Average Occupancy Rate	Average Facility Days per Admission
Levy	16	462	3,677	29	230	63%	8
Manatee	26	1,012	6,772	39	260	71%	7
Marion	64	1,206	15,725	19	246	67%	13
Martin	16	511	3,404	32	213	58%	7
Miami-Dade	91	1,567	24,054	17	264	72%	15
Okeechobee	8	66	1,984	8	248	68%	30
Orange	30	692	8,520	23	284	78%	12
Palm Beach	162	4,070	25,096	25	155	42%	6
Pasco	126	2,057	17,977	16	143	39%	9
Pinellas	96	3,008	27,584	31	287	79%	9
Polk	19	870	5,071	46	267	73%	6
Putnam	12	471	3,843	39	320	88%	8
Sarasota	18	834	6,096	46	339	93%	7
Seminole	22	995	7,207	45	328	90%	7
St. Johns	12	284	3,329	24	277	76%	12
St. Lucie	16	625	3,638	39	227	62%	6
Sumter	20	449	5,720	22	286	78%	13
Volusia	56	2,316	16,094	41	287	79%	7
Total; Average	1,520; 40	41,878; 1,102	374,144; 9,846	30	256	70%	10; Median:8

Note: The number of admissions may not equal the number of patients since a patient can be admitted more than once during the calendar year and a person may be a patient during the calendar year but admitted prior to the start of the calendar year.

8.0 Admitting Primary Diagnosis

Hospices reported on the primary diagnosis for 116,242 patients at the time of admission. These totals include admissions to facilities and residential units. The following diagnosis categories were used: cancer, AIDS, end-stage pulmonary disease, end-stage renal disease, end-stage heart disease, and “other.” Forty-two percent of patients had a primary diagnosis included in the “other” category. Thirty-four percent responded that cancer was the primary diagnosis, followed by 12 percent for heart disease, and nine percent for pulmonary disease. AIDS and renal failure comprised slightly over two percent (see Chart 4 below). While the proportion of patients’ primary diagnoses at time of admission to hospices in 2012 were similar to those of the three prior years, the proportion of patients diagnosed with AIDS in 2012 and 2011 was half of that reported in the prior years, i.e., less than one-half percent compared to one percent in 2009 and 2010.

Chart 4: Primary Diagnosis at Time of Admission to a Florida Hospice



n= 116,242; 2012

A study in the February 2011 *Journal of the American Medical Association*⁷ reported lower proportions of cancer patients and higher proportions of patients with dementia in for-profit hospices compared to non-profit hospices. A similar and significant (.00 level) pattern of a lower percentage of patients with a cancer diagnosis in for-profit hospices compared to non-profit hospices (29% and 35%, respectively; see Table 10) occurred in Florida. Patients with AIDS were significantly more likely to be in for-profit hospices. The finding for the proportion of patients with dementia could not be replicated, as hospices are not currently required to report this diagnosis.

More than triple the proportion of patients in for-profit hospices had AIDS compared to the proportion in non-profit hospices (1% and 0.3%, respectively). The proportions varied by less than one percent compared to the previous reporting year.

Table 10: 2012 Patient Diagnoses at Time of Admission to Florida Hospices, by Profit Status

	Cancer	Heart	Pulmonary	Renal	AIDS	"Other"	Total
Non-Profit	34.9%	12.0%	9.5%	2.5%	0.3%	40.8%	100%
For-Profit	29.0%	13.0%	8.0%	1.8%	1.0%	47.2%	100%

n=116,242; 2012

The National Hospice and Palliative Care Organization reported that in 2011 cancer diagnoses constituted 38 percent of national hospice admissions, followed by 14 percent “debility unspecified” and 13 percent dementia.⁸ Florida hospices are not instructed to report information on diagnoses related to dementia. However, they may be contained in the relatively large proportion of “other” diagnoses (41%).

9.0 Patient Race/Ethnicity

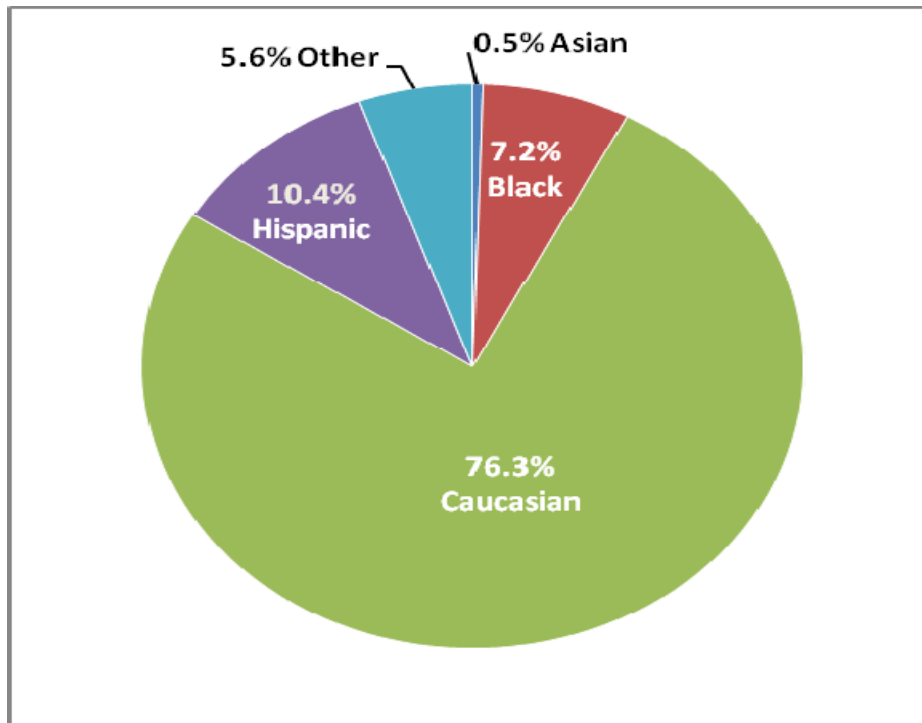
Hospices reported on the race and ethnicity of over 116,242 patients at the time of admission. These totals include admissions to facilities and residential units. The following race/ethnicity categories were used: Asian, Black, Caucasian, Hispanic, and “other.” Hospices reported that a majority (76%) of their patients were Caucasian; 10 percent identified themselves as Hispanic, regardless of race; seven percent were black; and one-half percent were Asian (see Chart 5 below). Between 2011 and 2012, two percent more patients identified themselves as “other race” and two percent fewer patients said they were Caucasian. Compared to 2011, the number of

⁷ Wachterman, M.W., Marcantonio, E.R., Davis, R.B., and McCarthy, E.P. Association of Hospice Agency Profit Status With Patient Diagnosis, Location of Care, and Length of Stay, *Journal of the American Medical Association*, February 2011.

⁸ The National Hospice and Palliative Care Organization (2012). *NHPCO Facts and Figure: Hospice Care in America. 2012 Edition.*

Caucasians admitted to for-profit hospices decreased by nine percent while the number of Hispanics and Blacks increased by six and three percent, respectively. Except for the increase of patients identified as “other race”, admissions to non-profit hospices changed by less than one percent between 2011 and 2012.

Chart 5: 2012 Reported Race/Ethnicity at Time of Admission to a Florida Hospice



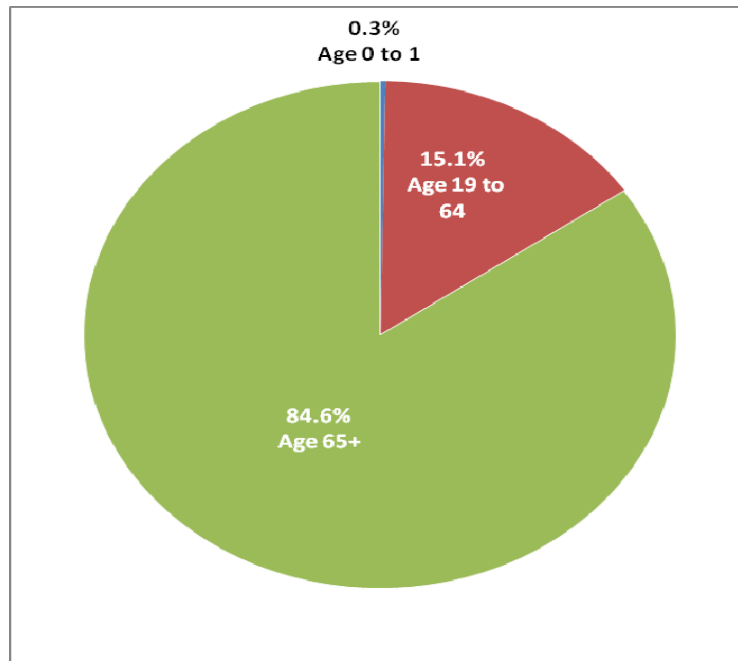
n=116,242; 2012

The majority of patients were admitted to non-profit hospices (76%). Eighty-two percent of the patients admitted to non-profit hospices during the 2012 reporting period were Caucasian compared to 57 percent admitted to for-profit hospices. The proportion of Caucasian patients admitted to for-profit hospices in 2012 decreased by nine percent from 2011, while the distribution of Caucasians in non-profit hospices decreased by one percent.

10.0 Patient Age

Hospices reported the age of 116,242 patients at the time of admission. These totals include facilities and residential units. Each person admitted was grouped into one of three age categories: age 0-18, 19-64, or 65 or older. Eighty-five percent of all hospice patients admitted were age 65 or older. Fifteen percent of patients admitted were between the ages of 19 and 64 and less than one-half percent were under the age of 19 (see Chart 6 below). These proportions have changed very little from previous years.

Chart 6: 2012 Reported Age at Time of Admission to a Florida Hospice



n= 116,242; 2012

Table 11 below shows the percentage of patients admitted by age category and hospice profit status. For-profit hospices served slightly more clients age 65 and older than non-profit hospices (86% compared to 84%). The age distribution of patients admitted to hospices over the past four years remained very similar. While the proportion of patients for the two older age categories by profit status of hospice varied by less than one percent from the previous years analyzed, the proportion of patients age 0 to 18 in for-profit facilities increased from 0.2 percent in 2011 to 0.5 in 2012. In 2012 and 2011, the proportion of patients age 0 to 18 in non-profit hospices was 0.2 percent

Table 11: 2012 Florida Hospice Patients’ Age and Organization’s Profit Status

	Percent Patients Age 0-18	Percent Patients Age 19-64	Percent Patients Age 65+	Total
Non-Profit	0.2%	15.5%	84.3%	100%
For-Profit	0.5%	13.7%	85.9%	100%

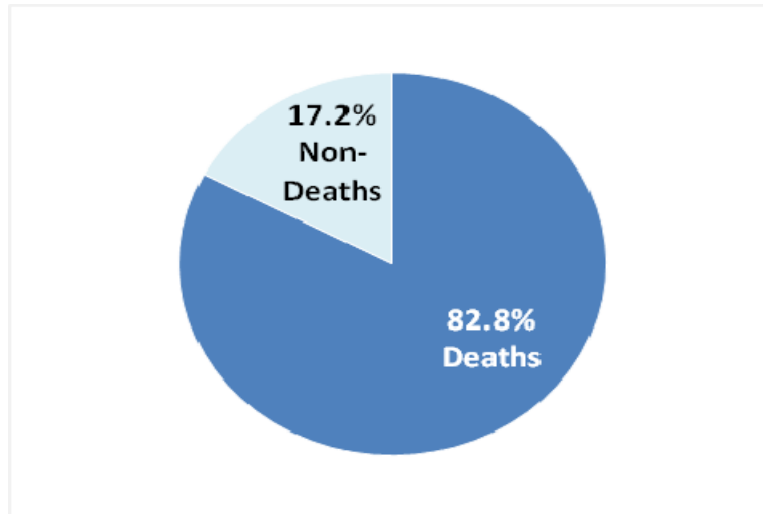
n=116,242; 2012

11.0 Discharges by Disposition Type

Hospices reported on the disposition of discharged patients, whereby each discharge was grouped into one of two categories: death and non-death. Individuals who died during the 2012

calendar year are included in the “death” category. The vast majority of discharges were due to patient death (83%; see Chart 7 below).

Chart 7: 2012 Florida Hospice Patient Discharges by Disposition



Number reported=114,071; 2012

Discharge dispositions due to death were higher in non-profit (84%) than in for-profit hospices (80%). The distribution of dispositions of discharges was similar across the past four years. The proportion of discharges due to patient death in for-profit hospices declined from 83 percent in 2010 to 79 percent in 2011 and increased to 80 percent in 2012.

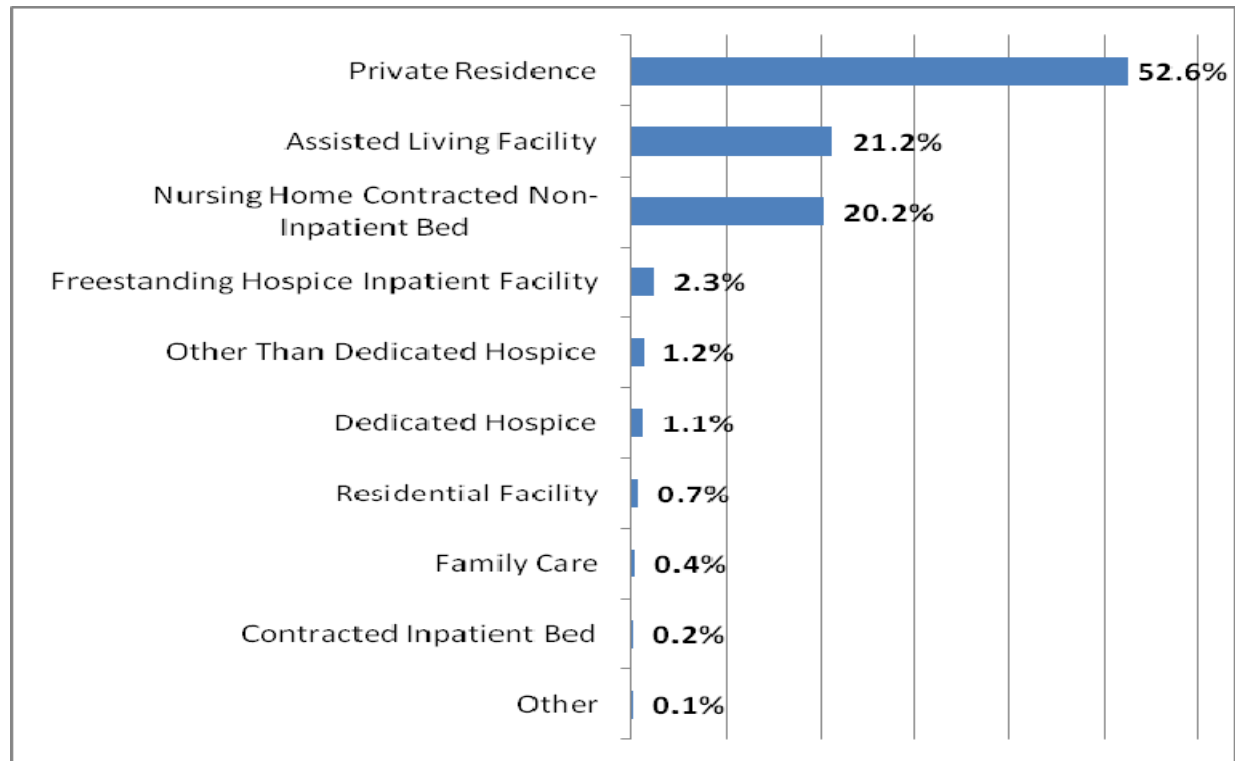
12.0 Patient Days by Location

Hospices reported the number of days patients spent by type of location. A majority (53%) of hospice patient days were spent in private residences (see Chart 8). Approximately 21 percent of hospice days were spent in an assisted living facility and 20 percent stayed in a nursing home with contracted non-inpatient beds. Two percent of all hospice patient days were spent in a freestanding hospice inpatient facility. One percent or less of all hospice days was spent in each of the following:

- Hospital - Other Than Dedicated Hospice Unit,
- Hospital - Dedicated Hospice Unit,
- Hospice Residential Facility,
- Adult Family Care Home,
- Nursing Home - Contracted Inpatient Bed, and
- Other.

While the percentage of days hospice patients spent in non-inpatient beds contracted with nursing homes decreased by three percent from 2009 to 2012, the percentage in assisted living facilities increased by three percent. Apart from these settings, the distribution of patient days spent by type of location varied very little over the past four years.

Chart 8: 2012 Florida Hospice Patient Days by Location

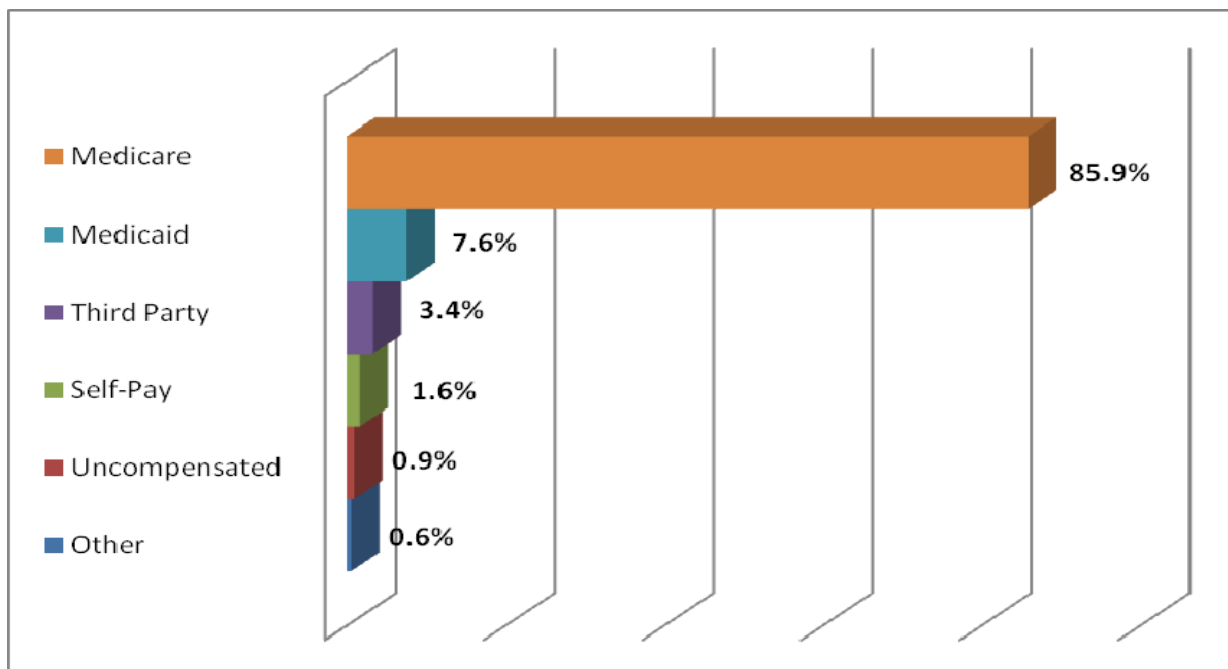


n=12,422,923; 2012

13.0 Reimbursement

Hospices reported on their reimbursement sources by providing the percentage of their income that came from each of six categories: Medicare, Medicaid, third-party, self-pay, uncompensated, and “other.” Eighty-six percent of all hospice reimbursement came from Medicare. Medicaid paid eight percent, and three percent came from third parties (see Chart 9 below). This distribution changed very little over the past four years of reporting.

Chart 9: 2012 Average Florida Hospice Reimbursements by Source



n=43; 2012

For-profit hospices received a higher percentage of reimbursement from Medicare than non-profits (89% compared to 85%), a similar percentage from Medicaid (7% compared to 8%), and a lower percentage from third parties (0.4% compared to 4%). The proportionate sources of reimbursement to hospices in 2012 were very similar compared to the previous reporting years.

14.0 Additional Hospice Data Available

Additional information about Florida's licensed hospices is available on Florida's Agency for Health Care Administration (AHCA) website. Included are results for five questions of the Family Evaluation of Hospice Care Satisfaction Survey, a survey given to families whose friend or family member received hospice care. It asks family members about their view on the care provided to the patient, as well as their own hospice experience. The majority of hospices (28) received high ratings on all questions (90% to 100%) and 15 hospices received a rating that was below the highest score (80 to 89%). These lower ratings were mostly related to the questions about the care the patient received and the hospice team responses to needs during evenings and weekends.

In addition, AHCA's website provides information about inspection results and legal sanctions levied for each hospice. AHCA inspections between January 2012, and August 2013 cited 29 hospices with one or more deficiencies. Deficiencies identified during inspections included

inefficient pain management of patients, the failure to update information for care plans and Emergency Management Plans, and the failure to conduct annual reviews of rules and by-laws ensuring that new employees get basic information about interacting with patients who have Alzheimer's disease or dementia-related disorders. The FY 2012 Top Ten State and Federal Health Deficiency Citations were mostly related to deficiencies in plans of care, patient's medical records, the coordination of services, and the hospice care team.⁹

AHCA's website may be accessed at the following web address:

<http://www.floridahealthfinder.gov>.

15.0 Centers for Medicare & Medicaid Services (CMS) Quality Measures for Hospice Quality Reporting Program and Data Submission Requirements

In August 2013, the Centers for Medicare & Medicaid Services (CMS) finalized the rule which discontinues the structural and pain measures reporting requirement proposed in rule in 2011 beyond the FY 2015 payment determination.¹⁰

The decision to exclude the National Quality Forum (NQF) #0209 pain measure from the QAPI Program was based on the following findings:¹¹

- The measure does not easily correspond with the clinical processes for pain management, resulting in variance in what hospices collect, aggregate, and report;
- Even with extensive training and the use of a standardized item set during the pilot test, the data showed continued variance in implementation of the measure; and
- There is a high rate of patient exclusion due to patient ineligibility for the measure and patients' denying pain at the initial assessment. This high rate of exclusion from the measure results in a small denominator and creates validity concerns. These concerns cannot be addressed by training or standardized data collection.

CMS concluded that further reporting for the structural measure was unnecessary since hospices had submitted adequate information about the number, type, and data sources of quality indicators as part of their Quality Assessment and Performance Improvement (QAPI) Program to inform future measure development activities.

The requirements regarding QAPI in the Conditions of Participation remain intact.

⁹ http://ahca.myflorida.com/publications/docs/130730_Top_Ten_Deficiency_Citations_FY1213.pdf, page 6

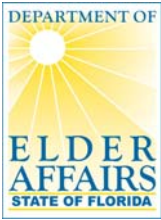
¹⁰ Federal Register, Volume 78, No. 91, May 10, 2013.

¹¹ [Information Regarding the Use of the NQF #0209 in the CMS Hospice Quality Reporting Program](#), RTI International, August, 2013.

CMS proposed the implementation of a new Hospice Item Set (HIS), focusing on seven NQF-endorsed measures, beginning July 2014. The measures included are:

- NQF #1617 Patients Treated with an Opioid who are Given a Bowel Treatment,
- NQF #1634 Pain screening,
- NQF #1637 Pain assessment,
- NQF #1638 Dyspnea treatment,
- NQF #1639 Dyspnea screening,
- NQF #1641 Treatment preferences, and
- NQF #1647 Beliefs/values addressed (if desired by patient).

In addition, on January 1, 2015, CMS will implement a Hospice Experience of Care Survey questionnaire, drawing heavily on questionnaires in the public domain such as the Family Evaluation of Hospice Care. The survey includes topics such as hospice provider communications with patients and family members, hospice provider care, and patient and family member characteristics. The survey will allow the informal caregiver (family member or friend) to provide an overall rating of the hospice care their patient received and will ask if they will recommend “this hospice” to others. The survey will be tested nationally in fall 2013.



APPENDIX

STATE OF FLORIDA DEPARTMENT OF ELDER AFFAIRS HOSPICE DEMOGRAPHIC and OUTCOME MEASURES REPORT

Reporting Period: January 1 through December 31

Report for Calendar Year _____

Report Due no later than March 31 of the following year.

SECTION A: BASIC HOSPICE AND CONTACT INFORMATION	
Hospice Name (as it appears on license)	
Telephone Number	
Physical Address	
Mailing Address, if different	
City	
State	
Zip Code	

SECTION B: HOSPICE INFORMATION	
Facility License Number	
Medicaid Number	
Medicare Number	
Accreditation Status	Yes No
If Yes, enter Organization Name:	

SECTION C: CONTACT PERSON	
Name	
Telephone Number	
Fax Number	
E-Mail Address	

SECTION D: COUNTIES SERVED

Number of Florida counties served under this license:

--

Check all counties served by this hospice license:

- | | | | | |
|------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alachua | <input type="checkbox"/> Duval | <input type="checkbox"/> Holmes | <input type="checkbox"/> Miami-Dade | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Escambia | <input type="checkbox"/> Indian River | <input type="checkbox"/> Monroe | <input type="checkbox"/> Sarasota |
| <input type="checkbox"/> Bay | <input type="checkbox"/> Flagler | <input type="checkbox"/> Jackson | <input type="checkbox"/> Nassau | <input type="checkbox"/> Seminole |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Franklin | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Okaloosa | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Brevard | <input type="checkbox"/> Gadsden | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Okeechobee | <input type="checkbox"/> Suwannee |
| <input type="checkbox"/> Broward | <input type="checkbox"/> Gilchrist | <input type="checkbox"/> Lake | <input type="checkbox"/> Orange | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Glades | <input type="checkbox"/> Lee | <input type="checkbox"/> Osceola | <input type="checkbox"/> Union |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Gulf | <input type="checkbox"/> Leon | <input type="checkbox"/> Palm Beach | <input type="checkbox"/> Volusia |
| <input type="checkbox"/> Citrus | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Levy | <input type="checkbox"/> Pasco | <input type="checkbox"/> Wakulla |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Hardee | <input type="checkbox"/> Liberty | <input type="checkbox"/> Pinellas | <input type="checkbox"/> Walton |
| <input type="checkbox"/> Collier | <input type="checkbox"/> Hendry | <input type="checkbox"/> Madison | <input type="checkbox"/> Polk | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Hernando | <input type="checkbox"/> Manatee | <input type="checkbox"/> Putnam | |
| <input type="checkbox"/> DeSoto | <input type="checkbox"/> Highlands | <input type="checkbox"/> Marion | <input type="checkbox"/> Saint Johns | |
| <input type="checkbox"/> Dixie | <input type="checkbox"/> Hillsborough | <input type="checkbox"/> Martin | <input type="checkbox"/> Saint Lucie | |

SECTION E: INPATIENT CARE AND RESIDENTIAL UNITS

List the number of inpatient facilities and residential units that were operated by this hospice within the past year: _____

This number should include inpatient wings or rooms within a hospital or skilled nursing facility that are operated by the hospice as well as the freestanding hospice inpatient facilities and residential units that appear on the hospice license. Each facility/unit should meet the following criteria:

- (1) Consist of one or more beds that are owned or leased by the hospice,
- (2) Be staffed by the hospice organization; and
- (3) Have policies and procedures set by the hospice.

Please provide the following information for each facility/unit included in the count above. Include every admission into the facility (a patient may have more than one admission) in the “Number of Facility Admissions” column and count all patient days for every admission for the “Total Facility Patient Days” number column. Please duplicate this page as necessary.

Facility Name and Address	County	Beds	Number of Facility Admissions	Total Facility Patient Days

SECTION F: OUTCOME MEASURES - Reference: Rule 58A-2.005(4), F.A.C.

OUTCOME MEASURE 1		Number
1	Total number of patients reporting pain on a 0-to-10 scale at time of admission to the hospice program.	
2	Of the patients reporting pain, the number of patients who reported severe pain (7 or higher) at time of admission to the hospice program.	
3	Of the number of patients reporting severe pain at admission, the number of patients who reported a reduction in pain level to five or less by the end of the fourth day of care in the hospice program.	
4.	Of the number of patients reporting severe pain at admission, the number of patients who continually reported pain level of 6 or higher by the end of the fourth day of care in the hospice program.	
5.	Of the number of patients reporting severe pain at admission, the number of patients who were unable to report pain level by the end of the fourth day due to death/discharge, transfer, or disease progression.	
OUTCOME MEASURE 2		
<u>Patient/Family Satisfaction Survey Question:</u> Did the patient receive the right amount of medicine for his or her pain?		Number
Total number of surveys initiated during the reporting period.		
Total number of survey responses received during the reporting period.		
Number of survey responses received during reporting period indicating the patient received the right amount of medicine for his or her pain.		
Number of survey responses received during the reporting period indicating the patient did not receive the right amount of medicine for his or her pain.		

OUTCOME MEASURE 2A	
<u>Patient/Family Satisfaction Survey Question:</u> Based on the care the patient received, would the patient and/or responsible party recommend hospice services to others?	Number
Total number of surveys initiated during the reporting period.	
Total number of survey responses received during the reporting period.	
Number of survey responses received during the reporting period answering “ yes ” to this survey question.	
Number of survey responses received during the reporting period answering “ no ” to this survey question.	
SECTION G: AGGREGATE DATA - Reference: Rule 58A-2.012, Program Reporting Requirements, F.A.C.	
Admitting Primary Diagnosis During Reporting Period	Number
Cancer	
Illness due to Acquired Immune Deficiency Syndrome (AIDS)	
End-Stage Pulmonary Disease	
End-Stage Renal Disease (ESRD)	
End-Stage Heart Disease	
Other	
Age of Persons Admitted During Reporting Period	Number
Age 0-18	
Age 19-64	
Age 65 and older	

Race of Persons Admitted During Reporting Period	Number
Asian	
Black	
Caucasian	
Hispanic	
Other	
Percent of Reimbursement by Payor Source During Reporting Period	Number
Medicare	
Medicaid	
Third Party	
Self-pay	
Uncompensated	
Other	
Total Number of Patient Days by Location During Reporting Period	Number
Private residence	
Adult Family-Care Home	
Assisted Living Facility	
Nursing Home—Contracted Non-Inpatient Bed	
Nursing Home—Contracted Inpatient Bed	
Hospital—Dedicated Hospice Unit	
Hospital—Other than Dedicated Hospice Unit	
Hospice Residential Facility	
Freestanding Hospice Inpatient Facility	
Other	
Total Number of Discharges by Disposition During Reporting Period	Number
Deaths	
Non-Deaths	

SECTION H: AUTHORIZED SIGNATURE

I HEREBY ACKNOWLEDGE THAT ALL INFORMATION PERTAINING TO THIS DOCUMENT IS TRUE, CORRECT AND COMPLETE.

Print Name

Title

Signature

Date