Hospice Demographic and Outcome Measures Online Form User Manual

February 2016

The Florida Department of Elder Affairs (DOEA) Hospice Demographic and Outcome Measures Online Form enables hospice providers to enter their annual demographic and outcome measure information using a web browser and access to the Internet. The web browser requirements are provided on page 22 of this manual.

The required demographic and outcome data for the preceding calendar year (January through December) may be entered once the hospice point of contact has received their system credentials from DOEA. The annual deadline for data submission is March 31.

On January 1, 2010, hospice providers gained access to submit hospice report data due annually to the Department via the Hospice Demographic and Outcome Measures Online Form. The data elements in the online form are the same as those on the Excel hospice form referenced in Rule 58A-2.005, Florida Administrative Code.
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DOEA Applications Access

Access to the online form is available to authorized users through a secure portal. If you require access to the online form, provide your name, title, email address, phone number, and the name of your hospice to HospiceReports@elderaffairs.org. Once your credentials are established, you will receive an email from Department staff containing your username and password.

In order to access the online form, you will need to login to the DOEA Applications Page. To access the DOEA Applications Page, enter the following web address into your web browser: http://elderaffairs.state.fl.us/index.php. This will bring up the DOEA internet home page. Select “Employee/Partner Tools” from the left navigation bar on the DOEA Home Page to access the “All DOEA Applications” menu.

DOEA Home Page
From the Employee/Partner Tools menu, select the “ALL DOEA Applications” link to access the Login Page.

DOEA Applications Link

To login to the DOEA Applications site, enter the username and temporary password that were sent to you and click Login.

The same username is used each time you login. Each authorized user will be provided with a temporary password each year to login to DOEA Applications. You will be required to change the password after logging in the first time each year.

DOEA Applications Login Page
If this is your first time logging in this year, you will be presented with the following Change Password prompt screen.

**DOEA Applications Password Change Page**

*It’s time to change your password.*

Enter the temporary password you received from DOEA followed by your new DOEA Applications password. Please review the DOEA Applications password requirements and enter your new password. Be aware, passwords are case-sensitive (a distinction is made between upper and lowercase letters). Keep your password in a secure place. If you need assistance with your username or password, please contact HospiceReports@elderaffairs.org and a DOEA staff member will respond.

Next, confirm your new DOEA Applications password and click **Submit** to change your password. Once you have submitted your change request. The same “Change Password” screen will appear; however, a message will momentarily appear at the top of the application screen to inform you that “Your password has been successfully changed.”

Once you have successfully changed your DOEA Applications password, you will again be presented with the DOEA Applications screen.
DOEA Application Password Change Page

From this page, click on the “Home Tab” appearing in the top left of the DOEA Applications screen. This tab will take you to the DOEA Applications Home Page where you will be presented with a menu of DOEA Systems resources. From this menu of resources, scroll down to the “DOEA Tracking Systems” to access the “Hospice Demographics and Outcome Measures Online Form” link.

DOEA Tracking Systems Access Page
The “Hospice Demographic and Outcome Measure Online Form” link will take you to the following page below to access the New Online Hospice Form.

**Hospice Home**

After clicking on the **Hospice Demographic and Outcome Measures Online Form** link from the DOEA resource page, you will be directed to the Hospice Demographic and Outcome Measures home page. From this page, select the first “Click Here” link to access the Hospice Demographic and Outcome Measures New Report Form. The second “Click Here” link takes you the User Manual for the DOEA Online Hospice Form.
Hospice Demographic and Outcome Measures New Report Form

To enter data for a new report, begin by entering the name of your hospice (as it appears on the license) and clicking the Create button in the New Report box. Please note, the Create button can only be selected once each year and will not be displayed again until the following year (after January 1).

Create New Report
The Hospice Demographic and Outcome Measures Report form has eight tabs: Reports, Sections A-C, Section D, Section E, Section F, Section G, Section H, and Submit.

As you enter data, please note the following:

- Required fields are indicated with an asterisk *.
- **Data must be entered into all required fields**, even if the answer is “0” or “N/A” (not applicable). If data are not entered into all required fields, the record/data will not be submitted successfully.

You can enter portions of the data in one or more sessions; however, you must save information entered on each tab (by clicking the **Save** button) before exiting the form or going to another tab.

Please note: If the **Save** button is not clicked before navigating to the next tab, you will lose any data entered on that tab.

**Automatic Logout**

Entering data in this application is time sensitive. The system will automatically logout after 15 minutes. A timer will be displayed on each page between the DOEA Logo and the Report Tabs (see image below). You will be given a 2 minute warning prior to the auto logout. All information entered without saving prior to the timeout will be lost.
Section A-C Tab

Section A-C contains fields for basic hospice and contact information. Begin entering your data in Section A-C, and remember to fill in all required fields marked with an asterisk (*). The name of the hospice will be automatically entered in the form for you. The license number of your facility is also automatically populated. If the license number listed is incorrect, please contact HospiceReports@elderaffairs.org for assistance.

Section A-C Tab – Displayed After Selecting the Create Button

If your facility is accredited, select “Yes” from the Accreditation Status drop-down menu. If you answered “Yes,” you must also enter the name of the accrediting body in the field below the drop-down.

Remember to click the Save button before leaving the tab. After you select the Save button, a text message will be shown at the top of the form, if this message is not displayed, your page has not been saved.
Section D Tab

Section D contains the complete list of counties in alphabetical order. Check all counties served by your hospice under the license number entered. The Number of Counties Served Under this License field will be populated by the system after you select Save, and is not editable. The following is a screen shot of the Section D tab:

Remember to click the Save button before leaving the tab. After you select the Save button, a text message will be shown at the top of the form, if this message is not displayed, your page has not been saved.
Section E Tab  
Section E contains fields for your inpatient care and residential units.

If your hospice served or operated at least one inpatient or residential facility during the reporting year, click the Add Row button located at the bottom of the screen in order to have a row added for information about your first facility. The preceding screen shot shows the Section E tab with the Add Row button outlined in red.

The following screen shot shows the Section E tab after a row has been added. The added row is outlined in red.

Section E Tab - Add Row Button
After you fill in the information for your first facility, click **Add Row** to have a new row added and enter information for the next facility. Repeat these steps for each facility you operate.

Include inpatient wings or rooms within a hospital or skilled nursing facility 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.

For each facility, enter the facility name, address, and county, number of beds, number of admissions, and total number of patient days. Include every admission into the facility during the reporting period (a patient may have more than one admission) in the **Number of Facility Admissions** column. The **Total Facility Patient Days** should include all patient days for every admission during the reporting period.

Remember to click the **Save** button before leaving the tab. After you select the **Save** button, a text message will be shown at the top of the form, if this message is not displayed, your page has not been saved.

**Edit Check on Submission for Section E**

An error message will be displayed when the **Submit** tab is selected if the following conditions are not met:

- The facility name, county, number of beds, number of facility admissions, and total facility patient days must be entered for each facility listed.
Section F Tab

Section F contains fields for the three outcome measures. All fields are required. The following screen shot below shows the Section F tab:

For both Outcome Measure 2 and 2A, set the **Total number of surveys initiated during the reporting period** to the number of surveys distributed during the year that included the three outcome measure questions. These two numbers are typically the same if one survey includes both questions.

Set the **Total number of survey responses received during the reporting period** to the number of surveys that were taken and returned, regardless of whether the outcome measure question for which you are reporting was answered.

For Outcome Measure 2, the sum of the **Number of survey responses received during the reporting period indicating the patient received the right amount of medicine for his or her pain** and the **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** will not be equal to the **Total number of survey responses received during the reporting period** if any of the returned surveys had blank responses for this question. This also applies to Outcome Measure 2A as well.

Remember to click the **Save** button before leaving the tab. After you select the **Save** button, a text message will be shown at the top of the form, if this message is not displayed, your page has not been saved.
Edit Checks on Submission for Section F

Error messages will be displayed when the Submit Tab is selected if the following conditions are not met:

**Outcome Measure 1**
- The Number Reported Severe Pain must equal the Number Reported Reduction to five or Less PLUS the Number Continually Reported Pain 6 or Higher PLUS the Number Unable to Report Pain Level.

**Outcome Measure 2**
- The Total Number of Surveys Initiated must be greater than or equal to the Total Number of Survey Responses.
- The Total Number of Survey Responses must be greater than or equal to the sum of Right Amount and Not Right Amount.

**Outcome Measure 2A**
- The Total Number of Surveys Initiated must be greater than or equal to the Total Number of Survey Responses.
- Total Number of Survey Response must be greater than or equal to the sum of Yes and No.
Section G Tab

Section G contains fields for aggregate data including number of patient days, number of discharges by disposition, and number of patients by primary diagnosis, age, race, and reimbursement by payment source. The following is a screen shot of the Section G tab.

Remember to click the Save button before leaving the tab. After you select the Save button, a text message will be shown at the top of the form, if this message is not displayed, your page has not been saved.

Edit Checks on Submission for Section G

Error messages will be displayed when the Submit Tab is selected if the following conditions are not met:

- The sum of all people in the Admitting Primary Diagnosis section must equal the sum of all people in the Race of Persons Admitted section AND the sum of all people in the Age of Persons Admitted Section.
- The sum of all percentages entered in the Percent of Reimbursement by Payor Source section must add to 100 percent.
Section H Tab

Section H contains fields for the authorized signature. An administrator or representative who has responsibility for hospice operations must enter his/her name and date in the form. The following screen image shows the Section H tab:

A **Calendar** button is included in the form to facilitate entry of the date. Click on the **Calendar** button to bring up a calendar of the current month.

The screen image below shows the Section H tab with the calendar function outlined in red.

**Section H Tab Calendar Function**
If you use the calendar, click on the appropriate date as seen in the screen image on the next page in the calendar to have it added to the form.

The following screen shot shows the Section H tab with the calendar open and outlined in red.

**Section H Tab Calendar Function**

Remember to click the **Save** button before leaving the tab. After you select the **Save** button, a text message will be shown at the top of the form, if this message is not displayed, your page has not been saved.
Submit Tab

After you have reviewed all data entered on all tabs and you are certain that all data is accurate and complete, click the Submit tab. The following screen shot shows the Submit tab:

Submit Tab

When all information has been reviewed and the Submit button has been clicked, the system will check that all required fields have been completed and information has been entered correctly. Specific edit checks are conducted on information entered in Sections E, F, and G (refer to these sections for information about the specific edit checks).

If all required fields have been completed correctly, the following text (outlined in red below) will appear at the top of the page under the tab bar.

NOTE: Please remember to save and print a copy of the final submitted report for your records.

Data Submitted Successfully

If the message shown (outlined in red) above is not displayed, your data have not been successfully submitted.
Reasons for Not Being Able to Submit Your Data

Required Fields Not Complete

If any of the required fields have been left empty, the form will not be submitted successfully and you will receive an error message, shown in the screen below.

![Error Message](image)

Edit Check Error

If any of the required fields fails the edit check, the form will not be submitted successfully, and you will receive an error message similar to the screen shot below. The actual error message you may receive will include a description of where the specific error occurred in the report.

![Error Message](image)

To resolve, you must click the Back button on your browser to return to the previous tab(s). Please ensure that all required fields contain data, even if the answer is “0” or “N/A.” After you have reviewed your data and corrected any errors related to either missing data or edit checks (clicking Save on each tab where changes were necessary), once again select the Submit tab.
Reports Tab

The Reports Tab lists the reports that have been submitted using this form. You will only see a report listed if you previously submitted a report for your facility. Reports submitted using this form can be displayed beginning with data submitted for the 2009 calendar year. If you are seeking reports from years prior to 2009, please send your request to HospiceReports@elderaffairs.org and a DOEA staff member will respond.

Reports Tab With Submitted Reports Shown
To view a report of submitted hospice data, click on the Reports Tab and click the **View Reports** button.

A screen shot of the Reports Tab with the **View Reports** button follows:

**View Reports Tab**

Clicking on the **View Reports** button will bring up another login window. Login using your newly changed password to view submitted reports.

**View Report Login Page**

![Login Page](image)
Once logged in you will have the option to choose a report format. Reports can be viewed either as a PDF or as HTML file. Select **Run Report** after you have made your selections. See the following screen shot:

**Reports Screen – View Form in PDF or HTML**

![Hospice Demographic and Outcome Measures Report](image)

Select the report format and year, and then click “Run Report”. The report will be displayed in a separate window (as seen in the following screen shot). You may choose to save or print a copy of the report from this window.

**Previous Reports View**

![State of Florida Department of Elder Affairs Hospice Demographic and Outcome Measures Report](image)
DOEA Applications – Web Browser Requirements
The DOEA Applications web browser requirements are accessible from the DOEA Applications Home Page “Browser Requirements” Tab.

Listed below are the web requirements from the Browser Requirements Tab.

DOEA Applications – Web Browser Requirements

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<tr>
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</tr>
<tr>
<td>9.x</td>
</tr>
<tr>
<td>10.x</td>
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<tr>
<td>*11.x</td>
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<tr>
<td>*Internet Explorer 11.x is not recommended at this point for DOEA Applications.</td>
</tr>
<tr>
<td><strong>- Firefox</strong></td>
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<tr>
<td>24+ with Oracle JRE</td>
</tr>
<tr>
<td><strong>- Safari</strong></td>
</tr>
<tr>
<td>5.x with Oracle JRE</td>
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(1) Oracle JRE is only required for ACMS, ARTT, CI RTS, and UMS applications. Click here to download and install Java and/or to verify your Java installation.
(2) Oracle JRE is only supported on full desktop/laptop installations. Click here to run a demo form.
(3) Use 32 bit browsers with 32 bit Oracle JRE or 64 bit browsers with 32 bit Oracle JRE combinations.
(4) 64-bit browsers might not support all features. If you observe any feature failure, use 32-bit browsers.

Reference: Oracle Forms and Reports 11g Release 2 (11.1.2.2.0) Certification Matrix (Last updated: 5-15-2014).

Feedback

Please send any suggestions that you may have for improvements to the Hospice Demographic and Outcome Measures Online Form to HospiceReports@elderaffairs.org.

Thank you for your Report Submission!