

2018 REPORT

Hospice Demographics and Outcome Measures

Office of Strategic Initiatives
Bureau of Planning and Evaluation
4040 Esplanade Way, Tallahassee, FL 32399-7000
Phone: (850) 414-2000 | Fax: (850) 414-2004 | TDD: (850) 414-2001
visit us at: elderaffairs.org

Table of Contents

Executive Summary	1
Data Collected.....	2
Individual Hospice Information.....	3
Accreditation.....	3
Hospice Geographical Coverage.....	6
Inpatient Facilities and Residential Units.....	7
Primary Diagnosis at Time of Admission.....	10
Patient Race and Ethnicity.....	12
Patient Age.....	13
Discharges by Disposition Type.....	13
Patient Days by Location.....	14
Reimbursement.....	15
Outcome Measure 1.....	16
Outcome Measure 2.....	18
Outcome Measure 2A.....	18
Additional Florida Hospice Data.....	18
Centers for Medicare & Medicaid Services (CMS) Quality Measures for Hospice Quality Reporting Program and Data Submission Requirements	19
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey	23
Appendix A: Department of Elder Affairs Hospice Demographic and Outcome Measures Report.....	29
Appendix B: CAHPS Hospice Survey	36

Executive Summary

As mandated in Section 400.60501 of the Florida Statutes, together with Rule 58A-2.005, Florida Administrative Code, the Department of Elder Affairs (DOEA) must develop an annual report that analyzes and evaluates the quality and effectiveness of hospice care for hospices licensed in the state. In addition, Section 400.605(j) of the Florida Statutes requires DOEA, in conjunction with the Agency for Health Care Administration (AHCA), to collect patient demographic data and other information on the provision of hospice care in the state.

This report contains an analysis of demographic and diagnostic data submitted by all 46 of Florida's licensed hospices for 2017 and nationally endorsed quality measures from the Centers for Medicare & Medicaid Services (CMS). The CMS data includes the Hospice Item Set (HIS), endorsed by the National Quality Forum (NQF), and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data, developed by the RAND Corporation and which focuses on experiences of care.

In 2015 CMS made some hospice performance data available to states. DOEA then lifted the requirement that hospices submit outcome measure data to DOEA. The three hospice measures that had, previous to 2015, been required are as follows:

- Outcome Measure 1 (OM1): Proportion of patients reporting a reduction of pain (optional beginning in 2016);
- Outcome Measure 2 (OM2): Proportion of patients receiving the right amount of pain medicine (optional beginning in 2015); and
- Outcome Measure 2A (OM 2A): Proportion of patients who would recommend hospice services to others (optional beginning in 2015).

Although hospices are no longer required to submit outcome measure data to DOEA, for calendar year 2017, 26 Florida hospices voluntarily chose to submit data for OM1; 13 hospices voluntarily submitted data for OM2; and 12 hospices voluntarily submitted data for OM2A. Of these, 25 met the predetermined standard on OM1 of 50 percent or more patients who reported severe pain on a 0-10 scale reporting a reduction to five or less by the end of the fourth day of care in the hospice program. All 13 who submitted met the OM2 measure of 50 percent or more of patients reporting they received the right amount of medicine for pain. All 12 met the OM2A measure of 50 percent or more of patients and/or family members recommending hospices services to others based on the care the patient received.

In 2017, Florida hospices individually operated as many as eight independent facilities or residential units,¹ and more than half of all Florida hospices were accredited organizations (63%). The characteristics that remain constant across each year of reporting are that the typical hospice patient is Caucasian (70%) and age 65 or older (85%); the majority of hospice services

¹ The Vitas Healthcare Corporation of Florida is registered under three different license numbers. Throughout this report, for data directly submitted to DOEA, these three licensed entities are reported as separate hospices and their submitted data are not aggregated.

were provided in private residences (53% of all patient days); Medicare remains the primary source of payment (88% of all hospice reimbursements); and the average length of admission was 8.5 days.

The NQF measures indicate that Florida's hospices are performing close to the national averages. Florida rated above or equal to the national average for every measure, except for "beliefs and values addressed" (93% in Florida; 95% nationally). When comparing Florida's CAHPS data to national ratings, Florida was slightly below national averages for all eight CAHPS measures. When comparing non-profit to for-profit hospices, non-profits rated higher on all eight of the CAHPS measures.

Data Collected

Section 400.60501 requires the production of an annual report on outcome measures that determine the quality and effectiveness of care for hospices licensed in Florida. In addition, Section 400.605(j) of the Florida Statutes requires DOEA, in conjunction with AHCA, to collect patient demographic data and other information on the provision of hospice care in the state. Rule 58A-2.005, Florida Administrative Code, defines the outcome measures, as well as the demographic and diagnostic information that hospices are required to submit annually to DOEA. The information presented in this report was collected using nationally reported outcome measures and survey results as well as information directly submitted to DOEA.

Since 2010, a secure online form has been made annually available to Florida's hospices for the purpose of data collection. For a copy of the reporting form, please refer to Appendix A. The information provided by each hospice organization includes the following:

Required data elements:

- Hospice contact information;
- Counties served;
- Facility and residential unit information (including the number of beds, facility admissions, and facility patient days);
- Diagnosis, age, race, and reimbursement information for patients admitted;
- Number of patient days by location; and
- Number of patient discharges by death/non-death.

Optional data elements:

- Outcome Measure 1: Proportion of patients reporting a reduction of pain (optional beginning in 2016);
- Outcome Measure 2: Proportion of patients receiving the right amount of pain medicine (optional beginning in 2015); and
- Outcome Measure 2A: Proportion of patients who would recommend hospice services to others (optional beginning in 2015).

Individual Hospice Information

Hospice organizations are organized into three tax statuses: (1) not-for-profit hospice organizations, which are subject to 501(c)3 tax exempt provisions; (2) for-profit hospice organizations, which are privately owned or publicly held entities; and (3) not-for-profit government hospices, which are owned and operated by federal, state, or local municipalities. Both not-for-profit private and government hospices are categorized in this report as “non-profit.” As illustrated in Exhibit 1 on the following page, the majority of hospices in 2017 (31 or 67%) had non-profit status. The number of for-profit hospices remained the same from 2015 to 2016 (14 or 31%) and increased slightly in 2017 (33%). However, the percentage of for-profit hospices in Florida has nearly doubled over the past nine years, from 17 percent in 2009 to 33 percent in 2017.

Exhibit 1: Number and Percentage of For-Profit Hospices, 2009-2017

For-Profit Hospice Information	2009	2010	2011	2012	2013	2014	2015	2016	2017
Number of For-Profit Hospices	7	9	12	12	12	13	14	14	15
Number of Hospices	41	41	43	43	43	43	44	45	46
Percentage of For-Profit Hospices	17%	22%	28%	28%	28%	30%	31%	31%	33%

Data from the Agency for Health Care Administration, www.floridahealthfinder.gov/facilitylocator, n=46; 2017

Accreditation

While all hospices in the state of Florida must be licensed (Section 400.602, Florida Statutes), accreditation is a voluntary process that requires a hospice organization to undergo an extensive on-site evaluation that covers several areas of patient care and patient safety. Accreditation is one tool for measuring the quality of an organization. As illustrated in Exhibit 2 below, although the percentage of accredited hospices has been inconsistent from 2009 to 2017, the overall trend shows a rise in the percentage of accredited hospices over time. In 2017, 63 percent of Florida hospices were accredited, an all-time high since 2009 (44%).

Exhibit 2: Number and Percentage of Accredited Hospices, 2009-2017

	2009	2010	2011	2012	2013	2014	2015	2016	2017
Number of Accredited Hospices	18	17	22	19	21	25	25	27	29
Number of Hospices	41	41	43	43	43	44	45	45	46
Percentage of Accredited Hospices	44%	42%	51%	44%	49%	57%	56%	60%	63%

Data provided by individual hospice organizations and confirmed by the Agency for Health Care Administration, www.floridahealthfinder.gov/facilitylocator, n=46; 2017.

Exhibit 3 lists the city in which each hospice organization is located, the accreditation entity (if any), the profit status, and the number of patients admitted for each of the 46 hospices licensed in Florida. Seventeen hospices were accredited by The Joint Commission (TJC), followed by nine from the Community Health Accreditation Program (CHAP), and three from the American Commission for Healthcare (ACHC).

Exhibit 3: Location, Accrediting Entity, Profit Status, and Number of Patients by Hospice, 2017

Hospice Name	City	Accreditation Entity	Profit Status	Number of Patients
Avow Hospice, Inc.	Naples	TJC	Non-Profit	1,856
Big Bend Hospice, Inc.	Tallahassee	CHAP	Non-Profit	1,651
Catholic Hospice, Inc.	Miami Lakes	TJC	Non-Profit	2,605
Community Hospice of Northeast Florida, Inc.	Jacksonville	N/A	Non-Profit	6,148
Compassionate Care Hospice of Central Florida, Inc.	Lakeland	CHAP	For-Profit	414
Compassionate Care Hospice of Lake and Sumter, Inc.	The Villages	CHAP	For-Profit	506
Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.	Hialeah	CHAP	For-Profit	412
Cornerstone Hospice & Palliative Care	Tavares	TJC	Non-Profit	7,599
Covenant Hospice, Inc.	Pensacola	TJC	Non-Profit	3,889
Florida Hospital HospiceCare	Ormond Beach	TJC	Non-Profit	1,446
Good Shepherd Hospice	Temple Terrace	TJC	Non-Profit	3,260
Gulfside Hospice & Pasco Palliative Care	Land O Lakes	TJC	Non-Profit	2,490
Halifax Hospice, Inc.	Port Orange	N/A	Non-Profit	2,880
Haven Hospice	Gainesville	ACHC	Non-Profit	4,604
Heartland Home Health Care and Hospice	Jacksonville	ACHC	For-Profit	236
Heartland Hospice Services	Plantation	ACHC	For-Profit	1,043
Hope Hospice and Community Services, Inc.	Fort Myers	CHAP	Non-Profit	5,487
Hospice by the Sea	Boca Raton	TJC	Non-Profit	3,519
Hospice of Citrus and the Nature Coast	Lecanto	N/A	Non-Profit	912
Hospice of Gold Coast Home Health Services	Fort Lauderdale	CHAP	Non-Profit	324
Hospice of Health First	West Melbourne	TJC	Non-Profit	1,404
Hospice of Marion County, Inc.	Ocala	TJC	Non-Profit	3,220
Hospice of Okeechobee, Inc.	Okeechobee	N/A	Non-Profit	211
Hospice of Palm Beach County	West Palm Beach	TJC	Non-Profit	6,983
Hospice of St. Francis, Inc.	Titusville	CHAP	Non-Profit	1,076
Hospice of the Comforter, Inc.	Altamonte Springs	N/A	Non-Profit	2,561
Hospice of the Emerald Coast	Panama City	N/A	Non-Profit	2,309
Hospice of the Florida Keys, Inc.	Key West	N/A	Non-Profit	140
Hospice of the Treasure Coast, Inc.	Stuart	N/A	Non-Profit	836
HPH Hospice	Temple Terrace	TJC	Non-Profit	3,125
Kindred Hospice (Orlando)	Orlando	N/A	For-Profit	410
Kindred Hospice of Marion County	Miami	N/A	For-Profit	2,003

Exhibit 3: Location, Accrediting Entity, Profit Status, and Number of Patients by Hospice, 2017
(Continued)

Hospice Name	City	Accreditation Entity	Profit Status	Number of Patients
LifePath Hospice	Temple Terrace	TJC	Non-Profit	6,136
OpusCare of South Florida	Miami	N/A	Non-Profit	1,101
Regency Hospice of Northwest Florida, Inc.	Pensacola	N/A	For-Profit	647
Seasons Hospice & Palliative Care of Broward Florida, LLC	Dania Beach	N/A	For-Profit	995
Seasons Hospice & Palliative Care of Tampa, Inc.	Tampa	TJC	For-Profit	107
Seasons Hospice and Palliative Care of Southern Florida	Miami	TJC	For-Profit	1,760
Suncoast Hospice	Clearwater	TJC	Non-Profit	6,991
The Hospice of Martin and St. Lucie, Inc.	Stuart	N/A	Non-Profit	2,806
Tidewell Hospice, Inc.	Sarasota	CHAP	Non-Profit	8,157
Vitas Healthcare Corporation of Florida	Boynton Beach	N/A	For-Profit	7,929
Vitas Healthcare Corporation of Florida	North Miami Beach	N/A	For-Profit	7,445
Vitas Healthcare Corporation of Florida	Melbourne	N/A	For-Profit	10,707
VNA Hospice of Indian River County, Inc.	Vero Beach	TJC	Non-Profit	1,326
Wuesthoff Brevard Hospice and Palliative Care	Viera	CHAP	For-Profit	642
Totals	39 Unique Cities	29 Accredited	21 Non-Profit 15 For Profit	132,308

Data provided by individual hospice organizations, n=46; 2017.

ACHC = American Commission for Healthcare, CHAP = Community Health Accreditation Programs, TJC = The Joint Commission

Hospice Geographical Coverage

In 2017, as in previous years, all of Florida's 67 counties were served by at least one hospice organization. The number of hospice organizations serving each county is listed in Exhibit 4, below. Served by does not necessarily mean the hospice is located in the county.

Exhibit 4: Geographical Coverage of Florida Hospice Facilities by County, 2017

County	Number of Hospice Organizations	County	Number of Hospice Organizations	County	Number of Hospice Organizations
Alachua	3	Hardee	4	Okeechobee	3
Baker	4	Hendry	1	Orange	5
Bay	2	Hernando	1	Osceola	5
Bradford	3	Highlands	4	Palm Beach	3
Brevard	4	Hillsborough	2	Pasco	2
Broward	7	Holmes	2	Pinellas	1
Calhoun	2	Indian River	1	Polk	4
Charlotte	1	Jackson	2	Putnam	3
Citrus	2	Jefferson	2	Saint Johns	4
Clay	4	Lafayette	3	Saint Lucie	3
Collier	2	Lake	2	Santa Rosa	4
Columbia	3	Lee	1	Sarasota	1
Desoto	1	Leon	2	Seminole	2
Dixie	3	Levy	3	Sumter	2
Duval	4	Liberty	2	Suwannee	3
Escambia	4	Madison	2	Taylor	2
Flagler	5	Manatee	1	Union	3
Gadsden	2	Martin	3	Volusia	5
Gilchrist	3	Miami-Dade	7	Walton	4
Glades	1	Monroe	6	Washington	2
Gulf	2	Nassau	4	Counties	Facilities
Hamilton	3	Okaloosa	4	67	107

Data provided by individual hospice organizations, n=46;2017. Individual hospices may have multiple sites and operate in more than one county.

Inpatient Facilities and Residential Units

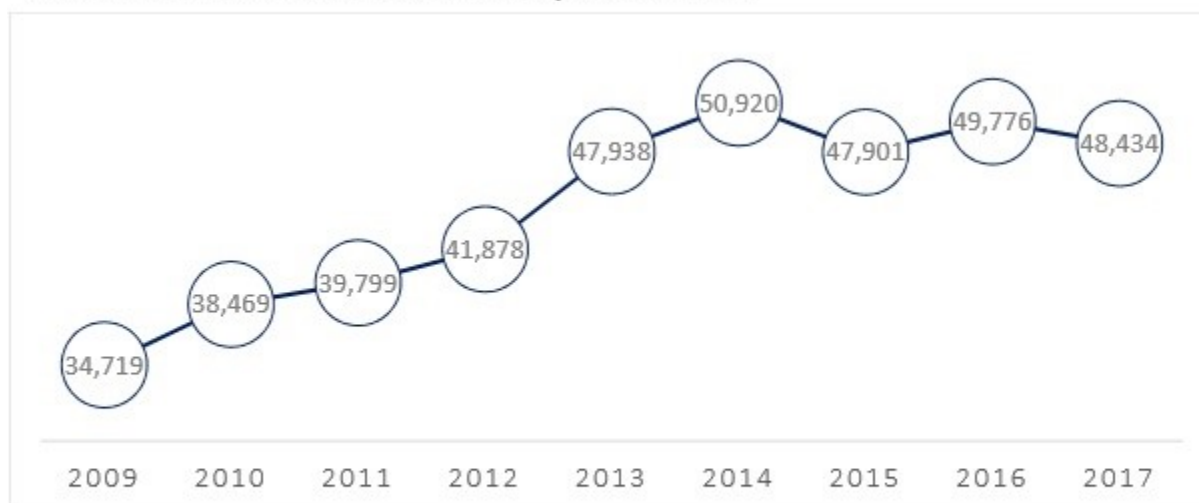
During 2017, Florida hospice organizations operated 107 inpatient facilities and residential units, increasing from 87 in 2009. The number of operating inpatient facilities and residential units increased by one from 2016 to 2017. These include inpatient wings or rooms within a hospital or skilled nursing 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 organization;
- 2) Be staffed by the hospice organization; and
- 3) Have policies and procedures set by the hospice organization.

In 2017, Florida hospice organizations individually operated as many as eight independent facilities or residential units. The 11 hospice organizations that did not have facilities in 2017 provided inpatient care and services to individuals in private residences. The number of hospices with one or two facilities/residential units increased from 17 in 2016 to 18 in 2017. The number of hospices with three to eight facilities/residential units decreased from 18 to 17 compared to the previous year.

There were 48,434 patient admissions to Florida hospices in 2017, and hospices provided 1,536 beds in their facilities and residential units. The trend in Exhibit 5 below shows that the number of admissions to hospice facilities and units steadily increased from 34,719 in 2009 to the high point of 50,920 in 2014. The number of patient admissions in 2017 (48,434) is 5 percent lower than the high point seen in 2014.

Exhibit 5: Patient Admissions to Florida Hospices, 2009-2017



Data provided by individual hospice organizations, n= 46. Number of admissions, n= 48,434; 2017. Note: admissions are those who were admitted and treated in a facility or residential unit and do not include those served in private residences.

As shown in Exhibit 6 below, the number of beds provided by Florida hospices has increased 16 percent from 2009 (1,329) to 2017 (1,536). There was an average of 31.5 admissions per bed and an average of 231.2 patient days per bed in 2017. From 2009 to 2017, the average rate of admissions increased by about five admissions per bed (21%) while the average number of patient days spent per bed decreased by about 25 days (-10%). Although the length of stay per hospice admission increased from a low of 234.1 in 2014 to 245.4 in 2015, the length of stay has decreased from 243.3 in 2016 to 231.2 in 2017.

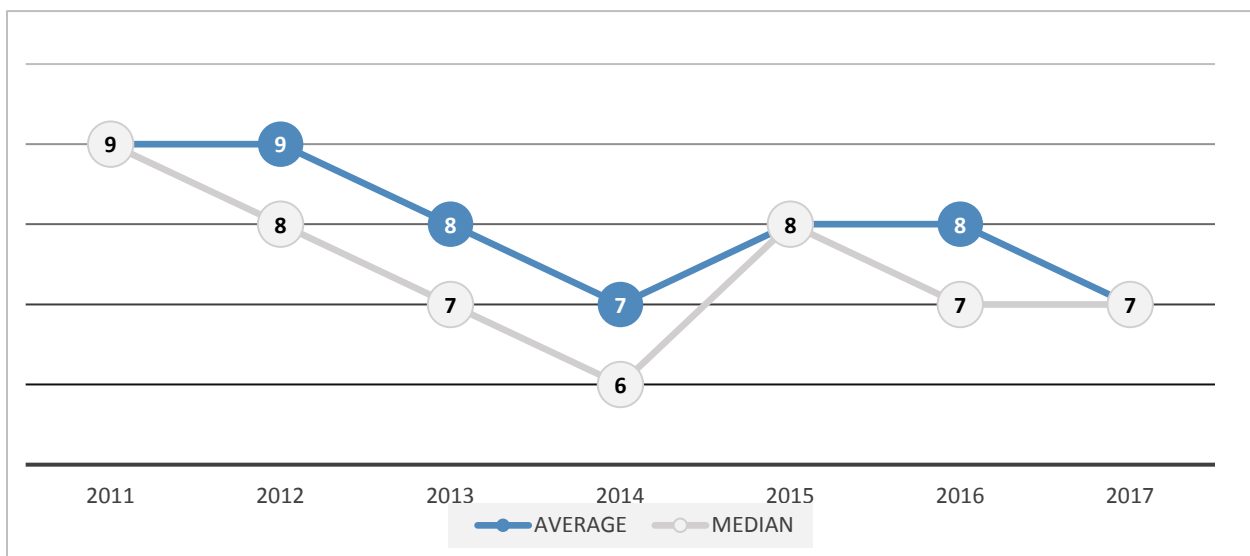
Exhibit 6: Admissions, Hospice Beds, and Facility Patient Days in Florida Hospices from 2009 to 2017

	2009	2010	2011	2012	2013	2014	2015	2016	2017	Difference 2009 to 2017
Admissions	34,719	38,469	39,799	41,878	47,938	50,920	47,901	49,776	48,434	13,715 (40%)
Number of Beds	1,329	1,445	1,545	1,520	1,550	1,551	1,556	1,526	1,536	207 (18%)
Average Admissions per Bed	26.1	26.6	25.8	27.6	30.9	32.8	30.8	32.6	31.5	5.4 (21%)
Average Patient Days Spent per Bed	255.9	235.0	241.4	240.1	241.4	234.1	245.4	243.3	231.2	-24.7 (-10%)

Data provided by individual hospice organizations, n=46; 2017.

As shown in Exhibit 7 below, the overall average length of stay per hospice admission was seven days in 2017, compared to a high of nine days in 2011 and 2012. The median length of stay per hospice admission in both 2016 and 2017 was seven days.²

Exhibit 7: Average and Median Days per Hospice Admission, 2011-2017



Data provided by individual hospice organizations, n=46; 2017, median calculations performed by DOEA.

² The median is considered a more meaningful measure of centraltendency for understanding the experience of the typical patient since it is not influenced by extreme values.

Exhibit 8 below presents information about the number of beds, patient admissions, and days patients spent at a facility by county, in addition to providing the averages by county. Palm Beach had the greatest number of total beds (135), while Desoto, Flagler, and Nassau had the smallest number of total beds (8). Okeechobee had the highest average facility days per admission (15.3), with Hernando having the lowest (4.1).

Exhibit 8: Beds, Admissions, Facility Days and Occupancy for Inpatient Facilities/Residential Units Operated by Florida Hospices by County, 2017

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	30	840	5,258	28.0	175.3	48.0%	6.3
Bay	18	741	5,087	41.2	282.6	77.4%	6.9
Brevard	63	1,539	14,070	24.4	223.3	61.2%	9.1
Broward	118	2,976	31,805	25.2	269.5	73.8%	10.7
Charlotte	19	940	6,078	49.5	319.9	87.6%	6.5
Citrus	16	912	4,808	57.0	300.5	82.3%	5.3
Clay	18	842	5,162	46.8	286.8	78.6%	6.1
Collier	27	984	6,040	36.4	223.7	61.3%	6.1
Columbia	16	666	3,976	41.6	248.5	68.1%	6.0
Desoto	8	233	1,759	29.1	219.9	60.2%	7.5
Duval	104	3,032	20,797	29.2	200.0	54.8%	6.9
Escambia	52	879	6,324	16.9	121.6	33.3%	7.2
Flagler	8	318	1,869	39.8	233.6	64.0%	5.9
Hernando	48	803	3,074	16.7	64.0	17.5%	3.8
Highlands	24	635	4,568	26.5	190.3	52.1%	7.2
Hillsborough	48	2,231	13,377	46.5	278.7	76.4%	6.0
Indian River	12	558	2,828	46.5	235.7	64.6%	5.1
Lake	16	930	4,624	58.1	289.0	79.2%	5.0
Lee	100	3,624	32,994	36.2	329.9	90.4%	9.1
Leon	12	663	4,017	55.3	334.8	91.7%	6.1
Levy	16	320	1,825	20.0	114.1	31.3%	5.7
Manatee	20	1,007	6,415	50.4	320.8	87.9%	6.4
Marion	56	1,299	15,306	23.2	273.3	74.9%	11.8
Martin	16	703	3,970	43.9	248.1	68.0%	5.6
Miami-Dade	99	2,555	28,812	25.8	291.0	79.7%	11.3
Nassau	8	322	1,759	40.3	219.9	60.2%	5.5
Okeechobee	12	127	1,939	10.6	161.6	44.3%	15.3
Orange	48	1,798	12,745	37.5	265.5	72.7%	7.1
Palm Beach	135	4,382	30,052	32.5	222.6	61.0%	6.9

Exhibit 8: Beds, Admissions, Facility Days and Occupancy for Inpatient Facilities/Residential Units Operated by Florida Hospices by County, 2017 (Continued)

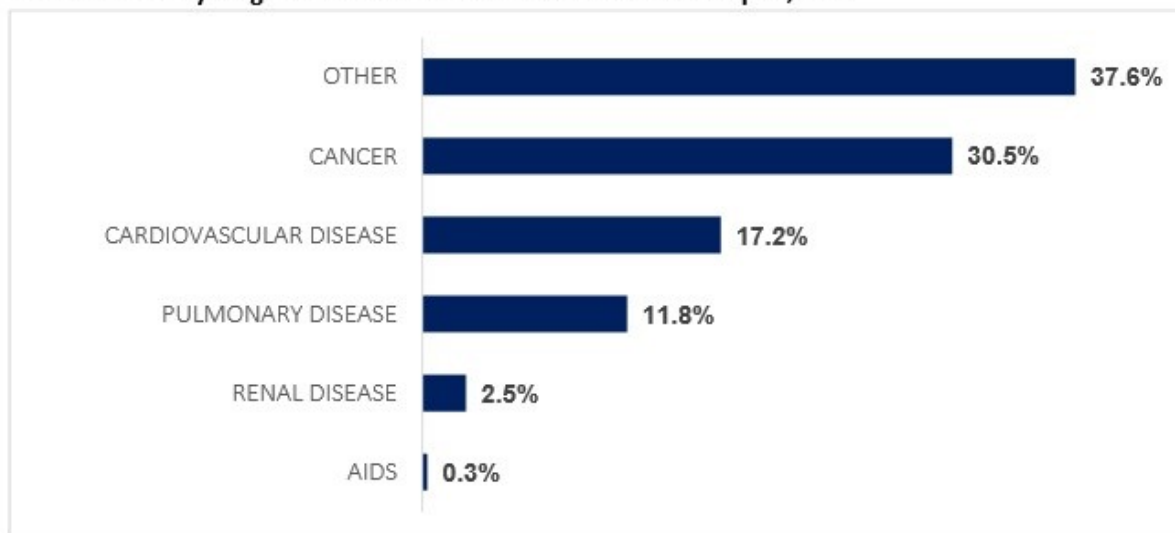
County	Total Beds	Total Facility Admissions	Total Facility Days	Average Admissions per Bed	Average Days per Bed	Average Occupancy Rate	Average Facility Days per Admission
Pasco	75	1,146	6,333	15.3	84.4	23.1%	5.5
Pinellas	92	1,936	19,113	21.0	207.8	56.9%	9.9
Polk	28	1,225	6,306	43.8	225.2	61.7%	5.1
Putnam	18	430	2,565	23.9	142.5	39.0%	6.0
Saint Johns	12	533	2,764	44.4	230.3	63.1%	5.2
Sarasota	18	1,069	6,124	59.4	340.2	93.2%	5.7
Seminole	22	890	5,118	40.5	232.6	63.7%	5.8
St. Lucie	16	836	4,682	52.3	292.6	80.2%	5.96
Sumter	20	936	4,990	46.8	249.5	68.4%	5.3
Volusia	68	2,574	15,714	37.9	231.0	63.3%	6.1
Total/Average	1,536	48,434	355,047	31.5	231.2	63.3%	7.3

Data provided by individual hospice organization, n=46. Number of admissions, n=48,434;2017. The number of admissions may not be 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 calendar year.

Primary Diagnosis at Time of Admission

Hospices reported on the primary diagnosis of 132,308 patients at the time of admission. This total includes admissions to facilities and residential units. The following diagnosis categories were used: cancer, Acquired Immune Deficiency Syndrome (AIDS), pulmonary disease, renal disease, cardiovascular disease, and other. The proportions of patients' primary diagnoses at the time of admission to hospices in 2017 are similar to those in recent years. In 2017, 37.6 percent of patients admitted to Florida hospices had a primary diagnosis included in the "other" category, as shown in Exhibit 9 on the following page. Approximately 30.5 percent responded that cancer was their primary diagnosis, followed by 17.2 percent with cardiovascular disease, and 11.8 percent with pulmonary disease. AIDS and renal failure represented less than 3 percent of patient primary diagnoses (0.3% and 2.5% respectively).

Exhibit 9: Primary Diagnosis at Time of Admission to a Florida Hospice, 2017



Data provided by individual hospice organizations, n= 46. Number of admissions, n=132,308; 2017

In 2018, reporting on 2016 data, the National Hospice and Palliative Care Organization (NHPCO) reported that the cancer diagnosis constituted 27 percent of primary diagnoses for national hospice admissions, followed by 19 percent cardiac and circulatory, 18 percent dementia, 11 percent respiratory, 10 percent stroke, and 16 percent other.³ Florida hospices are not instructed to report information on diagnoses related to dementia; however, this diagnosis may be contained in the relatively large proportion of “other” diagnoses (37.6%). Overall, the proportions of primary diagnoses at time of admission to Florida hospices closely resembles the national rates reported by the NHPCO.

Exhibit 10: Patient Primary Diagnosis at Time of Admissions to Florida Hospices, by Profit Status, 2017

Profit Status	Cancer	Heart	Pulmonary	Renal	AIDS	Other *
Non-Profit	31.8%	17.6%	12.3%	2.8%	0.3%	35.1%
For-Profit	27.1%	16.0%	10.4%	1.6%	0.2%	44.6%

Data provided by individual hospice organizations, n=132,308; 2017

In 2011, a study in the *Journal of the American Medical Association* reported lower proportions of cancer patients and higher proportions of patients with dementia in for-profit hospices compared to non-profit hospices.⁴ Similarly, Florida reflected a pattern of a lower percentage of patients with a cancer diagnosis in for-profit hospices compared to non-profit hospices (27% and 32%, respectively) in 2017.

³ National Hospice and Palliative Care Organization. (2018). Facts and Figures: Hospice Care in America; 2017 Edition. Alexandria, VA: National Hospice and Palliative Care Organization, April 2018.

⁴ Wachterman, M.W., Marcantonio, E.R., Davis, R.B., and McCarthy, E.P. (2011). Association of the Hospice Agency Profit Status with Patient Diagnosis, Location of Care, and Length of Stay. *Journal of the American Medical Association*, 305(5), 472-479.

In 2014, the *Journal of the American Medical Association* identified potential factors in this observed difference, with for-profit hospice organizations caring for a larger proportion of patients with longer expected hospice stays, who were less likely to partner with oncology centers, and were more likely than non-profit hospices to engage in outreach to low-income and minority communities.⁵

Unfortunately, the proportion of patients with dementia is not known because hospices are not currently required to report the diagnosis of Alzheimer's disease or a related form of dementia. Therefore, as shown in Exhibit 10 above, patients diagnosed with "other" (45% in for-profit hospices and 35% in non-profit hospices) may include patients with Alzheimer's disease or a related form of dementia.

Patient Race and Ethnicity

Hospices reported on the race and ethnicity of 132,308 patients at the time of admission. The following race and ethnicity categories were used: Caucasian, Black, Asian, Hispanic, and "other." Hospices reported that a majority (70.2%) of their patients were Caucasian, 7.8 percent were Black, and 0.6 percent were Asian. In addition, 9.1 percent of hospice patients identified as some other race or combination of races and 12.2 percent of patients identified themselves as Hispanic.

A larger percentage of patients served by non-profit hospices in 2017 identified as Caucasian (75.8%), compared to 54.8 percent of patients served by for-profit hospices who identified as Caucasian, as displayed in Exhibit 11 below. In contrast, Hispanic patients were served by for-profit hospices at a much higher rate than non-profit hospices (27.9% and 6.5%, respectively). The racial and ethnic composition of patients in hospices by profit status varied slightly from 2016 to 2017, with more for-profit patients identifying as Hispanic in 2017 (27.9%) than in 2016 (25.6%) and slightly more Caucasian patients in for-profit hospices in 2017 (54.8%) than in 2016 (53.2%).

Exhibit 11: Percent of Caucasian Patients Served by For-Profit and Non-Profit Hospices, 2017



Data provided by individual hospice organizations, n=132,308; 2017

⁵ Aldridge, M.D., Schlesinger M., Barry, C.L., et al. (2014). National Hospice Survey Results For-Profit Status, Community Engagement, and Service. *Journal of the American Medical Association*, 174(4): 500–506.

For non-profits, this trend has remained consistent over the past eight reporting years, with between 83 percent and 78 percent of non-profit patients identifying as Caucasian. The percentages were more variable for for-profits, with between 66 percent (2012) and 48 percent (2016) of for-profit patients identifying as Caucasian.

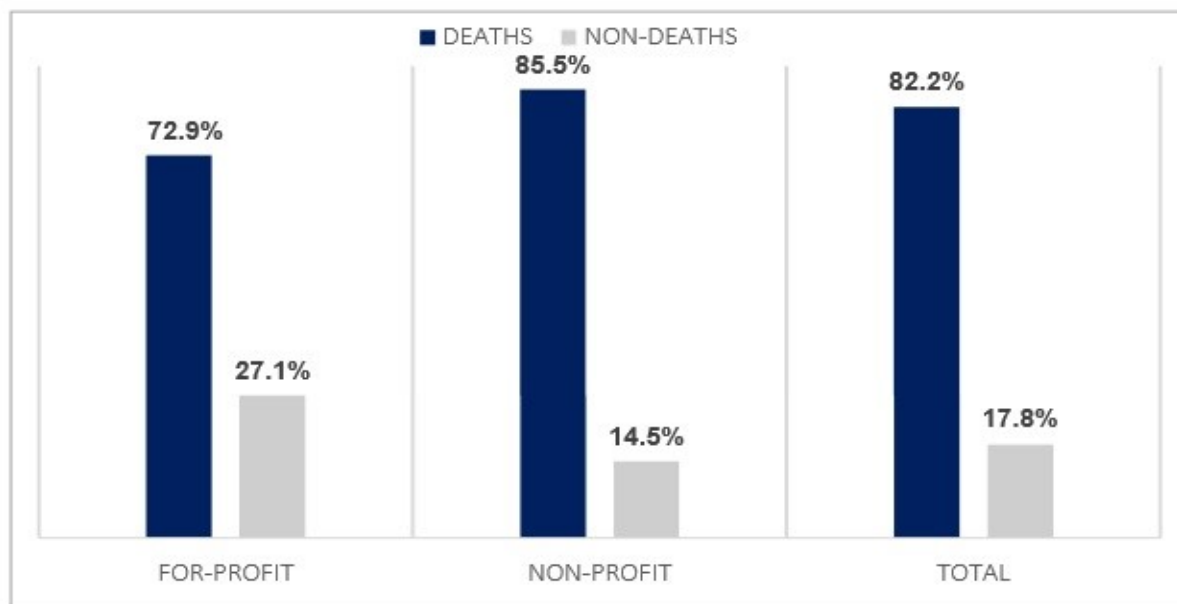
Patient Age

Hospices reported the age of 132,308 patients at the time of admission. Each person admitted was grouped into one of three age categories: 0-18, 19-64, or 65 and older. Approximately 85.1 percent of all hospice patients admitted were 65 and older. About 14.6 percent of hospice patients admitted were between the ages of 19 and 64; 422 hospice patients admitted were younger than 19. Overall, the age distribution of patients admitted to Florida hospices has changed very little in 2017 compared to previous years.

Discharges by Disposition Type

Hospices reported on the disposition of discharge by patient, whereby each discharge was grouped into one of two categories: deaths and non-deaths. Individuals who died while receiving hospice services are included in the “deaths” category. For 2017, as illustrated in Exhibit 12 below, discharge dispositions due to death were higher in non-profit (85.5%) than in for-profit hospices (72.9%).

Exhibit 12: Florida Hospice Patient Discharges by Disposition and Profit Status, 2017

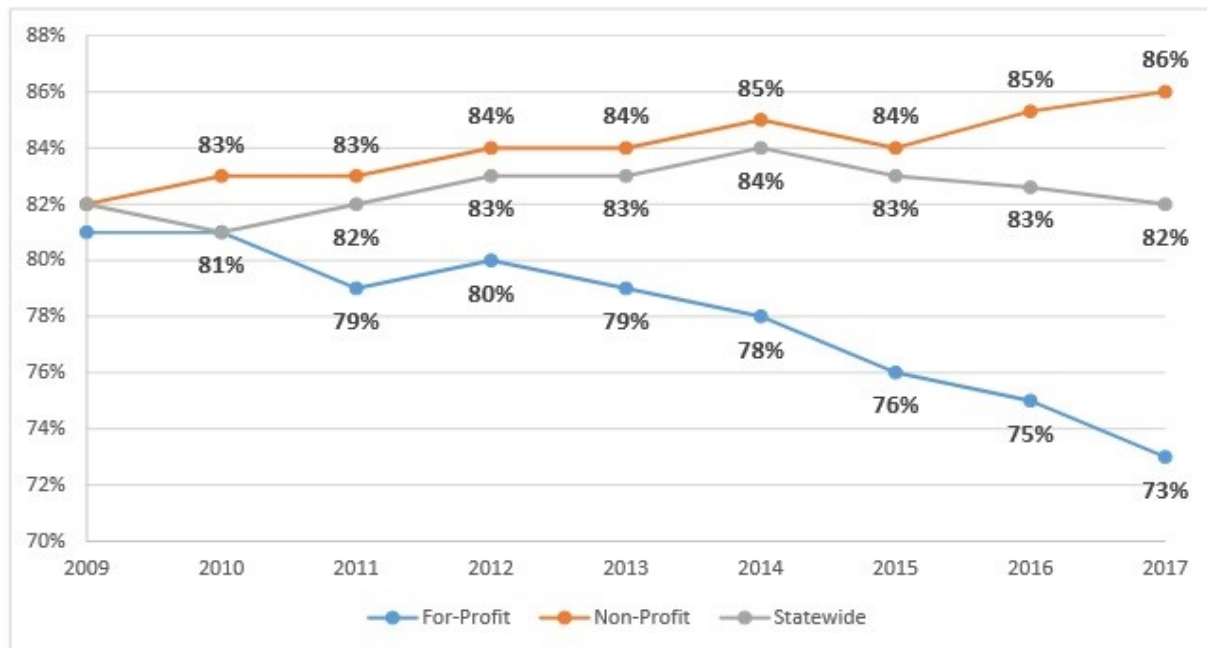


Data provided by individual hospice organizations, n =130,117; 2017

By individual hospice, Heartland Home Health Care and Hospice and Kindred Hospice of Orlando, both of which are for-profit hospices, had the highest rate of discharge due to non-death (47%). Conversely, Hospice of the Treasure Coast, Inc., a non-profit hospice, had the lowest percentage of discharges due to non-death (2%).

As illustrated in Exhibit 13 below, in for-profit hospices, the proportion of discharges due to patient death has decreased between 2009 (82.0%) and 2017 (72.9%) by 9.1 percentage points. In contrast, the proportion of discharges due to patient death in non-profit hospices since 2009 has increased by 4.5 percentage points, from 81.0 percent in 2009 to 85.5 percent in 2017.

Exhibit 13: Florida Hospice Patient Discharges by Disposition of Death and Profit Status, 2009-2017



Data provided by individuals hospice organization. N=1,047,546

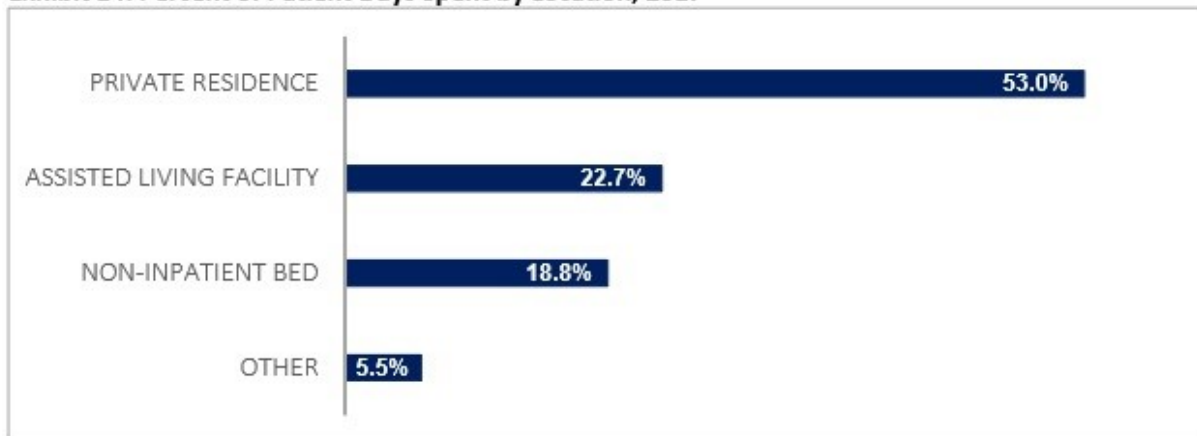
Patient Days by Location

Hospices provide services in many location types. The majority of patient care is provided in the place the patient calls “home.” In addition to private residences, this may include nursing homes and residential facilities. Hospice organizations are also able to operate dedicated inpatient units on or adjacent to a hospital campus, or provide services in their own freestanding facility. Most of these facilities provide a mix of general inpatient and residential care.

From 2012 to 2016, the total number of days patients spent at residential facilities dropped by 69.4 percent (from 58,117 to 17,771 days), but there was a large increase to a total of 31,222 days in 2017. The drop between 2012 and 2016 can be attributed to the number of hospices that provided residential facilities, with 11 hospices offering residential facilities in 2012 and only eight hospices offering residential facilities in 2016. The increase in 2017 can likely be attributed to one hospice, Hospice of Marion County, Inc., that did not offer residential facilities in 2016 and provided more than twice as many days than the greatest number of days provided in 2016. The number of patient days spent was reported by hospices and are shown split by type of location in Exhibit 14 on the following page. More than half of hospice care days were spent in private residences (53.0%), followed by those spent in an assisted living facility (22.7%) and a nursing home (18.8%). Just 5.5 percent of hospice days were spent in the other types of settings,

such as residential facility and family care.

Exhibit 14: Percent of Patient Days Spent by Location, 2017



Data provided by hospice organizations, patient days(n)=9,641,902; 2017. Note: "Other" category includes hospice patient days spent in the following settings: residential facility, family care, inpatient bed, dedicated hospice, facilities other than a dedicated hospice, freestanding facilities, and all other types of settings.

Although the total number of days in inpatient beds more than doubled from 2012 to 2013 (from 13,480 to 28,989), the number has since decreased by 42%, from 34,807 in 2014 to 20,219 in 2017. The increase between 2012 and 2013 can be attributed to one hospice, Hospice of St. Francis, Inc., that provided more than three times as many days in inpatient beds in 2013 than the hospice that provided the greatest number of days in 2012. The decrease between 2014 and 2017 can be attributed to the number of hospices that offered inpatient days, with 19 hospices offering inpatient beds in 2014 and eight offering inpatient beds in 2017.

Reimbursement

Hospice care is covered under a variety of payment sources, including Medicare, Medicaid, and most private insurance plans. Patients receive hospice care regardless of their ability to pay. The Medicare hospice benefit, enacted by Congress in 1982, is the predominant source of payment for hospice care. Florida hospices reported the percentage of reimbursement from the following sources: Medicare, Medicaid, third party, self-pay, uncompensated, and other methods.

The majority (87.6%) of hospice income came from Medicare in 2017. Additionally, Medicaid paid 6.0% of hospice reimbursement, while 4.2% came from third parties, 1.2% was uncompensated, and less than 1 percent came from private pay (0.9%) or other (0.1%). Non-profit hospices received a smaller percentage of reimbursement from Medicare compared to for-profit hospices (85.3% compared to 92.4%), a larger percentage from Medicaid (7.2% compared to 3.6%), and a slightly higher percentage from third parties (4.8% compared to 2.9%).

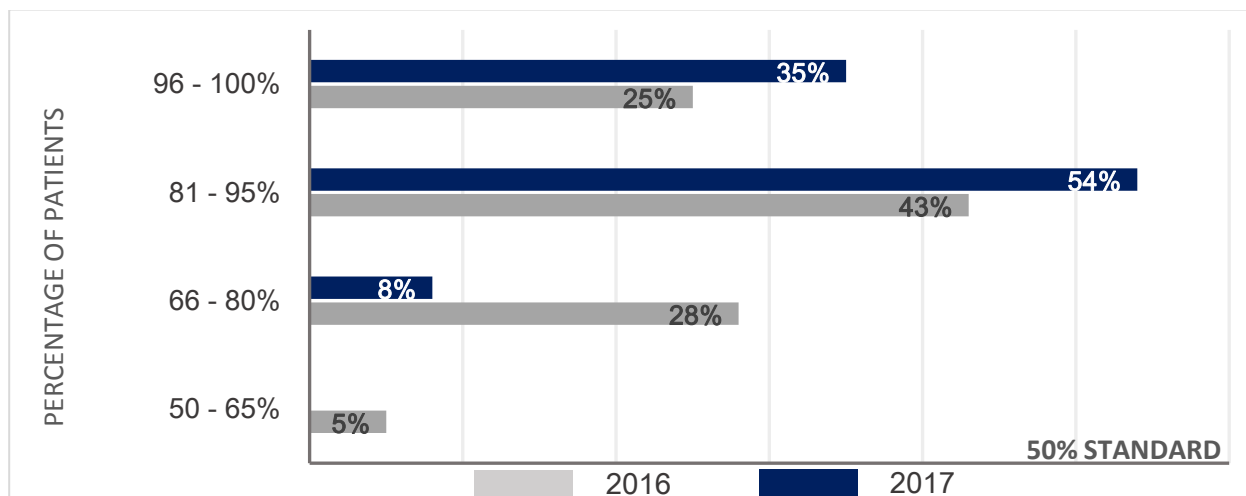
Outcome Measure 1

Outcome Measure 1 compares the percentage of patients who had severe pain (seven or higher on a 0-10 scale) at time of admission and whose pain was reduced to a level of five or lower by the end of the fourth day of care in the hospice program.⁶ The standard for Outcome Measure 1 is to have at least 50 percent of patients who experienced severe pain at admission have their pain reduced to a level of five or lower by the end of the fourth day of care. Historically, the number of hospices that did not meet the standard for minimum pain reduction by the fourth day ranged from one hospice in 2009 to two hospices in 2010. Between 2011 and 2014, all but one hospice met the standard. In 2015 and 2016, all hospices that reported data met the standard.

As previously mentioned, beginning in 2016, the submittal of data for Outcome Measure 1 became optional. In 2017, 26 hospices submitted data for this measure. The 20 hospices that did not submit data for Outcome Measure 1 are not included in this summary. In 2017, one hospice (Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.; 45.7%) failed to meet the 50 percent standard for decreasing pain to a level of five or less by the end of the fourth day.⁶

Contrasting 2016 and 2017 in Exhibit 15 below, nine hospices, 35% of the 25 that met the standard, reported they reduced the pain level to five or lower by the end of the fourth day for 96 to 100 percent of their patients, and 14 hospices, 54%, reported they reduced the pain level to five or lower by the end of the fourth day for 81 to 95 percent of their patients.

Exhibit 15: Percentage of Hospices Whose Patients with Severe Pain Was Reduced to Level Five or Lower by the End of the Fourth Day, 2016 and 2017

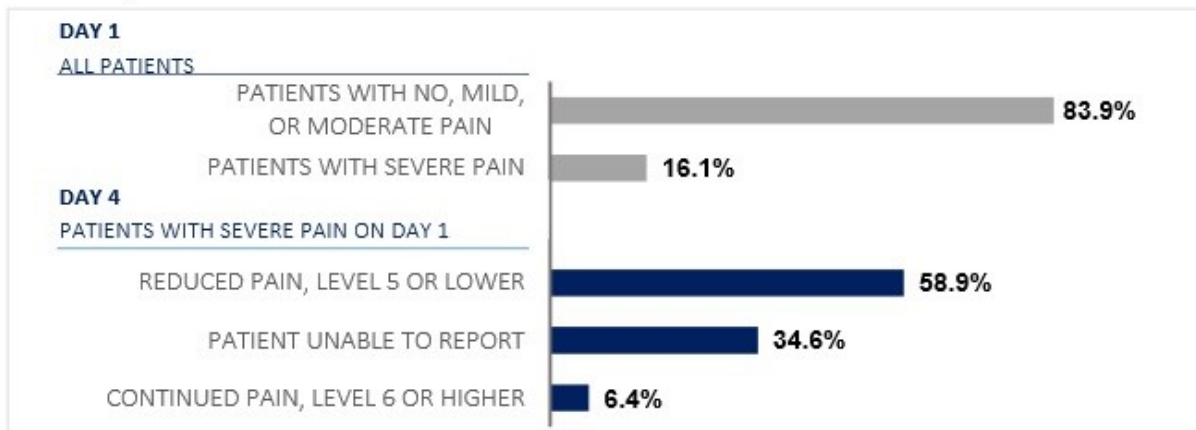


Data provided by individual hospice organizations, 2016, n = 44; 2017, n = 25. Percentages are based on the specific n, the number of hospices that responded to the outcome measures, meaning that though nine hospices reduced the pain for 96-100% in 2017 and 19 hospices reduced the pain for 96-100% of patients in 2016, in 2017 a greater percentage of the hospices that responded reduced pain for 96-100% of patients. This analysis includes hospices that treated patients who

⁶ Outcome Measure 1 was previously mandated for hospices to report annually under Section 400.60501 of the Florida Statutes, but the submittal of this data has become optional due to the adoption of national hospice outcome measures and survey data.

Statewide in 2017, hospices reported pain level data for 34,471 patients at the time of admission. As illustrated in Exhibit 16 below, 16.1 percent of patients reported having severe pain at admission. Of those reporting severe pain at the time of admission, 58.9 percent reported a reduction in pain to a level of five or lower by the end of the fourth day of care, 6.4 percent reported their pain level was a six or higher by the end of the fourth day of care, and 34.6 percent were unable to report their pain level by the fourth day. These totals include patients who chose not to receive pain medicine.

Exhibit 16: Florida Hospice Patients Pain Level at Time of Admission and Pain Level at the End of the Fourth Day of Care for Those Who Had Severe Pain at Admission



Data provided by individual hospice organizations, n=34,471 (Day 1) and n=5,551 (Day 4); 2017. This analysis includes hospices that treated patients who reported severe symptoms upon admission.

Inconsistencies in the data collection for this outcome measure were previously identified. Namely, the first day on which pain measures were collected varied by hospice, as some started reporting pain on the day of admission while others started on the first day that care was received. Additionally, when multiple pain scores were reported on the fourth day, the score selected varied; some hospices used the first score reported, some used the lowest score reported, and others used the highest pain score reported. CMS reported similar challenges when trying to develop a validated measure of pain management for national use.⁷ Without standardization of a collection method, interpretation of this measure should be made cautiously.

The inconsistencies in data collection for the pain management outcome measure were similar to those recognized by CMS as an industry-wide challenge in the National Quality Forum.

⁷ RTI International, 2016. Supporting Analyses for Updates to the HIS V2.00.0: Findings from a Pilot Study and Technical Expert Panel. Retrieved from the following: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Supporting-Analyses-for-HIS-V2000-Updates_Final.pdf

Outcome Measure 2

Outcome Measure 2 reflects the percentage of patients/families who indicated the patient received the right amount of pain medicine. This measure became voluntary in 2014, though 13 hospices voluntarily submitted data for this measure for 2017. All hospices who submitted data exceeded the standard of 50 percent or more reporting that patients received the right amount of medicine for pain, with the range of patients/families reporting the right amount of pain medicine between 89% and 100%. Statewide, 93% of patients/families reported the right amount of pain medicine.

Outcome Measure 2A

Outcome Measure 2A presents the percentage of patients who would recommend hospice services to others. As with Outcome Measure 2, this measure became voluntary in 2014, though 12 hospices submitted data for this measure for 2017. All hospices who submitted data exceeded the standard of 50 percent of patients and/or family members who stated they would recommend hospice services to others based on the care the patient received.

The hospice organizations that submitted data reported that 11,304 surveys were initiated that included the question about whether or not the patient or responsible party would recommend hospice services to others. Of these initiated surveys, 39 percent (4,383) were returned with 92 percent (4,051) of those returned responding to the measure. Ninety-seven percent of all patients/families who responded to this question reported that the patient or responsible party would recommend hospice services to others, with the percentage ranging by individual hospice between 90 and 100 percent.

Additional Florida Hospice Data

AHCA issued 72 instances of “Top Ten State and Federal Health Deficiency Citations” to hospices across the state from January 1, 2017, through December 31, 2017. The majority of these deficiencies were related to two different aspects of nursing services, timely identification of patient need and registered nurse oversight (15).⁸ Eleven citations were issued for deficiencies in plans of care.⁹ Seven citations were issued for aspects of staff training requirements for

⁸ The statute (418.64(b)(1)) requires the hospice to provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient’s initial assessment, comprehensive assessment, and updated assessments. The other deficiency in nursing services (statute 58A-2.0141(2)) outlines how the supervising registered nurse must assist the administrator in developing, documenting, and implementing policies and procedures for the delivery of clinical nursing services throughout the hospice program. For a full description of each deficiency, please refer to http://ahca.myflorida.com/MCHQ/Field_Ops/Regulations/Current_Regs.shtml.

⁹ The statute (400.6095(5-6)) this deficiency refers to concerns the required content of a patient’s care plan, such as identification of a primary caregiver, patient diagnosis, and assessment of patient and family needs.

Alzheimer's disease.¹⁰ Five citations were issued each for issues in the exercise of rights/respect for property/person, hospice residential care, patient's medical record, and administrative policies-universal precautions. Four citations were issued for clinical records. Three citations were issued each for rights of the patients, coordination of services, content, hospices services, and administration and management of a hospice.¹¹ Information about legal orders and statements of deficiencies for Florida hospices can be found on AHCA's website.¹²

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

In April 2014, CMS met the requirements of the Privacy Act of 1974 by establishing a new System of Records, titled the Hospice Item Set (HIS) System. This system supports the collection of data required for the Hospice Quality Reporting Program (HQRP).

The Affordable Care Act (ACA) requires that CMS use nationally endorsed quality measures in the HQRP. Hospices are required to use and submit patient-level data for the following seven measures endorsed by the National Quality Forum (NQF):

- NQF #1617: Percentage of patient stays treated with an opioid that are offered/prescribed a bowel regimen or documentation why this was not needed (Opioid/Bowel);
- NQF #1634: Percentage of patient stays during which the patient was screened for pain during the initial nursing assessment (Pain Screening);
- NQF #1637: Percentage of patient stays during which the patient screened positive for pain and received a comprehensive assessment of pain within one day of the screening (Pain Assessment);
- NQF #1638: Percentage of patient stays during which the patient screened positive for dyspnea and received treatment within one day of the screening (Dyspnea Treatment);
- NQF #1639: Percentage of patient stays during which the patient was screened for dyspnea during the initial nursing assessment (Dyspnea Screening);
- NQF #1641: Percentage of patient stays with chart documentation that the hospice discussed (or attempted to discuss) preferences for life-sustaining treatments (Treatment Preferences); and

¹⁰ Deficiencies in staff training include failure to ensure staff employed at the agency received written information about interacting with persons with Alzheimer's disease and (statute 400.6045(1)(a)(b)) to ensure employees who directly work with patients with Alzheimer's disease to have at least one hour of training.

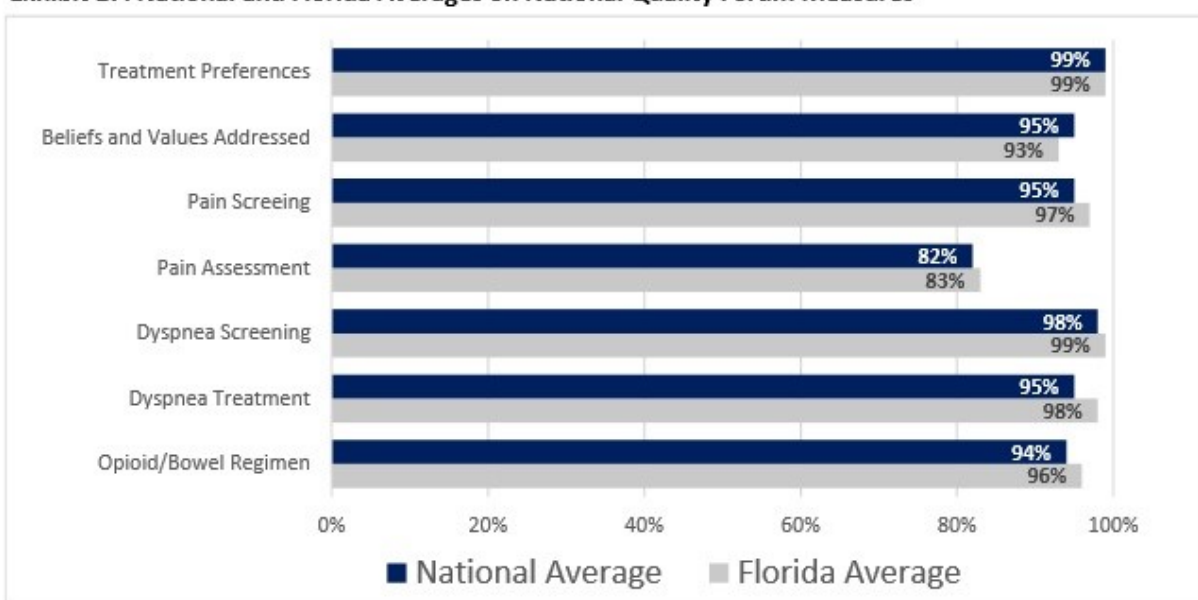
¹¹ https://ahca.myflorida.com/MCHQ/Field_Ops/Top_Ten_Cite_Reports/180405_Top_Ten_Deficiency_Citations_CY17.pdf

¹² [http://apps.ahca.myflorida.com/dm_web/\(S\(4skfcsjzehnkfxrff2bydpey\)\)/Default.aspx](http://apps.ahca.myflorida.com/dm_web/(S(4skfcsjzehnkfxrff2bydpey))/Default.aspx)

- NQF #1647: Percentage of patient stays with documentation of a discussion of spiritual/religious concerns or documentation that the patient and/or caregiver did not want to discuss spiritual/religious concerns (Beliefs and Values Addressed).¹³

As illustrated in Exhibit 17, Florida hospices show trends similar to those reflected in national averages. For six out of the seven measures, both in Florida and nationally, 90 percent or more survey respondents responded positively, with the exception of the pain assessment measures, with 82 percent nationally and 83 percent in Florida responding positively. Florida rated above or equal to the national average for every measure, except for the beliefs and values addressed (93% in Florida; 95% nationally) measure.¹⁴

Exhibit 17: National and Florida Averages on National Quality Forum Measures



Data provided by CMS; collected between 10/01/2016-09/30/2017. Number of hospices nationally, n=4,643. Florida hospices, n=42. Number of Florida respondents, n= 125,310. Note: CMS collected data from Vitas Healthcare Corporation of Florida as one entity, while in this report each of the three locations were counted individually.

To compare the results of the NQF measures for individual hospices in Florida, refer to Exhibit 18 on the following pages. In NQF reporting, Vitas Healthcare Corporation of Florida was treated as one entity while the three locations were treated as unique entities for DOEA collected data. Additionally, Hospice & Palliative Care of Tampa, Inc., and Hospice of the Treasure Coast did not provide national hospice reporting data. Forty-one of the 42 hospices rated 50 percent or higher on all measures, and 28 of the 42 hospices rated 75 percent or higher on all measures. The lowest ratings were for “pain assessment” (43.7%, Catholic Hospice, Inc.)

¹³ Centers for Medicare & Medicaid Services. (2017). Current Measures. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html>

¹⁴ Access to the NQF data can be found at the following website: <https://www.medicare.gov/hospicecompare/>

and for “beliefs and values” (53.3%, Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.). Out of the other five measures, the lowest rating was 83.3 percent (Opioid/bowel regimen, LifePath Hospice).

Exhibit 18: National Quality Forum Measure Results by Hospice, 2017

Facility Name	Treatment Preferences	Beliefs and Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Opioid/Bowel Regimen
Avow Hospice, Inc.	99.9	99.7	99.4	91.3	99.8	98.7	99.3
Big Bend Hospice, Inc.	99.4	99.4	98.8	96.0	99.0	99.2	99.7
Catholic Hospice, Inc.	99.6	99.3	98.7	43.7	99.8	99.4	87.5
Community Hospice of Northeast Florida, Inc.	100.0	100.0	99.9	99.3	100.0	98.5	99.3
Compassionate Care Hospice of Central Florida, Inc.	100.0	58.9	84.8	89.4	100.0	89.3	100.0
Compassionate Care Hospice of Lake and Sumter, Inc.	99.0	73.6	89.6	80.5	99.7	97.0	100.0
Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.	100	53.3	97.3	NA	100.0	100.0	100.0
Cornerstone Hospice & Palliative Care	99.9	99.9	97.1	52.0	99.7	98.8	95.5
Covenant Hospice, Inc.	97.1	95.4	95.8	63.9	99.0	98.5	93.0
Florida Hospital HospiceCare	100.0	100.0	98.0	92.8	98.8	99.9	100.0
Good Shepherd Hospice	99.8	96.3	97.2	89.5	98.3	99.4	92.0
Gulfside Hospice & Pasco Palliative Care	99.9	99.8	99.2	83.4	99.9	98.5	99.6
Halifax Hospice, Inc.	100.0	97.0	99.1	87.3	99.9	99.6	99.0
Haven Hospice	99.8	99.5	99.8	92.0	99.8	97.3	97.9
Heartland Home Health Care and Hospice	99.3	98.7	99.3	87.7	99.3	93.5	100.0
Heartland Hospice Services	99.8	99.6	97.6	88.0	98.5	98.3	98.5
Hope Hospice and Community Services, Inc.	99.6	98.1	99.0	71.8	99.2	97.5	90.3
Hospice by the Sea	98.4	66.1	93.9	85.8	97.8	97.7	92.2
Hospice of Citrus and the Nature Coast	99.6	99.1	97.7	50.4	97.0	97.7	95.4
Hospice of Gold Coast Home Health Services	100.0	99.7	97.7	95.6	100.0	99.2	92.3
Hospice of Health First	100.0	98.5	99.5	93.5	99.1	98.1	98.6
Hospice of Marion County, Inc.	100.0	100.0	100.0	98.4	100.0	99.9	99.9
Hospice of Okeechobee, Inc.	97.0	91.1	95.5	76.9	99.5	97.2	97.4

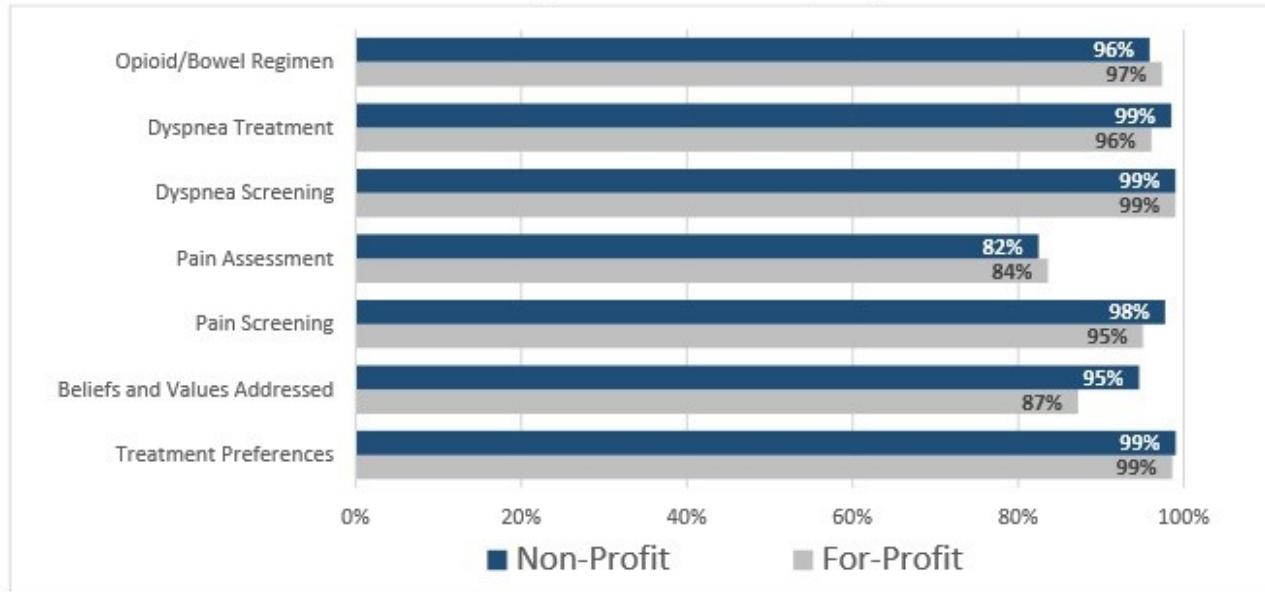
Exhibit 18: National Quality Forum Measure Results by Hospice (Continued)

Facility Name	Treatment Preferences	Beliefs and Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Opioid/Bowel Regimen
Hospice of Palm Beach County Inc.	99.8	76.2	95.8	73.6	97.7	98.4	85.1
Hospice of St. Francis, Inc.	99.2	99.0	97.5	85.3	99.0	99.6	98.1
Hospice of the Comforter Inc.	97.4	90.9	92.9	98.1	93.3	99.6	95.2
Hospice of the Emerald Coast, Inc.	99.9	99.6	99.5	97.2	99.4	98.2	99.0
Hospice of the Florida Keys, Inc.	99.5	91.1	97.5	96.7	99.0	94.9	100.0
HPH Hospice	97.7	94.9	98.7	78.3	99.8	99.1	94.1
Kindred Hospice (Orlando)	97.9	97.9	98.6	88.2	99.3	97.7	94.2
Kindred Hospice of Marion County	100.0	99.9	99.4	98.2	99.7	99.1	98.9
LifePath Hospice	99.4	93.6	98.4	75.7	99.6	98.6	83.3
OpusCare of South Florida	99.7	89.5	98.7	81.6	99.4	99.8	98.2
Regency Hospice of Northwest Florida, Inc.	100.0	99.3	99.0	96.7	100.0	95.9	100.0
Seasons Hospice & Palliative Care of Broward Florida, LLC	100.0	99.6	95.9	53.6	98.4	97.5	97.0
Seasons Hospice and Palliative Care of Southern Florida	99.9	99.5	99.0	88.6	99.2	98.2	98.4
Suncoast Hospice	99.3	98.2	99.6	78.2	99.7	97.2	97.3
The Hospice of Martin and St. Lucie, Inc.	89.6	69.1	89.9	62.6	97.4	95.6	99.2
Tidewell Hospice, Inc.	99.5	98.6	98.9	86.3	99.2	99.6	99.3
Vitas Healthcare Corporation of Florida	96.3	94.2	88.3	74.0	95.4	95.9	94.3
VNA Hospice of Indian River County, Inc.	99.8	99.5	99.0	97.5	100.0	99.3	99.4
Wuesthoff Brevard Hospice and Palliative Care	91.5	72.6	92.7	74.9	98.6	90.9	87.6
Florida Averages	98.9	92.5	97.0	82.8	99.0	97.8	96.3
National Averages	99	95	95	82	98	95	94

Data provided by CMS; collected between 10/01/2016-09/30/2017. Number of hospices, n= 42. Number of respondents, n= 125,310.

When comparing the national results by profit status, Florida non-profit and for-profit hospices received similar average results, as illustrated in Exhibit 19 below. The largest difference in averages was for “beliefs and values addressed,” with 87% of for-profit respondents reporting positively compared to 95% of non-profit respondents. For all other measures, non-profit and for-profit averages were within 4 percentage points of each other.

Exhibit 19: Non-Profit and For-Profit Average Scores on National Quality Forum Measures



Data provided by CMS; collected between 10/01/2016-09/30/2017. Florida hospices, n=42. Non-Profit, n=30. For-Profit, n=12. Note: CMS collected data from Vitas Healthcare Corporation of Florida as one entity, while in this report each location was counted individually. Hospice & Palliative Care of Tampa, Inc. did not provide national hospice reporting data and were not included in the analysis.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

In 2015, hospices began contracting with approved survey vendors to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey. The standardized 47- question CAHPS Hospice Survey includes the following measures: hospice team communication, getting timely care, treating family members with respect, providing emotional support, support for religious and spiritual beliefs, getting help for symptoms, information continuity, understanding the side effects of pain medication, and getting hospice care training.¹⁵ This survey allows the informal caregiver (family member or friend) to provide an overall rating of the hospice care their patient received and ask if they would recommend the hospice from which the patient received services to others in the future. The CAHPS Hospice Survey gives emphasis to additional in-depth aspects of hospice care experiences and focuses on the patient’s perspective of the experience of care, rather than on patient satisfaction.

¹⁵ <http://www.hospicecahpssurvey.org>

To compare the results of the CAHPS measures for individual hospices in Florida, refer to Exhibit 20 below and on the following pages. As with NQF data, Vitas Healthcare Corporation of Florida was treated as one entity while the three locations were treated as unique entities for DOEA collected data. Additionally, Hospice & Palliative Care of Tampa, Inc., did not provide national hospice reporting data. The table displays the percentage of respondents that selected positive response options to questions that are used to quantify each of the eight CAHPS Hospice Survey measures for each hospice, averaged across all quarters of data in the reporting period from October 2015 to September 2017. Refer to Appendix B for a breakdown of survey questions used to quantify each of the eight measures.

Every Florida hospice rated 50 percent or higher on all measures, but only five of the 43 hospices rated 75 percent or higher on all measures. The lowest ratings were for Getting Hospice Care Training (57%, Seasons Hospice & Palliative Care of Broward Florida, LLC, and Heartland Hospice Services) and for Getting Timely Care (61%, Heartland Hospice Services). Out of the other six measures, the lowest rating was 62 percent (Getting Help for Symptoms, Seasons Hospice & Palliative Care of Broward Florida, LLC, and Heartland Hospice Services).

Exhibit 20: CAHPS Measure Results by Hospice

Facility Name	Hospice Team Communication	Getting Timely Care	Treating Patient with Respect	Getting Emotional and Religious Support	Getting Help for Symptoms	Getting Hospice Care Training	Rating of Hospice Care	Willingness to Recommend Hospice
Avow Hospice, Inc.	77	76	89	89	74	68	83	90
Big Bend Hospice, Inc.	79	79	89	90	74	73	80	88
Catholic Hospice, Inc.	75	75	86	89	73	72	80	83
Community Hospice of Northeast Florida, Inc.	80	79	90	90	73	72	83	89
Compassionate Care Hospice of Central Florida, Inc.	82	85	91	90	78	80	84	88
Compassionate Care Hospice of Lake and Sumter, Inc.	79	80	89	88	73	73	82	83
Compassionate Care of Miami-Dade	74	66	83	82	67	64	73	72

Exhibit 20: CAHPS Measure Results by Hospice (Continued)

Facility Name	Hospice Team Communication	Getting Timely Care	Treating Patient with Respect	Getting Emotional and Religious Support	Getting Help for Symptoms	Getting Hospice Care Training	Rating of Hospice Care	Willingness to Recommend Hospice
Cornerstone Hospice & Palliative Care	77	75	88	89	72	68	80	86
Covenant Hospice, Inc.	77	74	88	85	74	73	78	84
Florida Hospital HospiceCare	79	77	88	89	71	71	81	84
Good Shepherd Hospice	76	76	88	89	68	69	80	85
Gulfside Hospice & Pasco Palliative Care	74	74	86	85	70	64	77	84
Halifax Hospice, Inc.	80	82	90	90	77	72	84	89
Haven Hospice	78	77	89	90	75	72	82	87
Heartland Home Health Care and Hospice	73	74	87	88	69	72	70	78
Heartland Hospice Services	69	61	77	82	62	57	66	65
Hope Hospice and Community Services, Inc.	77	78	89	89	74	68	82	89
Hospice by the Sea	72	72	84	85	69	62	79	84
Hospice of Citrus and the Nature Coast	82	85	92	92	78	74	86	92
Hospice of Gold Coast Home Health Services	79	82	90	89	72	71	81	85
Hospice of Health First	85	83	92	90	78	75	87	91
Hospice of Marion County, Inc.	79	79	90	88	78	72	83	88
Hospice of Okeechobee, Inc.	91	92	98	94	89	79	94	99

Exhibit 20: CAHPS Measure Results by Hospice (Continued)

Facility Name	Hospice Team Communication	Getting Timely Care	Treating Patient with Respect	Getting Emotional and Religious Support	Getting Help for Symptoms	Getting Hospice Care Training	Rating of Hospice Care	Willingness to Recommend Hospice
Hospice of Palm Beach County Inc.	77	75	86	87	70	66	80	87
Hospice of St. Francis, Inc.	82	79	92	90	78	73	84	89
Hospice of the Comforter Inc.	79	74	89	90	74	75	81	85
Hospice of the Emerald Coast, Inc.	83	83	92	89	78	78	85	89
Hospice of the Florida Keys, Inc.	79	76	88	88	69	75	78	85
Hospice of the Treasure Coast, Inc.	78	78	88	89	73	71	82	88
HPH Hospice	70	69	83	82	66	64	70	76
Kindred Hospice (Orlando)	83	80	93	87	77	67	84	80
Kindred of Marion County	78	74	88	90	71	71	76	81
LifePath Hospice	69	67	82	87	66	64	73	80
OpusCare of South Florida	82	84	90	89	82	79	79	85
Regency Hospice of Northwest Florida, Inc.	76	75	88	88	73	70	74	78
Seasons Hospice & Palliative Care of Broward Florida, LLC	63	64	74	80	62	57	66	66
Seasons Hospice and Palliative Care of Southern Florida	69	68	82	82	70	62	67	71
Suncoast Hospice	79	78	90	91	72	70	82	90
The Hospice of Martin and St. Lucie, Inc.	80	78	91	90	75	73	84	90

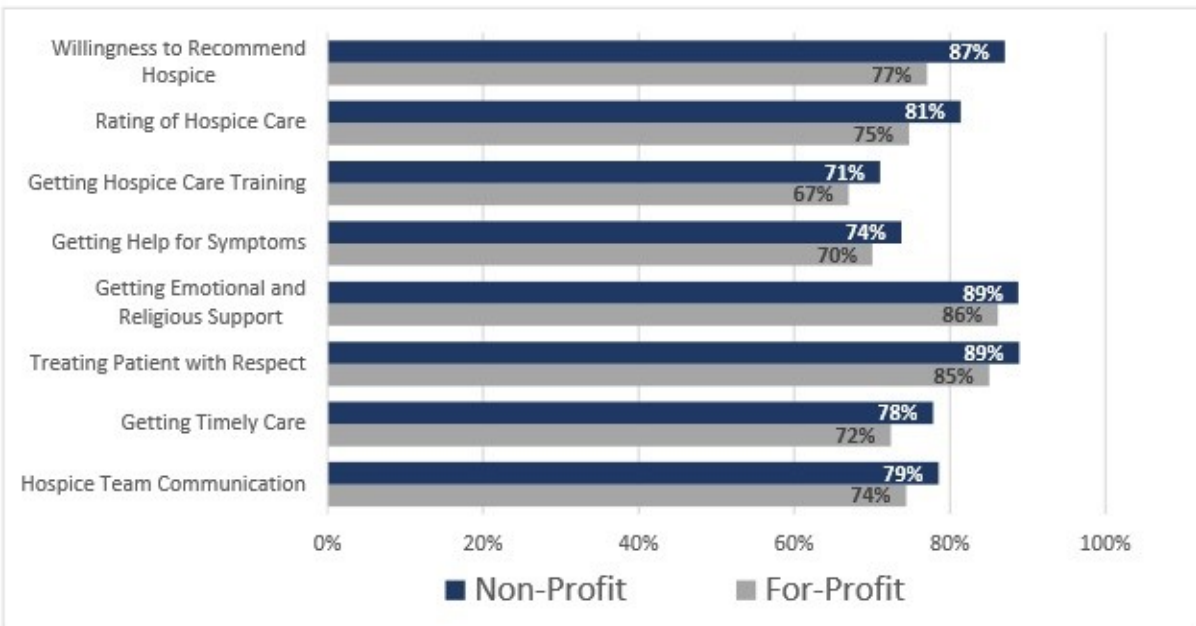
Exhibit 20: CAHPS Measure Results by Hospice (Continued)

Facility Name	Hospice Team Communication	Getting Timely Care	Treating Patient with Respect	Getting Emotional and Religious Support	Getting Help for Symptoms	Getting Hospice Care Training	Rating of Hospice Care	Willing to Recommend Hospice
Seasons Hospice & Palliative Care of Broward Florida, LLC	63	64	74	80	62	57	66	66
Seasons Hospice and Palliative Care of Southern Florida	69	68	82	82	70	62	67	71
Suncoast Hospice	79	78	90	91	72	70	82	90
The Hospice of Martin and St. Lucie, Inc.	80	78	91	90	75	73	84	90
Tidewell Hospice, Inc.	79	77	89	89	72	71	82	89
Vitas Healthcare Corporation of Florida	72	69	82	87	69	63	74	79
VNA Hospice of Indian River County, Inc.	81	80	91	91	73	69	83	90
Wuesthoff Brevard Hospice and Palliative Care	75	73	87	90	70	68	81	84
Florida Averages	77	76	88	88	73	70	80	84
National Averages	80	78	91	90	75	75	81	85

Data provided by CMS; collected between 10/01/2015-09/30/2017. n= 43. Note: In CMS reporting, Vitas Healthcare Corporation of Florida was treated as one entity while in this report the three locations were treated as unique entities. Data unavailable for Hospice & Palliative Care of Tampa, Inc., and Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.

When comparing Florida hospice average ratings to national ratings, Florida was slightly below national averages for all eight CAHPS measures, as illustrated in Exhibit 21 below. The greatest difference between Florida and national averages was for Getting Hospice Care and Training (Florida, 70%; National, 75%).

Exhibit 22: Non-Profit and For-Profit Average Scores for CAHPS Survey Measures



Data provided by CMS; collected between 10/01/2015-09/30/2017. n= 43. Non-profit n= 32. For-profit, n =12. Note: In CMS reporting, Vitas Healthcare Corporation of Florida was treated as one entity while in this report the three locations were treated as unique entities. Data unavailable for Hospice & Palliative Care of Tampa, Inc.

When comparing non-profit to for-profit hospices, as illustrated in Exhibit 22 on the following page, non-profits rated higher on all eight of the measures, with the largest difference between non-profit and for-profit hospices being in willingness to recommend the hospice, with non-profits having an average rating of 87 percent and for-profits having an average rating of 77 percent.

Non-profits rated higher on all eight of the measures, with the largest difference between for-profit and non-profit being in willingness to recommend

Appendix A: Department of Elder Affairs Hospice Demographic and Outcome Measures Report

Reporting Period: January 1 through December 31. Due no later than March 31 of the following year.

Report for Calendar 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 <i>If yes, enter organization name:</i>	Yes No
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

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 5 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

Patient/Family Satisfaction Survey Question: Did the patient receive the right amount of medicine for his or her pain?

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?	
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	
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	
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	
Medicare	
Medicaid	
Third Party	
Self-pay	
Uncompensated	
Other	
Total Number of Patient Days by Location During Reporting Period	
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	
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

Appendix B: CAHPS Hospice Survey

CAHPS Hospice Survey Quality Measures and Constituent Items

Composite Measures
Hospice Team Communication
While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?
While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?
How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?
While your family member was in hospice care, how often did the hospice team listen carefully to you?
While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?
Getting Timely Care
While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?
How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?
Treating Family Members with Respect
While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?
While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?
Getting Emotional and Religious Support
While your family member was in hospice care, how much emotional support did you get from the hospice team?
In the weeks after your family member died, how much emotional support did you get from the hospice team?
Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?
Getting Help for Symptoms
Did your family member get as much help with pain as he or she needed?
How often did your family member get the help he or she needed for trouble breathing?
How often did your family member get the help he or she needed for trouble with constipation?
How often did your family member get the help he or she needed from the hospice team for feelings of anxiety or sadness?
Getting Hospice Care Training
Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?
Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?
Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?

Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?
Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?
Global Measures
Rating of Hospice
Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?
Willingness to Recommend
Would you recommend this hospice to your friends and family?