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2019 REPORT

Hospice Demographics and Outcome Measures

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Executive Summary

As mandated in Section 400.60501, *Florida Statutes*, together with Rule 58A-2.005, Florida Administrative Code, an annual report must be developed that analyzes and evaluates the quality and effectiveness of hospice care for hospices licensed in the state. In addition, Section 400.605(j), *Florida Statutes* allows the collection of patient of demographic data and other information on the provision of hospice care in the state. The responsibility for collecting the data and completing the report transitioned from the Department of Elder Affairs (DOEA) to the Agency for Health Care Administration (AHCA) in 2019, making this year's report the last to be produced by DOEA.

This report contains an analysis of demographic and diagnostic data submitted by all 46 of Florida's licensed hospices for 2018 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 the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data, developed by the RAND Corporation and which focuses on experiences of care.

In 2015, DOEA lifted the requirement that hospices submit outcome measure data when CMS made hospice performance data available to the states. The three hospice measures that had been required prior to 2015 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 2018, 14 Florida hospices voluntarily chose to submit data for OM1; 13 hospices submitted data for OM2; and nine hospices submitted data for OM2A. Of these, 13 met the predetermined standard on OM1 of 50 percent or more patients who reported severe pain. Severe pain was defined 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 nine who submitted the OM2 measure met the standard of 50 percent or more of patients reporting they received the right amount of medicine for pain. All nine also 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 2018, Florida hospices individually operated as many as eight independent facilities or residential units,¹ and 74 percent of all Florida hospices were accredited organizations. Consistent with prior years of reporting, the typical hospice patient is Caucasian (69%) and age

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. In federal reporting, these three entities are singularly reported.

65 or older (86%); the majority of hospice services were provided in private residences (55% of all patient days); Medicare remains the primary source of payment (88% of all hospice reimbursements); and the average length of admission was 5.1 days.

NQF measures indicate that Florida's hospices are performing close to the national averages, with Florida rated above or equal to the national average for every measure. When comparing Florida's CAHPS data to national ratings, Florida was slightly below national averages for all eight CAHPS measures. Comparing non-profit to for-profit hospices, non-profits rated higher on all eight of the CAHPS measures.

Data Collected

Section 400.60501, *Florida Statutes*, 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), *Florida Statutes*, allows the collection of 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. The information presented in this report was collected using nationally reported outcome measures and survey results as well as information directly submitted to DOEA. Per Senate Bill 184², the rulemaking authority and responsibility for reporting on hospice quality was transitioned from the Department of Elder Affairs to the Agency for Health Care Administration. The bill was approved by the Governor on April 26, 2019, chapter 2019-011, *Florida Statutes*, and became effective July 1, 2019.

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.

The following outcome measure data elements were optional:

- 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

² <https://www.flsenate.gov/Session/Bill/2019/184>

- 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, the majority of hospices in 2018 (29 or 63%) had non-profit status. The number of for-profit hospices has increased slightly from last year, from 15 to 17 hospices. The percentage of for-profit hospices in Florida has more than doubled over the past 10 years, from 17 percent in 2009 to 37 percent in 2018.

Exhibit 1: Number and Percentage of For-Profit Hospices, 2009-2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Number of For-Profit Hospices	7	9	12	12	12	13	14	14	15	17
Number of Hospices	41	41	43	43	43	44	45	45	46	46
Percentage of For-Profit Hospices	17%	22%	28%	28%	28%	30%	31%	31%	33%	37%

Data from the Agency for Health Care Administration, www.floridahealthfinder.gov/facilitylocator.

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 2018, the overall trend shows a rise in the percentage of accredited hospices over time. In 2018, 72 percent of Florida hospices were accredited, an all-time high since 2009 (44%).

Exhibit 2: Number and Percentage of Accredited Hospices, 2009-2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Number of Accredited Hospices	18	17	22	19	21	25	25	27	29	33
Number of Hospices	41	41	43	43	43	44	45	45	46	46
Percentage of Accredited Hospices	44%	42%	51%	44%	49%	57%	56%	60%	63%	72%

Data provided by individual hospice organizations and confirmed by the Agency for Health Care Administration, www.floridahealthfinder.gov/facilitylocator, n=46; 2018.

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. Eighteen hospices were accredited by The Joint Commission (TJC), followed by 11 from the Community Health Accreditation Program (CHAP), and four from the American Commission for Healthcare (ACHC).

Exhibit 3: Location, Accrediting Entity, Profit Status, and Number of Patients by Hospice, 2018

Hospice Name	City	Accreditation Entity	Profit Status	Number of Patients
AdventHealth Hospice Care Central Florida	Altamonte Springs	N/A	Non-Profit	2,687
AdventHealth Hospice Care East Florida	Ormond Beach	TJC	Non-Profit	1,585
Avow Hospice, Inc.	Naples	TJC	Non-Profit	1,885
Big Bend Hospice, Inc.	Tallahassee	CHAP	Non-Profit	1,604
Bristol Hospice - Miami Dade, LLC	Miami	CHAP	For-Profit	83
Catholic Hospice, Inc.	Miami Lakes	TJC	Non-Profit	2,531
Community Hospice of Northeast Florida, Inc.	Jacksonville	N/A	Non-Profit	6,602
Compassionate Care Hospice of Central Florida, Inc.	Lakeland	CHAP	For-Profit	494
Compassionate Care Hospice of Lake and Sumter, Inc.	The Villages	CHAP	For-Profit	521
Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.	Hialeah	CHAP	For-Profit	432
Cornerstone Hospice & Palliative Care, Inc.	Tavares	TJC	Non-Profit	7,967
Covenant Hospice, Inc.	Pensacola	TJC	Non-Profit	3,997
Good Shepherd Hospice	Temple Terrace	TJC	Non-Profit	3,380
Gulfside Hospice & Pasco Palliative Care	Land O Lakes	TJC	Non-Profit	2,287
Halifax Hospice, Inc.	Port Orange	N/A	Non-Profit	2,786
Haven Hospice	Gainesville	ACHC	Non-Profit	4,344
Heartland Home Health Care and Hospice	Jacksonville	ACHC	For-Profit	358
Heartland Hospice Services	Plantation	ACHC	For-Profit	918
Hope Hospice and Community Services, Inc.	Fort Myers	CHAP	Non-Profit	5,627
Hospice by the Sea, Inc.	West Palm Beach	TJC	Non-Profit	3,305
Hospice of Gold Coast Home Health Services	Fort Lauderdale	CHAP	Non-Profit	258
Hospice of Health First	Melbourne	TJC	Non-Profit	1,512
Hospice of Marion County, Inc.	Ocala	TJC	Non-Profit	3,406
Hospice of Okeechobee, Inc.	Okeechobee	N/A	Non-Profit	198
Hospice of Palm Beach County, Inc.	West Palm Beach	TJC	Non-Profit	6,867
Hospice of St. Francis, Inc.	Titusville	CHAP	Non-Profit	1,531
Hospice of the Emerald Coast, Inc.	Panama City	N/A	Non-Profit	2,707

(Table continues on next page)

**Exhibit 3: Location, Accrediting Entity, Profit Status, and Number of Patients by Hospice, 2018
(Continued)**

Hospice Name	City	Accreditation Entity	Profit Status	Number of Patients
Hospice of the Treasure Coast, Inc.	Stuart	N/A	Non-Profit	1,070
HPH Hospice	Temple Terrace	TJC	Non-Profit	3,754
Kindred Hospice (Miami)	Miami	CHAP	For-Profit	2,365
Kindred Hospice (Orlando)	Orlando	N/A	For-Profit	738
LifePath Hospice	Temple Terrace	TJC	Non-Profit	6,271
OpusCare of South Florida	Miami	N/A	Non-Profit	1,574
Regency Hospice of Northwest Florida, Inc.	Pensacola	ACHC	For-Profit	619
Seasons Hospice & Palliative Care of Broward Florida, LLC	Dania Beach	N/A	For-Profit	1,187
Seasons Hospice & Palliative Care of Pinellas County, LLC	Clearwater	TJC	For-Profit	170
Seasons Hospice & Palliative Care of Tampa, LLC	Tampa	TJC	For-Profit	368
Seasons Hospice and Palliative Care of Southern Florida, Inc.	Miami	TJC	For-Profit	1,829
Suncoast Hospice	Clearwater	TJC	Non-Profit	6,998
The Hospice of Martin & St. Lucie, Inc.	Stuart	N/A	Non-Profit	1,919
Tidewell Hospice, Inc.	Sarasota	CHAP	Non-Profit	8,606
VITAS Healthcare Corporation of Florida	Melbourne	N/A	For-Profit	12,112
VITAS Healthcare Corporation of Florida	Boynton Beach	N/A	For-Profit	7,920
Vitas Healthcare Corporation of Florida	North Miami Beach	N/A	For-Profit	7,604
VNA Hospice of Indian River County, Inc.	Vero Beach	TJC	Non-Profit	1,338
Wuesthoff Health System Brevard Hospice & Palliative Care	Viera	CHAP	For-Profit	539
Totals	35 Unique Cities	33 Accredited	29 Non-Profit 17 For-Profit	137,393 Patients

Data provided by individual hospice organizations, n=46; 2018.

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

Hospice Geographical Coverage

In 2018, 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; rather that it is the location of the central office.

Exhibit 4: Geographical Coverage of Florida Hospice Facilities by County, 2018

County	Number of Hospice Facilities	County	Number of Hospice Facilities	County	Number of Hospice Facilities
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	2
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	3	Santa Rosa	4
Columbia	3	Lee	1	Sarasota	1
DeSoto	1	Leon	2	Seminole	2
Dixie	3	Levy	3	Sumter	3
Duval	4	Liberty	2	Suwannee	3
Escambia	4	Madison	2	Taylor	2
Flagler	5	Manatee	1	Union County	3
Franklin	2	Marion	2	Volusia	5
Gadsden	2	Martin	3	Wakulla	2
Gilchrist	3	Miami-Dade	8	Walton	4
Glades	1	Monroe	6	Washington	2
Gulf	2	Nassau	4	Total Counties	Total Facilities
Hamilton	3	Okaloosa	4	67	195

Data were provided by individual hospice organizations, n=46; 2018. Individual hospices may have multiple sites and operate in more than one county.

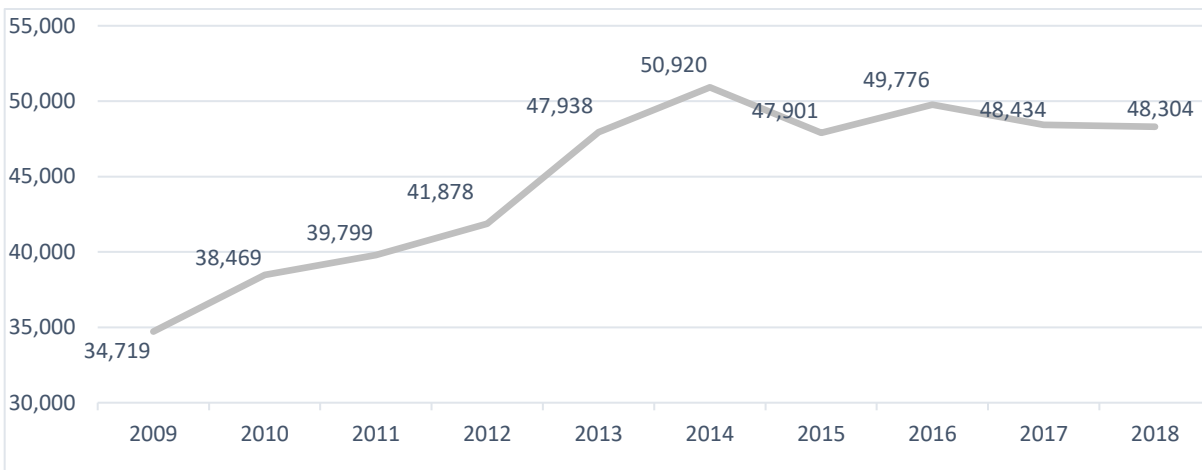
Inpatient Facilities and Residential Units

During 2018, Florida hospice organizations operated 100 inpatient facilities and residential units, increasing from 87 in 2009. The number of operating inpatient facilities and residential units decreased from 202 in 2017 to 195 in 2018. 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 2018, Florida hospice organizations individually operated as many as eight independent facilities or residential units. The 14 hospice organizations that did not have facilities in 2018 provided inpatient care and services to individuals in mostly private residences. The number of hospices with one or two facilities/residential units increased from 18 in 2017 to 24 in 2018. The number of hospices with three to eight facilities/residential units remained unchanged from 2017, with 17. There were 48,304 patient admissions to Florida hospices in 2018, and hospices provided 1,477 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 2018 (48,304) is 5 percent lower than the high point seen in 2014.

Exhibit 5: Patient Admissions to Florida Hospices, 2009-2018



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 11 percent from 2009 (1,329) to 2018 (1,477). There was an average of 32.7 admissions per bed and an average of 222.4 patient days per bed in 2018. From 2009 to 2018, the average rate of admissions increased by about seven admissions per bed (25%), while the average number of patient days spent per bed decreased by almost 30 days (-12%). Although the length of stay per hospice admission increased from 234.1 in 2014 to 243.3 in 2016, the length of stay has decreased the past two years with 231.2 in 2017 and 222.4 in 2018.

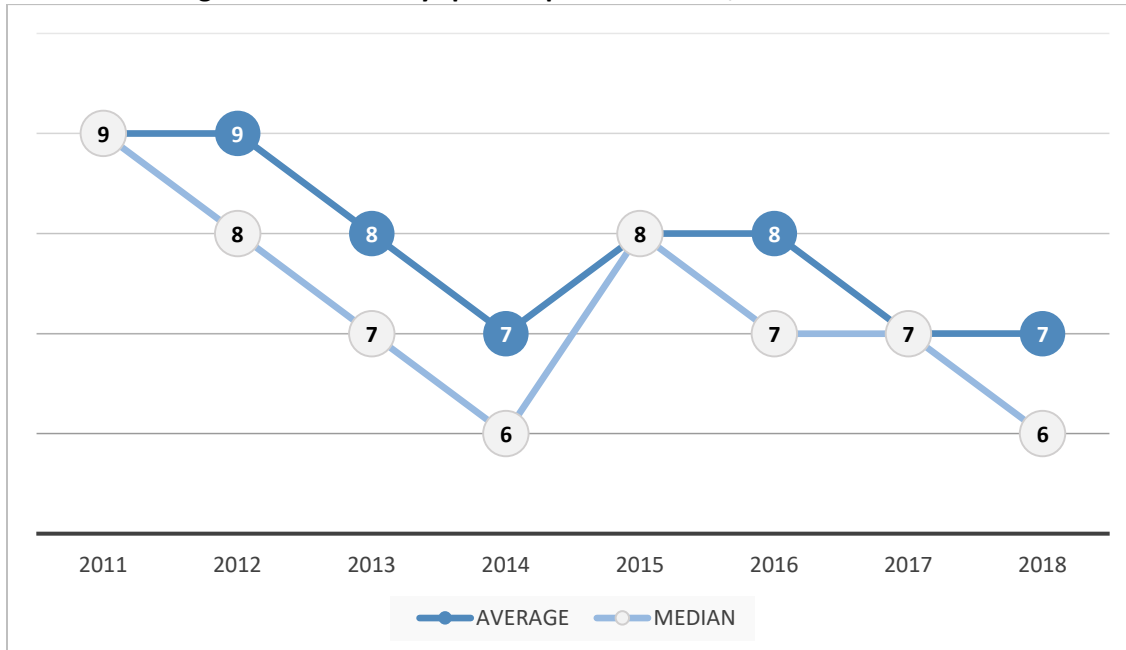
Exhibit 6: Admissions, Hospice Beds, and Facility Patient Days in Florida Hospices from 2009 to 2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Difference 2009-2018
Admissions	34,719	38,469	39,799	41,878	47,938	50,920	47,901	49,776	48,434	48,304	13,585 (39%)
Number of Beds	1,329	1,445	1,545	1,520	1,550	1,551	1,556	1,526	1,536	1,477	148 (11%)
Total Days	340,080	339,599	372,983	364,948	374,144	363,107	381,796	371,346	355,047	328,426	-11,654 (-3%)
Av. Admissions per Bed	26.1	26.6	25.8	27.6	30.9	32.8	30.8	32.6	31.5	32.7	6.6 (25%)
Av. Patient Days per Bed	255.9	235	241.4	240.1	241.4	234.1	245.4	243.3	231.2	222.4	-33.5 (-13%)

Data provided by individual hospice organizations, n=46; 2018

As shown in Exhibit 7 below, the average length of stay per hospice admission was seven days in 2018, compared to a high of nine days in 2011 and 2012. The median length of stay per hospice admission was seven days in 2017 and six days in 2018.³

Exhibit 7: Average and Median Days per Hospice Admission, 2011-2018



Data provided by individual hospice organizations, n=46; 2018, median calculations performed by DOEA.

Exhibit 8 on the following page 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 (119), while DeSoto, Flagler, and Nassau had the smallest number of total beds (8). Collier had the highest average facility days per admission (14.4), with Hernando having the lowest (3.6).

³ The median is considered a more meaningful measure of central tendency for understanding the experience of the typical patient since it is not influenced by extreme values.

Exhibit 8: Beds, Admissions, Facility Days and Occupancy for Inpatient Facilities/Residential Units Operated by Florida Hospices by County, 2018

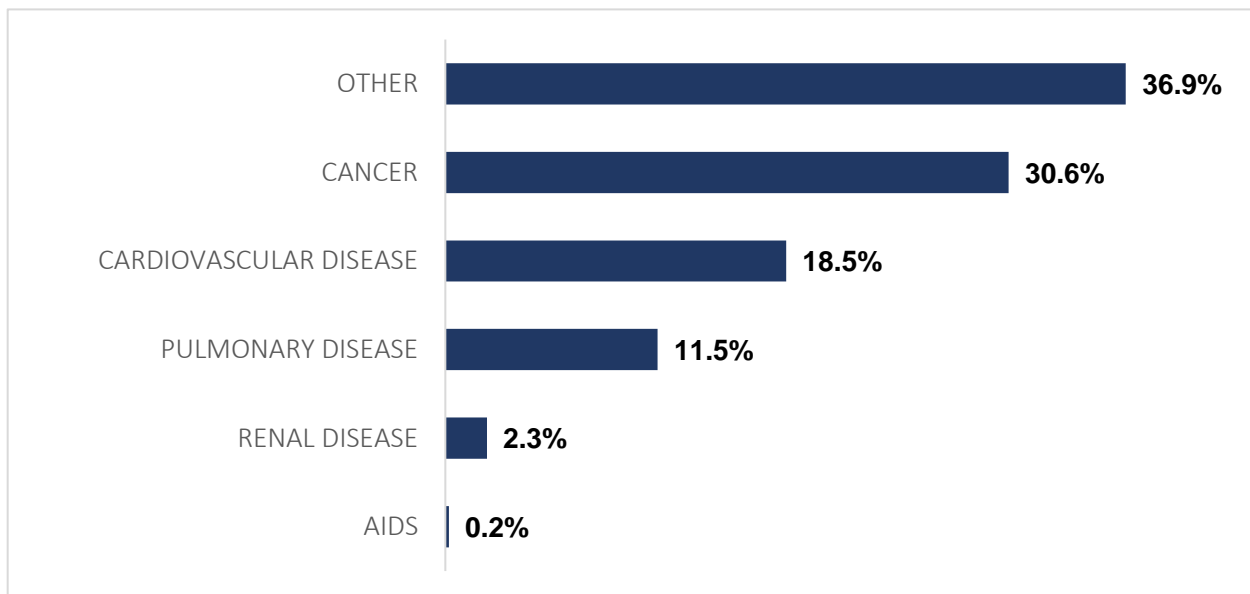
County	Total Beds	Total Facility Admissions	Total Facility Days	Average Admissions per Bed	Average Days per Bed	Average Occupancy Rate	Average Facility Days per Admission
Alachua	30	1053	6,826	35.1	227.5	62.3%	6.5
Bay	18	547	3,917	30.4	217.6	59.6%	7.2
Brevard	49	1,563	12,509	31.9	255.3	69.9%	8.0
Broward	102	2,417	24,697	23.7	242.1	66.3%	10.2
Broward	12	645	5,128	53.8	427.3	117.1%	8.0
Charlotte	19	915	5,839	48.2	307.3	84.2%	6.4
Citrus	16	170	1,151	10.6	71.9	19.7%	6.8
Clay	18	774	4,846	43.0	269.2	73.8%	6.3
Collier	23	852	12,262	37.0	533.1	146.1%	14.4
Columbia	16	544	3,958	34.0	247.4	67.8%	7.3
DeSoto	8	235	1,685	29.4	210.6	57.7%	7.2
Duval	104	3,102	19,631	29.8	188.8	51.7%	6.3
Escambia	36	1121	8,041	31.1	223.4	61.2%	7.2
Flagler	8	408	2,199	51.0	274.9	75.3%	5.4
Hernando	48	939	3,399	19.6	70.8	19.4%	3.6
Highlands	24	570	2,904	23.8	121.0	33.2%	5.1
Hillsborough	64	2382	13,256	37.2	207.1	56.7%	5.6
Indian River	12	605	3,302	50.4	275.2	75.4%	5.5
Lake	16	977	4,668	61.1	291.8	79.9%	4.8
Lee	100	3,406	29,876	34.1	298.8	81.9%	8.8
Leon	12	633	4,045	52.8	337.1	92.4%	6.4
Levy*	16	-	-	-	-	-	-
Manatee	20	1,011	6,526	50.6	326.3	89.4%	6.5
Marion	40	1,313	12,637	32.8	315.9	86.6%	9.6
Martin	16	859	3,849	53.7	240.6	65.9%	4.5
Miami-Dade	111	2143	25674	19.3	231.3	63.4%	12.0
Nassau	8	332	1,573	41.5	196.6	53.9%	4.7
Okeechobee	12	193	1,112	16.1	92.7	25.4%	5.8
Orange	40	1582	11,048	39.6	276.2	75.7%	7.0
Palm Beach	119	4,242	27,326	35.6	229.6	62.9%	6.4
Pasco	68	1,167	6,133	17.2	90.2	24.7%	5.3
Pinellas	92	3074	16,960	33.4	184.3	50.5%	5.5
Polk	28	1280	6,865	45.7	245.2	67.2%	5.4
Putnam	18	443	2,972	24.6	165.1	45.2%	6.7
Sarasota	18	1,103	6,066	61.3	337.0	92.3%	5.5
Seminole	26	920	6,383	35.4	245.5	67.3%	6.9
St. Johns	12	574	3,138	47.8	261.5	71.6%	5.5
St. Lucie	16	1,018	3,875	63.6	242.2	66.4%	3.8
Sumter	20	939	5,329	47.0	266.5	73.0%	5.7
Volusia	62	2253	12,858	36.3	207.4	56.8%	5.7
Total	1,477	48,304	334,463	37.7	242.4	66.40%	6.6

Data provided by individual hospice organizations, n=46. Number of admissions, n=48,304; 2018. 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. *The facility in Levy did not provide information on total facility admissions or the total number of days.

Primary Diagnosis at Time of Admission

Hospices reported on the primary diagnosis of 137,393 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.” Patients’ primary diagnoses at the time of admission to hospices in 2018 are similar to those in recent years. In 2018, 36.9 percent of patients admitted to Florida hospices had a primary diagnosis included in the “other” category, as shown in Exhibit 9 below. Approximately 30.6 percent responded that cancer was their primary diagnosis, followed by 18.5 percent with cardiovascular disease, and 11.5 percent with pulmonary disease. AIDS and renal failure represented less than 3 percent of patient primary diagnoses (0.2% and 2.3% respectively).

Exhibit 9: Primary Diagnosis at Time of Admission to a Florida Hospice, 2018



Data provided by individual hospice organizations, n= 46. Number of admissions, n=137,393; 2018

In 2019, reporting on 2017 data, the National Hospice and Palliative Care Organization (NHPCO) reported that cancer diagnoses constituted 30.1 percent of primary diagnoses for national hospice admissions, followed by 17.6 percent cardiac and circulatory, 15.6 percent dementia, 11 percent respiratory, 9.4 percent stroke, and 13.9 percent other.⁴ 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 (36.9%). Overall, the proportions of primary diagnoses at time of admission to Florida hospices closely resembles the national rates reported by the NHPCO. In 2011, a study in the *Journal of the American Medical Association* reported lower proportions of cancer patients and higher proportions of patients

⁴ 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.

with dementia in for-profit hospices compared to non-profit hospices.⁵ Similarly, Florida had a lower percentage of patients with a cancer diagnosis in for-profit hospices, compared to non-profit hospices (27% and 32%, respectively) in 2018. Likewise, in 2014, the *Journal of the American Medical Association* observed this trend and identified potential underlying factors driving differences by profit status: for-profit hospice organizations care for more patients with longer expected hospice stays; 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.⁶ 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 Related Dementias (ADRD). Therefore, as shown in Exhibit 10 below, patients diagnosed with “other” (43% in for-profit hospices and 35% in non-profit hospices) may include patients with ADRD.

Exhibit 10: Patient Primary Diagnosis at Time of Admission to Florida Hospices, by Profit Status, 2018

Profit Status	Cancer	Heart	Pulmonary	Renal	AIDS	"Other"
Non-Profit	32.2%	0.2%	11.9%	2.7%	18.6%	34.6%
For-Profit	26.5%	0.3%	10.6%	1.1%	18.3%	43.1%

Data provided by individual hospice organizations, n = 137,393; 2018

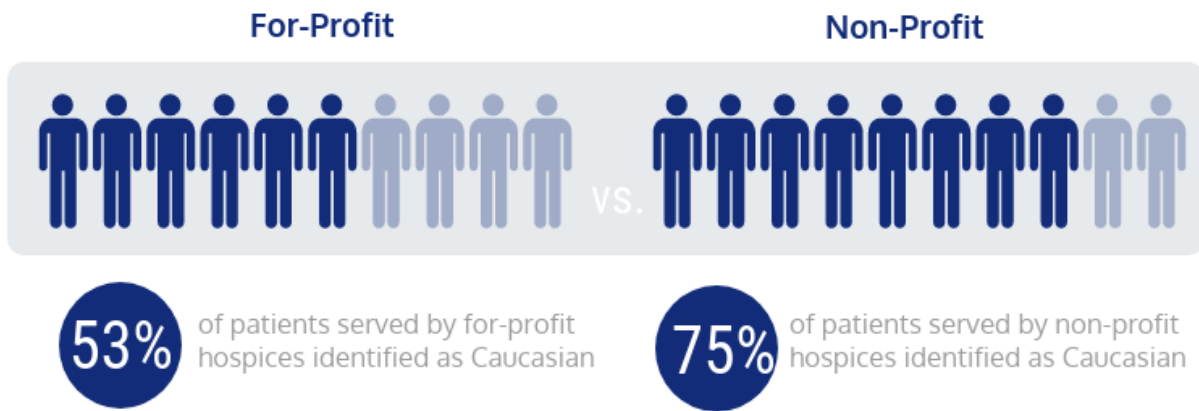
Patient Race and Ethnicity

Hospices reported on the race and ethnicity of 137,393 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 (68.8%) of their patients were Caucasian, 7.7 percent were Black, and 0.6 percent were Asian. In addition, 10.6 percent of hospice patients identified as “other” or a combination of races and 12.3 percent of patients identified themselves as Hispanic. A larger percentage of patients served by non-profit hospices in 2018 identified as Caucasian (74.9%), compared to 52.9 percent of patients served by for-profit hospices who identified as Caucasian, as displayed in Exhibit 11 on the following page. In contrast, Hispanic patients were served by for-profit hospices at a much higher rate than non-profit hospices (25.4% and 7.3%, respectively). The racial and ethnic composition of patients in hospices by profit status varied slightly from 2017 to 2018, with slightly less for-profit patients identifying as Hispanic in 2018 (25.4%) than in 2017 (27.9%) and slightly less Caucasian patients in for-profit hospices in 2018 (52.9%) than in 2017 (54.8%). For non-profits, this trend has remained consistent over the past eight reporting years, with between 83 percent and 75 percent of non-profit patients identifying as Caucasian. The percentages were a little more variable for for-profits, with between 66 percent (2012) and 53 percent (2018) of for-profit patients identifying as Caucasian.

⁵ 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.

⁶ 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.

Exhibit 11: Percent of Caucasian Patients Served by For-Profit and Non-Profit Hospices, 2018



Data provided by individual hospice organizations, n=137,393; 2018.

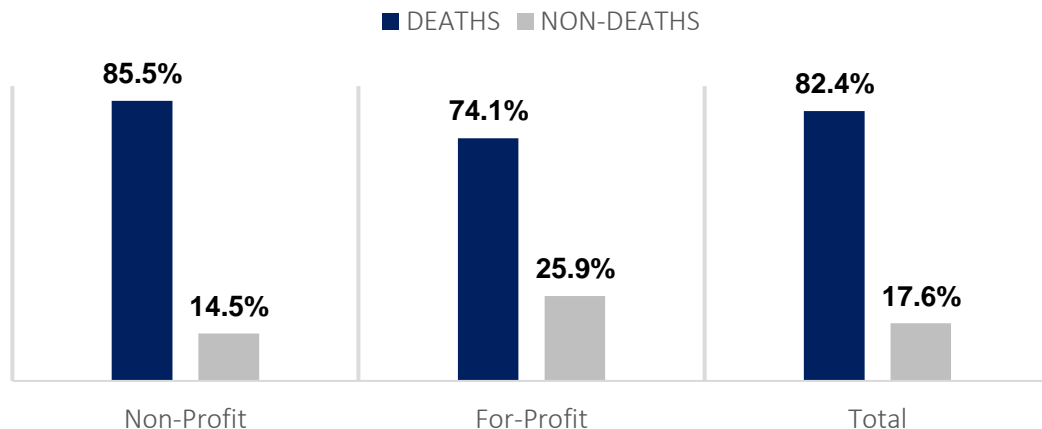
Patient Age

Hospices reported the age of 137,393 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 86.4 percent of all hospice patients admitted were 65 and older. About 13.4 percent of hospice patients admitted were between the ages of 19 and 64; 268 hospice patients (0.2%) admitted were younger than 19. Overall, the age distribution of patients admitted to Florida hospices changed very little in 2018 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 2018, as illustrated in Exhibit 12 below, discharge dispositions due to death were higher in non-profit (85.5%) than in for-profit hospices (74.1%).

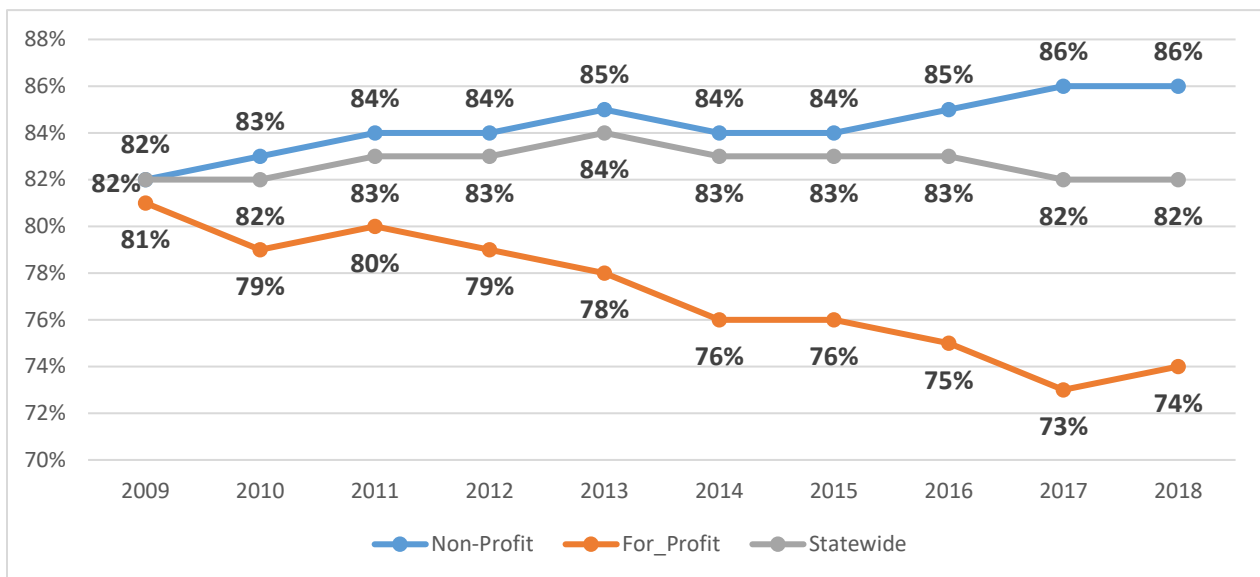
Exhibit 12: Florida Hospice Patient Discharges by Disposition and Profit Status, 2018



Data provided by individual hospice organizations, n =133,467; 2018

Upon inspection by individual hospice, Kindred Hospice of Orlando, a for-profit hospice, had the highest rate of discharge due to non-death (43%). Conversely, AdventHealth Hospice Care East Florida, Hospice of Health First, Hospice of Okeechobee, Inc., and Hospice of the Treasure Coast, Inc., non-profit hospices, had the lowest percentage of discharges due to non-death (7%). As illustrated in Exhibit 13 below, in for-profit hospices, the proportion of discharges due to patient death has decreased between 2009 (81%) and 2018 (74%) by 7 percentage points. In contrast, the proportion of discharges due to patient death in non-profit hospices since 2009 has increased by 4 percentage points, from 82 percent in 2009 to 86 percent in 2018.

Exhibit 13: Florida Hospice Patient Discharges by Disposition of Death and Profit Status, 2009-2018



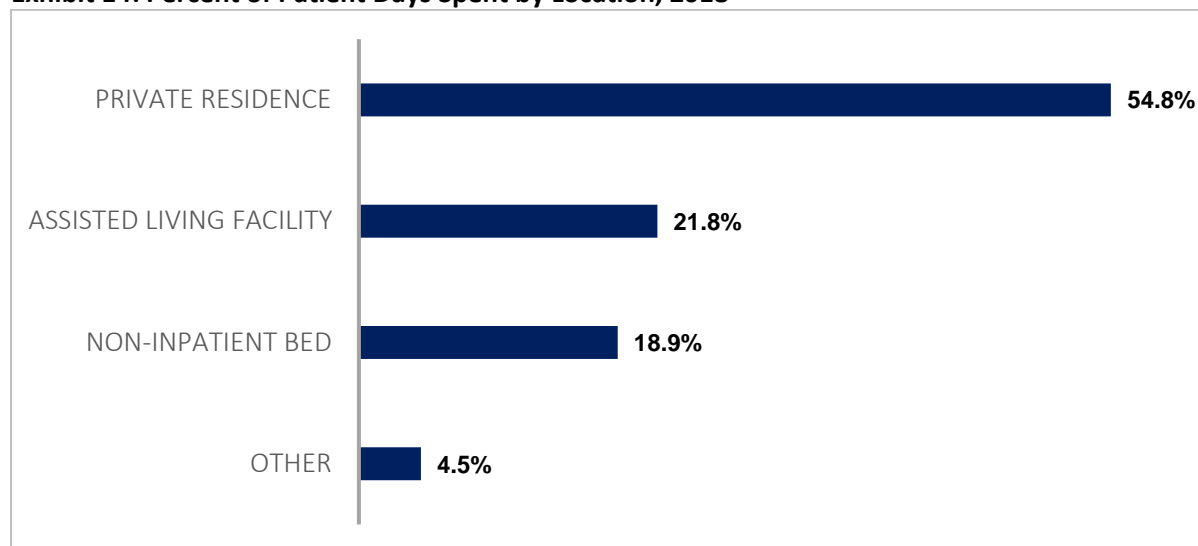
Data provided by individual hospice organization. N=1,181,013.

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 2017, the total number of days patients spent at residential facilities dropped by 46.3 percent (from 58,117 to 31,222 days), and there was a slight decrease between 2017 and 2018 (29,556). The overall drop between 2012 and 2018 can be attributed to the number of hospices that provided residential facilities, with 11 hospices offering residential facilities in 2012 and only six hospices offering residential facilities in 2018. The location 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 the community, in settings such as private residences (54.8%) and assisted living facilities (21.8%), whereas inpatient bed days in facilities such as a nursing homes (18.9%) and residential and family care facilities make up 4.5% of patient days reported.

Exhibit 14: Percent of Patient Days Spent by Location, 2018



Data provided by hospice organizations, patient days(n)=10,642,379; 2018. 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 24%, from 34,807 in 2014 to 26,511 in 2018. 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 2018 can be attributed to the number of hospices that offered inpatient days, with 19 hospices offering inpatient beds in 2014 and 15 offering inpatient beds in 2018.

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 (88.2%) of hospice income came from Medicare in 2018. Additionally, Medicaid paid 5.8% of hospice reimbursement, while 3.5% came from third parties, 1.6% was uncompensated, and less than 1 percent came from private pay (0.6%) or other (0.3%). Non-profit hospices received a smaller percentage of reimbursement from Medicare compared to for-profit hospices (86.3% compared to 91.4%), a larger percentage from Medicaid (7% compared to 3.7%), and a slightly higher percentage from third parties (3.8% compared to 2.9%).

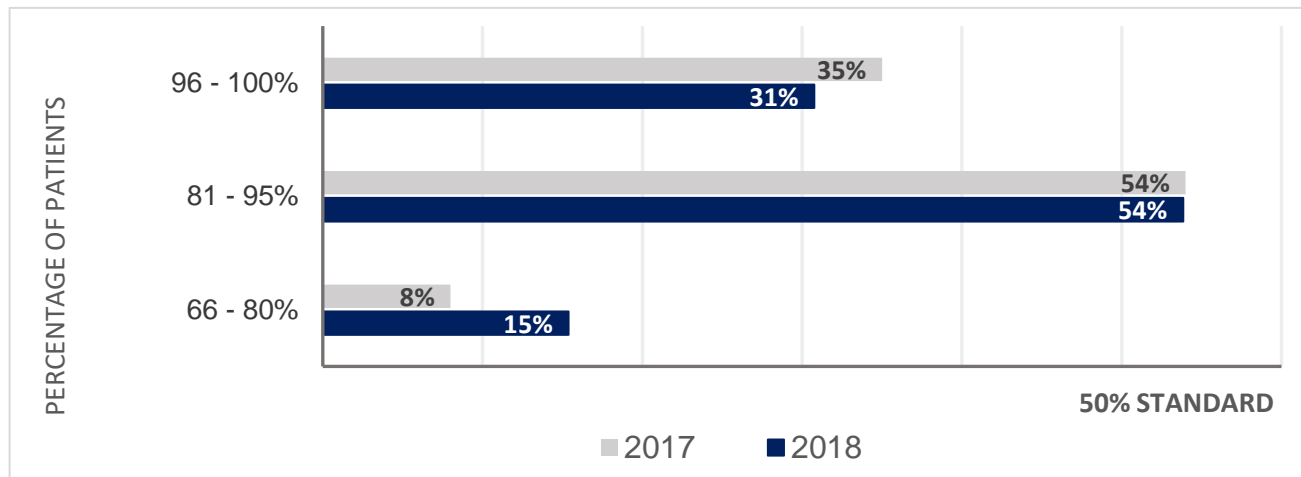
Outcome Measure 1

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.⁷ 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 and in 2017 all but one hospice met the standard.

As previously mentioned, beginning in 2016, the submittal of data for Outcome Measure 1 became optional. In 2018, 13 hospices submitted data for this measure. The 32 hospices that did not submit data for Outcome Measure 1 are not included in this summary. In 2018, one hospice Wuesthoff Health System Brevard Hospice & Palliative Care, failed to meet the 50 percent standard for decreasing pain to a level of five or less by the end of the fourth day, with only 35%.

Contrasting 2017 and 2018 in Exhibit 15 below, four hospices, 31% of the 13 that met the standard in 2018, 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, 4% less than those that reported in 2017. Seven 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 in 2018, the same percentage as in 2017.

Exhibit 15: Percentage of Hospices Whose Patients with Severe Pain Was Reduced to Level Five or Lower by the End of the Fourth Day, 2017 and 2018



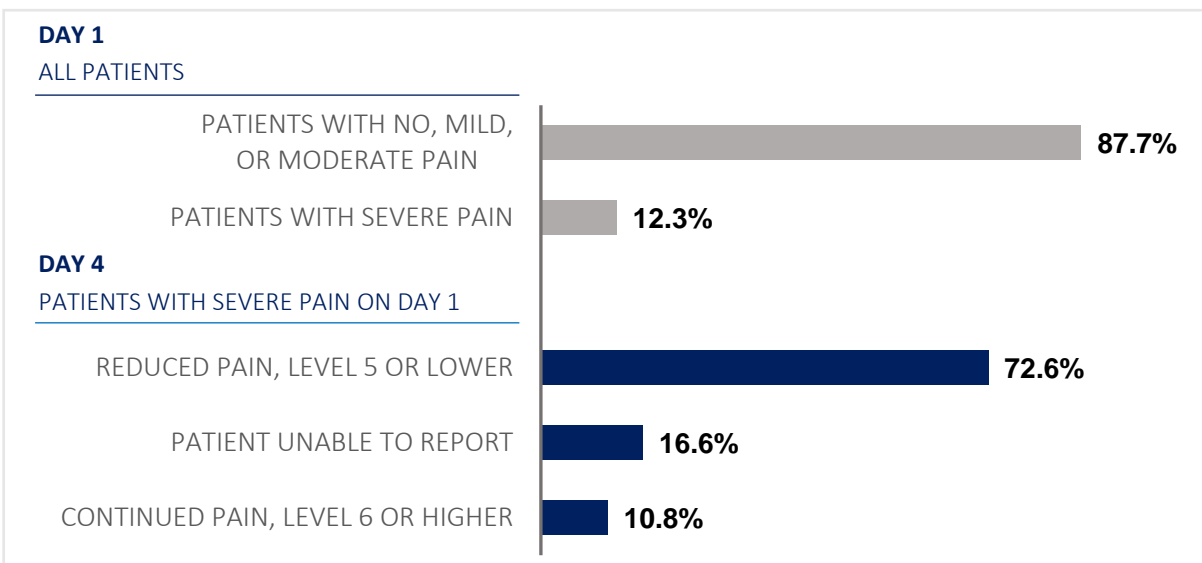
Data provided by individual hospice organizations, 2018, n= 13; 2017, n= 25. Percentages are based on the specific n, the number of hospices that responded to the outcome measures, meaning that though four hospices reduced the pain for 96-100% in 2018 and nine hospices reduced the pain for 96-100% of patients in 2017, the percentages are the same. This analysis includes hospices that treated patients who reported severe symptoms upon admission.

⁷ 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 2018, hospices reported pain level data for 19,933 patients at the time of admission. As illustrated in Exhibit 16 below, 12.3 percent of patients reported having severe pain at admission. Of those reporting severe pain at the time of admission, 72.6 percent reported a reduction in pain to a level of five or lower by the end of the fourth day of care, 10.8 percent reported their pain level was a six or higher by the end of the fourth day of care, and 16.6 percent were unable to report their pain level by the fourth day. These totals include patients who chose not to receive pain medicine.

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.⁸ Without standardization of a collection method, interpretation of this measure should be made cautiously.

Exhibit 16: Florida Hospice Patients Pain Level at Time of Admission *and* Pain Level at End of Fourth Day of Care for Those Who Had Severe Pain at Admission, 2018



Data provided by individual hospice organizations, n=19,933 (Day 1) and n=2,452 (Day 4); 2018. This analysis includes hospices that treated patients who reported severe symptoms upon admission.

⁸ 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 2015, though nine hospices voluntarily submitted data for this measure for 2018. 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 86% and 100%. Statewide, 97% of patients/families reported the right amount of pain medicine.

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.

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 10 hospices submitted data for this measure for 2018. 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 16,400 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, 28.5 percent (4,677) were returned, with 92.5 percent (4,327) of those returned responding to the measure. Ninety-five 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 67 and 99 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, 2018, through December 31, 2018. Ten citations were issued for deficiencies in plans of care.⁹ Three citations were issued each for issues in the exercise of rights/respect for property/person, emergency management plan review, and administrative policies-universal precautions. Four citations were issued for patient’s medical record. Two citations were issued each for rights of the patients, volunteer services, and background screening clearinghouse.¹⁰ Information about legal orders and statements of deficiencies for Florida hospices can be found on AHCA’s website.¹¹

⁹ 400.6095(5-6) (F.S.) refers to deficiencies in required content of a patient’s care plan, such as identification of a primary caregiver, patient diagnosis, and assessment of patient and family needs.

¹⁰ https://ahca.myflorida.com/MCHQ/Field_Ops/Top_Ten_Cite_Reports/190401_Top_Ten_Deficiency_Citations_CY18.pdf

¹¹ [http://apps.ahca.myflorida.com/dm_web/\(S\(4skfcszahnkfxrff2bydpey\)\)/Default.aspx](http://apps.ahca.myflorida.com/dm_web/(S(4skfcszahnkfxrff2bydpey))/Default.aspx)

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):

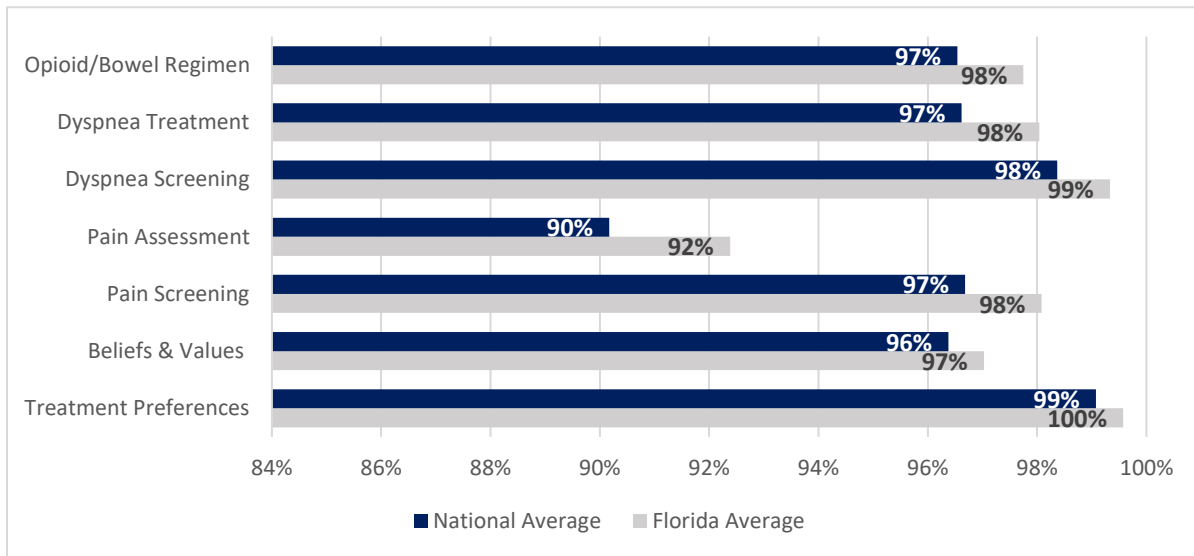
- NQF #1617: Percentage of patient stays treated with an opioid that are offered/prescribed a bowel regimen or documentation why this was not needed (Opioid/Bowel);
- NQF #1634: Percentage of patient stays during which the patient was screened for pain during the initial nursing assessment (Pain Screening);
- 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
- 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).¹²

As illustrated in Exhibit 17 on the following page, Florida hospices show trends similar to those reflected in national averages. For all measures, both in Florida and nationally, 90 percent or more survey respondents responded positively, Florida rated above or equal to the national average for every measure.¹³

¹² Centers for Medicare & Medicaid Services. (2017). Current Measures. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html>

¹³ Access to the NQF data can be found at the following website: <https://www.medicare.gov/hospicecompare/>

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



Data provided by CMS; collected between 07/01/2017-06/30/2018. Number of hospices nationally, n=4,752. Florida hospices, n=46. Number of Florida respondents, n= 129,684. Note: CMS collected data from Vitas Healthcare Corporation of Florida as one entity, while in this report each of the three locations was 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, Bristol Hospice did not provide national hospice reporting data because it had not been in operation long enough to be required to. The lowest ratings were for “pain assessment” (69.1%, Cornerstone Hospice and Palliative Care, Inc.) and for “beliefs and values” (80.2%, Hospice of Gold Coast Home Health Services).

Exhibit 18: National Quality Forum Measure Results by Hospice, 2018

Facility Name	Treatment Preferences	Beliefs and Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Opioid/Bowel Regimen
AdventHealth Hospice Care Central Florida	99.2	97.2	97.7	99.4	97.7	99.9	98.0
AdventHealth Hospice Care East Florida	100	99.5	99.4	98.6	99.7	99.8	100
Avow Hospice, Inc.	99.9	99.8	99.5	95.7	99.8	99.6	99.1
Big Bend Hospice, Inc.	99.3	99.3	98.8	97.0	99.0	97.3	98.5
Catholic Hospice, Inc.	99.9	99.8	99.3	94.2	99.9	99.8	98.2
Community Hospice of Northeast Florida, Inc.	100	99.9	99.9	99.7	99.8	98.3	99.7
Compassionate Care Hospice of Central Florida, Inc.	99.8	94.0	97.8	99.2	100	90.9	100
Compassionate Care Hospice of Lake and Sumter, Inc.	99.4	91.3	97.2	98.9	99.0	96.9	100
Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.	99.7	89.8	99.4	95.5	100	97.9	100
Cornerstone Hospice & Palliative Care, Inc.	99.9	99.9	97.4	69.1	99.8	97.2	88.7
Covenant Hospice, Inc.	99.2	98.7	99.2	85.9	99.6	95.6	91.0
Good Shepherd Hospice	100	99.8	99.7	98.8	99.6	98.8	99.5
Gulfside Hospice & Pasco Palliative Care	99.7	98.7	99.4	97.4	100	99.2	96.8
Halifax Hospice, Inc.	100	98.9	97.9	83.8	99.7	95.8	99.1
Haven Hospice	100	99.6	99.6	96.0	100	99.1	99.1
Heartland Home Health Care and Hospice	99.6	98.6	99.4	95.7	98.7	98.4	99.2
Heartland Hospice Services	100	99.3	100	98.2	99.3	98.1	100
Hope Hospice and Community Services, Inc.	99.8	99.0	97.8	92.8	99.3	96.5	100
Hospice by the Sea, Inc.	99.9	98.6	99.2	89.0	99.4	95.6	93.9
Hospice of Gold Coast Home Health Services	99.2	80.2	93.0	84.9	97.5	97.3	91.7
Hospice of Health First	100	99.6	98.9	100	100	100	97.1
Hospice of Marion County, Inc.	99.8	98.6	99.4	97.5	99.4	98.7	99.3
Hospice of Okeechobee, Inc.	100	100	100	96.0	100	99.7	99.8
Hospice of Palm Beach County, Inc.	98.4	94.8	87.5	87.1	99.5	95.7	100
Hospice of St. Francis, Inc.	99.8	90.5	93.2	73.7	98.5	97.8	93.6
Hospice of the Emerald Coast, Inc.	99.8	99.8	98.8	97.3	99.8	98.1	94.0

(Table continues on next page)

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 the Treasure Coast, Inc.	98.3	83.6	95.5	95.6	99.6	99.7	100
HPH Hospice	100	99.8	99.6	95.8	100	100	99.5
Kindred Hospice (Miami)	99.5	99.5	99.5	96.7	100	98.5	96.7
Kindred Hospice (Orlando)	99.5	99.5	99.5	96.7	100	98.5	96.7
LifePath Hospice	99.8	98.9	97.5	95.9	100	99.3	96.1
OpusCare of South Florida	100	98.8	99.8	89.4	99.8	99.8	97.0
Regency Hospice of Northwest Florida, Inc.	99.8	99.4	98.6	97.9	100	98.2	98.6
Seasons Hospice & Palliative Care of Broward Florida, LLC	100	99.7	98.3	76.9	99.3	98.8	98.7
Seasons Hospice & Palliative Care of Pinellas County LLC	100	99.7	98.3	76.9	99.3	98.8	98.7
Seasons Hospice & Palliative Care of Tampa, LLC	100	100	100	N/A	98.0	93.9	N/A
Seasons Hospice and Palliative Care of Southern Florida, Inc.	99.9	99.7	99.5	77.4	98.7	97.6	98.9
Suncoast Hospice	99.4	98.9	99.5	97.8	99.8	98	97.6
The Hospice of Martin & St. Lucie, Inc.	98.3	83.6	95.5	95.6	99.6	99.7	100
Tidewell Hospice, Inc.	99.8	98.9	99.4	91.3	99.6	99.4	99.3
VITAS Healthcare Corporation of Florida	98.4	97.1	95.7	92.7	97.4	97.8	96.6
VNA Hospice of Indian River County, Inc.	99.8	99	98.9	97.1	99.8	99.4	99.3
Wuesthoff Health System Brevard Hospice & Palliative Care	99.2	90.8	97.8	84.3	99.3	96.8	97.8
Florida Averages	99.6	97.0	98.2	92.4	99.4	98.1	97.8
National Averages	99.1	96.4	96.7	90.2	98.4	96.6	96.5

Data provided by CMS; collected between 10/10/2016-06/30/2018. Number of hospices, n= 43. Number of respondents, n= 129,684. Data unavailable for Bristol Hospice.

When comparing the national results by profit status, Florida non-profit and for-profit hospices received similar average results, as illustrated in Exhibit 19 on the following page. For all measures, non-profit and for-profit averages were within 2 percentage points of each other.

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.¹⁴ 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.

To compare the results of the CAHPS measures for individual hospices in Florida, refer to Exhibit 20 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, Bristol Hospice and Seasons Hospice and Palliative Care of Tampa, LLC 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 in the reporting period from July 2017 to June 2018. 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 42 hospices rated 75 percent or higher on all measures. The lowest ratings were for Getting Help with Symptoms (56%, Heartland Hospice Services) and for Getting Hospice Care Training (57%, Hope Hospice and Community Services, Inc.).

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
AdventHealth Hospice Care Central Florida	79	74	89	89	73	73	81	84
AdventHealth Hospice Care East Florida	79	75	88	89	72	72	79	84
Avow Hospice, Inc.	79	80	90	90	75	69	85	91
Big Bend Hospice, Inc.	79	79	90	90	75	74	82	89
Catholic Hospice, Inc.	76	76	86	89	72	74	79	81
Community Hospice of Northeast Florida, Inc.	80	79	91	90	75	73	84	89

¹⁴ <http://www.hospicecahpsurvey.org>

Compassionate Care Hospice of Central Florida, Inc.	78	79	89	88	76	76	80	83
Compassionate Care Hospice of Lake and Sumter, Inc.	79	77	88	88	74	72	80	84
Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.	81	70	90	78	66	71	80	77
Cornerstone Hospice & Palliative Care, Inc.	76	75	88	89	72	68	79	86
Covenant Hospice, Inc.	77	73	87	85	73	72	77	83
Good Shepherd Hospice	84	83	92	90	79	78	85	88
Gulfside Hospice & Pasco Palliative Care	76	75	89	89	71	67	80	87
Halifax Hospice, Inc.	72	73	85	85	68	63	75	82
Haven Hospice	81	82	91	91	77	73	84	89
Heartland Home Health Care and Hospice	76	73	88	89	73	69	79	85
Heartland Hospice Services	70	69	82	83	56	62	69	77

(Table continues on next page)

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
Hope Hospice and Community Services, Inc.	66	61	78	84	57	57	64	67
Hospice by the Sea, Inc.	76	77	89	89	73	67	81	87
Hospice of Gold Coast Home Health Services	72	70	83	84	67	62	77	83
Hospice of Health First	81	89	91	89	78	72	80	86
Hospice of Marion County, Inc.	86	83	93	91	82	78	87	90
Hospice of Okeechobee, Inc.	78	78	90	87	78	72	83	87
Hospice of Palm Beach County, Inc.	90	90	96	94	88	76	93	98
Hospice of St. Francis, Inc.	77	75	86	86	69	65	80	86

Hospice of the Emerald Coast, Inc.	83	79	92	91	76	74	86	91
Hospice of the Treasure Coast, Inc.	80	78	91	89	75	71	84	90
HPH Hospice	70	66	83	82	65	63	69	76
Kindred Hospice (Miami)	79	73	89	90	75	71	79	79
Kindred Hospice (Orlando)	79	73	89	90	75	71	79	78
LifePath Hospice	69	65	82	86	66	61	72	79
OpusCare of South Florida	83	81	91	89	78	75	78	84
Regency Hospice of Northwest Florida, Inc.	77	74	89	89	72	69	72	80
Seasons Hospice & Palliative Care of Broward Florida, LLC	67	70	77	80	67	50	70	71
Seasons Hospice & Palliative Care of Pinellas County, LLC	67	70	77	80	67	50	70	71
Seasons Hospice and Palliative Care of Southern Florida, Inc.	70	68	80	83	69	62	67	72
Suncoast Hospice	79	78	90	90	72	70	82	89
The Hospice of Martin & St. Lucie, Inc.	80	78	91	89	75	71	84	90

(Table Continues on next page)

Exhibit 20: CAHPS Measure Results by Hospice (Continued)

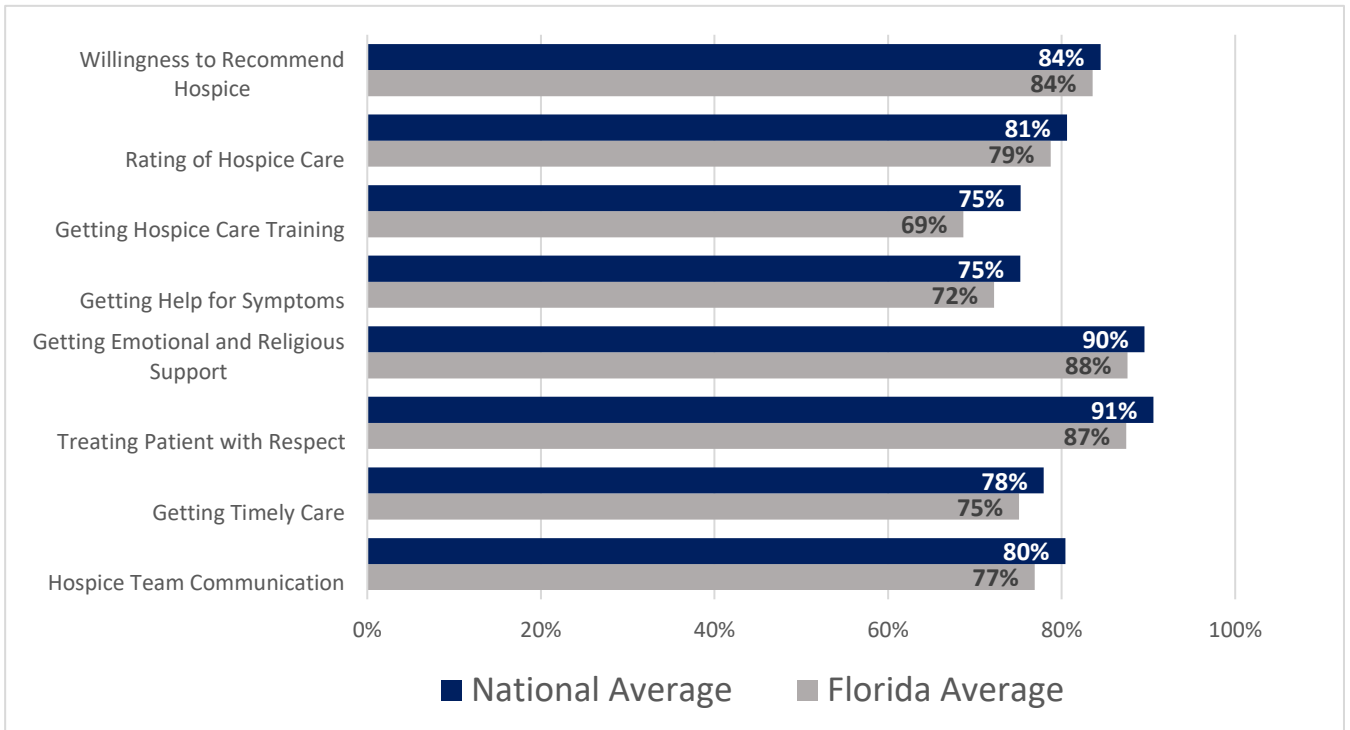
Facility Name	Hospice Team Communication	Getting Timely Care	Treating Patient with Respect	Getting Emotional and Religious Support	Getting Help for Symptoms	Getting Hospice Care Training	Rating of Hospice Care	Willingness to Recommend Hospice
Tidewell Hospice, Inc.	79	78	90	89	73	72	82	89
VITAS Healthcare Corporation of Florida	71	67	82	86	68	64	73	78
VNA Hospice of Indian River County, Inc.	81	79	91	90	74	71	83	90
Wuesthoff Health System Brevard Hospice & Palliative Care	80	79	90	93	76	74	85	91
Florida Averages	77.2	75.5	87.7	87.7	72.4	68.9	79.0	83.8
National Averages	80.4	77.9	90.6	89.6	75.2	75.3	80.6	84.5

Data provided by CMS; collected between 07/01/2017-06/30/2018. n= 42. 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 Bristol Hospice and Seasons Hospice and Palliative Care of Tampa, LLC.

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 on the following page. The greatest difference between Florida and national averages was for Getting Hospice Care and Training (Florida, 69%; National, 75%).

Exhibit 21: National and Florida Averages on CAHPS Survey Results



Data provided by CMS; collected between 07/01/2017-06/30/2018. n= 46. 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 are unavailable for Seasons Hospice & Palliative Care of Tampa, LLC and Bristol Hospice - Miami Dade, LLC.

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

Availability of Measures in the National Hospice Data

Hospices are required to submit quality measures [Hospice Item Set (HIS) data] and CAHPS survey data to CMS. Some, but not all, of the submitted data by Florida's hospices are available to the public. For example, patient level data is collected as part of HIS, but is not publicly available, even on direct request to CMS. Hospices also submit patient admission and discharge records as part of HIS, but these data are not publicly available. Also unavailable are many of the data elements DOEA was previously charged with collecting from Florida's hospices that are annually reported alone and by profit status of the hospice. The indicators that are described below are only available through direct reporting to the state, but are not available from CMS. These data elements are important to the thorough reporting on hospices and the ability to identify trends in the provision of hospice care in the state.

Patient age: DOEA reporting breaks age into three categories (0-18, 19-64, and 65 and older) to allow comparisons for the distinct groups of children, adults, and elders. The only age frame provided by CMS is patients under 18 and 18 and older, removing the ability to make group-level comparisons.

Primary diagnosis at time of admission: Diagnostic information is not included in the national data sets. Without this information, it would not be possible to track whether non-profits and for-profit hospices treated diagnoses disproportionately. In this year's reporting, 32 percent of non-profit patients were admitted with the primary diagnosis of cancer, while 27 percent of for-profit patients had the primary diagnosis of cancer.

Race and ethnicity: The national data sets do not include information on race or ethnicity, which inhibits inspection of demographic factors as they relate to hospice services by profit status that have historically been significant. For example, in this year's reporting to DOEA, there was a marked difference by race and profit status. For-profit hospices served 53 percent Caucasian patients, compared to non-profit hospices where 75 percent of patients served were Caucasian.

Discharge by disposition: Disposition types are not provided in the national data sets, including the rate of patients served who died in hospice care, which is an important indicator of hospices who serve both as palliative care providers and as long-term care providers. In addition to not being able to track how many patients were discharged due to death, the differences in the rate of these dispositions by profit status cannot be contrasted. These differences are typically significant, as in this year's reported data, where discharges due to death were higher in non-profit (86%) than in for-profit hospices (74%).

Types of location: Though the CAHPS survey includes a question about the location at which the patient received care (with the options of home, assisted living facility, nursing home, hospital, or hospice facility/hospice house), these data are not included in the publicly available data set nor reported on the Hospice Compare website. Additionally, though this question is asked, even if reported, it would not be representative of accurate admissions by type as only 33 percent of surveys sent to caregivers are completed and returned.

Payment sources or reimbursement: The nationally reported data sets do not include information on reimbursements. In this year's DOEA reported data, non-profits received 86 percent of reimbursement from Medicare, while for-profits received 91 percent.

Inpatient facilities and residential units: All the information collected in the inpatient facilities and residential units section of this report is not available through nationally collected data sets. This includes the number of admissions, the number of beds, the total days, the average admissions per bed, and the average patient days per bed. Additionally, by collecting this data directly from the hospices, DOEA is able to present the above-mentioned data by county, allowing those seeking information about hospices for a specific county, to do so.

Unique patient information: The nationally available data sets also do not include patient information, including the number of individuals that were admitted to the hospice in the reporting year and their associated demographic information. The CAHPS survey results are presented as average scores, calculated with a methodology that puts different weights on the mode in which the survey was completed and the type of survey question, without providing the number of respondents who participated in the survey. Additionally, each measure is a composite of between one and six questions (see Appendix B for the quality measures and their constituent items).

Individual question-level data: The responses to each individual question are not publicly available, only the overall score, creating a loss of the ability to combine or analyze respondent-level information. This is most striking in the measure Hospice Team Communication, which is a composite of six questions, that included “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?” and “How often did the hospice team listen carefully to you when you talked with them about problems with your family member’s hospice care?” Individually, these questions would provide vital information regarding hospice care, but instead they are combined with other less useful measures.

Hospice-level response rate: CMS reports that surveys are returned from caregivers at a rate of 33 percent, though the specific numbers of how many surveys are returned from each hospice are not provided.¹⁵ Additionally, for the CAHPS survey, if a hospice has served fewer than 50 survey-eligible decedents/caregivers during the reporting period, they can apply for an exemption and not submit survey data. This results in no federal data available for smaller hospices, who may have greater need for quality monitoring and reporting.

¹⁵ Centers for Medicare & Medicaid Service. (2018). Scoring and Analysis. <https://www.hospicecahpsurvey.org/en/scoring-and-analysis>.

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	
Patient/Family Satisfaction Survey Question: 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?