



NewsLine

February 2010

THE NATIONAL SUMMARY OF HOSPICE CARE:

So Much is in the Details

By Sue Canuteson

Most members are well-acquainted with the annual report, “NHPCO Facts and Figures: Hospice Care in America.” Released in the fall of each year, it provides the “big-picture” on the growth, delivery and quality of hospice care and, as such, is particularly valuable in your outreach work and in discussions with the media. Yet NHPCO produces another, lesser-known companion report that is particularly useful when it comes to planning, budgeting, and setting new goals and targets for your future work: the “National Summary of Hospice Care.”

Like Facts and Figures, the National Summary is produced annually and is available to members free of charge. However, over the course of about 25 pages, it provides more in-depth estimates and statistical trends on agency and patient demographics; staffing management and delivery; and payer mix, revenue and expenses—data that can help providers in a variety of ways.

Member Inquiries that Point to Its Value

A recent inquiry from one member serves as a good example of how the National Summary can be invaluable to hospice providers. This member,

continued on next page

Also Featured This Month:

2010 National Healthcare Decisions Day.... The third annual NHDD will be held on Friday, April 16. For some simple ways to participate, along with planning tips and a sample op-ed to customize—see page 6.

FHSSA Quarterly Report—see page 25

12

14

18

20

Making the Most of Membership

People and Places

The NHF Gala—It's More Than Just a Party

2010 NCHPP Section Leaders

an HR officer at a mid-size program, was charged with assessing his organization's staffing pattern during budget crunch time, and making recommendations for the new year. Senior managers were particularly concerned by the year-end expenditures for nursing services and needed to know what was truly appropriate for the delivery of quality care—and what was both reasonable and realistic to budget for the new year. The National Summary provided information this member needed to inform his hospice's decision-making process.

Table 12 of the 2009 edition (shown at right) provides the distribution of "Total FTEs by Discipline," along with FTEs for home care exclusively (i.e., excluding general inpatient, continuous and respite care). What's more, the findings represent the number of hours worked (rather than the number of employees) and, therefore, are not skewed by vacation time and sick leave. As a result, they provided this member with a very accurate baseline on which to formulate his budget recommendations.

National Summary findings can also help members identify areas that are ripe for improvement or would benefit from closer scrutiny. For example, Table 7 provides details on patient demographics by primary diagnosis—broken out by total admissions, total deaths and live discharges. As one hospice CEO was reviewing the findings, he realized that his organization's total admissions for several non-cancer diagnoses were falling well below the national average and made the decision to devote more staff time to the development of new referral sources.

National Summary findings on referral conversion rates and sources can also serve as useful benchmarks as members assess their educational and outreach initiatives for referral development in their community.

From Table 12: Paid Staff Distribution and Turnover

	2008 Agency Mean	
	Total FTEs ¹	Home Hospice FTEs ^{1,2}
Clinical (direct patient care)	65.3%	65.3%
Nursing	29.9%	31.2%
Home Health Aides	16.4%	17.6%
Social Services	8.7%	9.1%
Physicians (excluding volunteers)	3.0%	2.1%
Chaplains	4.0%	3.4%
Other Clinical	2.6%	2.7%
Nursing (indirect clinical)	7.8%	8.2%
Non-clinical (administrative/general)	22.7%	24.2%
Bereavement	4.1%	4.2%

¹ One FTE (Full-time Equivalent Employee) equals 2,080 hours per year or 40 hours per week. Totals may not equal sum of components due to independent rounding.

² Home Hospice FTEs represent hours for work conducted in the home, and excludes work in the general inpatient, continuous care or respite settings.

From Table 7: Patient Demographics by Primary Diagnosis

	2008 Agency Mean		
	Total Admissions	Total Deaths	Live Discharge Rate
Cancer	38.3%	41.4%	12.2%
Non-Cancer Diagnoses	61.7%	58.6%	18.7%
Heart Disease	11.7%	11.7%	19.0%
Debility Unspecified	15.3%	9.0%	22.6%
Dementia	11.1%	11.3%	19.3%
Lung Disease	7.9%	7.7%	17.3%
Stroke or Coma	4.0%	4.0%	12.4%
Kidney Disease (ESRD)	2.8%	3.0%	8.8%
Liver Disease	1.5%	1.9%	18.1%
Non ALS Motor Neuron	2.1%	1.5%	22.2%
HIV/AIDS	0.5%	0.4%	24.4%
ALS	0.4%	0.4%	20.0%
Other	4.4%	7.8%	17.0%

For example, according to data in the 2009 edition (shown below), 78 percent of referrals were converted to admissions, with the majority coming from hospitals and nursing facilities and roughly 10 percent coming from patients themselves, or their friends or family. How do these findings compare with those for your program?

From Table 4: Referrals

	2008 Agency Mean
Converted to Admissions	78.1%
Referral Source:	
Hospital	35.7%
Nursing Facility	24.8%
Physician	21.9%
Self, Family, or Friend	10.4%
Other	6.0%
Home Health Agency	1.2%

Using the National Summary to Inform Your Work

In addition to the findings noted here, the National Summary provides information on:

- Inpatient Facilities—level of care, length of service and staffing
- Length of Service—by agency size, type and primary diagnosis
- Palliative Care Services—percentage of consult and inpatient services at home or in an inpatient facility, and the percentage of physician hours devoted to palliative clinical care
- Patient Visits—per home care admission, per day, and per week
- Payer Mix—by agency tax status and agency type
- Revenue and Expenses

The sidebar below lists more of the ways in which this data are being used by your colleagues—as further inspiration on how this information might also benefit your organization.

Review and/or download a copy of the [National Summary](#) today. It is posted on the NHPCO Web site (www.nhpc.org/nds) as an important benefit of membership.



If you have not yet reviewed the 2009 edition of [NHPCO Facts and Figures](#), download a copy of this helpful resource too.

Other Ways National Summary Data Can Help

In addition to the examples noted in this month's cover story, here are other ways that members are using this valuable data. (The tables referenced can be found in the 2009 edition of the [National Summary](#).)

Projecting Fundraising Revenue and Expenses

A large hospice organization with sites throughout the country referred to the National Summary when making budget projections for fundraising revenue and expenses. Table 17 includes average revenue and expenses for nonprofit organizations, broken out by hospice service; fundraising and contributions; and other revenue.

Assessing Length of Service at Freestanding Facilities

Table 8 provides extensive information on length of service (LOS), including LOS by agency type—freestanding, hospital-based, and home-health based. With the majority of hospices operating freestanding facilities, this targeted data has helped many providers make more-informed assessments of their service.

Setting Census Rates for Start-up Programs

New programs have also turned to the National Summary when making daily census and demographic projections for their first year of operation. Table 1 provides extensive information on hospice agency demographics—by agency type, tax status, geographic areas served, total patient admissions and more. Table 2 sheds light on agency characteristics according to daily census.

Evaluating Volunteer Utilization

The National Summary also sheds light on how hospice programs are utilizing volunteers. Total volunteer service, total volunteer hours, and volunteer hours per volunteer are detailed in Table 13. More helpful still, these findings are broken out according to the type of volunteer service performed: direct patient care, clerical patient-care support, and general support (including fundraising and board service).

Providing Your Hospice Board with Industry Perspective

National Summary findings can be incorporated into your orientation process for new board members or can be used during annual “state of the industry” discussions at the board level.

Contributing Data to the National Summary

The National Summary of Hospice Care draws upon data compiled from several sources. The primary source is NHPCO's National Data Set (NDS), with supplementary data taken from the NHPCO membership database, state-mandated surveys, and the CMS Provider of Services file. As a hospice provider, your participation in the NDS can greatly enrich National Summary findings—for the greater good of the entire field. As more and more providers participate in the NDS, the National Summary becomes more comprehensive and more representative of hospice care in America.

The NHPCO Web site (www.nhpc.org/nds) includes a copy of the NDS survey, along with instructions for participation. However, to quickly acquaint you with the process, here are the three basic steps for online submission:

Step 1:

Download the NDS survey and use it as a worksheet to complete as many of the questions as you can. You are now ready to submit your data, which is done online, through the NHPCO DART system.

Step 2:

Return to the NDS page of the NHPCO Web site (www.nhpc.org/nds) and click on the link for DART. Then enter your hospice's NHPCO provider ID and password* to access the system.

Step 3:

Once you are logged into the DART system, click on the NDS link and follow the directions for data submission.

** Your NHPCO provider ID and password are specific to your organization (and are not the same as your individual ID and password which you use to access the members-only portion of the NHPCO Web site). If you need assistance obtaining your provider ID and password, contact NHPCO Member Services: 800-646-6460.*

Sue Canuteson is editor of the NHPCO member publications, NewsLine and Insights.