Introduction

Consistently delivering quality care requires hospice and palliative care providers to practice and perform above the regulatory requirements and truly individualize their care and services to meet the needs and expectations of each patient and their family. This provider is always asking, “What can we do better?” to make the hospice (or other care) experience the best it can be for a patient and their loved ones.

With hospice quality of care recently under the federal magnifying glass and in the national media, providers must continually strive to provide the best quality care for every patient and family they serve. Hospice and community-based palliative care providers can demonstrate this commitment to quality through participating in the NHPCO Quality Connections program.

NHPCO is committed to engaging hospice and palliative care providers continuous quality and performance improvement activity that supports safe, effective, and timely care outcomes for patients and families. This commitment to quality led to the creation of NHPCO’s Quality Connections.

About Quality Connections

Quality Connections is a national program designed to support hospice and palliative care provider delivery of high-quality, person-centered care. The program goals are to enhance the knowledge base, skills, and competency of hospice and palliative care staff through education, tools, resources, and opportunities for engagement and interaction among hospice and palliative care quality professionals.

Quality Connections is a program included in your NHPCO provider membership. If your organization already has an established quality improvement program, Quality Connections can build on and effectively take advantage of what you already have in place. If you need to enrich your quality improvement efforts, Quality Connections is just what you need.

Quality Connections participants are required to achieve milestones within defined timeframes by participating in education and competence, application of education, performance measurement, and innovation that promotes high quality care delivery and service excellence.

There are four rings of activities an organization can achieve. Each ring has specific activities incorporating practical resources to progressively track and improve both clinical and organizational quality. Activities such as the Hospice Quality Certificate Program, many E-Online courses, We Honor Veterans engagement, and diversity and access activities that will be integrated within each of the four pillars can be part of your quality journey.

The Value of Quality Connections

Integrating quality improvement into all aspects of your work is key to your sustainability, as partners, payers and consumers are looking for value and commitment. Quality Connections helps you get there by:

- Providing the education, resources, and benchmarking tools for you to meet and exceed quality measure requirements.
- Saving you money on external performance improvement products and services.
- Giving you national recognition from NHPCO as a Quality Connections participant, demonstrating your commitment to high quality care.

This user guide will help you get started and walk you through all aspects of the program in more detail. You can also find quick answers to common questions in the Quality Connections FAQ.
How to Enroll

1. Login through www.nhpco.org to access your profile.

2. In the Member Menu, click “Quality Connections.”

3. The page will redirect to the Quality Connections information. Members will need to create an account with a (new) unique email address and cannot use an existing account that is already in the system.

4. Enter the following information and click “create user”:
   
   A. Username – Unique email address (ie. Quality@abchospice.com)

   B. Password – must follow stated parameters listed below the “confirm password” field. Each parameter will turn green showing that the parameter has been met during password creation.

   C. Confirm Password – reenter the password in previous sub-step
5. Once "create user" has been clicked, a green notification will appear.

6. The designated email address will receive an email confirmation indicating that the account has been set for access and a link to the QC portal.

We suggest you reach out to your IT department to create a forwarding account that will allow for all communications to be received by the needed parties.

Getting Started

Take a look at the header. If it looks like the one below, you are in the correct portal.

Select the Quality Connections Program box.

The first activity you will need to complete is the Quality Assessment Performance Improvement (QAPI) Self-Assessment.
The QAPI Self-Assessment must be completed to view the other components of the portal.

QAPI Self-Assessment

This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The confidential results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

We suggest you download the assessment and to work through it with your team prior to completing it online.

This is an annual activity that will count towards completion of your Application Pillar Ring.

After completing the QAPI Assessment you will receive a list of suggested Quality Connections activities. We recommend downloading and saving the PDF so that you can refer to the activities throughout the year.

Congratulations! You have completed one activity to close the Application ring for this calendar year.

After completing the QAPI Assessment and downloading your suggested activities you will now be able to access all of the Quality Connections pillars and activities.
Quality Connections: Pillars

Education  Application  Measurement  Innovation
Quality Connections

Pillars

Education

Continuous quality assessment and performance improvement (QAPI) is a requirement in the hospice Medicare Conditions of Participation. Understanding these concepts and how to apply them within the provision of hospice care requires continuous shared learning. The Education Pillar of Quality Connections provides participants the education they need to understand and improve their QAPI plan and performance to a higher level.

Completing four different activities within the Education Pillar will allow you to earn a ring. Activities include:

- **Hospice Quality Certificate Program**: This program covers the basics of hospice compliance, quality, and the connection between them. Quality focused topics include quality measurement, self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practices to apply to your hospice program to ensure high quality patient and family care.

- **NHPCO Conferences**: Through conferences, NHPCO convenes hospice and palliative care professionals to address the changing landscape of health care and advance interdisciplinary, person-centered care.

- **On-Demand Learning**: The Quality Connections program provides education for all experience levels. Topics include CMS quality reporting requirements, improving CAHPS scores, diversity and inclusion, improvement planning and more.

Application

The Application Pillar activities are the practical application of QAPI. Participants use the Application Pillar tools to implement plans and processes to improve hospice care. By completing the QAPI Assessment, you have already completed 25% of this ring.

Application Pillar activities include:

- **We Honor Veterans**: We Honor Veterans is a program of NHPCO in collaboration with the Department of Veterans Affairs that invites hospices, state hospice organizations, Hospice-Veteran Partnerships and VA facilities to join a pioneering program focused on respectful inquiry, compassionate listening and grateful acknowledgment. By recognizing the unique needs of America’s Veterans and their families, community providers, in partnership with VA staff, will learn how to accompany and guide them through their life stories toward a more peaceful ending.

- **Bitesize QI**: Bitesize QI incorporates a task-oriented web app with individual coaching to help quality improvement teams learn performance improvement skills and processes. It allows participants to address problems in a consistent and accessible manner to effectively impact positive change within organizations.

You can take as many on-demand sessions as you like. Download and share with your team!

Performance Improvement Project (PIP): To receive credit for this activity you must complete all areas on the “Performance Improvement Project (PIP) Guide.” The completed form is uploaded in the PIP activity under the
Quality Connections Pillars

Application Pillar when the PIP is achieved or at the end of the calendar year (whichever comes first).

Suggestions for completing the PIP: The quality assessment performance improvement (QAPI) professional is the core staff member on a PIP. Deciding which additional staff members to involve in a PIP depends on its focus. For example, if the focus is a clinical issue, you want to ensure that you include clinical staff on your PIP team along with representatives from clinical management and the QAPI team/committee.

Accreditation: Accreditation improves the quality of care, guides operational efficiencies, and reduces compliance risks. Achieving and maintaining accreditation demonstrates commitment to continuous quality improvement.

Project Echo: Through innovative tele-mentoring, the ECHO model uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the underserved in their own communities. QC leverages Project ECHO to share best practices in both organizational and clinical quality excellence through sharing of real case studies with review and feedback from subject matter experts.

Measurement

The Measurement Pillar activities support comprehensive data collection, analysis, and reporting. The Measures of Excellence quarterly report includes benchmarking with peers to identify areas of opportunity for improvement and the ability to monitor these areas ongoing to evaluate effectiveness of performance improvement plans.

Measures of Excellence: The Measures of Excellence (MOE) is a quarterly data collection tool and dashboard. The MOE tracks operational and clinical data to inform high quality care. The quarterly MOE Dashboard allows organizations to compare themselves to other organizations for benchmarking. Comparison can be filtered by type of ownership, tax status, geography served, and state. Participants will be able to identify performance improvement opportunities and track their performance improvement efforts through the quarterly dashboard. This comprehensive data collection and benchmarking report is an exclusive NHPCO member benefit and replaces the National Data Set.

MOE is the only activity in the QC program that requires a quarterly submission to complete. NHPCO will send due date reminders to the primary contact email assigned during enrollment.

Data Protection: NHPCO has contracted with a Patient Safety Organization, the Center for Patient Safety, to support and monitor the data collection, storage, and reporting of our members’ clinical safety data. You can participate with confidence that your aggregate data remains anonymous and is protected from any misuse. The CPS PSO also offers educational opportunities and supports our members efforts to prevent future adverse events.

For more information visit: www.nhpco.org/moe/ or view the additional instructions in the appendix of this user guide.

Evaluation of Grief Support Services (EGSS): EGSS is designed to evaluate grief support services from the perspective of the recipients of the services. The survey takes a comprehensive approach by including questions on a wide range of services, many of them optional so that hospices may tailor the EGSS survey to reflect the specific services they offer.

Survey of Team Attitudes and Relationships (STAR): STAR is the only staff satisfaction survey designed specifically for the hospice field. STAR was developed by researchers at the University of Pennsylvania in collaboration with NHPCO and is a benefit of NHPCO provider membership.

HIS and CAHPS Quality Reporting: Participation in HIS and CAHPS is an expectation of an organization committed to continuous quality improvement. These publicly reported measures inform consumers, government agencies, and other stakeholders about the quality of hospice care and allows users to compare organizations within a defined geography. Failure to participate results in a monetary penalty from CMS.
Quality Connections Pillars

Equity and Inclusion Needs Assessment: This needs assessment survey is intended to help your organization evaluate how you are serving diverse populations within your organizational structure and with the patients you serve. It will not be graded but it will be reviewed by a member of the NHPCO Diversity Advisory Council to help better understand the tools and resources needed by our members.

Innovation

The Innovation Pillar includes activities to encourage participants to share knowledge and expertise. Participating in the Innovation Pillar contributes to shared learning to promote and sustain continuous quality assurance and performance improvement in the broader hospice community.

NHPCO Committee/Council Member: NHPCO relies on the feedback from our members through participation on committees and councils to develop tools and resources and inform advocacy and policy efforts. Organizations committed to continuous quality improvement encourage their employees to actively participate on NHPCO committees and councils to improve the quality of care for everyone.

IDC Poster Session: Poster sessions are an opportunity for professionals to present their work on a specific topic in an informal context. Unlike a traditional conference session, all accepted posters are available for viewing at once, and each poster presenter is expected to be available to answer questions from viewers. At a conference, posters are peer reviewed.

NHPCO Faculty: High performing organizations have an obligation to share their best practices with the field. NHPCO values organizations that encourage their employees to disseminate their subject matter expertise through education sessions for their peers.

Innovative Community Partnership: Community presence fosters strong relationships that improve quality of life for its members. This activity allows members to highlight an innovative partnership that your organization has built in order to increase access to communities of color and underserved communities.

ECHO Subject Matter Expert: If your organization served as a Subject Matter Expert for at least one of this year’s ECHO sessions you will automatically receive this credit.

There are two ways to complete this activity. And individual can serve as a Subject Matter Expert or you can submit a cast study for an ECHO session. Learn more about NHPCO’s involvement with Project ECHO at: www.nhpco.org/projectecho/

Note: Session must be accepted to count the activity as completed.
Quality Connections
Appendix: Measures of Excellence (MOE) Instructions
Introduction

The Measures of Excellence (MOE) is a quarterly data collection tool and dashboard that are important components of the Quality Connections program. The MOE tracks operational and clinical data which can be used to inform high quality care. The quarterly MOE Dashboard allows organizations to compare themselves to other organizations for benchmarking. Participants will be able to identify performance improvement opportunities and track their performance improvement efforts through the quarterly dashboard. This comprehensive data collection and benchmarking report is an exclusive NHPCO member benefit.

NOTE: The MOE replaces the National Data Submission, which was an annual data collection tool and report.

Benefits of Participation

The Measures of Excellence (MOE) represents a comprehensive compilation of often hard to find and timely data points on hospice clinical and operations data. This is instrumental in providing industry insights, supporting advocacy efforts, and providing useful benchmarking data to hospice providers that aids in developing a quality driven organizational culture, refining strategic goals, setting operational targets and staffing levels, and improving quality of care delivery. This data includes information on:

- Who provides care
- Who receives care
- Where care is provided
- The range and quality of hospice services
- Staffing levels
- Demographic, cost, and payer data
- Utilization of emergency room and hospital
- Clinical safety data (infections, medication errors, falls)

The MOE offers quarterly data submission and a real-time quarterly dashboard allowing participants to:

- Compare their data with other organizations
- Filter comparison by ownership type, tax status, size, geography, and state
- Set benchmarks
- Identify performance improvement opportunities
- Track and trend data for performance improvement projects
- Demonstrate value to internal and external stakeholders

Data Protection

According to AHRQ (2018), “Patient Safety Organizations (PSOs) conduct activities to improve the safety and quality of patient care. PSOs create a legally secure environment (conferring privilege and confidentiality) where clinicians and health care organizations can voluntarily report, aggregate, and analyze data, with the goal of reducing the risks and hazards associated with patient care.”

NHPCO has contracted with a Patient Safety Organization, the Center for Patient Safety (CPS), to support and monitor the data collection, storage, and reporting of our members’ clinical safety data. You can participate with confidence that your aggregate data remains anonymous and is protected from any misuse. The CPS PSO also offers educational opportunities and supports our members efforts to prevent future adverse events.

Step One: Review the “Center for Patient Safety” Memorandum of Understanding (MOU)

The CPS requires all MOE participants review a Memorandum of Understanding to acknowledge the NHPCO member’s relationship with the CPS PSO.

---

Step Two: Data Collection
Organizations should download the MOE pdf and/or the MOE csv spreadsheet to review the data collection required to participate in the MOE data submission and dashboard.

Meet internally with your team to determine internal roles and responsibilities to integrate data collection into your workflows.

- Identify the primary individual responsible for data submission (e.g., QC Administrator). This individual should oversee the organization’s efforts to collect data required for quarterly MOE data submission.
- Determine your process for data collection.
  - Assign data collection roles and responsibilities to applicable staff.
    - Payer mix: finance department
    - Patient volume and demographics: Clinical supervisor and IT/EMR
    - Staffing/Volunteers: Volunteer coordinator
    - Staffing/Bereavement: Bereavement coordinator
    - Staffing/Productivity: Human resources
    - Clinical/Patient Level Safety: Clinical supervisor
  - Determine frequency of collection: monthly or quarterly.
  - Determine collection method. Some suggested options are using the MOE pdf or MOE csv spreadsheet or using the MOE data collection tool (you can update as needed throughout the quarter)

Meet with your IT vendor to share the MOE pdf to determine opportunities to pull data from your Electronic Medical Record (EMR) to enhance efficiencies in data collection.

Step Three: Data Submission
Portal for MOE Data Submission

The Quality Connections program administrator for each member organization shall determine the individual responsible for MOE data submission. The responsible individual may be the QC administrator or their designee.

NOTE: The person in the organization responsible for MOE data submission must have access to the organization’s DART ID*

The first page of the MOE submission asks the participant to choose which quarter data submission is for:

- Current Quarter
- Previous Quarter

NOTE: the choice of Previous Quarter will not be an option after the submission deadline has passed. Deadlines are updated and posted at www.nhpco.org/moe/

You can update data as many times as needed prior to the quarterly submission deadline.

You will not be able to submit data for a quarter once the deadline for data submission has passed. Failure to submit data for a quarter will result in gaps in your individual report and cause inaccuracies in the comparison data.
The first page also requires the participant to submit their organization’s DART ID.

*The DART ID is the NHPCO identification number assigned to your hospice. It is the same ID you used to enter the DART system. Enter N/A if you are not a NHPCO Member.

**NOTE:** Using your DART ID grants you access to the full MOE dashboard, including the ability to compare your results to others. Member organizations that do not use their DART ID will NOT have access to the comparison with other participants in the MOE dashboard. There is a maximum of four separate inpatient facility entries for the inpatient facility section.

- If you are part of a larger organization, we do ask data to be submitted by each DART ID. This will allow the most accurate comparisons of data. (Under the Program Demographic section, there is an opportunity to choose your affiliation with your parent organization.)

Advancing the document occurs by clicking on the arrow in the right lower corner of each screen. You can go back to the previous page by clicking on the arrow in the lower left corner of the screen but data on the current screen will not be saved.

Definitions are available below as well as within the MOE online data collection tool.

Except for the profile demographics and annual application credits for QC, the other fields are quarterly data.

The MOE Table of Contents (or Menu) includes five main content areas:

**Profile Demographics**
HOSPICE PROFILE AND CONTACT INFORMATION
PROGRAM DEMOGRAPHICS

**NOTE:** The program demographics and annual application credits will carry over from quarter to quarter. You will have the ability to review and update the information, but you will not have to re-enter this information every quarter.

**Operational Excellence**
ANNUAL APPLICATION CREDITS FOR QC
PAYER MIX
PATIENT VOLUME
PATIENT DEMOGRAPHICS

**Staffing (Clinical)**
VOLUNTEER SERVICES
BEREAVEMENT SERVICES
PRODUCTIVITY

**Clinical**
EMERGENCY ROOM VISITS and HOSPITALIZATIONS

**Patient Level Safety Data Set**
PATIENT LEVEL SAFETY DATA SET
PATIENT INFECTIONS
MEDICATION ERRORS
PATIENT FALLS

**Inpatient and Residential Facilities**
INPATIENT AND RESIDENTIAL FACILITIES

**NOTE:** If you have more than one inpatient facility, you will enter data separately for each one. The option will appear based on the number you enter under how many facilities you operate.

Your submission is not complete until you hit the arrow in the lower right corner of the screen at the end of the MOE. Once you submit, you will receive an email with a retake link in case you need to update data before the quarterly submission deadline.
Step Four: Access MOE Dashboard

The MOE Tool Dashboard is informed by the completion of the MOE data submission. The top of the dashboard has a variety of filters the organization can use to compare their results to others. These filters include state, ownership, tax status, and geographic area served. You can also choose to look at data by year, quarter, or month. A parent organization can look at all their subsidiaries.

- **Timing**: You should access the quarterly MOE Dashboard after the quarterly submission deadline to have the most accurate comparison data.

- **Display**: The left side of the screen will display your organization’s results. The right side of the screen will provide the comparison of all respondents based on the filter you have used.

- **Pages**: At the top in the center, you can navigate to other pages of the dashboard: Staffing (Clinical) and Patient Level Safety Data Set.

- **Downloading and emailing the Dashboard**: In the top right corner of the dashboard screen, you have the option of downloading the dashboard or emailing the dashboard to others.

The NHPCO Quality Connections team welcomes your questions and suggestions. You can communicate with the team at qualityconnections@nhpco.org
Measures of Excellence: Patient Level Safety Data Set - Definitions

1. Objectives for collecting patient level safety data include the following:
   - Utilization of data for national benchmarking
   - Identification of factors that contribute to patient falls, infections, and medication errors to mitigate risk
   - Utilization in individualized care planning
   - Utilization in innovative patient safety program development (hospice and national level)

2. Plan for Data Collection

Participants will submit/upload data into NHPCO’s Quality Connections portal on a calendar quarterly basis. Data should be entered by month within two (2) weeks after the quarter ends. Data analysis reports will be available to participants for benchmarking quarterly and at the end of the calendar year in a final report.

Note: Only participants who submit data will have access to data outcomes and analysis from NHPCO.

3. Calculation methodology

   - An incidence rate is typically used to measure the frequency of occurrence of new cases of infection within a defined population during a specified time frame.
   - There is no specific infection/falls/medications error incidence rate calculation for hospice care. The Centers for Disease Control and Prevention utilize the "per 1000 patient days" calculation in their resources which is a standard practice utilized among hospice providers. This methodology represents the number of patient days for the population at risk. This is calculated by taking the number of what is being measured divided by the number of patient days, multiplied by 1,000.²
   - Total incidence rate calculation

   **Example:** Determine healthcare associated infection incidence rates by dividing the number of cases by total patient days and multiply by 1000, which yields the number of infections per 1000 patient days.

\[
\frac{\text{# of patient infections}}{\text{# of total patient days in a specified time frame for at risk population}} \times 1000
\]

4. Location of care definitions

   - **Home setting (Private residence):** Patient resides in a private dwelling which could be a house, apartment, etc.
   - **Inpatient hospital:** An institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services. This location includes Critical Access Hospitals (CAHs) and psychiatric hospitals.³
   - **Hospice inpatient unit:** This is a hospice owned Medicare certified facility or state licensed hospice residence.
   - **Skilled nursing facility:** An institution or a distinct part of an institution such as a skilled nursing home or rehabilitation center, which has a transfer agreement in effect with one or more participating hospitals and which: A. Is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care; or rehabilitation services for the rehabilitation of injured, disabled, or sick persons, and B. Meets the requirements for participation in §1819 of the Social Security Act and in regulations in 42 CFR part 483, subpart B.⁴
   - **Nursing facility:** An institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental

---


diseases; has in effect a transfer agreement (meeting the requirements of §1861(1)) with one or more hospitals having agreements in effect under §1866.

- **Assisted living facility**: Assisted living is part of a continuum of long-term care services that provides a combination of housing, personal care services, and health care designed to respond to individuals who need assistance with normal daily activities in a way that promotes maximum independence. Assisted living services can be provided in freestanding communities, near or integrated with skilled nursing homes or hospitals, as components of continuing care retirement communities, or at independent housing complexes.5

- **Other congregate living facility**: a facility with in which multiple individuals share living space (i.e., personal care home, group home, etc.)6

### Patient Infection Data Targets for Benchmarking

1. **Patient infections**

   - **Infection**: A disease caused by microorganisms which include bacteria, viruses, fungus, and prions.7

   - **Healthcare associated infection (HAI)**: An infection that develops in a patient who is cared for in any setting in which healthcare is delivered (i.e., acute care hospital, chronic care facility, ambulatory clinic, dialysis center) and is related to receiving health care (i.e., was not incubating or present at the time healthcare was provided).8

   - **Multi drug resistant organisms (MDROs)**: Bacteria (excluding M. tuberculosis) that are resistant to one or more classes of antimicrobial agents and usually are resistant to all but one or two commercially available antimicrobial agents (i.e., MRSA, VRE, extended spectrum beta-lactamase [ESBL]-producing or intrinsically resistant gram-negative bacilli).9

2. **Coronavirus Disease 2019 (COVID-19)**: COVID-19 is caused by a new coronavirus. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus, named SARS-CoV-2.10

   **Probable COVID-19 case**
   - Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19.
   - Meets presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence.
   - Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19.11

   **Confirmed COVID-19 case**
   - Meets confirmatory laboratory evidence.12

3. **Total number of patient days**: A count of the number of patients in a patient care location during a defined time period. This count can be determined electronically or manually by a daily count or, depending on the location type, weekly sampling.13

**Example**: Any patient with a day of service in a targeted month is counted as a patient day. If Patient A was on service for 2 of the 30 days in this month his total patient days are 2.
B was on service last month and this month you only count 30 days for Patient B this month.

- **Numerator:** Number of patients described in each data target.
- **Denominator:** Total number of patient days
- **Exclusions:** Patients 18 years and younger; patients not enrolled in hospice.

### Patient Falls Data Targets for Benchmarking

#### 2. Patient falls

- **Fall:** An unplanned descent to the floor (or extension of the floor) with or without injury. All types of falls are included, whether they result from physiological reasons or environmental reasons.14
- **Fall-related injuries categories:**
  - **None** indicates that the patient did not sustain an injury secondary to the fall.
  - **Minor** indicates those injuries requiring a simple intervention.
  - **Moderate** indicates injuries requiring sutures or splints.
  - **Major** injuries are those that require surgery, casting, further examination (i.e., for a neurological injury).
  - **Deaths** refers to those that result from injuries sustained from the fall.15
- **Sentinel event:** A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called “sentinel” because they signal the need for immediate investigation and response. The terms “sentinel event” and “error” are not synonymous; not all sentinel events occur because of an error, and not all errors result in sentinel events.16
- **Total number of patient days:** A count of the number of patients in a patient care location during a defined time period. This count can be determined electronically or manually by a daily count or, depending on the location type, weekly sampling.17

  **Example:** Any patient with a day of service in a targeted month is counted as a patient day. If Patient A was on service for 2 of the 30 days in this month his total patient days are 2. Patient B was on service last month and this month you only count 30 days for Patient B this month.

- **Numerator:** Number of patients described in each data target.
- **Denominator:** Total number of patient days
- **Exclusions:** Patients 18 years and younger; patients not enrolled in hospice.

### Patient Medication Errors Data Targets for Benchmarking

#### 3. Patient medication errors

- **Medication Error:** Defined by the National Coordinating Council for Medication Error Reporting and Preventions (NCC MERP), “A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.”18 This definition is utilized by the Centers for Medicare and Medicaid Services.

• NCC MERP Index for Categorizing Medication Errors Definitions:
  ▪ Harm: Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.
  ▪ Monitoring: To observe or record relevant physiological or psychological signs.
  ▪ Intervention: May include change in therapy or active medical/surgical treatment.
  ▪ Intervention Necessary to Sustain Life: Includes cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.)

• Sentinel event: A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called “sentinel” because they signal the need for immediate investigation and response. The terms “sentinel event” and “error” are not synonymous; not all sentinel events occur because of an error, and not all errors result in sentinel events.

• Medication Error Type definitions:
  ▪ Prescription writing error: the prescription content contains an error.
  ▪ Medication dispensing error: an error occurred during the dispensing (filling) of the medication prescription.
  ▪ Medication delivery error: an error occurred when the medication was physically delivered to the patient.
  ▪ Near miss errors: any event or situation that didn’t produce patient injury, but only because of chance

• Adverse Reaction(s) with a result of Harm: See NCC MERP Index for Categorizing Medication Errors Definition of harm
• Adverse Reaction(s) with a result of sentinel event: See Joint Commission definition of Sentinel event.

• Total number of patient days: A count of the number of patients in a patient care location during a defined time period. This count can be determined electronically or manually by a daily count or, depending on the location type, weekly sampling.

• Example: Any patient with a day of service in a targeted month is counted as a patient day. If Patient A was on service for 2 of the 30 days in this month his total patient days are 2. Patient B was on service last month and this month you only count 30 days for Patient B this month.

• Numerator: Number of patients described in each data target.
• Denominator: Total number of patient days
• Exclusions: Patients 18 years and younger; patients not enrolled in hospice.