NHPCO'S Standards of Practice

Characteristics of High-Performing Hospice Organizations

2022 Edition

Characteristics of High-Performing Hospice Organizations

NHPCO is committed to assisting hospice and palliative care providers in continuous Quality Assurance and Performance Improvement (QAPI) activities that support safe, effective, and timely care outcomes for patients and their families. Providers who actively engage in continuous quality improvement raise the bar for performance, leading to service excellence.

There is a natural overlap of regulatory compliance and quality in hospice. On the regulatory side, compliance is required to maintain Medicare certification. Regarding quality of care, providers utilize evidenced-based practices and standards of care to provide high-performing care and services to patients and their families. The intersection of the two has a targeted outcome of excellent patient and family care throughout the hospice experience. All hospice providers must be committed to delivering the highest-quality, person-and family-centered care to not only meet but exceed federal guidelines.

This document aims to assist hospices in developing a foundational culture of quality and provides suggested operations and clinical targets (see category tables) to achieve high performance, quality of care, and service excellence.

Organizational Culture

Hospice organizations that develop a culture of quality commit to integrating continuous quality improvement throughout the organization as exemplified in their daily operations. This type of culture can only be successful when organizational leadership recognizes the quality value proposition and devotes resources to support continuous self-assessment and improvement.

Quality-driven organizations are focused on providing exceptional customer service and person- and family-centered care, recognizing the inherent opportunities for quality innovation. These organizations have chosen to exceed the federal and state regulatory requirements by utilizing standards of practice (NHPCO or accreditation organization (AO)) and providing exceptional, evidence-based care to patients and their families. Further, these organizations have a formal and comprehensive compliance program that engages staff and the governing board. These organizations participate as a member of a national and/or state professional organization (e.g., NHPCO and the state hospice organization) to ensure access to current compliance, quality, and education resources.

High-performing organizations adopt and implement quality standards to achieve operational and clinical excellence. These organizations are accountable, adaptable, and operate within an ethical code to ensure high quality, culturally competent care provision to patients and their families (See NHPCO Code of Ethics and Guide to Organizational Ethics in Hospice Care). These organizations choose to do business with other entities who share and exhibit compatible quality standards, ethics, and values that hold them accountable to meet value-driven benchmarks. While engaging in continuous quality improvement, these organizations consciously identify and understand the limitations of their programs and only care for individuals when high-quality customer service and person- and family-centered care can be provided. Furnishing safe patient care is hardwired into their culture. Every patient/family interaction ensures the patient is as protected as possible from safety issues that may occur during a serious illness. Commitment to safe patient care is reflected in strategic organizational goals and resource allocation.

Operational and Clinical Targets for High Performance

The following category tables outline targeted operational and clinical categories, characteristics, and measure for high-performing hospice organizations. The category content is cross-walked with NHPCO's Standards of Hospice Practice domains and our Quality Connections Program.

NHPCO's Standards are organized around the core quality components of hospice care, which provide a framework or domains for developing and implementing QAPI.

NHPCO's 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. The four pillars that form the structure of the program include: Education, Application, Measurement, and Innovation. Each pillar includes quality activities that drive quality movement forward.

Category: Compliance

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
		Demonstrates an overarching commitment to regulatory compliance through:
Standards Domain: ▮ Compliance with Laws and Regulations (CLR) **Quality Connections Pillar(s):** ▮ Education ▮ Application ▮ Measurement	**Established, structured, and relevant compliance program**	▮ Development and implementation of a balanced compliance/quality organizational culture ▮ Designated compliance staff and committee • Integration of compliance accountability in staff position descriptions and performance evaluations ▮ Development and implementation of a continuous compliance assessment plan ▮ Education provided for all staff regarding federal and state regulatory requirements ▮ Compliance professional directly reports to governing board
	Organizational compliance with all requirements in federal/state hospice regulations	▮ Commitment to meeting federal and state hospice compliance requirements ▮ Medicare certification/recertification survey outcomes ▮ State licensure survey outcomes (as applicable) ▮ Inclusion of staff in survey preparation, process, and plans of correction
	Coordinated compliance with community partners	▮ Education about community partner compliance requirements provided to appropriate hospice staff (e.g., nursing facility federal and state regulations) ▮ Engagement with community partners to ensure compliance and enhance performance as needed

Category: Quality

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
		Demonstrates an overarching commitment to quality improvement through:
Standards Domain: ❚ Performance Measurement (PM) **Quality Connections Pillar(s):** ❚ Education ❚ Application ❚ Measurement	**Established, structured, and relevant QAPI program**	❚ Development and implementation of a balanced compliance/quality organizational culture ❚ Collection and utilization of data drives performance improvement ❚ Designated quality staff and committee • Integration of quality improvement accountability in staff position descriptions and performance evaluations ❚ Development and implementation of a continuous quality assessment plan ❚ Education provided for all staff about organizational and clinical quality improvement projects and targets ❚ Organization participates in NHPCO's Quality Connections program
	Compliance with standards of hospice/ palliative care practice	❚ Utilization of NHPCO's Standards for Hospice Practice ❚ Accredited by a CMS approved AO
	Submission of federal hospice quality measure data	❚ Integration of federal hospice quality measure data in organizational QAPI plan and performance improvement

Category: Staffing

A quality-focused organizational culture values its staff; engages and challenges them to collaborate within the organization to meet its mission and vision. It continuously works to foster trust between the staff and the organization by developing and supporting an environment directed towards joint responsibility for quality outcomes in the spirit of performance improvement. This organization has an excellent employer reputation in the community, good staff retention and low turnover rates because it is committed to staff involvement and cultivation.

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
	Demonstrates an overarching investment in staff through:	
Standards Domain: ❚ Workforce Excellence (WE) ❚ Organizational Excellence (OE) **Quality Connections Pillar(s):** ❚ Application ❚ Measurement ❚ Innovation	**Recognition that staff are the most critical resource (e.g., has an advocacy process to ensure staff needs are met and concerns are addressed in a timely manner)**	❚ Competitive salary and benefit packages are offered and regularly evaluated ❚ Active staff recruitment and retention strategy is established ❚ Staff engagement or satisfaction survey is conducted with all staff on a regular basis (e.g., salary and/or satisfaction – NHPCO STAR survey or like survey) ❚ Encourages staff engagement by providing opportunities for feedback, open communication between staff and leaders ❚ Provides a culture of autonomy, mutual respect, offer proactive guidance, encouraging staff to take responsibility for their own professional growth ❚ Uses national benchmarking to determine staffing while also using agency-specific data to "personalize" staffing ratios (Staffing Guidelines are available upon request at quality@nhpco.org) ❚ Opportunities available for staff to engage in organizational activity (e.g., QAPI committee) ❚ Provides flexible and innovative staffing such as self-scheduling, shared job positions, etc.
	Bereavement support is provided for staff	❚ Provides a venue to support staff with their job-related grief and stress (e.g., EAP program, support groups, and individual support available to all staff members)

Category: Education/Professional Development

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
		Demonstrates an overarching investment in staff through:

Standards Domain:
 	
▮ Workforce Excellence (WE)
▮ Organizational Excellence (OE)
▮ Clinical Excellence and Safety (CES)
 	
Quality Connections Pillar(s):
 	
▮ Education
▮ Application
▮ Measurement
	Development/ implementation of a comprehensive orientation and preceptor program	▮ Establish a tailored orientation program to meet the needs and skill sets for new staff
		   • Measurement process in place to ensure development of an individualized learning plan
		   • Program evaluation obtained from new staff member
		▮ Skill validation – at hire and annually (e.g., regular skills competency evaluation)
		▮ Establish a preceptor/clinical ladder program
		   • Measurement process in place to ensure program completion and staff competency
		   • New staff mentoring process in place post orientation
		   • Program evaluation obtained from new staff member
		▮ Assurance that staff have educational resources they need to deliver safe and competent care (e.g., in-person, didactic, tailored to specific learning needs)
		▮ Staff education includes diversity, equity, and inclusion (DEI) and cultural competence training and evaluation
		▮ Personnel records are maintained and preceptor options assigned

	Development of continuing education program	▮ Conducts a staff learning needs assessment annually and as needed ▮ Provides federal and state regulatory and accreditation standards education ▮ Provides education based on learning assessment and QAPI outcomes ▮ Provides education related to specialty programs (e.g., Veterans, dementia) ▮ Individualized education is based on needs and diversity of community served ▮ Records are kept in personnel records of continuing education completed by all staff, including volunteers
	Focused development and maintenance of staff competency levels	▮ Recognizes and supports staff with specialty skill training (e.g., wound care, trauma informed care, pediatrics) ▮ Obtains feedback from staff related to specific skill needs (at least annually) ▮ Ensures staff have educational resources they need to deliver safe and competent care (e.g., in-person, didactic, tailored to specific learning needs) ▮ Provides staff skill validation and ongoing cultivation ▮ Establishes ongoing staff mentoring program
	Encouragement and support for staff achievement of professional certifications	▮ Provides support to staff to achieve and maintain professional certification (e.g., hospice and palliative care, quality, compliance, etc.) • Provides education and educational benefits to staff

Category: Patient*/Family** Care Provision and Outcomes

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
		Demonstrates a person-centered interdisciplinary care model through:
Standards Domain: ▌Patient and Family/ caregiver- Centered Care (PFC) ▌Clinical Excellence and Safety (CES) ▌Inclusion and Access (IA) ▌Organizational Excellence (OE) ▌Ethical Behavior and Consumer Rights (EBR) **Quality Connections Pillar(s):** ▌Education ▌Application ▌Measurement ▌Innovation	**Timely response to a hospice referral and timely/flexible admission per patient needs and wishes**	▌Establishes a policy that ensures a timely response with consideration of individual patient/family wishes • Process established for triaging patient acuity for prioritization of urgent admission ▌Establishes process to identify and address barriers to timely response ▌Establishes a process for accommodating a timely admission to meet the needs of patient/family
	Individualized proactive patient care provided by a skilled interdisciplinary team	▌The Interdisciplinary Group (IDG) meets patients/families where they are and honors cultural norms and communication needs (e.g., health literacy level, cultural diversity) • Patient/family needs are anticipated and met (e.g., visit frequency meets needs of patients/family) ▌Provides effective and timely symptom management ▌Aims to provide care that prevents unnecessary emergency department (ED)/hospitalizations
	IDG collaboration	▌Collaboration is proactive and goal oriented ▌Patient plan of care goals are continuously assessed and adjusted for measurable achievement ▌Patient and family expectations and goals are acknowledged by the IDG ▌Facilitates coordination, communication, and collaboration with non-hospice staff when patient resides in a facility (e.g., skilled nursing facility (SNF), nursing facility (NF), or assisted living facility (ALF))
	Increased IDG presence in last days of life per patient family wishes	▌Provides individualized patient/family/caregiver education (e.g., what to expect, in a manner they understand (language, literacy, health literacy)) ▌Physical, emotional, and spiritual care needs are met per patient/ family wishes (e.g., symptoms are controlled, patient appears calm and peaceful, etc.)
	Organizational ability to address ethical concerns	▌Access is available to an internal ethics committee or outside ethics resource ▌Annual training related to ethical issues is provided to staff ▌Policy and procedures are developed for ethical consults as needed ▌Outcomes are funneled into QAPI program as necessary

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
	Demonstrates a person-centered interdisciplinary care model through:	
	Attention to patient and caregiver satisfaction	▮ Patient satisfaction – patient needs and goals are met and feedback is documented in clinical record ▮ Caregiver satisfaction – measured by Consumer Assessment of Healthcare Providers and Systems (CAHPS) or other similar satisfaction survey • Organization Hospice CAHPS scores are above national Hospice CAHPS (or similar survey) scores • Positive feedback from caregivers (e.g., letters of appreciation, bereavement program feedback, mission moments) ▮ Positive community recognition ▮ Robust patient/family education resources available
	Provision of emotional and spiritual support	▮ Measured by CAHPS or other like satisfaction survey • Organization Hospice CAHPS scores are at/above national Hospice CAHPS (or like survey) scores ▮ Meeting measurable emotional and spiritual goals on a plan of care (POC) ▮ Support is holistic to meet patient/family emotional and spiritual needs (spiritual – fulfillment beyond religion) (e.g., music therapy, aroma therapy, life review, etc.) ▮ Utilizes NHPCO's Inclusion and Access Toolkit
	Strong comprehensive bereavement program ▮ Proactively planning for family support post patient death (minimally 13 months after patient death) ▮ Provides or connects family to community-based bereavement/ specialty services	▮ Utilizes NHPCO's Evaluation of Grief Support Services (EGSS) survey ▮ Provides individualized bereavement support to family, community, and community partners • Offers periodic outreach through the first year of loss • Offers 1:1 support • Provides memorial services and bereavement camps to community • Provides or connects family to community-based bereavement services • Facilitates bereavement camps • Facilitates bereavement support groups/individualized counseling in various mediums • Facilitates specialty bereavement support groups (e.g., pediatrics, acute loss, community reengagement, etc.) • Cultivates volunteer engagement in bereavement support program

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
	Demonstrates a person-centered interdisciplinary care model through:	
	Robust volunteer program	▮ Maintains diverse skill set of volunteers to meet needs of patient/ family and organization ▮ Implements and monitors performance improvements based on metrics for timeliness of volunteer assignment, frequency of visits, and utilization among all patients/families ▮ Develops specialty programs facilitated by volunteers such as: 　• 11th Hour programs 　• Pet Peace of Mind 　• End-of-Life EOL Doula 　• Program to honor/remember patients 　• Companion visitor 　• Music enrichment ▮ Implements NHPCO's We Honor Veterans program and works to achieve level 5 partnership status ▮ Utilizes NHPCO's Inclusion and Access Toolkit
	Complementary therapy program (volunteer or paid)	▮ Implementation of specialty services may include but are not limited to: 　• Music therapy 　• Aroma therapy 　• Massage/Reiki 　• Pet therapy 　• Art therapy 　• Play therapy (pediatrics) 　• Life review
	DEI prioritization	▮ Integrates diversity training in staff orientation and continuing education ▮ Targets marketing about hospice care to diverse populations in the community ▮ Develops hospice educational materials for diverse populations in the community ▮ Targets staff hiring to meet needs of diverse populations in the community ▮ Utilizes NHPCO's Inclusion and Access Toolkit
	Staff caseloads adjusted for patient acuity status, time required to implement patient/family plan of care (POC) interventions and staff and patient safety issues to ensure quality practice	▮ Utilizes staff guidelines/caseload models (or other tools) and patient acuity to determine patient caseloads ▮ Builds into staffing models balanced staff support services (e.g., Licensed practical nurses (LPNs), pharmacists, admission registered nurses (RNs), and triage RNs

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
	Demonstrates a person-centered interdisciplinary care model through:	
	Flexibility related to patient-family needs	❚ Identifies issues in IDG meetings and accommodates staffing related to the issue (i.e., two hospice aides for a difficult to move patient) ❚ Commitment to staffing four levels of care outlined in the Medicare hospice benefit (e.g., staffing for continuous homecare) ❚ Staff assignments promote continuity of care ❚ Standardized visit process
	Reasonable productivity expectations and effective use of resources	❚ Utilization of staffing guidelines/caseload models (or other tools) and patient acuity to determine patient caseloads
	Consistency related to limitations of the organization	❚ Policies/procedures established for staff shortage during emergency events, exceptional circumstances, or inadequate skill sets/competency of staff ❚ Referral sent to another hospice provider when quality of care standard may not be met, or patient/family have specific needs that may not be met by the hospice
	Structured for responsive 24/7 patient/family services	❚ Staffing meets needs of patients/families on all days of the week and at any time

*Family = individual(s) as defined and determined by the hospice patient
**Caregiver = individual(s) (paid or unpaid) providing care to the patient

Category: Community Engagement

Hospice providers who take the quality-focused route also have a strong presence in their community. They recognize the unique characteristics and diversity of their community and strive to provide culturally competent care that is equitable and meets specific needs of individuals and their families.

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
	Demonstrates engagement in their community through:	
Standards Domain: ❚ Inclusion and Access (IA) ❚ Ethical Behavior and Consumer Rights (EBR) ❚ Organizational Excellence (OE)	**Establishes a presence in the community**	❚ Participates in coalitions, community work groups or programs, organization boards, faith-based organizations, emergency preparedness entities (i.e., state Emergency Management organization), community-based education and events, bereavement crisis support
	Assesses and develops plan to meet identified gaps	❚ Completes an initial and periodic needs assessment and/or participates in external community needs assessment (i.e., evaluates needs of underserved populations – who, where, etc.) ❚ Develops and maintains relationships with other community providers, referral sources, etc. (e.g., educating physician practice related to patient timely referral to hospice) ❚ Identifies needs and requirements of community partners (e.g., SNF, NF, ALF regulations)

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
	Demonstrates engagement in their community through:	
Quality Connections Pillar(s): ▌ Application ▌ Measurement ▌ Innovation	**Engages with the community to meet needs**	▌ Establishes a Professional Advisory Committee (PAC) ▌ Demonstrates flexibility to meet emergency management needs (e.g., COVID-19 public health emergency or other disasters) ▌ Provides memorial services and bereavement camps to community ▌ Provides or connects family to community-based bereavement services ▌ Provides community education based on needs assessment (e.g., advance care planning, hospice care) ▌ Expands access to underserved populations ▌ Provides specialty services to Veterans ▌ Provides opportunities for student or other professional internships ▌ Provides caregiving education to community ▌ Provides a program for teen volunteer opportunities ▌ Provides fundraising activities in the community (e.g., golf tournament) ▌ Identifies diverse populations in the community and strives to meet their needs ▌ Utilizes NHPCO Inclusion and Access Toolkit ▌ Implementation of DEI program
	Evaluating the impact of community engagement strategies	▌ Measures participation in community events (e.g., evaluation surveys per event) ▌ Evaluates timeliness/appropriateness of patient referrals to hospice from referral source ▌ Evaluates referral satisfaction

This document was developed by a cohort of the NHPCO Quality & Standards Committee in 2021.