

2010 REPORT

Hospice Demographic and Outcomes Measures

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Charlie Crist, Governor

October 2010

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1.0 Legislative Directive and Purpose of the Report

Chapter 400.60501, Florida Statutes, requires the Department of Elder Affairs, in conjunction with the Agency for Health Care Administration, to develop outcome measures to determine the quality and effectiveness of hospice care for hospices licensed in Florida. This statute, along with Rule 58A-2.005, defines the outcome measures, as well as demographic and diagnostic information hospices are required to submit to the Department of Elder Affairs annually. Hospices are also required to conduct patient surveys using the National Hospice and Palliative Care Organization (NHPCO) Patient/Family Satisfaction Survey or a similar survey. This report contains an analysis of the data submitted by Florida's 41 licensed hospices for calendar year 2009. Two of the three hospice outcome measures were promulgated August 11, 2008. Calendar year 2009 is the first year for which a full year's results for all three outcome measures are available.

2.0 Data Collected

Hospices licensed in Florida are required to submit outcome measure, demographic and diagnostic information to the Department each year. A newly developed secure online form was made available January 1, 2010, to all hospices for the purpose of data collection. All but three hospices used the online form for data submission. Those that did not use the online form faxed their information. A copy of the form that lists the information required (DOEA Form H-002) is included in the Appendix.

The information provided by each hospice organization includes the following:

- Basic hospice and contact information;
- The counties served;
- Facility and residential unit information including the number of beds, facility admissions and facility patient days;
- Proportion of patients reporting a reduction of pain (Outcome Measure 1);
- Proportion of patients receiving the right amount of pain medicine (Outcome Measure
 2);

- Proportion of patients who would recommend hospice services to others (Outcome Measure 2A);
- Diagnosis, age, race and reimbursement information for patients admitted;
- Number of patient days by location; and
- Number of discharges by death / non-death.

Most of the required information is reported at the hospice organization level (not for each facility or residential unit).

3.0 Outcome Measures

Hospices are required to report on three outcome measures (see Table 1 below). These measures were designed to be used as a tool for evaluating hospice quality. Results from calendar year 2009 indicate that all hospices that reported outcome measure data met the standards set for these three measures.

Table 1 below lists the standard set for each outcome measure and the percentage of hospices that met the standard. The acceptable standard for all three outcome measures was set at 50 percent of the survey responses received by the hospice.

Table 1: Percent of Florida Hospices That Met Outcome Measures for 2009

Outcome	Description of Outcome Measure and Standard	Percent of
Measure		Hospices Met
Number		Standard
1	50 percent of patients reported severe pain on a 0-to-10 scale	100% *
	who reported a reduction to 5 or less by the end of the	
	fourth day of care in the hospice program.	
2	50 percent of patients reported they received the right	100% **
	amount of medicine for his or her pain.	
2A	50 percent of patients and/or family	100% **
	members/caregivers/legal representatives/surrogates/proxies	
	recommended hospice services to others based on the care	
	the patient received.	

^{*} n=40; ** n=39,

3.1 Outcome Measure 1

Outcome Measure 1 measures the percentage of patients who had severe pain (7 or higher on the 0-10 scale) at admission and whose pain was reduced to a level of 5 or less by the end of the fourth day of care. Forty of the 41 hospices reported data on this measure¹. All 40 hospices reported they met or exceeded the 50 percent standard for decreasing pain to a level of 5 or less by the end of the fourth day. A majority (21) of the hospices reported they reduced the pain level to 5 or less by the end of the fourth day for at least 87 percent of their patients (see Chart 1 below). See Table 4 on page 10 for a list of the names of the hospices and the percentage of their patients that met this outcome measure.

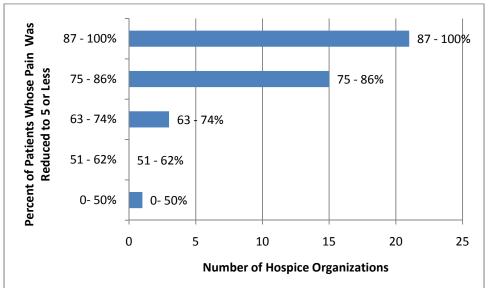


Chart 1: Percent of Patients Whose Pain was Reduced to Level 5 or Less by Hospice

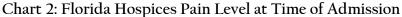
n=40, 2009

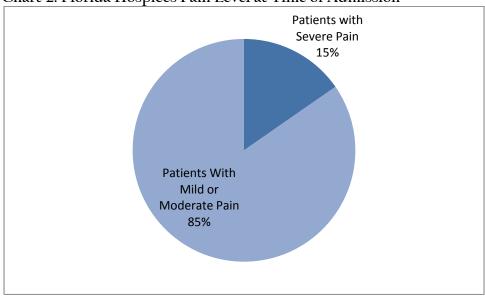
Statewide, hospices reported pain level data for 49,224 patients at the time of admission. Only 15 percent of these patients (7,552) reported having severe pain. See Chart 2 below.

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¹ Samaritan Care Hospice of Osceola, LLC, did not submit data for this outcome measure.

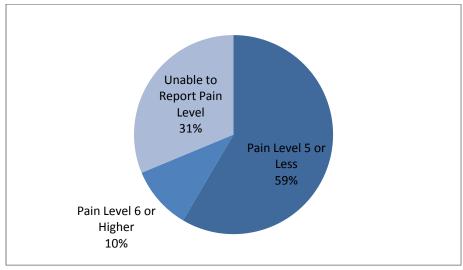




n= 49,224, 2009

Of those patients reporting severe pain at the time of admission, over 58 percent reported a reduction in pain to a level 5 or less by the end of the fourth day of care. Over 10 percent reported their pain level was 6 or higher by the end of the fourth day of care. Thirty-one percent were unable to report their pain level by the fourth day. See Chart 3 below. These totals may include patients who chose not to receive pain medicine.

Chart 3: Status of Florida Hospice Patients at End of Fourth Day of Care for Those Who Had Severe Pain at Admission



n=7,552; 2009

Inconsistencies in data collection for this outcome measure were identified. Namely, not all hospices reported the level of pain on the fourth day after admission. In addition, when multiple pain scores were reported on the fourth day, the score selected varied (some use the first pain score reported, some use the lowest pain score reported and others use the highest pain score reported).

3.2 Outcome Measure 2

Outcome Measure 2 measures the percentage of patients that received the right amount of pain medicine. Thirty nine of the 41 hospices reported data on this measure². All reporting hospices exceeded the standard that at least 50 percent of their patients receive the right amount of medicine for their pain.

Hospice organizations reported that 69,410 surveys were initiated during the reporting period that included a question about whether or not the patient received the right amount of medicine for his or her pain. Only 29 percent (19,824) of the surveys were returned with this question answered. Over 95 percent of all patients/families said the patient received the right amount of medicine for his/her pain (see Table 2 below)³.

Table 2: Florida Hospice Patients Outcome Measure 2 Results

Did the patient receive the right amount of medicine for his or her pain?	Number Patients	Percent of Patients
Number of survey responses received during reporting period indicating the patient received the right amount of medicine for his or her pain.	18,919	95%
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.	905	5%
Total survey responses received indicating whether or not the right amount of medicine was received	19,824	100%

 $^{^2}$ Heartland Home Health Care and Hospice and Samaritan Care Hospice of Osceola, LLC, did not submit data for this outcome measure.

Number that received right amount of medicine for pain

Number that received right amount of medicine + Number did not receive right amount of medicine

3.3 Outcome Measure 2A

Outcome Measure 2A measures the percentage of patients that would recommend hospice services to others. Thirty nine of the 41 hospices reported data on this measure⁴. All of the reporting hospices exceeded the standard that at least 50 percent of their patients and/or family members/caregivers/legal representatives/surrogates/proxies would recommend hospice services to others based on the care the patient received.

The hospice organizations reported that 69,551 surveys were initiated during the reporting period that included a question about whether or not the patient or responsible party would recommend hospice services to others. Thirty-six percent (25,131) of the surveys were returned with this question answered.

Over 98 percent of all patients/families who responded to this question said the patient or responsible party would recommend hospice services to others⁵. See Table 3 below.

Table 3: Florida Hospice Patients Outcome Measure 2A Results

Based on the care the patient received, would the patient and/or	Number	Percent
responsible party recommend hospice services to others?	of	of
	Patients	Patients
Number of survey responses received during the reporting period answering "yes" to this survey question.	24,753	98%
Number of survey responses received during the reporting period answering "no" to this survey question.	378	2%
Total survey responses received indicating whether or not hospice services would be recommended to others	25,131	100%

Number would recommend hospice services+ Number would not recommend hospice services

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⁴ Heartland Home Health Care and Hospice and Samaritan Care Hospice of Osceola, LLC, did not submit data for this outcome measure.

⁵ Number would recommend hospice services

4.0 Accreditation

Accreditation is a voluntary process that requires a hospice organization to submit to an extensive on-site evaluation. The evaluation covers many areas of patient care and patient safety. Many see accreditation as a tool for measuring the quality of an organization. Eighteen of the 41 hospices (44 percent) identified themselves as being accredited. The hospices that have been accredited are identified in Table 4 along with the name of the accrediting entity. Seventeen (50 percent) of the not-for-profit hospices are accredited compared to 1 of 7 (14 percent) for-profit hospices.

5.0 Individual Hospice Information

The names of the 41 hospices licensed in Florida are listed in Table 4 along with the city in which the organization is located. In addition, outcome measure results are listed for each hospice. Table 4 also contains the name of the accrediting entity for hospices that are accredited. The Profit Status column contains "FP" if the hospice is a for-profit hospice (the field is blank for not-for-profit hospices). The number of patients for each hospice for 2009 is also listed.

Table 4: Hospices: Outcome Measure (OM) Results, Name of Accreditation Entity and Profit Status

Hospice Name	City	OM I	OM 2	OM 2A	Accrediting Entity	Profit Status	Patients
Avow Hospice, Inc.	Naples	1	0.97	0.99	The Joint Commission		1,304
Big Bend Hospice, Inc.	Tallahassee	0.82	0.97	0.98	СНАР		1,293
Catholic Hospice, Inc.	Miami Lakes	0.5	0.97	0.99	The Joint Commission		2,079
Community Hospice of Northeast Florida, Inc.	Jacksonville	0.94	0.95	0.99			5,259
Covenant Hospice, Inc.	Pensacola	0.95	0.96	0.98	The Joint Commission		4,333
Douglas Gardens Hospice, Inc.	Miami	0.85	0.95	0.97			237
Emerald Coast Hospice	Panama City	0.92	0.98	0.97			1,050
Florida Hospital Hospice Care	Ormond Beach	0.81	0.96	0.99	The Joint Commission		710
Good Shepherd Hospice	Temple Terrace	0.9	0.95	0.99	The Joint Commission		3,265
Gulfside Regional Hospice, Inc.	New Port Richey	0.75	0.96	0.98			1,023
Halifax Hospice, Inc.	Port Orange	0.85	0.95	0.99			3,425
Haven Hospice Heartland Home	Gainesville	0.88	0.95	0.99	СНАР		3,490
Health Care and Hospice	Jacksonville	1	Not reported	Not reported	СНАР	FP	108
Hope Hospice and Community Services, Inc.	Fort Myers	0.81	0.96	0.99	СНАР		5,066
Hospice by the Sea	Boca Raton	0.79	0.93	0.98	The Joint Commission		3,014
Hospice Care of South Florida	Miami	1	1	1			159

Table 4: Hospices: Outcome Measure (OM) Results, Name of Accreditation Entity and Profit Status (continued)

Hospice Name	City	OM 1	OM 2	OM 2A	Accrediting Entity	Profit Status	Patients
Hospice of Citrus					The Joint		
County, Inc.	Lecanto	0.9	1	0.99	Commission		1,836
Hospice of Gold Coast	Fort Lauderdale	0.8	0.94	0.97	СНАР		458
Hospice of Health First	West Melbourne	0.88	0.95	0.99	The Joint Commission		1,025
Hospice of Lake & Sumter, Inc.	Tavares	0.82	0.95	0.99			4,365
Hospice of Marion County, Inc.	Ocala	0.96	0.97	0.99			2,753
Hospice of Okeechobee, Inc.	Okeechobee	0.92	0.97	1			171
Hospice of Palm Beach County, Inc.	West Palm Beach	0.89	0.97	0.99	The Joint Commission		6,375
Hospice of St. Francis, Inc	Titusville	0.72	0.93	1			688
Hospice of the Comforter, Inc.	Altamonte Springs	0.97	0.96	0.99			3,170
Hospice of the Florida Keys	Key West	0.87	0.93	1			175
Hospice of the Treasure Coast, Inc.	Stuart	0.77	0.95	0.99			2,003
HospiceCare of Southeast Florida, Inc.	Fort Lauderdale	0.89	0.99	0.97	The Joint Commission		827
HPH Hospice	Hudson	0.81	0.99	1			4,994
LifePath Hospice	Temple Terrace	0.88	0.94	0.98	The Joint Commission		5,867
Odyssey HealthCare	Dallas	0.87	1	0.65		FP	1,322
Regency Hospice of Northwest Florida,							
Inc.	Pensacola	1	1	1		FP	23
Samaritan Care Hospice of Osceola,			Not	Not			720
LLC	Orlando		reported	reported		FP	539

Table 4: Hospices: Outcome Measure (OM) Results and Name of Accreditation Entity (continued)

Hospice Name	City	OM 1	OM 2	OM 2A	Accrediting Entity	Profit Status	Patients
The Hospice of Martin and St. Lucie, Inc.	Stuart	0.9	0.97	0.99			1,637
The Hospice of the Florida Suncoast, Inc.	Clearwater	0.76	0.95	0.99			7,368
Tidewell Hospice, Inc.	Sarasota	0.7	0.93	0.99	СНАР		6,802
Vitas Healthcare Corporation	North Miami Beach	0.8	0.93	0.97		FP	5,982
Vitas Healthcare Corporation of Florida	Boynton Beach	0.8	0.94	0.97		FP	6,943
Vitas Healthcare Corporation of Florida	Melbourne	0.82	0.95	0.97		FP	4,254
VNA Of Indian River County, Inc.	Vero Beach	0.66	0.97	1	The Joint Commission		972
Wuesthoff Hospice & Palliative Care	Viera	1	0.94	0.99			930

CHAP = Community Health Accreditation Program

6.0 Hospice Geographical Coverage

Each of Florida's 67 counties is served by at least one hospice organization. The number of hospice organizations serving each county is listed in Table 5 below.

Table 5: Geographic Coverage of Florida's Hospices

	Number		Number		Number
	Hospice		Hospice		Hospice
County	Orgs.	County	Orgs.	County	Orgs.
	Serving		Serving		Serving
	County		County		County
ALACHUA	2	HARDEE	3	OKEECHOBEE	3
BAKER	3	HENDRY	1	ORANGE	4
BAY	2	HERNANDO	1	OSCEOLA	4
BRADFORD	2	HIGHLANDS	3	PALM BEACH	3
BREVARD	4	HILLSBOROUGH	1	PASCO	2
BROWARD	5	HOLMES	2	PINELLAS	1
CALHOUN	2	INDIAN RIVER	1	POLK	3
CHARLOTTE	1	JACKSON	2	PUTNAM	2
CITRUS	2	JEFFERSON	2	SAINT JOHNS	3
CLAY	3	LAFAYETTE	2	SAINT LUCIE	3
COLLIER	2	LAKE	1	SANTA ROSA	3
COLUMBIA	2	LEE	1	SARASOTA	1
DESOTO	1	LEON	2	SEMINOLE	2
DIXIE	2	LEVY	2	SUMTER	1
DUVAL	3	LIBERTY	2	SUWANNEE	2
ESCAMBIA	3	MADISON	2	TAYLOR	2
FLAGLER	5	MANATEE	1	UNION	2
FRANKLIN	2	MARION	2	VOLUSIA	5
GADSDEN	2	MARTIN	3	WAKULLA	2
GILCHRIST	2	MIAMI DADE	6	WALTON	3
GLADES	1	MONROE	5	WASHINGTON	2
GULF	2	NASSAU	3		
HAMILTON	2	OKALOOSA	3		

7.0 Inpatient Facilities and Residential Units

During 2009, Florida's hospice organizations operated 87 inpatient facilities and residential units⁶. This includes 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,
- (2) Be staffed by the hospice organization; and
- (3) Have policies and procedures set by the hospice.

Each hospice organizations operated between zero and nine facilities/residential units (see Table 6 below).

Table 6: Number Facilities/Residential Units Operated by Florida's Hospices in 2009

Number Facilities/Residential Units	Number Hospices
None	10
1	10
2	9
5-9	15

During 2009 there were 34,719 admissions for 1,329 hospice beds in facilities/residential units for a total of 340,080 facility patient days. On average there were 26 admissions per bed and 256 patient days per bed for a 70 percent average occupancy rate. The number of beds, admissions and patient days by county is listed in Table 7 below.

 $^{^{6}}$ Avow Hospice, Inc., Gulfside Regional Hospice and Hospice of Citrus County did not provide complete information about their facilities and/or residential units.

Table 7: Inpatient Facility/Residential Units Operated by Florida Hospices by County in 2009

County	Total Beds	Total Facility Admissions	Total Facility Days	Average Admissions Per Bed	Average Days Per Bed	Avg. Occupancy Rate
Alachua	18	636	5,692	35	316	87%
Brevard	40	1,841	8,744	46	219	60%
Broward	110	2,080	29,449	19	268	73%
Charlotte	19	656	5,955	35	313	86%
Citrus	40	274	4,327	7	108	30%
Collier	10	39	432	4	43	12%
Columbia	16	464	4,343	29	271	74%
Desoto	8	123	2,474	15	309	85%
Duval	87	1,749	21,760	20	250	69%
Escambia	34	994	8,424	29	248	68%
Flagler	8	199	2,376	25	297	81%
Hernando	32	904	7,618	28	238	65%
Highlands	7	102	602	15	86	24%
Hillsborough	48	2,253	12,665	47	264	72%
Indian River	12	356	3,386	30	282	77%
Lake	16	572	4,803	36	300	82%
Lee	76	2,618	25,461	34	335	92%
Leon	12	508	4,145	42	345	95%
Levy	16	417	3,203	26	200	55%
Manatee	20	898	6,236	45	312	85%
Marion	64	1,368	16,177	21	253	69%
Martin	16	458	3,672	29	230	63%
Miami-Dade	67	1,150	18,612	17	278	76%
Okeechobee	12	84	2,024	7	169	46%
Orange	24	547	4,803	23	200	55%
Palm Beach	151	3,519	37,488	23	248	68%
Pasco	105	1,863	18,927	18	180	49%
Pinellas	102	1,674	28,087	16	275	75%
Polk	19	1,056	6,350	56	334	92%
Putnam	12	361	4,036	30	336	92%
Sarasota	18	905	6,548	50	364	100%
Seminole	16	934	5,675	58	355	97%
St. Lucie	16	596	3,689	37	231	63%

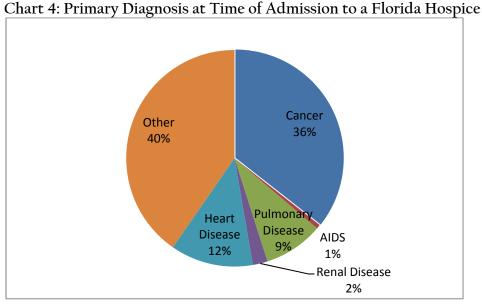
Table 7: Inpatient Facility/Residential Units Operated by Florida Hospices by County in 2009 (continued)

County	Total Beds	Total Facility Admissions	Total Facility Days	Average Admissions Per Bed	Average Days Per Bed	Avg. Occupancy Rate
Sumter	20	589	5,668	29	283	78%
Volusia	58	1,932	16,229	33	280	77%
Total/Average	1,329	34,719	340,080	26	256	70%

Note: the number of admissions may not equal the number of patients since a patient can be admitted more than once during the calendar year.

8.0 Admitting Primary Diagnosis

Hospices reported on the primary diagnosis for over 107,000 patients at the time of admission. These totals were not limited to admissions to facilities or residential units. The following diagnosis categories were used: cancer, AIDS, end-state pulmonary disease, end-stage renal disease, end-state heart disease and "other." Forty percent of patients had a primary diagnosis included in the "other" category. Thirty-six percent responded that cancer was the primary diagnosis followed by 12 percent heart disease and nine percent pulmonary disease. AIDS and renal failure comprised the remaining three percent. See Chart 4 below.



n= 107,294, 2009

9.0 **Patient Race/Ethnicity**

Hospices reported on the race and ethnicity of over 107,000 patients at the time of admission. These totals are not limited to admissions to facilities or residential units. The following race/ethnicity categories were used: Asian, Black, Caucasian, Hispanic and "other." Hospices reported that a majority (78 percent) of their patients were Caucasian; 11 percent identified as Hispanic, regardless of race; eight percent were Black and .4 percent were Asian (see Chart 5 below).

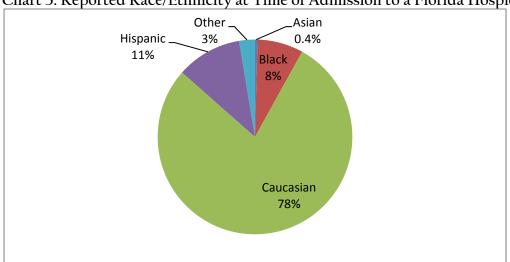


Chart 5: Reported Race/Ethnicity at Time of Admission to a Florida Hospice

n=107,239, 2009

Eighty-three percent of the patients admitted to not-for-profit hospices during the reporting period (2009) were Caucasian compared to sixty percent admitted to for-profit hospices.

10.0 Patient Age

Hospices reported on the age of over 107,000 patients at the time of admission. These totals are not limited to admissions to facilities or residential units. Each person admitted was grouped into one of three age categories: age 0-18, 19-64 or 65 or older. Eighty-four percent of all hospice patients admitted were age 65 or older. Sixteen percent of patients admitted were between the ages of 19 and 64. Less than one percent of those admitted were under the age of 19. See Chart 6 below.

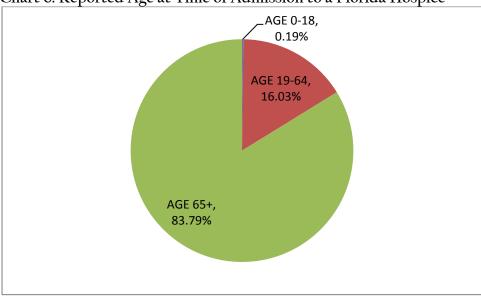


Chart 6: Reported Age at Time of Admission to a Florida Hospice

n=107,121, 2009

For-profit hospices served slightly more clients age 65 and older (86 percent compared to 83 percent). Table 8 below shows the percentage of patients admitted by age category and hospice profit status.

Table 8: 2009 Florida Hospice Patients' Age and Organization's Profit Status

	Percent Patients Age 0-18	Percent Patients Age 19- 64	Percent Patients Age 65+
Not-For-Profit	0.2%	16.5%	83.3%
For Profit	0.1%	14%	85.9%

11.0 Discharges by Disposition Type

Hospices reported on the disposition of discharges, whereby each discharge was grouped into two categories: death and non-death. Individuals who died during the 2009 calendar year are included in the "death" category. 85,389 (82 percent) discharges were due to patient death. See Chart 7 below.

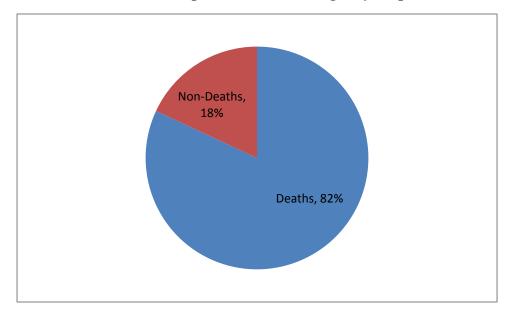


Chart 7: 2009 Florida Hospice Patient Discharges by Disposition

n=104,207

Discharge dispositions were similar among for-profit and not-for-profit hospices. Eighty-two percent of discharges were due to death in not-for-profit hospices compared to 81 percent in for-profit hospices.

12.0 Patient Days by Location

Hospices reported on the location of their patients. A majority (53 percent) of hospice patient days were spent in private residences. About a quarter of all hospice days were spent in a nursing home contracted non-inpatient bed. Eighteen percent of patient days were spent in an Assisted Living Facility. Only two percent of all hospice patient days were in a freestanding hospice inpatient facility. Less than one percent of all hospice days were spent in each of the following:

- Nursing Home Contracted Inpatient Bed
- Hospital- Dedicated Hospice Unit
- Hospital Other than Dedicated Hospice Unit
- Hospice Residential Facility
- Adult Family-Care Home

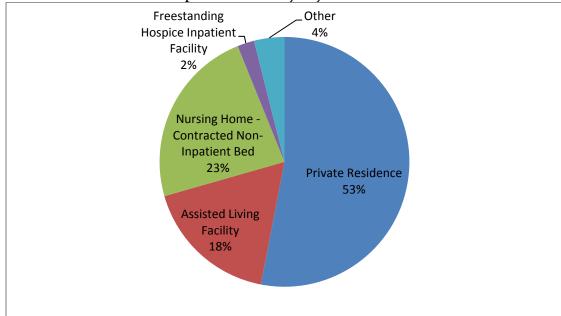


Chart 8: 2009 Florida Hospice Patient Days by Location

n= 8,521,701

13.0 Reimbursement

Hospices reported on their reimbursement sources by providing the percentage of their income that came from each of six categories: Medicare, Medicaid, third-party, self-pay, uncompensated and "other." Eighty-six percent of all hospice reimbursement came from Medicare. Medicaid paid eight percent and four percent came from third parties. See Chart 9 below.

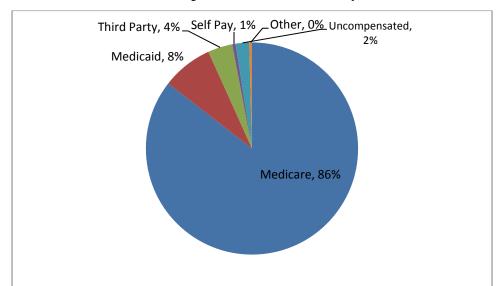


Chart 9: 2009 Florida Hospice Reimbursements by Source

For-profit hospices received a higher percentage of reimbursement from Medicare (91 percent compared to 84 percent), a lower percentage from Medicaid (5 percent compared to 8 percent) and a lower percentage from third parties (2 percent compared to 4 percent).

14.0 Additional Hospice Data Available

Additional information about Florida's licensed hospices is available on Florida's Agency for HealthCare Administration website. Included are results of the Family Evaluation of Hospice Care Satisfaction Survey, a survey given to families whose friend or family member received hospice care. It asks family members about their view on the care provided to the patient, as well as their own hospice experience. You may access the website at the following web address: http://www.floridahealthfinder.gov

APPENDIX



Report for Calendar Year_____

AFFAIRS STATE OF FLORIDA DEPARTMENT OF ELDER AFFAIRS HOSPICE DEMOGRAPHIC and OUTCOME MEASURES REPORT

Reporting Period: January 1 through December 31

Report Due no later than March 31 of the following 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 INFOR	MATION	
Facility License Number		
Medicaid Number		
Medicare Number		
Accreditation Status If Yes, enter Organization Name	Yes	No

of ction c	CONTRACT DE	D.CO.I	
SECTION C:	CONTACT PE	RSON	
Name			
Telephone N	umber		
Fax Number			
E-Mail Addre	ess		
SECTION D:	COUNTIES SE	RVED	
Number of Fl	orida counties s	erved under th	This license:
Check all counties served by this hospice license:			
□ Alachua	□ Duval	☐ Holmes	☐ Miami-Dade ☐ Santa Rosa
□ Baker	☐ Escambia	☐ Indian Rive	ver 🗆 Monroe 🗆 Sarasota
□ Bay □ Flagler □ Jackson □ Nassau □ Seminole			
☐ Bradford	☐ Franklin	□ Jefferson	□ Okaloosa □ Sumter
☐ Brevard	□ Gadsden	☐ Lafayette	☐ Okeechobee ☐ Suwannee
☐ Broward	☐ Gilchrist	□ Lake	☐ Orange ☐ Taylor
□ Calhoun	☐ Glades	☐ Lee ☐ Osc	sceola 🗖 Union
☐ Charlotte	☐ Gulf ☐ Leor	n 🗖 Palı	lm Beach □ Volusia
☐ Citrus	☐ Hamilton	□ Levy	□ Pasco □ Wakulla
□ Clay□ Hai	rdee 🗖 Libe	erty 🗖 Pin	nellas 🗖 Walton
□ Collier	☐ Hendry	☐ Madison	□ Polk□ Washington
□ Columbia	☐ Hernando	☐ Manatee	□ Putnam
☐ DeSoto	☐ Highlands	☐ Marion	☐ Saint Johns
☐ Dixie	☐ Hillsboroug	gh 🗖 Ma	artin

SECTION E: INPATIE	ENT CARE ANI	O RESIDENT	TAL UN	ITS	
List the number of inp hospice within the pa			ntial uni	ts that were operato	ed by this
This number should include are operated by the hospit that appear on the hospit Consist of one or more	ice as well as the ce license. Each f	freestanding h acility/unit sh	ospice in ould mee	patient facilities and r t the following criteria	esidential units
Be staffed by the hospi	ce organization	; and			
(3) Have policies and	procedures set	by the hospic	e.		
Please provide the follo Include every admissio "Number of Facility Ac "Total Facility Patient	n into the facili lmissions" colui	ty (a patient : nn and count	may have all patie	e more than one adm ent days for every ad ate this page as nece	ission) in the mission for the
				Number of	
				Facility	Total Facility
Facility Name and Addres	S	County	Beds	Admissions	Patient Days
SECTION F: OUTCO	ME MEASURE	S- Reference:	Rule 58	A-2.005(4), F.A.C.	
OUTCOME MEASUR	E1				
Number					
1 Total number of p			-to-10 sc	ale 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.					
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 4 th day of care in the hospice program.					
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			1 to 5 or 1	iess by the end of the	

	4th 1		
5.	4 th day of care in the hospice program. Of the number of patients reporting severe pain at admission, the number of		
J.	patients who were unable to report pain level by the end of the 4 th day due to		
	death/discharge, transfer, or disease progression.		
OH	TCOME MEASURE 2		
00	I COME MEASURE 2	Number	
	ent/Family Satisfaction Survey Question: Did the patient receive the right bunt of medicine for his or her pain?		
Tot	al number of surveys initiated during the reporting period.		
Tot	al number of survey responses received during the reporting period.		
	nber of survey responses received during reporting period indicating the ent received the right amount of medicine for his or her pain.		
	nber of survey responses received during the reporting period indicating the		
pati	ent did not receive the right amount of medicine for his or her pain.		
OU	TCOME MEASURE 2A		
	ent/Family Satisfaction Survey Question: Based on the care the patient	Number	
	ived, would the patient and/or responsible party recommend hospice services		
	thers?		
-	al number of surveys initiated during the reporting period.		
	al 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"		
	nis survey question.		
	CTION G: AGGREGATE DATA—Reference: Rule 58A-2.012, Program Reporting uirements, F.A.C.	5	
Adr	nitting Primary Diagnosis During Reporting Period	Number	
Car	cer		
Illn	ess due to Acquired Immune Deficiency Syndrome (AIDS)		
Enc	-Stage Pulmonary Disease		
Enc	-Stage Renal Disease (ESRD)		
Enc	-Stage Heart Disease		
Oth	er		
Age	of Persons Admitted During Reporting Period	Number	
0-18	years of age		
19-6	4 years of age		

Asian Black Caucasian Cispanic Deter Percent of Reimbursement by Payor Source During Reporting Period Medicare Medicare Medicaid Chird Party Self-pay Uncompensated Dether Total Number of Patient Days by Location During Reporting Period Number 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 Dether Total Number of Discharges by Disposition During Reporting Period Number Number Nursing Home—Contracted Hospice Unit Hospital—Other than Dedicated Hospice Unit Hospital—Other Dedicated Hospice Unit	65 years of age and older	
Slack Caucasian Cispanic Other Percent of Reimbursement by Payor Source During Reporting Period Medicare Medicaid Chird Party Self-pay Cincompensated 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 Clospital—Dedicated Hospice Unit Clospical—Other than Dedicated Hospice Unit Clospice Residential Facility Creestanding Hospice Inpatient Facility Other Total Number of Discharges by Disposition During Reporting Period Number Coaths	Race of Persons Admitted During Reporting Period	Number
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 Number 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 Hospica Residential Facility Freestanding Hospice Inpatient Facility Other Total Number of Discharges by Disposition During Reporting Period Number Number Number	Asian	
Cother Corecent of Reimbursement by Payor Source During Reporting Period Medicare Medicare Medicaid Chird 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 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 Number Number Number Number Number	Black	
Dither Percent of Reimbursement by Payor Source During Reporting Period Number Medicare Medicaid Third Party Self-pay Uncompensated Dither 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 Preestanding Hospice Inpatient Facility Dither Total Number of Discharges by Disposition During Reporting Period Number Deaths	Caucasian	
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 Preestanding Hospice Inpatient Facility Other Total Number of Discharges by Disposition During Reporting Period Number Number Number	Hispanic	
Medicare Medicaid Chird 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 Hospital—Dedicated Hospice Unit Hospital—Other than Dedicated Hospice Unit Hospice Residential Facility Creestanding Hospice Inpatient Facility Other Total Number of Discharges by Disposition During Reporting Period Number Number Number Number	Other	
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 Hospice Residential Facility Freestanding Hospice Inpatient Facility Other Total Number of Discharges by Disposition During Reporting Period Number Number Number Number	Percent of Reimbursement by Payor Source During Reporting Period	Number
Chird Party Self-pay Uncompensated Other Cotal Number of Patient Days by Location During Reporting Period Private residence Adult Family-Care Home Assisted Living Facility Nursing Home—Contracted Non-Inpatient Bed Hospital—Dedicated Hospice Unit Hospital—Other than Dedicated Hospice Unit Hospice Residential Facility Freestanding Hospice Inpatient Facility Other Cotal Number of Discharges by Disposition During Reporting Period Number Deaths	Medicare	
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 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 Number Deaths	Medicaid	
Uncompensated Other Total Number of Patient Days by Location During Reporting Period Number 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 Number Deaths	Third Party	
Other Fotal 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 Fotal Number of Discharges by Disposition During Reporting Period Number Deaths	Self-pay	
Private residence Adult Family-Care Home Assisted Living Facility Nursing Home—Contracted Non-Inpatient Bed Hospital—Dedicated Hospice Unit Hospital—Other than Dedicated Hospice Unit Hospice Residential Facility Freestanding Hospice Inpatient Facility Other Fotal Number of Discharges by Disposition During Reporting Period Number Deaths	Uncompensated	
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 Number Deaths	Other	
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	Total Number of Patient Days by Location During Reporting Period	Number
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	Private residence	
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 Number Deaths	Adult Family-Care Home	
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	Assisted Living Facility	
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	Nursing Home—Contracted Non-Inpatient Bed	
Hospital—Other than Dedicated Hospice Unit Hospice Residential Facility Freestanding Hospice Inpatient Facility Other Total Number of Discharges by Disposition During Reporting Period Deaths	Nursing Home—Contracted Inpatient Bed	
Hospice Residential Facility Freestanding Hospice Inpatient Facility Other Total Number of Discharges by Disposition During Reporting Period Deaths	Hospital—Dedicated Hospice Unit	
Freestanding Hospice Inpatient Facility Other Total Number of Discharges by Disposition During Reporting Period Deaths	Hospital—Other than Dedicated Hospice Unit	
Other Total Number of Discharges by Disposition During Reporting Period Number Deaths	Hospice Residential Facility	
Total Number of Discharges by Disposition During Reporting Period Number Deaths	Freestanding Hospice Inpatient Facility	
Deaths	Other	
	Total Number of Discharges by Disposition During Reporting Period	Number
Non-Deaths	Deaths	
	Non-Deaths	

SECTION H: AUTHORIZED SIGNATURE	
I HEREBY ACKNOWLEDGE THAT ALL INF DOCUMENT IS TRUE, CORRECT AND COM	
Print Name	Title
Signature	Date