

## Customer Service - Hospice CAHPS

### 1. CARE OF PATIENTS CAHPS QUESTIONS:

- How often did you get the help you needed from the hospice team during evenings, weekends, and holidays?
- While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?
- While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?
- While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?
- While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?
- While your family member was in hospice care, how much emotional support did you get from the hospice team?

### **What can the hospice team do to improve scores in care of patients CAHPS questions?**

- Treat the patient as if they were your loved one
- Respond immediately to on call phone calls/questions/concerns
- Remind the patient/family of the on-call phone number/services frequently. Post the phone number where it's easy to find. Educate on "Call Me First" frequently.
- Schedule enough time for each visit to be a QUALITY visit, do not rush through the visit
- Warm your hands up before touching the patient
- Before you leave, ask the patient/family, "Is there anything else I can do for you before I leave?"
- Remember special events, stories etc. about your patient
- Ask the patient/family "Are your religious/spiritual support needs being met?"
- Ask the patient/family, "Are your emotional needs being met?" "How can I help you with your stress/anxiety, sadness etc.?" Provide education on support groups.

## **2. COMMUNICATION CAHPS QUESTIONS:**

- While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?
- While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?
- While your family member was in hospice care, how often did the hospice team keep you informed about your family members condition?
- While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family members condition or care?
- How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
- Did the hospice team give you as much information as you wanted about what to expect when your family member was dying?
- While your family member was in hospice care, how often did the hospice team listen carefully to you?

### **What can the hospice team do to improve scores in communication CAHPS questions?**

- At the end of every visit, verbally and in writing inform the patient/family member when your next visit will be
- When talking to patients/families, use terms that non-medical individuals can understand. Ask the patient/family member to repeat taught items to you to ensure they understand.
- At the end of every visit, review the patient's status with the family. If they are not on site, call them at least weekly (more often if needed) to update them on the patient's status
- Be consistent in charting and conversations with the family
- Look family members in the eyes, stop doing tasks and listen closely when they have issues to discuss with you. After they state issues, VALIDATE that it is a concern to them.
- Ask the family how much they want to know/understand about the dying process. Follow this up with appropriate information.

### **3. SPECIFIC CARE ISSUES CAHPS QUESTIONS:**

- Did your family member get as much help with pain as he or she needed?
- Did any member of the hospice team discuss side effects of pain medicine with you or your family member?
- Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?
- Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?
- How often did your family member get the help he or she needed for trouble breathing?
- Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?
- How often did your family member get the help he or she needed for trouble with constipation?
- How often did your family member get the help he or she needed from the hospice team for feelings of anxiety or sadness?
- Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?
- Moving your family member includes things like helping him or her turn over in bed or get in and out of bed or a wheelchair. Did the hospice team give you the training about how to safely move your family member?

#### **What can the hospice team do to improve scores I specific care issues CAHPS questions?**

- Educate on "Call Me First" frequently
- Ask every visit, "Is your pain being managed effectively?" Follow up if indicated
- Have a care plan for educating the patient/family on pain management – pharmacological and non-pharmacological
- Have a care plan for educating on the side effects of pain medicine
- Ask every visit, "Are you experiencing difficulty breathing?"
- Have a care plan for educating on dyspnea; s/s and symptom management
- Ask every visit, "Are you experiencing constipation?"
- Have a care plan for constipation to include s/s and management
- Assess for signs of anxiety/sadness every visit. Ask the patient/family if they are experiencing any anxiety/sadness.
- Have a care plan to assess and teach on coping methods.
- Ask the family if they have witnessed the patient being restless/agitated. Have a care plan to teach the family on methods to reduce restlessness/agitation.
- Have a care plan to teach the family safe & gentle positioning/transfers.
- When teaching on an intervention, use specific terms such as "pain, difficulty breathing, constipation, anxiety/sadness, restlessness/agitation, transferring/positioning the patient." Using the exact terms from the questions will help the family remember you provided the assistance with that.
- Use the teach back method for ALL teaching to ensure understanding
- Document to the care plan – POINT OF CARE CHARTING/Timely charting
- Update care plans as appropriate

#### 4. OVERALL RATING OF AGENCY CAHPS QUESTION:

- Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?

What can the hospice team do to improve scores in overall rating of agency CAHPS question?

- ALL OF THE ABOVE!!!

#### 5. RECOMMEND AGENCY CAHPS QUESTION:

- Would you recommend this hospice to your friends and family?
  - Definitely no
  - Probably no
  - Probably yes
  - Definitely yes

What can the hospice team do to improve scores I recommend agency CAHPS question?

- ALL OF THE ABOVE!!!

#### IMPORTANT TIP FOR ALL SURVEY QUESTIONS:

- Do you know who will receive the survey phone call? **The PRIMARY CAREGIVER!!!**
- Clinicians may inform the primary caregiver of the survey but CANNOT tell them the questions or use the exact verbiage in the above questions
  - To find the primary contact in MatrixCare:
    - Patient Chart/Contacts/Personal Contacts

The screenshot shows the MatrixCare interface for a patient named 'Utah, Test295'. The 'CONTACTS' section is active, displaying patient information and a list of personal contacts. The 'Primary Caregiver' row is highlighted with a red box.

MR #	MALE	PRIMARY PHYSICIAN	DNR	PERIOD - LUPA THRESHOLD
9910446	99 yrs 6/14/1923	Test, MDHH, MD	DNR on file, expires 9/12...	PREVIOUS:
ADMITTED	SKILLED OASIS	PHYSICIAN PHONE	PRIMARY DIAGNOSIS	CURRENT: 9/13/2022 - 10/12/2022 (P)
SOC: 9/13/2022	9/13/2022 - 11/11/2022	(801) 581-2121	Unilateral primary osteoa...	NEXT: 10/13/2022 - 11/11/2022 (P)

  

Role	Name	Relationship
Emergency Contact	Bates, Larry	Son
Primary Caregiver	Smith, Cathy	Daughter-In-Law

## PREFERENCES – Section F

The following questions **MUST** be answered on the SOC assessment:  
**NEVER SKIP** these questions!!!!

<b>F2000. CPR Preference</b>	
Enter Code <input type="checkbox"/>	A. Was the patient/responsible party asked about preference regarding the use of cardiopulmonary resuscitation (CPR)? - Select the most accurate response 0. No → Skip to F2100, Other Life-Sustaining Treatment Preferences 1. Yes, and discussion occurred 2. Yes, but the patient/responsible party refused to discuss  B. Date the patient/responsible party was first asked about preference regarding the use of CPR:  <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>                      Month                 </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>                      Day                 </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/>                      Year                 </div> </div>
<b>F2100. Other Life-Sustaining Treatment Preferences</b>	
Enter Code <input type="checkbox"/>	A. Was the patient/responsible party asked about preferences regarding life-sustaining treatments other than CPR? - Select the most accurate response 0. No → Skip to F2200, Hospitalization Preference 1. Yes, and discussion occurred 2. Yes, but the patient/responsible party refused to discuss  B. Date the patient/responsible party was first asked about preferences regarding life-sustaining treatments other than CPR:  <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>                      Month                 </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>                      Day                 </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/>                      Year                 </div> </div>
<b>F2200. Hospitalization Preference</b>	
Enter Code <input type="checkbox"/>	A. Was the patient/responsible party asked about preference regarding hospitalization? - Select the most accurate response 0. No → Skip to F3000, Spiritual/Existential Concerns 1. Yes, and discussion occurred 2. Yes, but the patient/responsible party refused to discuss  B. Date the patient/responsible party was first asked about preference regarding hospitalization:  <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>                      Month                 </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>                      Day                 </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/>                      Year                 </div> </div>
<b>F3000. Spiritual/Existential Concerns</b>	
Enter Code <input type="checkbox"/>	A. Was the patient and/or caregiver asked about spiritual/existential concerns? - Select the most accurate response 0. No → Skip to I0010, Principal Diagnosis 1. Yes, and discussion occurred 2. Yes, but the patient and/or caregiver refused to discuss  B. Date the patient and/or caregiver was first asked about spiritual/existential concerns:  <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>                      Month                 </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>                      Day                 </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/>                      Year                 </div> </div>

**F2000 A** should **ALWAYS** be marked **YES**. If F2000 A CPR indicates some concerns, **are there appropriate care plans?**

**F2100 A** should **ALWAYS** be marked **YES**. F2100 A life-sustaining treatments indicates some concerns, **are there appropriate care plans?**

**F2200** should **ALWAYS** be marked **YES**. The clinician must ask the patient if their condition changes – do you want to be taken to the hospital for care??

**F3000A** should **ALWAYS** be marked **YES**. If F3000 A indicates some concerns, **are there appropriate care plans to address these concerns?**



## HEALTH CONDITIONS – Section J PAIN

The following questions **MUST** be answered on the SOC assessment:  
**NEVER SKIP** these questions!!!

Pain	
J0900. Pain Screening	
Enter Code <input type="checkbox"/>	<b>A. Was the patient screened for pain?</b> 0. No → Skip to J0905, Pain Active Problem 1. Yes
	<b>B. Date of first screening for pain:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px; margin-top: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
Enter Code <input type="checkbox"/>	<b>C. The patient's pain severity was:</b> 0. None 1. Mild 2. Moderate 3. Severe 9. Pain not rated
Enter Code <input type="checkbox"/>	<b>D. Type of standardized pain tool used:</b> 1. Numeric 2. Verbal descriptor 3. Patient visual 4. Staff observation 9. No standardized tool used
J0905. Pain Active Problem	
Enter Code <input type="checkbox"/>	<b>Is pain an active problem for the patient?</b> 0. No → Skip to J2030, Screening for Shortness of Breath 1. Yes
J0910. Comprehensive Pain Assessment	
Enter Code <input type="checkbox"/>	<b>A. Was a comprehensive pain assessment done?</b> 0. No → Skip to J2030, Screening for Shortness of Breath 1. Yes
	<b>B. Date of comprehensive pain assessment:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px; margin-top: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
	<b>C. Comprehensive pain assessment included:</b>
↓ Check all that apply	
<input type="checkbox"/>	1. Location
<input type="checkbox"/>	2. Severity
<input type="checkbox"/>	3. Character
<input type="checkbox"/>	4. Duration
<input type="checkbox"/>	5. Frequency
<input type="checkbox"/>	6. What relieves/worsens pain
<input type="checkbox"/>	7. Effect on function or quality of life
<input type="checkbox"/>	9. None of the above

**J0900 A** "Was the patient screened for pain?" should **ALWAYS** be marked **YES!!!**

**J0905** "Is pain an active problem for the patient?" should **ALWAYS** be marked **YES** **AND** have a care plan to address pain regardless of response to J0900.

**J0910 A** "Was a comprehensive pain assessment done?" should **ALWAYS** be marked **YES** even if at the time of the assessment the patient reports no pain





## HEALTH CONDITIONS – Section J RESPIRATORY STATUS

The following questions **MUST** be answered on the SOC assessment:  
**NEVER SKIP** these questions!!!!

J2030. Screening for Shortness of Breath	
Enter Code <input type="checkbox"/>	<b>A. Was the patient screened for shortness of breath?</b> 0. No → Skip to N0500, Scheduled Opioid 1. Yes
	<b>B. Date of first screening for shortness of breath:</b> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="text"/><input type="text"/> Month</div> <div style="text-align: center;"><input type="text"/><input type="text"/> Day</div> <div style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/> Year</div> </div>
Enter Code <input type="checkbox"/>	<b>C. Did the screening indicate the patient had shortness of breath?</b> 0. No → Skip to N0500, Scheduled Opioid 1. Yes
J2040. Treatment for Shortness of Breath	
Enter Code <input type="checkbox"/>	<b>A. Was treatment for shortness of breath initiated? - Select the most accurate response</b> 0. No → Skip to N0500, Scheduled Opioid 1. No, patient declined treatment → Skip to N0500, Scheduled Opioid 2. Yes
	<b>B. Date treatment for shortness of breath initiated:</b> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="text"/><input type="text"/> Month</div> <div style="text-align: center;"><input type="text"/><input type="text"/> Day</div> <div style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/> Year</div> </div>
	<b>C. Type(s) of treatment for shortness of breath initiated:</b> ↓ Check all that apply
<input type="checkbox"/>	1. Opioids
<input type="checkbox"/>	2. Other medication
<input type="checkbox"/>	3. Oxygen
<input type="checkbox"/>	4. Non-medication

**J2030 A** "Was the patient screened for shortness of breath?" should **ALWAYS** be marked **YES!!!**

**If J2030 C** "Did the screening indicate the patient had shortness of breath?" and/or **J2040 A** "Was treatment for shortness of breath initiated?" are marked **YES** do you have a care plan for dyspnea???

**If J0240 B** "No, patient declined treatment" is selected, do you have documentation as to why the patient declined?



## HEALTH CONDITIONS – Section N MEDICATIONS

The following questions **MUST** be answered on the SOC assessment:  
**NEVER SKIP** these questions!!!

N0500. Scheduled Opioid	
Enter Code <input type="checkbox"/>	A. Was a scheduled opioid initiated or continued? 0. No → Skip to N0510, PRN Opioid 1. Yes
	B. Date scheduled opioid initiated or continued: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>  <small>Month</small> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>  <small>Day</small> </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/>  <small>Year</small> </div> </div>

If **N0500 A** "Was a scheduled opioid initiated or continued?" is marked **YES**, do you have a care plan to address the reason for the opioid??

N0510. PRN Opioid	
Enter Code <input type="checkbox"/>	A. Was a PRN opioid initiated or continued? 0. No → Skip to N0520, Bowel Regimen 1. Yes
	B. Date PRN opioid initiated or continued: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>  <small>Month</small> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>  <small>Day</small> </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/>  <small>Year</small> </div> </div>

If **N0510 A** "Was a PRN opioid initiated or continued?" is marked **YES**, do you have a care plan to address the reason for the opioid??

N0520. Bowel Regimen	
Complete only if N0500A or N0510A = 1	
Enter Code <input type="checkbox"/>	A. Was a bowel regimen initiated or continued? - Select the most accurate response 0. No → Skip to Z0400, Signature(s) of Person(s) Completing the Record 1. No, but there is documentation of why a bowel regimen was not initiated or continued → Skip to Z0400, Signature(s) of Person(s) Completing the Record 2. Yes
	B. Date bowel regimen initiated or continued: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>  <small>Month</small> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/>  <small>Day</small> </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/>  <small>Year</small> </div> </div>

If **N0520A** "Was a bowel regimen initiated or continued?" is marked **YES**, do you have a care plan to address bowel issues with appropriate interventions?  
  
 If **N0520A** is marked response 1 "No, but there is documentation of why a bowel regimen was not initiated or continued", have you documented this reason? Is a bowel care plan warranted, and if so, did you add a bowel care plan?



# WEEKLY TIPS & TRICKS FORMSTACK COMPLAINTS/INCIDENTS/INFECTIONS

The iPad has a FORMSTACK app for documenting on the following forms:

- CCM Enrollment
- Bridge to Hospice
- Referral Form
- On Call Schedule Changes
- **Complaint Report**
- **Incident Report**
- **Infection Report**
- SWCA Patient Referral
- WoundTech Patient Referral



## COMPLAINT:

- **What is a complaint?**

- Any negative comment by a patient, family member, caregiver, physician is a complaint and must be documented in Formstack. Examples: clinician was late to appointment, clinician was not dressed appropriately, clinician was rough with patient etc.
  - **Complaints are NEVER documented in a visit note/patient's chart or discussed with team**
- Complete form and submit **THE DAY OF THE COMPLAINT**. This will send the complaint directly to your DCS

## INCIDENT REPORT: (Patient incidents only)

- **What incidents do you report in Formstack?**

- Any fall **WITH** an injury (witnessed or unwitnessed), medication error, equipment failure etc.
  - Incidents **MUST** also be documented in a visit note
  - Assessment/Safety/Fall Risk/Adverse Events/Safety

- ALL falls with/without injury, witness/unwitnessed are documented in the patient's chart in above section
- Falls should only be documented once! Check the History tab to determine if fall has been previously documented
- **Clinician must notify DCS, team and MD of all incidents (document this in the visit note and incident report)**
- Complete form and submit **THE DAY OF THE INCIDENT**. This will send the incident form directly to your DCS

**INFECTION REPORT:**

- This is for **EMPLOYEE** infections only
- **What type of infections? Examples include:**
  - Upper/lower respiratory
  - Gastrointestinal
  - Covid
  - Shingles
  - Pink eye/conjunctivitis
  - Wound
- Complete form and submit. This will send the infection report directly to your DCS
- Patient infections are entered in the patient's chart/flow sheet/infections

