

**Technical Guide to the
CalQualityCare.org Ratings:**

Hospice

December 2011

**Charlene Harrington, PhD, RN
Janis O'Meara, MPA
University of California San Francisco
Department of Social and Behavioral Sciences
3333 California Street Suite 455
San Francisco, CA 94118**

INTRODUCTION

Since 2002 the California HealthCare Foundation (CHCF) has partnered with the Department of Social and Behavioral Sciences at the University of California, San Francisco (UCSF-SBS) to develop a resource for consumers on long-term care providers throughout the state. CHCF sponsors the project and manages the website www.CalQualityCare.org on which data about long-term care facilities are displayed to improve quality and inform consumer decision-making. The UCSF-SBS team provides the data content for the website, including developing the ratings methods and scoring the facilities. The data are obtained from California and United States federal government sources, as well as from recognized accrediting organizations.

CalQualityCare.org provides “Performance Ratings” on important measures of the quality of long term care provided by nursing homes, home health care agencies, and hospice programs. The goal of these ratings is to provide clear, directional information to consumers about facilities (e.g., individuals in need of long-term care, family members, friends of individuals in need of long-term care, health care professionals needing to find long-term care resources for clients). The provider ratings are based on the most recent data from California and U.S. government sources. The data are updated quarterly with the most current information available.

The methodological foundation used to calculate the CalQualityCare.org provider ratings are based on existing algorithms, such as the procedures used by the Centers for Medicare and Medicaid Services (CMS) used for nursing homes; research literature; and expertise and knowledge in long-term care, research design, and program evaluation. In order to provide a common metric across all facility types rated, CalQualityCare.org has adopted the following five- level rating system CMS uses for nursing homes: Superior, Above Average, Average, Below Average, Poor, or not rated.

The number of ratings presented for each provider type is dependent on the available information. For example, nursing facilities have a significant amount of California state and U.S. government data available and receive performance ratings in four areas: Overall, Quality of Facility, Staffing, and Quality of Care. Intermediate care facilities for the developmentally disabled (ICF/DD) receive performance ratings in three domains: Overall, Quality of Facility, and Staffing. However, Home Health Care agencies have less data available and receive performance ratings in only two areas: Quality of Agency and Quality of Care. Hospice programs have information to provide a performance rating in only a single area: the Quality of Program. The website does not give performance ratings for assisted living, congregate living health facilities, continuing care retirement communities, adult day health care, or adult day care because these providers are subject to different standards that do not allow for collecting similar performance data. As data on these facilities become available, ratings will be developed and assigned to those providers.

OVERVIEW OF HOSPICE RATINGS

As noted above, CalQualityCare.org provides Performance Ratings for hospice programs in a single area: the Quality of Program. The rating is based on the number and type of deficiencies the program receives during routine inspections or from complaint investigations for the most recent survey.

Hospices that participate in the Medicare or Medicaid programs are required to meet minimum federal quality and life safety standards. The California state Licensing and Certification (L&C) program conducts surveys (inspections) of hospices about once every eight years. The surveys evaluate hospice quality based on specific regulations regarding: quality of care, patient rights, administration, and other areas. This information is obtained from the most recent Automated Survey Process Environment (ASPEN) database.

Deficiencies

The number and type of deficiencies a program receives is an indication of the quality of care provided by a program because deficiencies reflect the violations of regulations found by trained inspectors during visits. When a surveyor finds that a standard is not met, the program receives a deficiency. Hospice programs may also receive a deficiency in response to a substantiated complaint. Ideally, after the first certification survey, the state would continue to do routine unannounced surveys at least every eight years to ensure that the hospice is continuing to provide high quality care. Once certification has been established for California hospice programs, follow-up surveys are infrequent and may only be conducted when there have been complaints or to follow-up on condition-level deficiencies.

Deficiencies for violating federal standards fall under two categories: condition-level or standard-level. Each condition of participation represents a performance area that could have a serious impact on the quality of care given to patients if not met. Standards are the specific points that must be met within the conditions of participation.

Condition Level (Condition Not Met)

If a surveyor believes there is a significant problem that “adversely affects or has the potential to adversely affect clients,” the surveyor assigns a condition-level deficiency, which is the most serious kind of deficiency. There are 24 federal conditions for hospice programs. These are the most serious deficiencies and are given for problems that cause harm to clients or have the potential to harm clients. A program is in danger of losing its certification to receive Medicare or Medi-Cal payments if it does not correct this kind of deficiency. The program has either 28 or 90 days to correct the deficiency, depending on its severity.

Standard Level (Standard Not Met)

Standard-level deficiencies are less severe than condition-level deficiencies. Programs that receive several standard-level deficiencies in one area may also receive a condition-level deficiency, indicating that clients have been harmed or could be harmed. If a program receives a standard-level deficiency, the program must submit a plan of correction to correct the problem. The state L&C office does not re-survey the program to

follow-up on standard-level deficiencies, but the program is expected to correct the problem.

Substantiated Complaints

A complaint is a formal grievance against a facility that is filed with the state L&C Program. Complaints about poor care or safety may be filed by patients, family members, local ombudsmen or other individuals.

Serious complaints and incidents should be investigated by the L&C program within a two-day period, but most complaints are investigated within ten days. Some complaints and incidents that are not serious may not be investigated because of limited L&C resources. When complaints are investigated by L&C, they are deemed either substantiated (if the inspector found the claim to be true) or unsubstantiated (if there was no proof to support the complaint). If a complaint is substantiated, a deficiency may be given to the program.

About 77% of hospice programs had no complaints over an eight-year period. Only 8% of programs received two or more complaints. Therefore, the threshold for complaints was set at two or more.

QUALITY OF PROGRAM Rating Methods

The program ratings are based on the total number and type of deficiencies and complaints received over the most recent eight-year period.

Programs with no deficiencies receive a rating of better than average. *Because only deficiencies and complaints were available for the rating and because program surveys are so infrequent, a decision was made not to give any programs a superior rating.*

Any program that has one or more condition-level deficiency receives a rating of poor. Those programs that had standard-level deficiencies were divided into two groups. Hospices with the greatest number of standard level deficiencies receive a rating of below average and those that had fewer standard-level deficiencies were rated as average. If a hospice received two or more complaints, the hospice rating was lowered one level.