

TuftsMedicine
Care at Home

Hospice Item Set (HIS)

July 2023



What is the Hospice Item Set (HIS)?

- HIS is a set of data elements that can be used to calculate 7 quality measures. A pay-for-reporting requirement, which effects the rate of reimbursement we receive from Medicare.
- HIS is required by law as part of the Affordable Care Act for all Medicare-certified Hospice agencies and for All Hospice Admissions.
- It measures a hospice agency's adherence to best practice processes.
- A source of information for regulatory bodies scrutinizing hospices to fine and prevent Medicare fraud and abuse.
- Hospices have been using HIS for all patients since July 1, 2014.



What is the Hospice Item Set (HIS)?

- Two HIS records for each patient must be submitted, one for admission and one for discharge.
- The HIS are reviewed, processed and submitted to CMS, Centers of Medicare & Medicaid Services consistently.
- HIS quality measures as well as CAHPS Hospice Survey results are publicly reported. This influences Hospice star ratings as compared with other hospice providers.
- Star ratings have a direct correlation with the reimbursement percentage rate to hospices from CMS.
- Star ratings and survey results for Hospice agencies are listed on the CMS Hospice Compare website.



Hospice Item Set (HIS)

| HIS Measures | Explanation |
|-----------------------|--|
| Treatment Preferences | CPR Preference Other Life-sustaining Treatment Preferences Hospitalization Preference |
| Belief Value | Spiritual/Existential Concerns |
| Pain Screening | Was the patient screened for pain? The patient's pain severity Type of standardized pain tool used |
| Pain Assessment | Was a comprehensive pain assessment done? Comprehensive pain assessment includes at least 5 of 7 pain assessment elements (location, severity, character, duration, frequency, what relieves/worsens pain, effect on function or quality of life) |
| Dyspnea Screen | Was the patient screened for shortness of breath? |
| Dyspnea Treatment | Was the treatment for shortness of breath initiated? Types of treatment (just check at least one treatment – opioids, other medication, oxygen or non-medication) |
| Opioid Bowel Regimen | Was a scheduled opioid initiated or continued? If answer to above no, then was a PRN opioid initiated or continued? Was a bowel regimen initiated or continued? |



Hospice Item Set (HIS) Pain Assessment Requirements

One of the 7 HIS measures is “Pain Assessment.”

The pain assessment must include at least 5 of the 7 pain assessment elements. The 7 pain assessment elements are:

1. Location
2. Severity
3. Character
4. Duration
5. Frequency
6. What relieves/worsens pain
7. Effect on function or quality of life

The following slides shows you the fields in the electronic medical record where you **must** enter the pain assessment in the SOC visit in order to meet the HIS measures required by CMS.



Complete the HIS within the Admission Visit

Remote Client - Classroom 1 - JAM, LYDIA-HSPCFIELD

Tasks Actions Help

ZzTRNHSP... 96 y.o. (10/18/1926) ... Episode Election Date Primary... Patient Fy/s Infection Episode Type Code Status Benefit Period Team Assignm...
MRN: 268907 Lastn... 7/26/2023 Chro... Negative Hospice Assume Full 10/23/2023
SN Hospice Admission (7/28/2023) - Hospice Admission Jam, Lydia-Hspcfield, RN Restore

My Patients
Schedule
In Basket
Admin
Address Book
Reports
Past Visits
Chart Review
Flowsheets
Contact
Medications
Allergies
DME
Hospice Info
Care Plan
Plan of Care
Orders
Notes

Add/Remove Forms
Palliative Performance Scale
Palliative Performance Scale
Hospice Eligibility Criteria
Hospice Eligibility Criteria
Med Management
Med Management
Opioid Risk Tool
Medication Administration
Hospice Item Set
Hospice Admission
Non-Covered Requests
Section A: Administrative Information
Section F: Preferences
Section I: Active Diagnoses
Section J: Health Condition (Pain)
Section J: Health Conditions (Dyspnea)
Section N: Medications
Level of Care
Level of Care
Communication
Case Communication
Communication Notes
Notes

Admission Decision
This patient has been admitted in another contact. Please use the original contact to edit admit information.

Admission Details
Initial election date: 7/26/2023
Admission/start of care/effective date: 7/26/2023

Notes

| # | Start | End | Physician | Document | Status |
|---|-----------|------------|--|-------------------|--|
| 1 | 7/26/2023 | 10/23/2023 | Hospice, Medical Director, MD (provider name unavailable) | CTI Verbal CTI | Not signed Received on 7/26/2023 |
| | | | Hospice, Medical Director, MD | Verbal CTI | Received on 7/26/2023 |

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0 New Messages Specialty Comments Connected 7/28/2023 2:43 PM



HIS Section F: Preferences

ZzTRNHSP... 96 y.o. (10/18/1926) ... Episode Election Date Primary... Patient FYIs Infection Episode Type Code Status Benefit Period Team Assignm...
MRN: 268907 Lastn... 7/26/2023 Chro... Negative Hospice Assume Full 10/23/2023
SN Hospice Admission (7/28/2023) - Section F: Preferences Jam, Lydia-Hspcfield, RN Restore

Add/Remove Forms

- Palliative Performance Scale
- Hospice Eligibility Criteria
- Med Management
- Hospice Item Set
- Section A: Administrative Information
- Section F: Preferences**
- Section I: Active Diagnoses
- Section J: Health Condition (Pain)
- Section J: Health Conditions (Dyspnea)
- Section N: Medications
- Level of Care
- Communication
- Notes

(F2000A) CPR Preference

Was the patient/responsible party asked about preference regarding the use of cardiopulmonary resuscitation (CPR)? **Select the most accurate response.**

0 - No

1 - Yes, and discussion occurred

2 - Yes, but the patient/responsible party refused to discuss

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(F2000B) CPR Preference - Date

Date the patient/responsible party was first asked about preferences regarding the use of cardiopulmonary resuscitation (CPR):

7/28/2023

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(F2100A) Other Life-Sustaining Treatment Preferences

Was the patient/responsible party asked about preferences regarding life-sustaining treatments other than CPR? **Select the most accurate response.**

0 - No

1 - Yes, and discussion occurred

2 - Yes, but the patient/responsible party refused to discuss

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Slide 7

CHO

These questions should be part of admission assessment and are a Medicare Requirement.

Date should not be prior to the admission date.

Answer yes if reviewed with patient, if they are asked and state the no to wanting you will still answer yes as this discussion did occur.

Clarke, Heather, 2023-07-28T18:52:22.337



HIS Section F: Preferences

ZzTRNHSP... 96 y.o. (10/18/1926) ... Episode Election Date Primary... Patient FYIs Infection Episode Type Code Status Benefit Period Team Assignm...
MRN: 268907 Lastn... 7/26/2023 Chro... Negative Hospice Assume Full 10/23/2023

SN Hospice Admission (7/28/2023) - Section F: Preferences Jam, Lydia-Hspcfield, RN Restore

Add/Remove Forms

- Palliative Performance Scale
- Hospice Eligibility Criteria
- Med Management
- Hospice Item Set
- Section F: Preferences
- Section I: Active Diagnoses
- Section J: Health Condition (Pain)
- Section J: Health Conditions (Dyspnea)
- Section N: Medications
- Level of Care
- Communication
- Notes

(F2200A) Hospitalization Preference

✓ Was the patient/responsible party asked about preference regarding hospitalization?
1 - Yes, and discussion occurred

(F2200B) Hospitalization Preference - Date

✓ Date the patient/responsible party was first asked about preference regarding hospitalization:
7/28/2023

(F3000A) Spiritual/Existential Concerns

✓ Was the patient and/or caregiver asked about spiritual/existential concerns? **Select the most accurate response.**

0 - No
 1 - Yes, and discussion occurred
 2 - Yes, but patient/responsible party refused to discuss

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(F3000B) Spiritual/Existential Concerns - Date

✓ Date the patient and/or caregiver was first asked about spiritual/existential concerns:
7/28/2023

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HIS Section J: Health Condition (Pain)

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- Add/Remove Forms
- Palliative Performance Scale**
 - Palliative Performance Scale
- Hospice Eligibility Criteria**
 - Hospice Eligibility Criteria
- Med Management**
 - Med Management
 - Opioid Risk Tool
 - Medication Administration
- Hospice Item Set**
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- Section F: Preferences
- ⚠ Section I: Active Diagnoses
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- Section J: Health Conditions (Dyspnea)
- Section N: Medications
- Level of Care**
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- Communication**
 - Case Communication
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- Notes

(J0900A) Pain Screening

✓ Was the patient screened for pain?

0 - No

1 - Yes

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(J0900B) Pain Screening - Date Screened

✓ Date of first screening for pain:

7/28/2023

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(J0900C) Pain Screening - Severity

✓ The patient's pain severity was:

0 - None

1 - Mild

2 - Moderate

3 - Severe

9 - Pain not rated

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HIS Section J: Health Condition (Pain)

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[Add/Remove Forms](#)

- Palliative Performance Scale**
 - Palliative Performance Scale
- Hospice Eligibility Criteria**
 - Hospice Eligibility Criteria
- Med Management**
 - Med Management
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(J0900D) Pain Screening - Type of Tool

✓ Type of standardized pain tool used:

- 1 - Numeric
- 2 - Verbal descriptor
- 3 - Patient visual
- 4 - Staff observation
- 9 - No standardized tool used

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(J0905) Pain Active Problem

✓ Is pain an active problem for the patient?

- 0 - No
- 1 - Yes

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(J0910A) Comprehensive Pain Assessment

✓ Was a comprehensive pain assessment done?

- 0 - No
- 1 - Yes

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Slide 10

CHO

Pain screening is a regulatory requirement and must be completed.

Please note this is not the pain assessment but a reporting tool.

The answers here must match and be supported by your documentation under the pain assessment section of the head-to-toe assessment.

If patient has no pain, an assessment is still required.

Answer yes completed, and no to presence of pain, followed by the type of tool.

Please DO NOT select option 9-No standardized tool.

If asked patient: select verbal, if asking "on a scale of 1-10..." select numeric. Staff observation is used for non-verbal patients and when used CNPI, FLACC, or PAINAD pain scales under pain assessment section of the Head-to-toe assessment. Patient visual is when patient uses the Faces scale or similar - it is their visual of a pain scale and not the assessing clinician viewing the patient (that would be staff observation).

Clarke, Heather, 2023-07-28T19:10:31.270



HIS Section J: Health Condition (Pain)

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Add/Remove Forms

- Psychosocial - Caregiver
- Spiritual
- Military History
- Living Arrangements
- Financial
- Funeral Arrangements

MAHC-10

- MAHC-10 Fall Risk Assessment

Vitals

- Vitals
- Pain Assessment
- Nonverbal Pain Indicators (CNPI)
- Wong-Baker FACES Pain Scale
- rFLACC Pain Assessment
- Pain Assessment in Advanced Dementia Scale (PAINAD)

ADL/IADL

- Activities of Daily Living
- Musculoskeletal

Hospice Aide Frequency Tool

- Aide Frequency Tool

Palliative Performance Scale

- Palliative Performance Scale

Hospice Eligibility Criteria

(J0910A) Comprehensive Pain Assessment

Was a comprehensive pain assessment done?

0 - No

1 - Yes

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(J0910B) Comprehensive Pain Assessment - Date

Date of comprehensive pain assessment:

7/28/2023

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(J0910C) Comprehensive Pain Assessment - Included

Comprehensive pain assessment included: **Check all that apply:**

- 1 - Location
- 2 - Severity
- 3 - Character
- 4 - Duration
- 5 - Frequency
- 6 - What relieves/worsens pain
- 7 - Effect on function or quality of life
- 9 - None of the Above

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Slide 11

- CHO** Comprehensive pain assessment is required if: patient has pain, or if no pain at moment and is an active problem.
This is where the characteristics and pain attributes from the pain assessment are listed and at least 5 of 7 are required in order to be considered a "COMPLETE" pain assessment under CMS guidelines for Public reporting as discussed in earlier slides.
If you have less or answer 9 - None of the above it is considered the same as not doing a pain assessment and reflects negatively on the hospice agency in public reporting.

Clarke, Heather, 2023-07-28T19:25:17.886



Pain Assessment in Vitals section supports the HIS Pain answers

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Add/Remove Forms

- Spiritual
- Military History
- Living Arrangements
- Financial
- Funeral Arrangements
- MAHC-10**
- MAHC-10 Fall Risk Assessment
- Vitals**
- Vitals
- Pain Assessment**
- Nonverbal Pain Indicators (CNPI)
- Wong-Baker FACES Pain Scale
- rFLACC Pain Assessment
- Pain Assessment in Advanced Dementia Scale (PAINAD)
- ADL/IADL**
- Activities of Daily Living
- Musculoskeletal
- Hospice Aide Frequency Tool**
- Aide Frequency Tool
- Palliative Performance Scale**
- Palliative Performance Scale
- Hospice Eligibility Criteria**
- Hospice Eligibility Criteria
- Med Management**

Pain Status

Patient has pain yes no unable to communicate

Pain reported by patient caregiver family direct observation

Pain Details [Show SmartGrid Key](#)

| Location | Severity | Character | Frequency | Duration | Exacerbating factors | Relieving factors |
|-----------|----------|-----------|---------------|-------------|----------------------|-------------------|
| right hip | 0/10 | stabbing | with activity | when moving | turning,adl's | rest, medication |
| | | | | | | |

Highest pain past 24 hours 0/10 1/10 2/10 3/10 4/10 5/10 6/10 7/10 8/10 9/10 10/10

Lowest pain past 24 hours 0/10 1/10 2/10 3/10 4/10 5/10 6/10 7/10 8/10 9/10 10/10

Pain goal 0/10 1/10 2/10 3/10 4/10 5/10 6/10 7/10 8/10 9/10 10/10

Progression of Pain

unchanged resolved gradually improving rapidly improving gradually worsening rapidly worsening waxing and waning

Associated Symptoms

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HIS Section J: Health Condition (Dyspnea)

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- [Aide Frequency Tool](#)
- [Palliative Performance Scale](#)**
 - [Palliative Performance Scale](#)
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- [Med Management](#)**
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(J2030A) Shortness of Breath

✓ Was the patient screened for shortness of breath?
1 - Yes

(J2030B) Shortness of Breath - Date

✓ Date of first screening for shortness of breath:
7/28/2023

(J2030C) Shortness of Breath - Indication ↺ ?

✓ Did the screening indicate the patient had shortness of breath?

0 - No
 1 - Yes

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(J2040A) Treatment for Shortness of Breath (Skipped) _____

(J2040B) Treatment for Shortness of Breath - Date (Skipped) _____

(J2040C) Treatment for Shortness of Breath - Types (Skipped)

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Slide 13

CHO Dyspnea Screening is another HIS/Medicare regulatory requirement.
Answer yes to screening as this is part of assessing the patient with the Head to toe assessment.

If Pt has No Shortness of Breath/Dyspnea, then you answer yes screened and no to patient having.

As a reminder this is the date you are assessing (you may enter "T" for today and enter in the date field for "today's date."

If no to dyspnea, a skip pattern will display as shown here, as these questions only need to be answered in the presence of dyspnea.

Clarke, Heather, 2023-07-28T19:29:18.757



HIS Section J: Health Condition (Dyspnea)

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[Add/Remove Forms](#)

- [Aide Frequency Tool](#)
- Palliative Performance Scale**
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(J2040A) Treatment for Shortness of Breath

Was treatment for shortness of breath initiated? Select the most accurate response.

0 - No

1 - No, patient declined treatment.

2 - Yes

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(J2040B) Treatment for Shortness of Breath - Date

Date treatment for shortness of breath initiated:

7/28/2023

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(J2040C) Treatment for Shortness of Breath - Types

Type(s) of treatment for shortness of breath initiated: Check all that apply

1 - Opioids

2 - Other medication

3 - Oxygen

4 - Non-medication

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Slide 14

CHO When you answer Yes, patient has Shortness of breath, then these questions appear. Please be sure date treatment initiated is date of assessment even if prior to admission as the system does not recognize this date. This is due to patient being new admission and care began at time you are admitting the patient.

In this slide you will see the various treatment options available, you may select one or all as applicable.

Clarke, Heather, 2023-07-28T19:34:35.344



HIS Section N: Medications

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[Add/Remove Forms](#)

- [Aide Frequency Tool](#)
- Palliative Performance Scale**
 - [Palliative Performance Scale](#)
- Hospice Eligibility Criteria**
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- Med Management**
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(N0510A) PRN Opioid ↺ ?

✓ Was a PRN Opioid initiated or continued?

0 - No

1 - Yes

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(N0510B) PRN Opioid - Date ↺ ?

✓ On what date was the PRN opioid initiated or continued?

7/28/2023

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(N0520A) Bowel Regimen ↺ ?

✓ Was a bowel regimen initiated or continued? **Select the most accurate response.**

0 - No

1 - No, but there is documentation of why a bowel regimen was not initiated or continued

2 - Yes

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(N0520B) Bowel Regimen - Date (Skipped)

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CHO Please note here that this is what patient is currently taking.

If patient is going to be starting on an opioid but is not currently taking then you would answer NO.

Comfort kits are often ordered at admission , teaching is done at subsequent visit but does not always indicate a patient will use upon arrival. Therefore this should be answered NO as in currently taking, rather than what is anticipated in the future.

If patient is on an Opioid they must be on a bowel regiment, even if prn is ordered.

If the answer is 0 or 1, No- then it should be in the narrative note that the Physician was notified and the reasoning patient is not on to support answer 1. (0-would be negatively reflected in public reporting and you could be asked to clarify later on the why as constipation is side-effect of opioids and why this question is in place as a quality measure.

Clarke, Heather, 2023-07-28T19:43:42.021



Summary of Hospice Item Set (HIS)

| HIS Measures | Answer to Meet HIS Measure |
|--|--|
| 1. Treatment Preferences | |
| CPR Preference | Yes, patient was asked about CPR preference |
| Other Life-Sustaining Treatment Preferences | Yes, patient was asked about life-sustaining treatment preference |
| Hospitalization Preference | Yes, patient was asked about hospitalization preference |
| 2. Belief Value | |
| Spiritual/Existential Concerns | Yes, the patient was asked about spiritual/existential concerns |
| 3. Pain Screening | |
| Was the patient screened for pain? | Yes |
| The patient's pain severity | None, Mild, Moderate or Severe |
| Type of standardized pain tool used | Numeric, Verbal, Visual, or Staff observation |
| 4. Pain Assessment | |
| Was a comprehensive pain assessment done? | Yes |
| Comprehensive assessment included (must have at least 5 of 7 pain assessment elements) | Location |
| | Severity |
| | Character |
| | Duration |
| | Frequency |
| | What relieves/worsens pain |
| | Effect on function or quality of life |
| 5. Dyspnea Screen | |
| Was the patient screened for shortness of breath? | Yes |
| 6. Dyspnea Treatment | |
| Was treatment for shortness of breath initiated? | Initiated or declined |
| Types of treatment (must check at least one treatment) | Opioids |
| | Other medication |
| | Oxygen |
| | Non-medication |
| 7. Opioid Bowel Regimen | |
| Was a scheduled opioid initiated or continued? | Yes or no |
| If answer to above no, then was a PRN opioid initiated or continued? | Yes or no |
| Was a bowel regimen initiated or continued? | If yes to either of above questions, then the answer should be yes or no, but there is documentation of why a bowel regimen was not initiated or continued |

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Thank You

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