

Hospice Quality Reporting Program HIS-Admission

SECTIONS F, J, AND N



January 18,
2017 Hilton
Baltimore
Baltimore, MD

Section F

Section F

Preferences

F2000. CPR Preference

Enter Code

- 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:

Month

Day

Year

F2100. Other Life-Sustaining Treatment Preferences

Enter Code

- 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:

Month

Day

Year

continued on page 2

Section F

F2200. Hospitalization Preference

Enter Code

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:

Month

Day

Year

F3000. Spiritual/Existential Concerns

Enter Code

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:

Month

Day

Year

Section J

Section J	Health Conditions
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Pain

J0900. Pain Screening

Enter Code

A. Was the patient screened for pain?

- 0. No → Skip to J0905, Pain Active Problem
- 1. Yes

B. Date of first screening for pain:

Month

Day

Year

Enter Code

C. The patient's pain severity was:

- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 9. Pain not rated

Enter Code

D. Type of standardized pain tool used:

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

J0905. Pain Active Problem

Enter Code

Is pain an active problem for the patient?

- 0. No → Skip to J2030, Screening for Shortness of Breath
- 1. Yes

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Section J (continued)

Section J

Health Conditions

J0910. Comprehensive Pain Assessment

Enter Code

A. Was a comprehensive pain assessment done?

0. No → Skip to J2030, Screening for Shortness of Breath

1. Yes

B. Date of comprehensive pain assessment:

Month

Day

Year

C. 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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Section J (continued)

Section J	Health Conditions
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Respiratory Status

J2030. Screening for Shortness of Breath

Enter Code

A. Was the patient screened for shortness of breath?

0. No → Skip to N0500, Scheduled Opioid

1. Yes

B. Date of first screening for shortness of breath:

Month

Day

Year

Enter Code

C. Did the screening indicate the patient had shortness of breath?

0. No → Skip to N0500, Scheduled Opioid

1. Yes

J2040. Treatment for Shortness of Breath

Enter Code

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

0. No → Skip to N0500, Scheduled Opioid

1. No, patient declined treatment → Skip to N0500, Scheduled Opioid

2. Yes

B. Date treatment for shortness of breath initiated:

Month

Day

Year

C. Type(s) of treatment for shortness of breath initiated:

↓ Check all that apply

1. Opioids

2. Other medication

3. Oxygen

4. Non-medication

Section N

Section N

Medications

N0500. Scheduled Opioid

Enter Code

A. Was a scheduled opioid initiated or continued?

0. No → Skip to N0510, PRN Opioid

1. Yes

B. Date scheduled opioid initiated or continued:

Month

Day

Year

N0510. PRN Opioid

Enter Code

A. Was a PRN opioid initiated or continued?

0. No → Skip to N0520, Bowel Regimen

1. Yes

B. Date PRN opioid initiated or continued:

Month

Day

Year

N0520. Bowel Regimen

Complete only if N0500A or N0510A = 1

Enter Code

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:

Month

Day

Year