Importance of Data Submission

The NHPCO National Data Set provides useful information to hospices for defining strategic goals, setting operational targets, and improving care delivery. In addition, NDS data are critical to state and national leaders’ efforts to support hospice needs for growth and legislative change. Please complete as much of this survey as you can. The more information hospices submit, the better we can meet your needs. Hospices that are not current members of NHPCO can also participate in NDS data submission.

Questions related to the survey, or any other part of the NDS data collection process, should be sent via email to NDS@nhpco.org

DIRECTIONS:
Print a paper copy of this survey for use as a worksheet for compiling your data. After completing the worksheet, submit your responses online through the NHPCO DART system. Access the NDS Web page at www.nhpco.org/NDS and click on the link for DART. Non-members should send an email to NDS@nhpco.org to request instructions on how to submit data.

Submission Deadline is June 1, 2017

Questions or instructions that are new or modified for 2016 data collection are marked with a ▲

SECTION A: IDENTIFICATION AND CONTACT INFORMATION

HOSPICE PROFILE
A1. NHPCO DART ID * __________________________
A2. Hospice Full Name ____________________________________________
A3. Address __________________________________________________________
A4. City ___________________________
A5. State _______
A6. Zip ___________

* The DART ID (formally known as the Provider ID) is the identification number assigned to your hospice. It is the same ID used to access the DART system.
CONTACT PERSON
A7. First Name ______________________________________________________
A8. Last Name ______________________________________________________
A9. Phone __________________________________________________________
A10. Email __________________________________________________________

SECTION B: PROGRAM DEMOGRAPHICS

B1. AGENCY TYPE
Select one, based on Medicare filing status
☐ Free Standing ☐ Hospital Based ☐ Home Health Based ☐ Nursing Home Based

B2. OWNERSHIP
Select one
☐ Hospice corporate chain ☐ Managed care/HMO ☐ Integrated healthcare system
☐ Continuing care retirement community ☐ Division of a prison ☐ Independent

B3. TAX STATUS
Select one
☐ Voluntary (not for profit) ☐ Proprietary (for profit) ☐ Government

B4. GEOGRAPHIC AREA SERVED
Select one
☐ Primarily Urban ☐ Primarily Rural ☐ Mixed Urban and Rural

B5. MULTIPLE LOCATIONS
a. Does your agency have multiple locations? ☐ Yes ☐ No

b. If Yes, how many are reported together in this survey (including headquarters)? _______

B6. MEDICARE CERTIFICATION
a. Is your hospice Medicare Certified? ☐ Yes ☐ No
b. List your National Provider Identifier(s) (NPI) ________________________________

c. List your Medicare Provider Number(s) (CCN) ________________________________

B7. MEMBERSHIPS
Is your hospice a member of:

a. NHPCO ☐ Yes ☐ No

b. NAHC ☐ Yes ☐ No

c. State Hospice Association ☐ Yes ☐ No

d. State Home Care Association ☐ Yes ☐ No
B8. ACCREDITATION STATUS *(Do NOT include Medicaid certification)*
Select all that apply

☐ ACHC  ☐ CHAP  ☐ NIJH  ☐ Joint Commission  ☐ Not Accredited

**DIRECTIONS:** If submitting data based on a fiscal year, use the most recent full fiscal year as the timeframe.
For either calendar year or fiscal year as the timeframe, submission of a full year of data is preferred, but submission of a partial year is acceptable if a full year of data is not available.

B9. TIMEFRAME FOR SUBMITTED DATA

☐ 2016 Fiscal Year – full year  ☐ 2016 Fiscal Year – partial year
☐ 2016 Calendar Year – full year  ☐ 2016 Calendar Year – partial year

**SECTION C: PATIENT VOLUME (CENSUS)**

C1. PATIENTS SERVED

**DIRECTIONS:** Provide the totals for 2016 for each category in the following table.
Include all patients in inpatient or residential facilities in totals.
For patients cared for by another hospice before admission to your hospice: Include only information related to the patients’ stay with your hospice. Do not include information related to prior admissions and patient days for any hospice other than your own.

<table>
<thead>
<tr>
<th>Category</th>
<th>Agency Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total Patient Days in 2016</td>
<td></td>
</tr>
<tr>
<td>b. Total New Admissions</td>
<td></td>
</tr>
<tr>
<td>Patients who were admitted to your hospice program for the first time during 2016. Include only the first admission for each patient.</td>
<td></td>
</tr>
<tr>
<td>c. Re-Admissions from Prior Years</td>
<td></td>
</tr>
<tr>
<td>Patients admitted for the first time to your hospice program and discharged any time prior to 2016, and re-admitted in 2016.</td>
<td></td>
</tr>
<tr>
<td>d. Re-Admissions from 2016</td>
<td></td>
</tr>
<tr>
<td>Patients who received services from your hospice program in 2016, were discharged, and were readmitted in 2016. Include every re-admission that occurred during 2016, no matter how many times a patient may have been discharged and readmitted.</td>
<td></td>
</tr>
<tr>
<td>e. Total Carry-overs</td>
<td></td>
</tr>
<tr>
<td>Patients who were part of your hospice program’s census on the last day of the calendar/fiscal year 2015 and continued to receive uninterrupted services at the start of calendar/fiscal year 2016.</td>
<td></td>
</tr>
<tr>
<td>f. Total Deaths in 2016</td>
<td></td>
</tr>
<tr>
<td>Include all patients who died in 2016, regardless of date of admission.</td>
<td></td>
</tr>
<tr>
<td>g. Total Non-death Discharges in 2016</td>
<td></td>
</tr>
<tr>
<td>Count each discharge for patients who were discharged more than one time.</td>
<td></td>
</tr>
</tbody>
</table>
h. Transfers and Non-Death Discharges by Category

Provide the number of non-death discharges in 2016 for each of the categories listed. Count each discharge for patients who were discharged more than one time. Include all patients in inpatient or residential facilities in totals.

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients Discharged by Hospice</strong></td>
<td></td>
</tr>
<tr>
<td>Include patients who were not recertified because they were no longer terminally ill (prognosis extended); patients who moved out of service area and were not transferred to another hospice; and patients discharged for cause. Do NOT include patients who were discharged due to untimely Face-to-Face and readmitted if there was no interruption in provision of care.</td>
<td></td>
</tr>
<tr>
<td><strong>Patients Who Withdrew From Hospice Care</strong></td>
<td></td>
</tr>
<tr>
<td>Include patients who revoked the Medicare hospice benefit; desired treatment inconsistent with hospice plan of care; and patients who refused service</td>
<td></td>
</tr>
<tr>
<td><strong>Patients Who Were Transferred to Another Hospice</strong></td>
<td></td>
</tr>
<tr>
<td>Include patients who were transferred to another hospice without interruption of their Medicare hospice benefit (CMS claim codes 50 or 51).</td>
<td></td>
</tr>
</tbody>
</table>

C2. REFERRALS

**DIRECTIONS:**
A referral is defined by one or more of the following:
(1) a request for assessment for possible admission to hospice from a physician, case manager, discharge planner, health care organization staff person, or
(2) equivalent contact by a patient, or family or friend of a patient, that identifies a specific patient who may need hospice care.

This definition of a referral is intentionally broad and is intended to capture all calls and contacts that identify a potential hospice patient.

**NOTE:** For various reasons, hospices usually do not admit all patients who are referred for care. Therefore, the number of referrals is rarely the same as the number of admissions. A value entered for number of referrals that is the same as the value entered for new admissions will be excluded from the data analysis.

a. Total number of referrals received in 2016

b. Referral Sources Provide the number of referrals from the following sources:

<table>
<thead>
<tr>
<th>Community-based Physician or Practice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(For example: community-based oncology group practice)</td>
<td></td>
</tr>
<tr>
<td><strong>Acute Care Facility</strong></td>
<td></td>
</tr>
<tr>
<td>(For example: hospital unit)</td>
<td></td>
</tr>
<tr>
<td><strong>Long Term Care facility</strong></td>
<td></td>
</tr>
<tr>
<td>(For example: nursing homes and residences)</td>
<td></td>
</tr>
<tr>
<td><strong>Home Health Agency</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulatory Care Facility</strong></td>
<td></td>
</tr>
<tr>
<td>(For example: hospital based clinics; dialysis centers)</td>
<td></td>
</tr>
<tr>
<td><strong>Self/Family/Friend</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other (For example: adult day care, another hospice)</strong></td>
<td></td>
</tr>
</tbody>
</table>
C3. LENGTH OF SERVICE

DIRECTIONS:
- Include all patients in inpatient or residential facilities in totals.
- Review the definitions and calculation examples carefully before completing questions a - c.
- Count multiple admissions and discharges for the same patient as discrete events.

EXAMPLE: A patient is discharged after 30 days, is readmitted and dies after 5 days. This patient is counted as 2 separate admissions and 2 discharges.

a. AVERAGE LENGTH OF SERVICE (ALOS)

CALCULATION INSTRUCTIONS:
Divide the total days of care for patients discharged in 2016 by the total number of patients discharged in 2016.

EXAMPLE: 100 patients died or were discharged in 2016. Their total patient days from admission to discharge were 4200. ALOS = 4200/100 = 42 days.

Detailed instructions for calculating ALOS in Excel (or other spreadsheet software) are available on the NDS page of the NHPCO Web site (www.nhpco.org/NDS).

Average Length of Service (ALOS) ________________ days

b. LENGTH OF SERVICE BY CATEGORY

DIRECTIONS:
- Provide the total number of patients who died or were discharged in 2016 using the following categories.
- Include each episode of care for patients who were discharged more than one time in 2016.
- Include all patients in inpatient or residential facilities in totals.

<table>
<thead>
<tr>
<th>LOS Category</th>
<th>2016 Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 7 days*</td>
<td></td>
</tr>
<tr>
<td>8 to 14 days</td>
<td></td>
</tr>
<tr>
<td>15 to 29 days</td>
<td></td>
</tr>
<tr>
<td>30 to 59 days</td>
<td></td>
</tr>
<tr>
<td>60 to 89 days</td>
<td></td>
</tr>
<tr>
<td>90 to 179 days</td>
<td></td>
</tr>
<tr>
<td>180 days or more*</td>
<td></td>
</tr>
</tbody>
</table>

* The 1-7 days LOS category and 180 days or more LOS category are of particular interest. Please complete these two categories even if you are not able to provide data for the other LOS categories.
c. MEDIAN LENGTH OF SERVICE (MLOS)

Definition: The median length of service is the midpoint (50th percentile). Half of the patients will have a length of service longer than the median and half of the patients will have a length of service shorter than the median.

CALCULATION INSTRUCTIONS:
(1) Arrange the LOS numbers for all patients discharged in 2016 (same population as for ALOS) from lowest to highest (1, 2, 3...).
(2) Find the number that falls in the exact middle of the list; that score is the MLOS.

EXAMPLE 1 - Even number of patients:
You have six patients that stayed the following number of days: 11, 2, 9, 5, 8, 4. Arrange the LOS scores from lowest to highest: 2, 4, 5, 8, 9, 11. The median will fall between the third and fourth number - in this case, 5 and 8. Add 5+8 and divide by 2. (5+8)/2 = 6.5. Therefore, 6.5 is your MLOS.

EXAMPLE 2 - Odd number of patients:
You have five patients with the following number of days 8, 22, 3, 10, 7. Arrange the LOS scores from lowest to highest (3, 7, 8, 10, 22). The MLOS is in the middle - 8 days.

Detailed instructions for calculating MLOS in Excel (or other spreadsheet software) are available on the NDS page of the NHPCO Web site (www.nhpco.org/NDS).

Median Length of Service (MLOS) ________________ days

C.4 HOSPITALIZATIONS

DIRECTIONS: Provide the following information for patients enrolled in hospice at the time of hospitalization.

DEFINITION: A hospitalization is defined as receipt of medical care in a hospital, including care provided in the ER, for any reason other than for general inpatient care (GIP).

Count visits to the hospital in all of the following situations:
- patient received care in the Emergency Room and was subsequently admitted to the hospital
- patient received care only in the Emergency Room and was NOT admitted to the hospital
- hospitalization was related to patient’s terminal diagnosis
- hospitalization was NOT related to patient’s terminal diagnosis
- hospitalization was arranged or authorized by the hospice and was NOT for GIP level of care
- hospitalization was NOT arranged or authorized by the hospice
- hospitalization resulted in discontinuation of hospice care (discharge or revocation)
- hospitalization did NOT result in discontinuation of hospice care

Do NOT include:
- admissions to the hospital for provision of care at the General Inpatient level of care (GIP)
- hospitalizations that occurred prior to admission to hospice services

a. Number of unduplicated patients who were hospitalized in 2016 ________________

b. Total number of hospitalizations in 2016 ________________
SECTION D. PATIENT DEMOGRAPHICS

DIRECTIONS: In answering survey questions in Section D
- Include all patients in inpatient or residential facilities in totals, unless the question clearly requests separate information for home hospice care and inpatient/residential programs.
- Include only patients who were admitted in 2016 (see calculation instructions below)
- Report the number (NOT %) of patients admitted during 2016 for each category in this section.
- If your hospice did not admit patients in one or more of the age categories, enter 0 in the appropriate space.

CALCULATION INSTRUCTIONS:
Include patients admitted for the first time in 2016. Count each patient only one time. This means patients who were admitted multiple times in 2016 are counted only once. Do not include patients carried over from 2015.

D1. AGE
Enter the number of patients who fall in the following categories. Use patient’s age on the first day of admission in 2016.

a. 0-20 ________
   <1 ________
   1-12 ________
   13-18 ________
   19-20 ________

b. 21-34 ________

c. 35-64 ________

d. 65-74 ________

e. 75-84 ________

f. 85+ ________

D2. GENDER

a. Female ________

b. Male ________

D3. ETHNICITY
All patients should be categorized as Hispanic or non-Hispanic, regardless of race and further categorized by Race in D4 below. This approach conforms to the methods used by the U.S. Census bureau.

a. Hispanic, Latino, or Spanish origin ________

b. Non-Hispanic ________

c. Total (should equal Question D4.g, Race total) ________

D4. RACE

a. American Indian or Alaskan Native ________

b. Black or African American ________

c. Asian ________

d. Hawaiian or Other Pacific Islander ________

e. White ________

f. Some other race or races ________

g. Total (should equal Question D3.c, Ethnicity total) ________
D5. VETERANS
Definition: A Veteran is anyone who served in the armed forces. It is not necessary for a patient to receive hospice services through Veterans benefits to be counted as a Veteran.

Patients admitted in 2016 who were Veterans ____________
If your hospice did not admit any Veterans in 2016 enter 0.

D6. NUMBER OF ADMISSIONS AND DEATHS BY LOCATION

DIRECTIONS: Report the number of new admissions and deaths in each location during 2016. For admissions, use location on the first day of care.

CALCULATION INSTRUCTIONS:
- **New Admissions:** Only include patients admitted to your hospice program for the first time in 2016. Count each patient only one time. This means patients who were admitted multiple times in 2016 are counted only once. Do not include patients carried over from 2015. Do not include patients who were admitted to your hospice program prior to 2016, discharged, and re-admitted in 2016.
- **Deaths:** Include all patients who died in 2016, regardless of date of admission.

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of New Admissions</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home</strong> (Q5001) Private residence of either the patient or the caregiver.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Facility</strong> (Q5003 and Q5004) A licensed facility providing nursing and supportive services (may be either a Skilled Nursing Facility or a Long Term Care Facility).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospice Unit</strong> (Q5006) An inpatient unit (one or more beds) operated by a hospice, and located in a facility operated by another entity (includes hospital, nursing home, and other).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital</strong> (Q5005) An acute care facility not operated by the hospice (may be a floating or scattered bed contract).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Free Standing Hospice Inpatient Facility or Residence</strong> (Q5010) An inpatient facility and/or residence operated entirely by a hospice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Residential Care Setting</strong> (Q5002) A residential care facility that is not run by the hospice (assisted living, boarding home, rest home, shelter, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D7. NUMBER OF PATIENTS BY DIAGNOSIS

DIRECTICTIONS: Please provide data for 2016 regardless of payment source. Data provided should be based only on patient principle diagnosis. The explanations provided in the table are not comprehensive and should be used only as a general guide.

CALCULATION INSTRUCTIONS:
Use the following definitions for the categories in the table.

- **New Admissions:** Only include patients admitted to your hospice program for the first time in 2016. Count each patient only one time. This means patients who were admitted multiple times in 2016 are counted only once. Do not include patients carried over from 2015. Do not include patients who were admitted to your hospice program prior to 2016, discharged, and re-admitted in 2016.
- **Deaths:** Include all patients who died in 2016, regardless of date of admission.
- **Live Discharges:** Include all live discharges that occurred in 2016, regardless of when the admission occurred. Count each discharge for those patients who were discharged and re-admitted to your hospice program one or more times in 2016.
- **Patient Days:** Include the total number of days services were provided by your hospice for all patients who died or were discharged in 2016. Count all days of service for each patient, including days in previous years. For patients who had multiple episodes of care, count all days in each episode.

<table>
<thead>
<tr>
<th>Principle Diagnosis</th>
<th>Number of New Admissions</th>
<th>Number of Deaths</th>
<th>Number of Live Discharges</th>
<th>Patient Days For Patients Who Died or Were Discharged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include all cancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All heart disease including CHF &amp; primary sclerotic heart disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include Alzheimer’s, vascular dementia, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD (emphysema) and other non-cancer lung diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End stage renal disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cirrhosis, advanced hepatitis, and other non-cancer liver disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All AIDS and HIV related conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke/Coma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Motor Neuron Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include Parkinson’s, Huntington’s, MS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION E. PROCESSES OF CARE

E1. VOLUNTEERS

DIRECTIONS:
Do not include volunteer medical director hours when entering responses in this section. Medical director's volunteer hours should be entered in Section F: Productivity and Cost of Care.

CALCULATION INSTRUCTIONS:
- **Number of Volunteers:**
  The number of volunteers should be an unduplicated count, with no individuals included in more than one category, even if they engaged in more than one type of volunteer service.

  Some volunteers participate in multiple types of activities, such as spending time with patients and assisting with fundraising mailings. If any of the activities performed by a volunteer involved direct contact with patients or families, the volunteer should be counted in the direct care category for the purposes of the NDS, regardless of the proportion of time spent providing direct care.

- **Volunteer Hours:**
  For those volunteers who contributed hours in more than one volunteer service category, provide the number of hours for each category.

  a. **Direct Patient Care Volunteers**
     Direct patient care volunteers are defined as volunteers who provide services through direct contact with patients and families, such as spending time with patients or making calls to patients and families as part of a weekend “tuck-in” program.

     Number of Volunteers
     Number of Volunteer Hours
     Number of Volunteer Visits
     Number of Volunteer Phone Calls

  b. **Clinical Support Volunteers**
     Clinical support volunteers are defined as volunteers who provided services, such as clerical duties, answering phones, or organizing supplies, that support patient care and clinical services.

     Number of Volunteers
     Number of Volunteer Hours

     **NOTE:** Direct Patient Care Volunteer hours and Clinical Support Volunteer hours combined meet the Medicare Condition of Participation (COP) requirement for volunteer time equal to 5% of patient care hours. General Support Volunteer hours do not contribute to the 5% requirement. The number of volunteer hours entered in Question a plus the number of volunteer hours entered in Question b should equal the number of hours documented by your hospice for the volunteer hours COP requirement.

  c. **General Support Volunteers**
     General support volunteers provided services, such as help with fundraising and serving as members of the board of directors, which make an overall contribution to the hospice.

     Number of Volunteers
     Number of Volunteer Hours

  d. **All Hospice Volunteers**
     The total number of All Hospice Volunteers should equal the sum of Direct Patient Care Volunteers, Clinical Support Volunteers, and General Support Volunteers.
Total Number of Volunteer Hours
The total number of All Volunteer Hours should equal the sum of hours of Direct Patient Care Volunteers, Clinical Support Volunteers, and General Support Volunteers

e. Patients Who Received Volunteer Services
Include only those patients who received serves from a direct care volunteer in 2016. Patients who received services from more than one volunteer should be counted only one time.

Total Number of Patients Who Received Volunteer Services _____________

E2. BEREAVEMENT SERVICES

DIRECTIONS:
- Provide the following information for 2016.
- In calculating responses for questions a – d, include all bereavement clients who received services during 2016, both those currently on bereavement rolls and those who were discharged from bereavement services.

<table>
<thead>
<tr>
<th>Category</th>
<th>Hospice Family Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total Number of Contacts by Visit</td>
<td></td>
</tr>
<tr>
<td>Include any face-to-face one-to-one contact with individuals, regardless of setting. Do NOT include support group or camp services.</td>
<td></td>
</tr>
<tr>
<td>b. Total Number of Contacts by Phone Call</td>
<td></td>
</tr>
<tr>
<td>c. Total Number of Mailings to the Bereaved</td>
<td></td>
</tr>
<tr>
<td>d. Total Number of Individuals who Received Bereavement Services</td>
<td></td>
</tr>
<tr>
<td>Include all individuals enrolled for bereavement, including those served through support groups and camps.</td>
<td></td>
</tr>
</tbody>
</table>

e. In 2016 did your hospice provide bereavement services to individuals in the community who were NOT associated with a family member or friend who received hospice services?
Yes___ No___
SECTION F. PRODUCTIVITY

F1. STAFFING

DIRECTIONS:
Do not include inpatient staff when completing Section F. Data for inpatient staff should be entered in Section H.

Complete Tables F1a and F1b using the following definitions and calculation instructions:

Definitions
- **Direct Care:** includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care, as distinct from supervision of other staff or program activities.

- **PRN Employees:** also called “per diem” employees, are called upon to work when necessary without a commitment to work a specific number of hours for your agency. They may be available all of the time or they may be only available for certain days or times. However, they are not the same as part-time employees, even though they may routinely work on the same day or number of hours each week. A part-time employee is expected to work a certain number of hours each week, but there is no expectation for number of hours for a PRN employee.

- **Separation:** a voluntary or involuntary termination of employment.

- **FTE:** One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

CALCULATION INSTRUCTIONS:

- **Total FTE's:** Divide paid hours by 2080. Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried, and contract staff.

- **On-call FTE's:** First, calculate total payments made for on-call nursing staff. Next, calculate the average salary of a full-time nurse providing direct patient care. Then divide the total payments for on-call by the average nursing salary.

- **Separations:** Do not include PRN employees in the calculation of total separations.
### F1a. Staffing by Discipline/Responsibility

Please provide the following staffing information for 2016. **Do not include inpatient staff.**

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Total Employees (on last day of year, no PRN)</th>
<th>Total PRN Employees (average for year if number fluctuates)</th>
<th>Total Separations (all causes, no PRN)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing – Direct Clinical</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include RNs and LPNs. Include on-call and after hours care. <em>Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing – Indirect Clinical</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nurse Practitioner</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include medical social services staff as defined by CMS for the cost report. <em>Do not include chaplains, bereavement staff, or volunteer coordinator.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospice Aides</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physicians – Paid</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include medical directors and other physicians providing direct care to patients and participating in clinical support. <em>Exclude volunteer physicians.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physicians – Volunteer</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chaplains</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Clinical</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists, dietitians, etc. <em>Do not include volunteers</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bereavement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include all paid staff providing bereavement services, including pre-death grief support. <em>Do not include volunteers.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Volunteer Coordinators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Clinical</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include all administrative and general staff (clerical, medical records, IT, human resources, etc.). Also include non-clinical staff who assist with intake, education or other clinical support activities. <em>Do not include volunteers.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### F1b. Home Care Hospice Staffing

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Total Home Hospice FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing – Direct Clinical</strong></td>
<td></td>
</tr>
<tr>
<td>Include RNs and LPNs. Include on-call and after hours care.</td>
<td></td>
</tr>
<tr>
<td>Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing – Indirect Clinical</strong></td>
<td></td>
</tr>
<tr>
<td>Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc.).</td>
<td></td>
</tr>
<tr>
<td><strong>Nurse Practitioners</strong></td>
<td></td>
</tr>
<tr>
<td>Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner (NP)</td>
<td></td>
</tr>
<tr>
<td><strong>Social Services</strong></td>
<td></td>
</tr>
<tr>
<td>Include medical social services staff as defined by CMS for the cost report.</td>
<td></td>
</tr>
<tr>
<td>Do not include chaplains, volunteer coordinators, or bereavement staff.</td>
<td></td>
</tr>
<tr>
<td><strong>Hospice Aides</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Physicians – Paid</strong></td>
<td></td>
</tr>
<tr>
<td>Include medical directors and other physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians.</td>
<td></td>
</tr>
<tr>
<td><strong>Physicians – Volunteer</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Chaplains</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other Clinical</strong></td>
<td></td>
</tr>
<tr>
<td>Include any paid staff in addition to those captured above who provide direct care to patients or families. Include nurse practitioners, therapists, dietitians, etc. Do not include volunteers</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL DIRECT CLINICAL</strong></td>
<td></td>
</tr>
<tr>
<td>Includes all direct care time (see definition of Direct Care on page 12). This is the total of Nursing (Direct clinical), Social Services, Nurse Practitioners, Chaplains, HHA’s, Physicians, and Other Clinical. Do not include bereavement or volunteer coordinator services.</td>
<td></td>
</tr>
<tr>
<td><strong>Bereavement</strong></td>
<td></td>
</tr>
<tr>
<td>Include all paid staff providing bereavement services, including pre-death grief support. Do not include volunteers.</td>
<td></td>
</tr>
<tr>
<td><strong>Volunteer Coordinators</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Clinical</strong></td>
<td></td>
</tr>
<tr>
<td>Include all administrative and general staff (clerical, medical records, IT, human resources, etc.) Also include non-clinical staff who assist with intake, education or other clinical support activities. Do not include volunteers.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALL STAFF</strong></td>
<td></td>
</tr>
<tr>
<td>Include all staff time. This is the total of Clinical (both direct and indirect) + Non-Clinical + Bereavement + Volunteer Coordinator.</td>
<td></td>
</tr>
</tbody>
</table>
F1c. Visits by Discipline

**DIRECTIONS:**
- Please provide visit information for 2016 for the disciplines listed in the table below.
- Count ALL visits, regardless of setting (nursing home, residential facility, hospital, etc.)
- Do not include inpatient staff.
- Do not count phone calls.

<table>
<thead>
<tr>
<th>Discipline Category</th>
<th>Total Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing</strong></td>
<td></td>
</tr>
<tr>
<td>Include visits made by RNs and LPNs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation). Include on-call and after hours care visits.</td>
<td></td>
</tr>
<tr>
<td><strong>Nurse Practitioners</strong></td>
<td></td>
</tr>
<tr>
<td>Include visits made by Nurse Practitioners when they are serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation.</td>
<td></td>
</tr>
<tr>
<td><strong>Social Services</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Include visits made by medical social services staff as defined by CMS for the cost report.  
*Do not include chaplains, bereavement staff, or volunteer coordinators.* |              |
| **Hospice Aides**            |              |
| **Physicians – Paid**        |              |
| Include visits made by medical directors and other physicians providing direct care to patients.  
*Exclude volunteer physicians.* |              |
| **Physicians – Volunteer**   |              |
| **Chaplains**                |              |
| **Other Clinical**           |              |
| Include any paid staff, in addition to those captured above, who make visits as part of direct care to patients or families. Include therapists, dietitians, etc.  
*Do not include volunteers or bereavement staff.* |              |
F2. CASELOADS

DIRECTIONS:
- Provide the number of patients in the average daily caseloads for the following positions in 2016.
- Use the following definition: Caseload is the number of patients for which a staff member has responsibility or to which she/he is assigned at a time.
- Enter a single number, NOT a range.
- Do not include inpatient staff.

Use the following caseload definition in answering these questions:

Some disciplines, such as chaplains and social workers, may be responsible for contacting all patients and families, but visit or provide services to only a portion of them. In this situation, include ONLY those patients who receive visits as part of their care plan in determining caseloads.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Average Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Nurse/Nurse Case Manager</strong></td>
<td></td>
</tr>
<tr>
<td>RN with primary responsibility for the patient's care</td>
<td></td>
</tr>
<tr>
<td><strong>Social Worker</strong></td>
<td></td>
</tr>
<tr>
<td>SW with medical social services duties, as defined by CMS. Include only those patients who received visits in determining SW caseloads.</td>
<td></td>
</tr>
<tr>
<td><strong>Hospice Aide</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Chaplain</strong></td>
<td></td>
</tr>
<tr>
<td>Include only those patients who received visits in determining chaplain caseloads</td>
<td></td>
</tr>
<tr>
<td><strong>Volunteer Coordinator</strong></td>
<td></td>
</tr>
<tr>
<td>Include only those patients who were assigned a volunteer in determining volunteer coordinator caseloads</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Director</strong></td>
<td></td>
</tr>
<tr>
<td>Include only those patients for whom the medical director was the attending physician and therefore has primary responsibility for their care in determining caseloads.</td>
<td></td>
</tr>
</tbody>
</table>
SECTION G. PAYER MIX

G1. LEVEL OF CARE AND PAY SOURCE

**DIRECTIONS:** Do not leave any space blank. If your hospice did not serve any patients in a payment source/level of care category, please enter 0.

**CALCULATION INSTRUCTIONS:**

- **Number of Patients Served:** Include all patients who received services during 2016. Do not count re-admissions within the same payment source.
- **Days of Care:** Report patient days for all patients served during 2016.
- **Patients who changed primary pay source during 2016:**
  - Include patients under every applicable payment source (this means a patient will be counted more than once in the Number of Patients Served column).
  - Include the number of days of care for each applicable payment source
  - Count each day only once. If there is more than one pay source on any one day, include that day in the column that represents the 2nd/more recent pay source.

<table>
<thead>
<tr>
<th>Hospice Payment Source</th>
<th>Number of Patients Served</th>
<th>Days of Routine Home Care</th>
<th>Days of Inpatient Care</th>
<th>Days of Respite Care</th>
<th>Days of Continuous Care</th>
<th>Total Patient Care Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hospice Medicare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Hospice Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Managed Care or Private Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Self Pay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Uncompensated or Charity Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>May include, but not limited to Workers Comp, Home Health Benefit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Total (a+b+c+d+e+f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
H0. INPATIENT AND RESIDENTIAL FACILITIES

DIRECTIONS: Use the following definition in answering the question:

To qualify as an inpatient unit or residential facility, a facility must meet **ALL** of the following criteria:

1. consist of one or more beds that are owned or leased by the hospice;
2. be staffed by hospice staff; and
3. have major policies and procedures set by the hospice.

Does your hospice operate one or more dedicated hospice facilities or units?

☐ Yes  ☐ No

If you have an inpatient or residential facilities, complete Section H on the next page.

If you have more than one inpatient or residential facility, please copy Section H and complete a separate form for each facility.
SECTION H. INPATIENT AND RESIDENTIAL FACILITIES

DIRECTIONS:
- Please provide the following information for 2016.
- If your program operates more than one unit or facility, complete a separate Section H form for each facility.

H1. Facility Name ________________________________________________________________

H2. State where facility is located ______________________

H3. Where is the inpatient facility sited? Select one
  - Free Standing Hospice
  - Hospital Based
  - In a Nursing Home
  - Other (please specify) ___________________

H4. What level of care does the inpatient facility predominantly provide? Select one
  - Acute/General Inpatient
    (short-term, intensive hospice services provided to meet the hospice patient's need for skilled nursing, symptom management, or complex care)
  - Residential Care
    (hospice home care provided in the facility rather than in the patient's personal residence)
  - Mixed Use – both acute and residential levels.

H5. Please provide the following information for patients cared for in your facility in 2016. ▲

Include each individual occurrence, even if a patient is admitted and discharged from the facility more than once in 2016.
- Count transfers from one level of care to another as separate occurrences.
  For example: a patient initially admitted to GIP level of care and transfers to residential/routine and then dies would be counted under
    - Admissions, Live Discharges, and Patients Served for GIP; and
    - Admissions, Deaths, and Patients Served for Residential/Routine
- Include patients who are carried over from 2015 (i.e., patients who were in the facility on the last day of the calendar/fiscal year 2015 and continued to receive uninterrupted services at the start of calendar/fiscal year 2016).

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Total Admissions</th>
<th>Total Deaths</th>
<th>Total Live Discharges</th>
<th>Total Patients Served</th>
<th>Patient Days for patients who died or were discharged in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Inpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Respite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential/Routine</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
H6. Facility Staffing by Discipline

**DIRECTIONS:**
- Complete the table below using the following definitions and calculation instructions:
  - **FTE:** One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.
  - **Direct Care:** includes all activities involved in care delivery, including patient care, team meetings, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care, as distinct from supervision of other staff or program activities.
  - **PRN Employees:** also called “per diem” employees, are called upon to work when necessary without a commitment to work a specific number of hours. They may be available all of the time or they may be only available for certain days or times. However, they are not the same as part-time employees, even though they may routinely work on the same day or number of hours each week. A part-time employee is expected to work a certain number of hours each week, but there is no expectation for number of hours for a PRN employee.

**CALCULATION INSTRUCTIONS:**
- Total FTEs: Divide paid hours by 2080. Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Total Inpatient Facility FTEs</th>
<th>Total Number PRN Employees (average for year if number fluctuates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing – Direct Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include RNs and LPNs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioner</td>
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<td></td>
</tr>
<tr>
<td>Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include medical social services staff as defined by CMS for the cost report. Do not include chaplains or bereavement staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice Aides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians – Paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include medical directors and other physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians – Volunteer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chaplains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>Other Clinical</strong></td>
<td>Include any paid staff in addition to those captured above who provide direct care to patients or families, such as therapists and dietitians. <strong>Do not include volunteers or bereavement staff.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Clinical</strong></td>
<td>Include all administrative and general staff or contracted staff whose responsibilities are limited to support for the facility. <strong>Do not include volunteers.</strong></td>
<td></td>
</tr>
</tbody>
</table>