Importance of Data Submission

NHPCO is initiating national annual data collection related to palliative care services offered by hospices. The results of this data collection effort will be compiled in an annual report that hospices can use for comparing their program data to others, defining strategic goals, and setting operational targets for their palliative care programs.

Questions related to the Palliative Care Supplement survey or the palliative care services data collection may be emailed to: NDS@nhpco.org.

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

**SUBMISSION DEADLINE IS SEPTEMBER 7, 2012**

SECTION A: HOSPICE PROGRAM INFORMATION

DIRECTIONS: Provide the following information for your hospice organization

A1. NHPCO DART ID

A2. Hospice Full Name

A3. City

A4. State

1 The DART ID is the identification number assigned to your hospice. It is the same ID you used to enter the DART system. **DO NOT** enter your personal NHPCO ID in place of your hospice’s DART ID.
A5. Zip Code __________________

A6. Name of Person Completing Survey ______________________________________________________

A7. May we contact you for clarification of your survey responses if necessary?
   ○ Yes
   ○ No

A7a. Email Address of Person Completing Survey ________________________________________________

A8. Agency Type
   ○ Free-Standing
   ○ Hospital Based
   ○ Home Health Based
   ○ Nursing Home Based

A9. Tax Status
   ○ Voluntary (not-for-profit)
   ○ Proprietary (for-profit)
   ○ Government

A10. Geographic Area Served
   ○ Primarily Urban
   ○ Primarily Rural
   ○ Mixed Urban and Rural

A11. Average Daily Census
   ○ 1 to 9 patients
   ○ 10 to 25 patients
   ○ 26 to 50 patients
   ○ 51 to 100 patients
   ○ 101 to 200 patients
   ○ 201 to 350 patients
   ○ 351 to 500 patients
   ○ 501 to 650 patients
   ○ 651 to 800 patients
   ○ 801 to 1,000 patients
   ○ 1,000 patients or more

SECTION B – PALLIATIVE CARE PROGRAM INFORMATION

DIRECTIONS: Palliative Care services can include assisting patients to identify personal goals for end-of-life care; assessment and management of pain and other physical symptoms; assessment and management of psychological and spiritual needs; assessment of the patient's support system; assessment and communication of estimated prognosis; and assessment of discharge planning issues. Your organization may provide all or some of these services through a variety of delivery models across a variety of settings.
The Questions in Section B ask about palliative care services provided through specific delivery models in specific settings. Please read each question carefully and provide information related only to the specific delivery model or setting referred to in the question.

Questions B 1 and B 2 ask about palliative care services you provided in the home or dedicated palliative care inpatient unit setting in 2011 to patients who are not enrolled in hospice care.

**HOME-BASED PALLIATIVE CARE SERVICES**

B1. Did you provide **home-based** palliative care services in 2011?  
   ○ No -> Skip to question B2  
   ○ Yes

B1.a. If yes, what service delivery model was used? **Check all that apply**  
   ○ Palliative care consultation in patients’ homes  
   ○ Ongoing palliative care management (Example: bridge program or pre-hospice program for patients not enrolled in hospice care)  
   ○ Follow-up/monitoring for patients previously enrolled in your hospice program who withdrew from care or were discharged alive (can be by phone and/or visits)  
   ○ Other  
     *If other please describe________________________  
       ______________________________________________
       ______________________________________________

B1.b. What clinical professionals were utilized in your home-based palliative program in 2011? **Check all that apply**  
   ○ Physician  
   ○ Nurse Practitioner  
   ○ Physician’s Assistant  
   ○ Registered Nurse  
   ○ Licensed Clinical Social Worker (LCSW)  
   ○ Social Worker (Non-LCSW)  
   ○ Chaplain / Spiritual Counselor  
   ○ Nursing Assistant/Home Health Aide  
   ○ Adjunct therapist (e.g., PT or OT)  
   ○ Other  
     *If other please describe________________________  
       ______________________________________________
       ______________________________________________

**INPATIENT PALLIATIVE CARE SERVICES**

B2. Did you provide **inpatient** palliative care services (i.e., operate a dedicated palliative care unit that provides around-the-clock care) in 2011? This means that you were responsible for complete oversight and management of the patient’s care in the palliative care unit. This is does NOT include PC consultation services or patients enrolled in hospice.  
   ○ No -> Skip to question B3  
   ○ Yes
B2.a If yes, what service model was used? Check all that apply
- Contract with a hospital to operate an inpatient palliative care unit or beds
- Contract with skilled nursing facility to operate an inpatient palliative care unit or beds
- Palliative care beds/section of a hospice inpatient facility
- Other
  If other please describe ___________________________________________________
  ___________________________________________________

PALLIATIVE CARE CONSULTATION SERVICES

DIRECTIONS: Question B 3 asks about palliative care services provided in a consultative capacity in 2011. This means that you act in collaboration with the patients’ other healthcare providers and do not assume primary responsibility for the patient’s care.

Provide the following information related to palliative care consultation services your organization provides.

B3. Did you provide palliative care consultation services in 2011?
- No -> Skip to question B4
- Yes

B3.a. If yes, what service model was utilized? Check all that apply
- Contract with a hospital to provide inpatient PC consultation services
- Contract with a hospital to provide clinic based PC consultation services
- Contract with a Medicare certified home health program to provide PC consultation services
- Contract with a nursing home to provide PC consultation services
- Contract with a physicians’ practice to provide PC consultation services
- Outpatient palliative care clinic practice/office-based clinical practice (practice (may lease space from another healthcare facility, but PC practice is independent of that facility)
- Other
  If other please describe ___________________________________________________
  ___________________________________________________

B3.b. For contracted palliative consultation services, what model for assignment of responsibility for service provision was used in 2011?
- Collaborative model -- Hospice is responsible for some PC consult services and the contracting provider is responsible for the others. Example: Hospice provides PC physician and nurse physician services and hospital provides PC social work and chaplain services.
- Solo model – Hospice is responsible for all PC consult services
- Both collaborative and solo models
- Other
  If other please describe ___________________________________________________
  ___________________________________________________

B3.c. What clinical professionals were utilized in your palliative consultation program in 2011? Check all that apply
- Physician
- Nurse Practitioner
B4. What were the sources for payment or funding for your palliative care services in 2011?
*Include all settings and service delivery models. Check all that apply*
- Medicare Part B clinical billing for Physician and Nurse Practitioner consultations
- Medicare Part B clinical billing for Licensed Clinical Social Workers (LCSW)
- Medicare Home Care Benefit
- Established 3rd party insurance policies
- Targeted commercial insurance demonstration projects
- Self-Pay
- Contributions / Philanthropy
- Grant(s)
- Other
  *If other please describe _______________________________________________________
  ____________________________________________

B5. Did you utilize a practice manager to oversee any or all of your palliative care services in 2011?
- No
- Yes -> Skip to Section C

B5.a. If no, who was responsible for oversight/administration of your palliative care services in 2011? ________________________________

**SECTION C – PROVISION OF CARE**

**DIRECTIONS**: Use the following definition in responding to questions in Section C

**Palliative Care Patients**: Palliative care patients are those patients who received palliative care services (in any setting or through any service delivery model) provided by your organization in 2011, and who were not enrolled in hospice care.

For those patients who initially received palliative care services and later enrolled in hospice, do not include data for the period of time after hospice enrollment.
C1. Patient Volume

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>PROGRAM TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Patients Served</td>
<td></td>
</tr>
<tr>
<td>Total number of patients who received palliative services in 2011</td>
<td></td>
</tr>
<tr>
<td>b. Deaths</td>
<td></td>
</tr>
<tr>
<td>Total number of patients who died while enrolled in your palliative care program in 2011</td>
<td></td>
</tr>
<tr>
<td>c. Live discharges</td>
<td></td>
</tr>
<tr>
<td>Total number of patients enrolled in your palliative care program who were discharged alive in 2011</td>
<td></td>
</tr>
<tr>
<td>d. Transfers to hospice</td>
<td></td>
</tr>
<tr>
<td>Total number of patients who transitioned to hospice After receiving palliative services in 2011</td>
<td></td>
</tr>
</tbody>
</table>

C2. Patient Visits by Location of Care

Provide the total number of visits made to palliative care patients in 2011 by the location where the visit occurred.

Hospital ____________________________
Nursing Home _______________________
Assisted Living Facility _____________
Home ______________________________
Outpatient Clinic/Office-Based Medical Practice _______________
Other ______________________________
If other please describe _______________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C3. Type(s) of Service Provided

Provide the total number of patients in your palliative care program who received each type of service in 2011. Patients who received more than one type of service should be counted in more than one category.

Pain Management _______________________
Non-Pain Symptom Management _________
End-Stage Disease Management _________
Assistance with Determining Care Goals __________
Advance care planning ___________________
Family Support Services ________________
Discharge planning ____________________

C4. Patients’ Primary Diagnosis
Provide the total number of patients who received palliative care services in 2011 based on primary diagnosis.

Cancer – all types ___________________________
Heart Disease ___________________________
Dementia ___________________________
Lung Disease ___________________________
Stroke / Coma ___________________________
Kidney Disease ___________________________
Liver Disease ___________________________
ALS ___________________________
Non-ALS Motor Neuron Disease _____________
HIV / AIDS ___________________________
Other ___________________________________________________________________________
If other please describe
________________________________________________________________________
________________________________________________________________________

C5. Payment Source for Palliative Care Services
Provide the total number of patients who received palliative care services in 2011 based on primary source of payment.

Medicare ___________________________
Medicaid ___________________________
Managed Care or Private Insurance ___________
Self-Pay ___________________________
Uncompensated / Charity Care ___________
Other Source(s) ___________________________________________________________________
If other please describe
________________________________________________________________________
________________________________________________________________________

C6. Palliative Care Visits
Provide the total number of palliative care patient visits by each discipline in 2011. Count all visits that took place in any setting where palliative care services were provided (hospital, clinic, office, private residence, nursing home, etc.)

Physician ___________________________
Nurse Practitioner ___________________________
Physician Assistant ___________________________
Social Worker or licensed professional counselor ___________________________
Spiritual Counselor ___________________________
CNA ___________________________
Volunteer ___________________________
Other ___________________________________________________________________________
If other please describe
________________________________________________________________________
________________________________________________________________________

SECTION D – CHALLENGES AND RESOURCES

D1. What barriers exist within your organization and/ or your community that prevent the expansion of your PC program?  
Check all that apply

☐ No barriers exist
Physician reluctance to refer patients to PC program
Lack of staff to provide palliative care services
Reimbursement streams are not available
Legal/regulatory issues (e.g., state licensure requirements/restrictions)
Lack of patient/consumer demand for services
Other
  If other please describe _______________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

D2. What type of information/education would assist your hospice in the expansion and/or operation of your PC program? Check all that apply
  None – have sufficient information
  Strategies for developing/sustaining a palliative care program
  Assistance with defining the elements of a business plan to support a sustainable palliative care program
  Sample policies and procedures
  Strategies for generating palliative care referrals
  Financial support options and strategies
  Billing/coding specific to palliative care provision by hospices
  Case studies of successful palliative care partnerships
  Other
  If other please describe _______________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

SECTION E – Comments
In the space below, please provide comments and suggestions that will assist us to improve and enhance future data collection related to palliative care services provided by hospices.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

End of Survey
Thank you for contributing to the National Data Set Supplementary Survey on Palliative Care. The information you have provided supports the growing hospice and palliative care body of knowledge.