



NHPCO FY2012 National Summary of Hospice Care

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Released November 2013

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Background

About this Report

The National Hospice and Palliative Care Organization's *National Summary of Hospice Care* contains comprehensive national estimates and statistical trends for the following areas of hospice care:

- Agency demographics;
- Patient demographics;
- Staffing management and delivery; and
- Payer mix, revenue and expenses.

Data Sources

The primary source of these findings is data provided by members who participate in NHPCO's *National Data Set*, a comprehensive annual survey supported by many of our state organization partners. National Data Set data are supplemented by NHPCO's membership database, and Medicare certification data from the CMS Provider of Services file.

The results of an ongoing, independent analysis of Medicare hospice cost report data are also incorporated. These data are presented as cost per patient day and are limited to Medicare-certified hospice providers that filed a FY2011 cost report to the Centers for Medicare and Medicaid Services (CMS) Healthcare Cost Report Information System (HCRIS). Hospice cost report data for FY 2012 were not available at time of analysis.

Data Interpretation

To show the continuum of hospice performance, the attached tables provide national statistics for both FY2011 and FY2012. Where appropriate, percent distributions, agency means, and population means are reported. Percentile rankings, including the 25th, 50th (median) and 75th percentiles are included. Percentile rankings are used as a measure of central tendency and may be interpreted as X percent of hospice programs reported a value above or below this value. The number of valid responses for each section is reported as the "N". Because multiple data sources were utilized and sometimes combined in calculating the statistics presented, response rates can differ considerably across and within sections. Consequently, results with smaller N's may not be as representative.



Summary Tables

Table 1. Hospice Agency Demographics

	2012		2011		Percent Change '11 to '12
	Percent of Agencies	N	Percent of Agencies	N	
TOTAL HOSPICE PROVIDERS					
Total Agencies		3,950		3,800	3.9%
Total Sites, including Satellite Offices		5,560		5,300	4.9%
AGENCY OWNERSHIP					Difference '11 to '12
Free Standing / Independent Hospice	57.4%	3,426	57.7%	3,337	-0.2%
Part of a Hospital System	20.5%	3,426	20.3%	3,337	0.2%
Part of a Home Health Agency	16.9%	3,426	16.8%	3,337	0.2%
Part of a Nursing Home	5.2%	3,426	5.2%	3,337	-0.1%
INPATIENT SERVICES					
% Operating Inpatient Facility or Residence	25.0%	1,908	24.0%	1,837	1.1%
TAX STATUS^β					
Voluntary / Not for Profit	31.9%	3,447	34.2%	3,306	-2.2%
Proprietary / For Profit	63.1%	3,447	60.6%	3,306	2.5%
Government	4.9%	3,447	5.2%	3,306	-0.3%
GEOGRAPHIC LOCATION SERVED					
Mixed Urban and Rural	45.8%	1,957	45.9%	1,917	-0.1%
Primarily Rural	31.5%	1,957	31.9%	1,917	-0.4%
Primarily Urban	22.7%	1,957	22.3%	1,917	0.4%
AVERAGE DAILY CENSUS[*]					
1 to 9 patients	8.0%	375	9.5%	566	-1.5%
10 to 25 patients	12.0%	375	15.7%	566	-3.7%
26 to 50 patients	14.4%	375	20.3%	566	-5.9%
51 to 100 patients	18.9%	375	17.8%	566	1.1%
101 to 200 patients	20.3%	375	16.3%	566	4.0%
> 200 patients	26.4%	375	20.3%	566	6.1%
TOTAL PATIENT ADMISSIONS					
1 to 49	15.7%	2,865	15.4%	2,952	0.4%
50 to 150	28.7%	2,865	29.3%	2,952	-0.7%
151 to 500	33.0%	2,865	34.2%	2,952	-1.2%
501 to 1,500	17.7%	2,865	16.7%	2,952	1.0%
> 1,500	4.9%	2,865	4.4%	2,952	0.5%

^β Data from the Centers for Medicare and Medicaid Services

^{*} Total patient care days divided by 365.

N = Number of hospice agencies with available data.

**Table 1. Hospice Agency Demographics (continued)**

	2012		2011		Difference '11 to '12
	Percent of Agencies	N	Percent of Agencies	N	
CERTIFICATION & ACCREDITATION					
Medicare-certified Hospice Provider	93.1%	3,582	93.2%	3,482	-0.1%
Independently Accredited	61.2%	2,072	55.9%	2,054	5.3%
Joint Commission (formerly JCAHO)	39.0%	2,072	36.9%	2,054	2.2%
Community Health Accreditation Program	15.0%	2,072	14.3%	2,054	0.7%
Accreditation Commission for Health Care	3.7%	2,072	1.9%	2,054	1.9%
Other Accreditation(s)	4.6%	2,072	3.7%	2,054	1.0%
STATE MEMBERSHIPS					
Member of a State Hospice Association	84.6%	2,753	83.8%	2,748	0.7%
Member of a State Home Health Association	43.5%	1,627	44.3%	1,676	-0.9%
ADDITIONAL SERVICES*					
Formal Pediatric Palliative Care Programs with Specialized Staff					
% in operation	14.3%	2,491	13.9%	2,448	0.4%
% in the planning phase	0.7%	2,491	0.6%	2,448	0.1%
Service Delivery Programs Outside of Medicare Hospice Benefit Model					
% in operation	63.1%	2,485	62.7%	2,434	0.4%
% in the planning phase	4.4%	2,485	4.2%	2,434	0.2%
Palliative Consult Services (in any setting)					
% in operation	59.0%	1,125	58.7%	1,096	0.4%
% in the planning phase	23.0%	1,125	23.1%	1,096	-0.1%
Palliative Care Services at Home / Inpatient Facility					
% in operation	66.3%	1,001	65.6%	972	0.7%
% in the planning phase	14.3%	1,001	14.5%	972	-0.2%
Post-Hospice Support Program for Patients Discharged Alive					
% in operation	60.8%	875	58.7%	832	2.2%
% in the planning phase	12.0%	875	12.7%	832	-0.7%
Complementary Therapies (music therapy, art therapy, massage therapy, etc.)					
% in operation	82.4%	652	83.1%	628	-0.8%
% in the planning phase	13.3%	652	13.5%	628	-0.2%
Day Care Services for Hospice Patients					
% in operation	15.4%	149	14.9%	134	0.5%
% in the planning phase	25.5%	149	28.4%	134	-2.9%

* NHPCO membership data.

N = Number of hospice agencies with available data.



Table 2. Patient Volume

	2012					2011			Percent Change '11 to '12
	Agency Mean	25th%	Median	75th%	N	Agency Mean	Median	N	
PATIENT VOLUME									
Total Patient Days	54,351	12,665	33,735	79,315	346	47,946	26,014	417	13.4%
Daily Census	148.5	34.6	92.2	216.7	346	131.0	71.1	417	13.4%
Unique Patients Served	649.3	158.0	392.0	901.0	596	598.6	339.5	645	8.5%
Total Admissions	605.8	147.0	368.0	847.0	596	550.9	319.0	645	10.0%
% Re-admissions	6.0%	3.0%	5.0%	8.0%	265	5.0%	4.0%	297	20.0%
Total Deaths	486.7	99.5	276.5	652.0	607	445.7	250.0	641	9.2%

Table 3. Referrals

	2012					2011			Difference '11 to '12
	Agency Mean	25th%	Median	75th%	N	Agency Mean	Median	N	
REFERRALS									
Percentage of Referrals Converted to Admissions	75.5%	68.8%	76.2%	84.0%	247	75.6%	76.3%	535	-0.1%
Referral Source	Percent of Total				N	Percent of Total		N	
Physician	22.9%				205	23.8%		270	-0.9%
Hospital	45.3%				205	39.8%		270	5.5%
Nursing Facility	15.3%				205	9.8%		270	5.5%
Self, Family, or Friend	10.4%				205	12.3%		270	-2.0%
Other	5.0%				205	12.5%		270	-7.6%
Home Health Agency	1.1%				205	1.7%		270	-0.6%

Table 4. Non-Death Discharges

	2012					2011			Difference '11 to '12
	Agency Mean	25th%	Median	75th%	N	Agency Mean	Median	N	
NON-DEATH (LIVE) DISCHARGE									
Non-death Discharges As a Percentage of Total Discharges	23.2%	12.2%	17.5%	28.1%	775	20.8%	16.9%	915	2.4%
Reason for Non-death Discharge	Percent of Total					Percent of Total			
A. Hospice-initiated Discharge	55.9%				295	64.6%		320	-8.8%
B. Patient-initiated Discharge	44.1%				293	35.4%		265	8.8%

25th% = 25th percentile; Median = 50th percentile; 75% = 75th percentile.

N = Number of hospice agencies with available data.

Table 5. Patient Demographics

	2012		2011		Difference '11 to '12
	Percent of Patients	N	Percent of Patients	N	
PATIENT GENDER					
Female	56.4%	983	56.4%	957	0.0%
Male	43.6%	983	43.6%	957	0.0%
PATIENT AGE ON ADMISSION					
< 65 / 65 or more years					
Less than 65 years	16.5%	563	16.7%	607	-0.2%
65 or more years	83.5%	563	83.3%	607	0.2%
Detailed Age Distribution					
0 - 24 years	0.4%	350	0.4%	575	0.0%
< 1y (% of 0-24 y)	21.0%	336	18.1%	560	3.0%
1 - 4y (% of 0-24 y)	18.0%	336	19.0%	560	-1.0%
5 - 14y (% of 0-24 y)	24.8%	337	22.9%	562	1.9%
15 - 24y (% of 0-24 y)	36.2%	350	40.0%	575	-3.8%
25 - 34 years	0.4%	350	0.4%	575	0.0%
35 - 64 years	15.7%	350	16.0%	575	-0.2%
65 - 74 years	16.3%	350	16.3%	575	0.0%
75 - 84 years	26.7%	350	27.6%	575	-1.0%
85+ years	40.5%	350	39.3%	575	1.2%
PATIENT ETHNICITY*					
Non-Hispanic or Latino origin	93.1%	954	93.8%	934	-0.6%
Hispanic or Latino origin	6.9%	954	6.2%	934	0.6%
PATIENT RACE*					
Asian, Hawaiian, Other Pacific Islander	2.8%	933	2.4%	963	0.5%
American Indian or Alaskan Native	0.3%	925	0.2%	948	0.1%
Black / African American	8.6%	955	8.5%	967	0.1%
Multiracial or Other Race	6.7%	948	6.1%	971	0.6%
White / Caucasian	81.5%	965	82.8%	982	-1.2%
SPECIAL POPULATIONS					
Veterans	18.5%	259	8.6%	298	9.9%

* Following U.S. Census guidelines, ethnicity and race are captured separately in the National Data Set. Ethnicity categorizes patients as Hispanic or non-Hispanic. Patients of Hispanic heritage may be of any race.

N = Number of hospice agencies with available data.

Table 6. Primary Diagnosis

	2012		2011		Difference '11 to '12
	Percent of Patients	N	Percent of Patients	N	
Total Admissions by Primary Diagnosis					
Cancer	36.9%	1,050	37.7%	986	-0.8%
Non-Cancer Diagnoses	63.1%	1,050	62.3%	986	0.8%
Heart Disease	11.2%	1,045	11.4%	984	-0.2%
Debility Unspecified	14.2%	1,036	13.9%	980	0.3%
Dementia	12.8%	1,046	12.5%	984	0.4%
Lung Disease	8.2%	1,045	8.5%	983	-0.3%
Stroke or Coma	4.3%	1,029	4.1%	964	0.2%
Kidney Disease (ESRD)	2.7%	1,033	2.7%	978	0.0%
Liver Disease	2.1%	1,031	2.1%	974	0.0%
Non-ALS Motor Neuron	1.6%	1,023	1.6%	572	0.0%
HIV / AIDS	0.2%	982	0.2%	939	0.0%
Amyotrophic Lateral Sclerosis (ALS)	0.4%	1,001	0.4%	946	0.0%
Other	5.2%	1,021	4.8%	964	0.4%
Total Deaths by Primary Diagnosis					
Cancer	38.4%	938	39.5%	917	-1.0%
Non-Cancer Diagnoses	61.6%	936	60.5%	917	1.0%
Heart Disease	10.8%	917	11.1%	893	-0.3%
Debility Unspecified	12.8%	876	12.7%	859	0.1%
Dementia	12.3%	919	12.0%	893	0.4%
Lung	8.0%	892	8.4%	882	-0.4%
Stroke or Coma	4.6%	915	4.4%	897	0.3%
Kidney Disease	2.9%	864	3.0%	858	-0.1%
Liver Disease	2.0%	852	2.1%	850	-0.1%
Non-ALS Motor Neuron	1.6%	737	1.5%	542	0.0%
HIV / AIDS	0.2%	708	0.2%	728	0.0%
ALS	0.4%	744	0.4%	755	0.0%
Other	6.0%	908	4.9%	895	1.2%
Live Discharge Rate Per Diagnosis*					
Cancer	12.5%	919	12.5%	912	-0.1%
Non-Cancer Diagnoses	19.8%	1033	18.9%	912	0.9%
Heart Disease	19.7%	910	19.1%	879	0.6%
Debility Unspecified	24.5%	868	24.0%	847	0.5%
Dementia	19.4%	916	18.8%	889	0.5%
Lung Disease	21.1%	864	17.3%	858	3.8%
Stroke or Coma	11.8%	1000	11.4%	889	0.4%
Kidney Disease	9.5%	798	8.4%	807	1.0%
Liver Disease	18.8%	811	17.9%	819	0.8%
Non-ALS Motor Neuron	20.9%	719	19.9%	556	1.0%
HIV / AIDS	29.7%	698	29.3%	725	0.5%
ALS	19.1%	702	19.5%	736	-0.4%
Other	17.8%	986	18.0%	892	-0.2%

* Total live discharges for Disease XYZ divided by Total discharges (deaths + live discharges) for Disease XYZ.

N = Number of hospice agencies with available data.

Table 7. Length of Service †

	2012					2011			Difference '11 to '12
	Agency Mean	25th%	Median	75th%	N	Agency Mean	Median	N	
LENGTH OF SERVICE (LOS)*	<u>Days</u>					<u>Days</u>			
Average LOS (days)	71.8	56.8	69.4	84.4	393	69.1	65.0	686	2.7
Median LOS (days)	18.7	12.0	16.0	22.0	391	19.1	16.0	664	-0.4
PERCENT OF DISCHARGES BY LOS	<u>% of Discharges</u>					<u>% of Discharges</u>			
1 to 7 Days	35.5%				205	35.8%		266	-0.3%
8 to 14 Days	14.1%				205	14.4%		266	-0.3%
15 to 29 Days	12.9%				205	12.6%		266	0.2%
30 to 59 Days	11.1%				205	11.0%		266	0.0%
60 to 89 Days	6.3%				205	6.1%		266	0.1%
90 to 179 Days	8.8%				205	8.7%		266	0.1%
180+ Days	11.5%				205	11.4%		266	0.2%
LOS BY TAX STATUS	<u>Days</u>					<u>Days</u>			
Average LOS									
Not for Profit	67.4	53.0	57.0	78.4	260	64.2	62.0	458	3.2
For Profit	84.8	67.0	87.0	94.0	102	85.0	84.5	192	-0.2
Government	61.0	45.1	55.0	67.1	21	59.0	51.0	33	2.0
Median LOS									
Not for Profit	17.7	12.0	16.0	22.0	259	17.5	16.0	442	0.1
For Profit	21.3	12.0	16.0	26.0	102	24.1	18.0	187	-2.8
Government	23.9	17.0	24.0	31.0	20	19.9	19.0	32	4.0
LOS BY CERTIFICATION STATUS	<u>Days</u>					<u>Days</u>			
Average LOS									
Medicare-certified Provider	71.8	56.8	69.4	84.4	392	69.1	65.0	664	2.7
Non-certified Provider	**	**	**	**	2	84.2	68.0	18	**
Median LOS									
Medicare-certified Provider	18.7	12.0	16.0	22.0	389	19.1	16.0	642	-0.4
Non-certified Provider	**	**	**	**	2	39.9	35.0	18	**

† Length of service values were weighted by the agency's total admissions.

* Total days of care for patients discharged divided by total number of patients discharged.

25th% = 25th percentile; Median = 50th percentile; 75th% = 75th percentile.

N = Number of hospice agencies with available data.

Table 7. Length of Service (continued)[‡]

	2012					2011			Difference '11 to '12
	Agency Mean	25th%	Median	75th%	N	Agency Mean	Median	N	
LENGTH OF SERVICE (LOS)[*]	<u>Days</u>					<u>Days</u>			
Average LOS (days)	71.8	56.8	69.4	84.4	393	69.1	65.0	686	2.7
Median LOS (days)	18.7	12.0	16.0	22.0	391	19.1	16.0	664	-0.4
LOS BY TOTAL ADMISSIONS									
Average LOS									
1 - 49 Admissions	78.6	34.0	63.0	84.0	20	72.9	67.0	51	5.7
50 - 150 Admissions	75.8	46.3	63.0	106.0	63	79.0	62.3	160	-3.2
151 - 500 Admissions	72.9	50.0	63.8	92.5	121	70.8	63.0	232	2.1
501 - 1,500 Admissions	69.1	50.0	65.0	84.0	130	67.2	62.0	172	1.9
> 1,500 Admissions	73.3	62.7	74.0	84.4	58	69.5	65.4	67	3.8
Median LOS									
1 to 49 Admissions	37.2	15.5	23.0	35.0	20	39.0	27.0	50	-1.8
50 - 150 Admissions	30.5	19.3	26.0	39.0	62	34.0	23.0	152	-3.5
151 - 500 Admissions	25.0	15.0	22.0	29.0	120	25.1	21.0	223	-0.1
501 - 1,500 Admissions	19.7	13.0	16.0	24.0	130	19.9	17.0	169	-0.3
> 1,500 Admissions	16.3	12.0	15.0	19.0	58	15.4	14.0	66	0.9
LOS BY PRIMARY DIAGNOSIS									
Cancer	46.3	33.9	43.8	54.8	850	45.2	43.6	835	1.1
Non-Cancer Diagnoses	77.5	51.1	72.7	97.6	863	67.0	62.9	830	10.5
Heart Disease	72.8	41.9	65.7	96.9	835	65.3	60.2	682	7.5
Debility Unspecified	83.6	49.2	77.3	112.7	760	79.2	71.4	740	4.4
Dementia	93.8	52.5	86.4	125.6	861	91.6	80.2	823	2.2
Lung Disease	71.3	38.1	64.7	95.0	798	65.2	59.2	671	6.1
Stroke or Coma	49.6	16.5	37.5	70.1	683	42.8	32.7	644	6.8
Kidney Disease	32.8	11.0	21.6	46.6	711	27.6	20.5	708	5.2
Liver Disease	36.9	15.0	30.5	49.6	684	37.3	29.4	680	-0.4
Non-ALS Motor Neuron	111.7	39.2	88.6	149.8	478	115.0	90.0	378	-3.3
HIV / AIDS	45.6	9.7	25.4	64.0	240	43.1	27.0	232	2.5
ALS	84.2	28.0	62.5	117.5	395	87.7	65.0	397	-3.5
Other Diagnoses	62.5	22.2	50.2	84.6	656	58.4	44.2	657	4.1

[‡] Length of service values were weighted by the agency's total admissions.

* Total days of care for patients discharged divided by total number of patients discharged.

25th% = 25th percentile; Median = 50th percentile; 75th% = 75th percentile.

N = Number of hospice agencies with available data.

**Table 8. Location of Care**

	2012		2011		Difference '11 to '12
	Percent of Patients	N	Percent of Patients	N	
PATIENT LOCATION ON ADMISSION					
Private Residence	50.9%	502	49.6%	527	1.3%
Nursing Home	16.3%	491	17.2%	522	-0.9%
Acute Care Hospital (not operated by the hospice)	7.9%	457	9.1%	492	-1.2%
Free-Standing Hospice Inpatient Facility or Residence	14.7%	432	13.6%	469	1.1%
Hospice-Run Inpatient Facility in Other's Facility	2.7%	341	3.5%	380	-0.8%
Assisted Living or Other Residential Facility	7.5%	479	7.0%	501	0.5%
LOCATION OF DEATH					
Private Residence	41.5%	499	41.6%	545	-0.1%
Nursing Home	17.2%	490	18.3%	539	-1.1%
Free-Standing Hospice Inpatient Facility or Residence	24.0%	433	21.8%	483	2.2%
Acute Care Hospital (not operated by the hospice)	6.6%	462	7.4%	513	-0.8%
Hospice-Run Inpatient Facility in Other's Facility	3.4%	343	4.4%	391	-0.9%
Assisted Living or Other Residential Facility	7.3%	475	6.6%	518	0.7%

Table 9. Level of Care

	2012		2011		Difference '11 to '12
	Percent of Patient Days	N	Percent of Patient Days	N	
LEVEL OF CARE					
Routine Home Care	96.5%	926	97.1%	880	-0.6%
General Inpatient Care	2.7%	916	2.2%	828	0.5%
Continuous Care	0.5%	888	0.4%	857	0.1%
Respite Care	0.3%	914	0.3%	870	0.1%

N = Number of hospice agencies with available data.

**Table 10. Payer Mix**

	2012		2011		Difference '10 to '11
	Percent	N	Percent	N	
PATIENTS SERVED					
Percent of Patients Served by Payer					
Medicare Hospice Benefit	83.7%	953	84.0%	918	-0.3%
Managed Care or Private Insurance	7.6%	1,030	7.7%	973	-0.2%
Medicaid Hospice Benefit	5.5%	1,024	5.2%	973	0.3%
Uncompensated or Charity Care	1.2%	490	1.3%	517	-0.2%
Self Pay	0.9%	661	1.1%	717	-0.2%
Other Payment Source	1.2%	943	0.7%	892	0.4%
Medicare Patients as Percent of Total Patients, by Agency Tax Status					
Voluntary / Not for Profit	83.0%	377	83.4%	432	-0.4%
Proprietary / For Profit	85.4%	260	85.9%	314	-0.4%
Government	82.1%	25	84.8%	30	-2.7%
PATIENT CARE DAYS					
Percent of Patient Care Days by Payer					
Medicare Hospice Benefit	89.0%	983	87.9%	697	1.1%
Managed Care or Private Insurance	4.4%	1,027	5.0%	907	-0.6%
Medicaid Hospice Benefit	4.3%	1,024	5.0%	905	-0.7%
Uncompensated or Charity Care	0.8%	660	1.0%	658	-0.1%
Self Pay	0.6%	888	0.5%	871	0.0%
Other Payment Source	0.9%	941	0.6%	873	0.3%
Medicare Days as Percent of Total Days, by Agency Tax Status					
Voluntary / Not for Profit	88.2%	379	87.1%	338	1.1%
Proprietary / For Profit	91.4%	260	90.2%	178	1.2%
Government	88.2%	25	68.5%	16	19.7%

N = Number of hospice agencies with available data.

**Table 11. Paid Staff Distribution and Turnover**

	2012		2011		Difference '11 to '12
	Agency mean	N	Agency mean	N	
Distribution of Total FTEs*					
Clinical (direct patient care)	66.7%	339	66.3%	360	0.4%
Nursing	28.9%	338	30.2%	356	-1.3%
Nurse Practitioner	1.0%	313	0.6%	306	0.4%
Home Health Aides	19.8%	338	18.8%	356	0.9%
Social Services	8.6%	336	8.7%	356	-0.1%
Physicians (excludes volunteers)	2.5%	320	2.9%	346	-0.5%
Chaplains	4.3%	334	4.3%	352	0.0%
Other Clinical	2.4%	307	1.9%	328	0.5%
Nursing (indirect clinical)	8.3%	327	7.2%	354	1.1%
Non-clinical (administrative/general)	20.8%	332	21.8%	357	-1.0%
Volunteer Coordinators	3.5%	136	3.6%	135	-0.2%
Bereavement	3.7%	321	4.4%	344	-0.7%
Distribution of Total Employees					
Clinical (direct patient care)	67.8%	197	74.3%	432	-6.6%
Nursing	31.0%	196	31.7%	429	-0.7%
Nurse Practitioner	1.1%	179	1.0%	365	0.1%
Home Health Aides	17.3%	195	20.6%	425	-3.3%
Social Services	8.9%	197	9.0%	428	-0.1%
Physicians (excludes volunteers)	3.4%	190	4.6%	420	-1.2%
Chaplains	4.2%	196	5.4%	424	-1.2%
Other Clinical	2.2%	173	2.9%	387	-0.7%
Nursing (indirect clinical)	8.4%	195	8.3%	423	0.1%
Non-clinical (administrative/general)	20.4%	174	21.0%	223	-0.6%
Volunteer Coordinators	2.8%	173	4.3%	189	-1.5%
Bereavement	3.6%	193	5.0%	420	-1.4%
Turnover rate within each Discipline#					
Clinical (direct patient care)	24.5%	165	24.7%	374	-0.3%
Nursing	29.2%	163	30.8%	370	-1.6%
Nurse Practitioner	1.5%	139	0.7%	308	0.7%
Home Health Aides	21.0%	154	23.4%	361	-2.5%
Social Services	21.1%	148	20.7%	352	0.5%
Physicians (excludes volunteers)	15.4%	137	8.1%	338	7.3%
Chaplains	15.4%	142	15.4%	344	0.0%
Other Clinical	7.6%	136	4.2%	332	3.4%
Nursing (indirect clinical)	14.1%	144	15.8%	351	-1.7%
Non-clinical (administrative/general)	17.0%	139	20.4%	196	-3.4%
Volunteer Coordinators	13.6%	124	13.4%	138	0.1%
Bereavement	14.7%	138	14.2%	342	0.5%
All Staff	22.0%	166	23.6%	375	-1.6%

* FTE = full-time employee (1 FTE is equivalent to 2,080 hours per year or 40 hours per week). Totals may not equal sum of components due to independent rounding.

Total Discipline Separations divided by Total Discipline Non-PRN Employees.

N = Number of hospice agencies with available data.

Table 12. Volunteer Services

	2012					2011			Difference '11 to '12
	Agency Mean	25th %	Median	75th %	N	Agency Mean	Median	N	
TOTAL VOLUNTEERS									
Percent of Total Volunteers *									
Direct Patient Care	60.8%	41.6%	61.6%	82.6%	420	60.0%	59.8%	471	0.7%
Patient Care Support (clerical)	18.6%	7.1%	14.3%	27.1%	420	19.0%	14.8%	471	-0.4%
General Support (fundraising/board)	20.7%	0.0%	13.9%	33.4%	420	21.0%	13.3%	471	-0.3%
Number of Volunteers per Patient[¥]									
All Volunteer Types	0.26	0.11	0.19	0.32	461	0.27	0.19	543	-0.01
Direct Patient Care	0.13	0.07	0.11	0.19	457	0.15	0.11	492	-0.02
Patient Care Support (clerical)	0.06	0.02	0.04	0.08	408	0.06	0.04	477	0.00
General Support (fundraising/board)	0.11	0.02	0.05	0.14	271	0.13	0.06	316	-0.02
VOLUNTEER HOURS									
Percent of Total Volunteer Hours[¥]									
Direct Patient Care	52.0%	29.3%	52.1%	73.5%	414	54.2%	51.4%	459	-2.2%
Patient Care Support (clerical)	28.8%	11.3%	24.1%	43.4%	414	27.2%	22.6%	459	1.6%
General Support (fundraising/board)	19.2%	0.0%	9.8%	31.4%	414	18.6%	9.2%	459	0.6%
Volunteer Hours per Volunteer									
Hours per Volunteer [#]	48.5	26.4	42.3	66.3	491	44.4	38.3	490	4.1
Patient Visits per Volunteer	20.6	11.1	18.2	26.7	277	19.5	16.3	452	1.0
Phone Calls per Volunteer	8.9	1.2	4.7	12.3	120	6.0	3.5	117	2.9
Volunteer Hours as % of Total Staff Hours	4.7%	1.9%	3.8%	6.6%	234	4.6%	3.5%	465	0.1%
Volunteer Hours as % of Clinical Staff Hours	5.4%	2.3%	4.5%	7.8%	233	4.8%	3.7%	465	0.6%
Volunteer Visits as % of Total Visits	4.9%	2.0%	4.1%	6.6%	294	5.0%	4.0%	453	-0.1%
% of Patients Receiving Volunteer Services	35.2%	20.0%	31.6%	47.3%	178	34.4%	32.5%	174	0.9%

* Totals may not equal sum of components due to independent rounding.

¥ Number of volunteers divided by total patient admissions.

Volunteer hours divided by number of volunteers.

25th% = 25th percentile; Median = 50th percentile; 75th% = 75th percentile.

N = Number of hospice agencies with available data.



Table 13. Bereavement Services

	2012					2011			Difference '11 to '12
	Agency Mean	25th %	Median	75th %	N	Agency Mean	Median	N	
Total Hospice Family Members Served per Death *	1.7	1.0	1.3	2.1	799	1.8	1.3	796	-0.1
Agencies Offering Bereavement Services to the Community									
% in operation	92.5%				1,773	92.2%		1,711	0.3%
% in the planning phase	4.3%				1,773	4.6%		1,711	-0.2%
Contacts per Family Member									
Phone calls/Visits	2.9	1.1	2.1	3.7	412	2.5	2.0	454	0.4
Mailings	6.7	2.0	4.4	8.0	409	6.1	4.4	453	0.5
Total Contacts (phone calls/visits/mailings)	9.8	3.7	6.8	11.3	417	8.5	6.7	457	1.3
Contacts per Community Member									
Phone calls/Visits	2.0	0.6	1.2	2.7	277	1.7	1.0	302	0.3
Mailings	1.9	0.0	0.4	2.0	283	2.0	0.4	312	-0.1
Total Contacts (phone calls/visits/mailings)	4.1	1.0	2.1	5.9	285	4.0	2.0	308	0.1
Percent Served by Affiliation w/ Hospice									
Hospice Family Members	86.5%	77.3%	94.3%	100%	753	85.7%	92.9%	726	0.8%
Community Members	13.5%	0.0%	5.7%	22.7%	753	14.3%	7.1%	726	-0.8%
Distribution of Visits & Calls									
Hospice Family Members	87.2%	81.6%	90.0%	96.3%	302	84.9%	89.0%	321	2.3%
Community Members	12.8%	3.7%	10.0%	18.4%	302	15.1%	11.0%	321	-2.3%
Distribution of Mailings									
Hospice Family Members	95.8%	94.9%	99.5%	100%	374	96.2%	99.4%	404	-0.4%
Community Members	4.2%	0.0%	0.5%	5.1%	374	3.8%	0.6%	404	0.4%
Distribution of Total Contacts									
Hospice Family Members	91.7%	87.5%	94.5%	98.3%	314	91.4%	94.6%	334	0.3%
Community Members	8.3%	1.7%	5.5%	12.5%	314	8.6%	5.4%	334	-0.3%

* Total number of hospice family members who received bereavement services divided by agency deaths.

25th% = 25th percentile; Median = 50th percentile; 75th% = 75th percentile.

N = Number of hospice agencies with available data.



Table 14. Staff Management

	2012					2011			Difference '10 to '11
	Agency Mean	25th %	Median	75th %	N	Agency Mean	Median	N	
Patient Caseload*									
Nurse Case Manager	11.3	10.0	12.0	13.0	445	11.4	12.0	472	-0.1
Social Services	26.5	20.1	26.0	35.0	441	25.9	25.0	472	0.6
Home Health Aide	11.0	7.0	10.0	13.0	437	11.1	10.0	456	-0.1
Chaplains	35.9	20.0	35.0	50.0	428	37.7	36.0	448	-1.8
Volunteer Coordinator	47.6	15.0	34.0	75.0	366	52.4	35.0	331	-4.8
Medical Director	37.0	9.5	25.0	60.0	337	48.2	35.0	293	-11.2
Paid Home Hospice Hours per Patient Day[¥]									
Clinical	2.2	1.6	1.9	2.5	381	2.2	1.9	453	0.0
Nursing	1.0	0.7	0.9	1.2	381	1.0	0.9	450	0.0
Nurse Practitioner ^µ	0.0	0.0	0.0	0.1	188	0.0	0.0	450	0.0
Home Health Aides	0.6	0.4	0.5	0.8	380	0.6	0.5	448	0.0
Social Services	0.3	0.2	0.2	0.3	380	0.3	0.2	450	0.0
Physicians	0.1	0.0	0.1	0.2	364	0.2	0.1	434	-0.1
Chaplains	0.1	0.1	0.1	0.2	379	0.1	0.1	443	0.0
Other Clinical	0.1	0.0	0.0	0.1	337	0.0	0.0	417	0.1
Nursing (indirect clinical)	0.3	0.1	0.2	0.4	374	0.2	0.2	445	0.1
Non-Clinical	0.7	0.4	0.6	0.9	378	0.7	0.6	448	0.0
Volunteer Coordinator	0.2	0.0	0.1	0.1	208	0.1	0.1	194	0.1
All Staff (Clinical and Non-Clinical)	3.8	2.5	3.3	4.1	359	3.5	3.2	433	0.3
Average Daily Census per FTE[£]									
Clinical	2.7	2.1	2.8	3.3	237	2.5	2.6	458	0.2
Nursing	6.0	4.4	5.9	7.7	236	6.2	6.2	455	-0.2
Nurse Practitioner ^µ	150.1	74.0	124.2	199.3	112	139.3	112.0	146	10.8
Home Health Aide	11.1	7.8	10.6	13.8	235	9.6	9.7	454	1.5
Social Services	22.5	15.6	21.7	29.4	237	21.0	20.2	455	1.5
Physicians	61.9	13.2	48.7	90.3	229	43.0	28.3	448	18.9
Chaplains	47.8	26.5	45.5	66.7	236	37.3	35.3	453	10.5
Other Clinical	40.1	0.0	2.7	61.3	207	25.8	0.0	415	14.3
Nursing (indirect clinical)	21.1	10.5	18.1	31.4	235	18.8	16.6	450	2.3
Non-Clinical	10.5	5.5	7.5	14.2	215	9.1	8.1	229	1.4
Volunteer Coordinator	78.8	30.1	76.9	110.2	214	74.1	66.8	209	4.7
All Staff (Clinical and Non-Clinical)	1.8	1.4	1.8	2.2	237	1.9	1.9	458	-0.1

* Typical number of patients that staff member is responsible for at one time.

¥ ((Number of FTEs multiplied by 2080 hours) divided by Total Patient Days).

£ Agency daily census divided by Total employees (non-PRN). Interpreted as the number of patients per FTE.

µ Only data for hospices reporting the use of Nurse Practitioners included in analysis.

25th% = 25th percentile; Median = 50th percentile; 75th% = 75th percentile.

N = Number of hospice agencies with available data.

Table 15. Service Delivery - Home Hospice Visits

	2012					2011			Difference '11 to '12
	Agency Mean	25th %	Median	75th %	N	Agency Mean	Median	N	
VISITS PER PATIENT									
Visits per Home Care Admission, by Discipline*									
Clinical (direct patient care)	70.4	42.8	64.1	91.8	453	67.3	62.2	463	3.1
Nursing	27.0	18.2	24.3	33.1	453	26.2	24.2	458	0.8
Nurse Practitioner ^μ	0.7	0.3	0.6	1.0	103	0.5	0.4	136	0.2
Home Health Aides	29.5	14.0	25.2	40.9	450	28.4	25.0	460	1.1
Social Services	7.1	4.3	6.4	9.2	452	6.7	6.2	460	0.4
Paid Physicians	0.7	0.0	0.3	1.0	424	0.7	0.2	433	0.0
Chaplains	3.9	2.2	3.6	5.5	448	3.7	3.4	454	0.2
Other Clinical	0.6	0.0	0.1	0.7	409	0.5	0.1	425	0.1
Days Between Visits, by Discipline[£]									
Clinical (direct patient care)	1.6	1.2	1.5	1.9	896	1.3	1.4	844	0.3
Nursing	4.9	3.2	4.0	5.5	896	3.6	3.3	842	1.3
All Other Clinical Staff	2.7	1.8	2.5	3.3	894	2.2	2.4	843	0.5
VISITS PER STAFF MEMBER									
Visits per Week, by Discipline[#]									
Clinical (direct patient care)	14.4	10.9	14.2	17.3	453	14.2	13.9	467	0.2
Nursing	13.7	9.8	12.7	16.6	450	13.5	12.5	461	0.2
Nurse Practitioner ^μ	12.2	2.8	8.5	16.1	203	7.5	5.1	175	4.7
Home Health Aides	21.1	16.1	20.2	24.6	440	20.5	20.0	454	0.6
Social Services	12.0	8.4	11.2	14.4	446	11.8	10.8	459	0.2
Paid Physicians	7.5	0.2	2.8	10.8	335	7.5	3.0	359	0.0
Chaplains	14.1	9.0	13.0	17.7	416	13.6	13.0	428	0.5
Other Clinical	9.7	0.3	3.3	16.3	210	10.5	4.8	212	-0.8
Visits per 8-hour Day, by Discipline[¥]									
Clinical (direct patient care)	2.9	2.2	2.8	3.5	453	2.8	2.8	467	0.1
Nursing	2.7	2.0	2.5	3.3	450	2.7	2.5	461	0.0
Nurse Practitioner ^μ	2.4	0.6	1.7	3.2	203	1.5	1.0	171	0.9
Home Health Aides	4.2	3.2	4.0	4.9	440	4.1	4.0	454	0.1
Social Services	2.4	1.7	2.2	2.9	446	2.4	2.2	459	0.0
Paid Physicians	1.5	0.0	0.6	2.2	335	1.5	0.6	359	0.0
Chaplains	2.8	1.8	2.6	3.5	416	2.7	2.6	428	0.1
Other Clinical	1.9	0.1	0.7	3.3	210	2.1	1.0	212	-0.2

* Total discipline home hospice visits divided by Total home, nursing facility, and residential admissions.

£ (Total days of routine care + continuous care) divided by Total discipline visits.

(Total discipline home hospice visits / Total discipline home hospice FTEs) divided by 52.

¥ (Total discipline home hospice visits / Total discipline home hospice FTEs) divided by 260.

μ Only data for hospices reporting the use Nurse Practitioners included in analysis.

25th% = 25th percentile; Median = 50th percentile; 75th% = 75th percentile.

N = Number of hospice agencies with available data.

**Table 16. Agency Revenue and Expenses**

	2012			2011			<i>Difference '11 to '12</i>
	Agency Mean	Median	N	Agency Mean	Median	N	
REVENUE AND EXPENSE DISTRIBUTIONS (Not-for profit agencies only)							
Percent of Total Revenue							
Hospice Service	88.5%	92.9%	276	83.8%	90.1%	215	4.7%
Fundraising & Contributions	5.3%	2.9%	276	8.3%	3.6%	215	-3.0%
Other Revenue	6.2%	1.5%	276	8.0%	2.4%	215	-1.8%
Percent of Total Expenses							
Hospice Service	89.0%	95.3%	258	90.5%	96.6%	200	-1.5%
Fundraising & Contributions	3.4%	0.4%	258	2.5%	0.9%	200	1.0%
Other Expenses	7.6%	2.8%	258	7.0%	1.3%	200	0.6%

N = Number of hospice agencies with available data.

**Table 17. Cost per Patient Day from FY2011 - FY2010 Medicare Hospice Cost Report**

	2011		2010		Percent Change '10 to '11
	Median Cost	N	Median Cost	N	
MEDIAN COST PER PATIENT DAY (limited to Medicare-Certified Hospices)*					
General Service Cost Centers					
Capital Related Costs – Building	\$ 3.73	3,498	\$ 3.66	3,443	1.8%
Capital Related Costs – Equipment	\$ 1.01	3,498	\$ 1.10	3,443	-8.5%
Plant Operation & Maintenance	\$ 1.31	3,498	\$ 1.35	3,443	-3.1%
Transportation – Staff	\$ 2.97	3,498	\$ 3.21	3,443	-8.1%
Volunteer Service Coordination	\$ 3.04	3,498	\$ 2.85	3,443	6.5%
A&G Allocations	\$ 48.69	3,498	\$ 45.99	3,443	5.5%
Inpatient Care Service Cost Centers					
Inpatient General Care	\$ 510.97	3,498	\$ 498.93	3,443	2.4%
Inpatient Respite Care	\$ 146.47	3,498	\$ 142.06	3,443	3.0%
All Visiting Services Cost Centers					
Physician Services	\$ 2.62	3,498	\$ 2.30	3,443	12.5%
Nursing Care	\$ 35.42	3,498	\$ 34.37	3,443	3.0%
Physical Therapy	\$ 0.09	3,498	\$ 0.08	3,443	6.2%
Occupational Therapy	\$ 0.03	3,498	\$ 0.03	3,443	1.2%
Speech / Language Pathology	\$ 0.02	3,498	\$ 0.02	3,443	-13.6%
Medical Social Services - Direct	\$ 5.91	3,498	\$ 5.82	3,443	1.6%
Spiritual Counseling	\$ 3.28	3,498	\$ 3.20	3,443	2.5%
Dietary Counseling	\$ 0.09	3,498	\$ 0.08	3,443	3.3%
Counseling - Other	\$ 1.84	3,498	\$ 1.94	3,443	-5.5%
Home Health Aides and Homemakers	\$ 9.83	3,498	\$ 9.52	3,443	3.1%
Other-Patient and Family Support	\$ 0.81	3,498	\$ 1.10	3,443	-35.5%
Other Services Cost Centers					
Drugs Biologicals & Infusion Therapy	\$ 8.27	3,498	\$ 8.33	3,443	-0.7%
Durable Medical Equipment & Oxygen	\$ 5.98	3,498	\$ 5.94	3,443	0.7%
Patient Transportation	\$ 0.35	3,498	\$ 0.35	3,443	0.3%
Imaging Services	\$ 0.08	3,498	\$ 0.08	3,443	-9.7%
Labs and Diagnostics	\$ 0.13	3,498	\$ 0.13	3,443	-4.7%
Medical Supplies	\$ 2.31	3,498	\$ 2.24	3,443	3.2%
Outpatient Services	\$ 0.29	3,498	\$ 0.28	3,443	2.4%
Radiation Therapy	\$ 0.11	3,498	\$ 0.11	3,443	0.1%
Chemotherapy	\$ 0.10	3,498	\$ 0.19	3,443	-97.0%
Non-reimbursable Services					
Bereavement Program	\$ 1.32	3,498	\$ 1.33	3,443	-1.1%
Volunteer Program	\$ 0.19	3,498	\$ 0.17	3,443	9.8%
Fundraising	\$ 2.17	3,498	\$ 2.07	3,443	4.7%

* Cost per patient day estimates represent the expenses associated with providing care for each day that a patient is enrolled under the Medicare Hospice Benefit. It is calculated by dividing the total cost center expense by the total unduplicated hospice enrollment days. Cost estimates derived from analysis of FY2011 Medicare hospice cost report data (complete FY2012 costs were not available at time of analysis).

N = Number of hospice agencies with available data.

Table 18. Inpatient Facilities or Residential Units

INPATIENT FACILITY STATUS	2012		2011		Difference '11 to '12
	% of Agencies	N	% of Agencies	N	
Percent of Agencies with Facilities					
% Operating Inpatient Facility or Unit	25.0%	1,908	24.0%	1,837	1.1%
Facility Location					
Freestanding	54.8%	219	59.1%	872	-4.3%
In Hospital	20.1%	219	23.1%	872	-3.0%
In Nursing Home	6.4%	219	5.2%	872	1.2%
Other	18.7%	219	12.7%	872	6.0%
Level of Care Provided					
Acute or General Inpatient	50.5%	194	47.9%	886	2.7%
Mixed (acute/general and residential)	44.3%	194	38.0%	886	6.3%
Residential	5.2%	194	14.1%	886	-9.0%
INPATIENT LEVEL OF CARE MIX	% of Patients	N	% of Patients	N	
Percent of Total Admissions*					
General Inpatient Care	83.6%	138	86.2%	177	-2.6%
Residential or Routine Care	9.8%	132	8.9%	164	0.9%
Inpatient Respite Care	6.6%	123	4.9%	125	1.7%
Percent of Total Deaths					
General Inpatient Care	92.0%	137	92.3%	171	-0.3%
Residential or Routine Care	7.1%	132	6.6%	164	0.5%
Inpatient Respite Care	0.9%	120	1.1%	115	-0.2%
Percent of Live Discharges*					
General Inpatient Care	67.2%	134	63.5%	126	3.7%
Residential or Routine Care	15.5%	128	20.5%	123	-5.0%
Inpatient Respite Care	17.3%	117	16.0%	118	1.4%
Percent of Patients Served					
General Inpatient Care	83.9%	137	85.9%	131	-2.0%
Residential or Routine Care	9.2%	130	8.8%	119	0.3%
Inpatient Respite Care	6.9%	121	5.3%	119	1.7%
Percent of Total Days					
General Inpatient Care	70.4%	141	77.2%	177	-6.8%
Residential or Routine Care	26.5%	136	19.3%	166	7.2%
Inpatient Respite Care	3.1%	126	3.5%	125	-0.4%
INPATIENT LENGTH OF SERVICE	Mean Days	N	Mean Days	N	
Average LOS					
General Inpatient Care	7.7	119	8.8	151	-1.1
Residential or Routine Care	18.9	104	23.1	114	-4.2
Inpatient Respite Care	5.1	70	5.5	62	-0.4
INPATIENT STAFFING	%	N	%	N	
Percent of Total Inpatient FTEs					
Clinical	81.6%	191	82.0%	170	-0.5%
Nursing	42.3%	191	42.4%	170	-0.1%
Social Services	3.7%	187	3.9%	164	-0.2%
Health Aides	28.5%	191	28.6%	170	-0.1%
Physicians	2.5%	180	2.7%	155	-0.2%
Chaplains	1.8%	183	1.6%	156	0.2%
Other Clinical	2.8%	173	2.9%	157	-0.1%
Non-clinical	15.9%	187	15.2%	168	0.7%

* Admission and live discharge data include transfers in level-of-care regardless if the patient remains with the same hospice organization.

N = Number of hospice agencies with available data.

Note: This section contains small cell counts; results should be interpreted with caution.



Additional Resources for NHPCO Members

In addition to this *National Summary of Hospice Care*, NHPCO members can access national-level summary statistics in the quarterly and semiannual reports produced for the Performance Measure tools listed below.

Tool	Population	Report Frequency	Agency-Level Reports	Web Site
Evaluation of Care Tools				
Patient Outcomes and Measures	Hospice patients	Quarterly	No	www.nhpc.org/outcomemeasures
Family Evaluation of Bereavement Services	Family caregivers	Semi-annually	Yes	www.nhpc.org/febs
Family Evaluation of Hospice Care	Family caregivers	Quarterly	Yes	www.nhpc.org/fehpc
Family Evaluation of Palliative Care	Family caregivers	Semi-annually	Yes	www.nhpc.org/fepc
Organization and Program Evaluation Tools				
National Summary of Hospice Care – Peer Reports ¹	Hospice agencies	Annually	No	www.nhpc.org/nds
Survey of Team Attitudes and Relationships	Hospice staff	Ongoing	Yes	www.nhpc.org/star

¹ *The National Summary of Hospice Care – Peer Reports* are available for purchase by provider-members of NHPCO. A 50% discount is applied to those organizations who submit data to the NHPCO National Data Set.