



NHPCO 2006 National Summary of Hospice Care:

Statistics and Trends from the 2006 National Data Set and 2006 NHPCO Membership Survey

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EXECUTIVE SUMMARY

BACKGROUND

The National Hospice and Palliative Care Organization tracks key demographics and outcomes measures on hospice patients, caregivers, and providers. The primary source of these findings are the hospice and palliative care providers who participate in NHPCO's National Data Set, a comprehensive annual survey supported by many of our state organization partners. Data from the National Data Set initiative are supplemented by information NHPCO gathers from other sources. For these findings, this included information from hospice and palliative care programs that completed NHPCO's annual membership survey, Medicare certification data from the CMS Provider of Services file, and studies published in peer-reviewed journals.

This report contains comprehensive national estimates and statistical trends for the following areas of hospice care:

- Program Demographics;
- Patient Demographics;
- Processes of Care, including Volunteer Services and Bereavement Services;
- Staffing Management and Delivery;
- Payer Mix and Revenue; and
- Inpatient Unit / Residential Facility Demographics.

Detailed costs of hospice care were removed from the survey in 2005. NHPCO is conducting a separate, comprehensive analysis of all cost reports submitted to CMS by Medicare-certified providers.

To show the range of hospice performance, the attached tables provide national statistics for both 2005 and 2006. Where appropriate, percent distributions, agency means, and population means are reported. Missing data were handled through the pairwise deletion technique. Percentile rankings, including the 25th, 50th (median) and 75th percentiles are included. Percentile rankings are used to measure central tendency and may be interpreted as x% of hospice programs reported a value above or below this value. The number of valid responses to each section is reported as the "N". Note that response rates can differ dramatically across and within sections, so results should be interpreted with caution.

Interested in learning more about NHPCO's National Data Set initiative?

Please visit NHPCO's National Data Set (NDS) Web page at www.nhpc.org/nds for the latest announcements and to access NDS resources, including:

- NDS survey form;
- NDS 101 – an overview of the NDS initiative, FAQs, and Helpful hints for calculations;
- NHPCO's online data submission system, known as "DART"; and
- National summary reports (NHPCO provider members only).

Questions regarding the National Data Set survey, online data submission, and summary reports should be directed to nds@nhpc.org.



NUMBER OF PATIENTS SERVED BY HOSPICE KEEPS RISING

NHPCO estimates that 1.3 million patients received services from hospice in 2006, a 162% increase in 10 years (Figure 1). This estimate includes approximately 870,000 patients who died under hospice care, another 210,000 who were admitted to hospice in 2006 but carried over to 2007, and approximately 220,000 patients who were discharged alive. NHPCO estimates that approximately 36% of all deaths in the United States in 2006 were under the care of a hospice program.

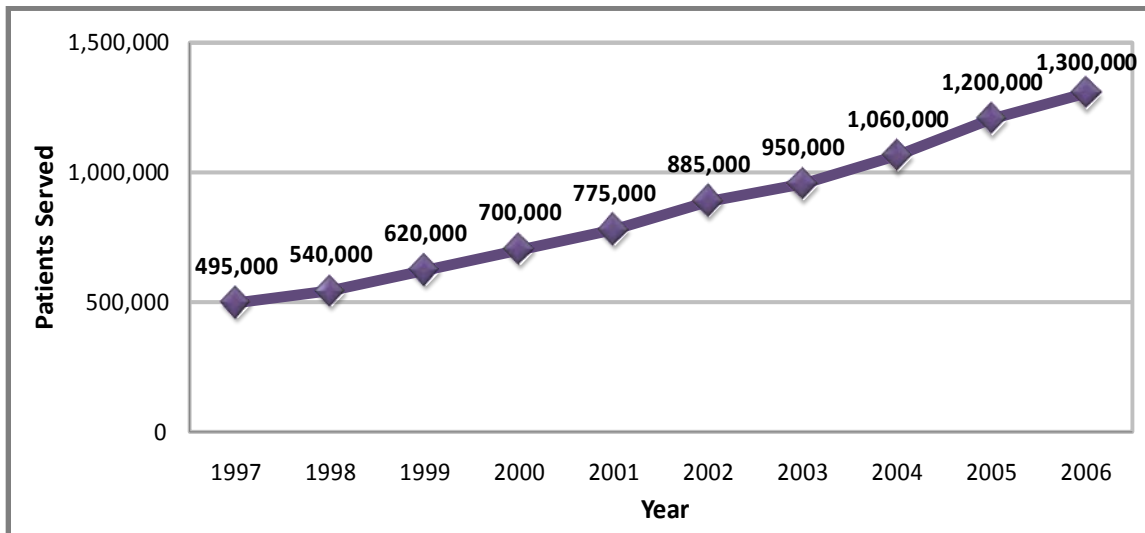


Figure 1. Total Hospice Patients Served by Year

Source: NHPCO estimate.

LENGTH OF SERVICE HOLDS STEADY

In 2006, the average length of service for a patient receiving hospice care held steady at 59 days (Figure 2). The median length of service — a more accurate gauge in understanding the experience of the typical patient — declined to 20.6 days.

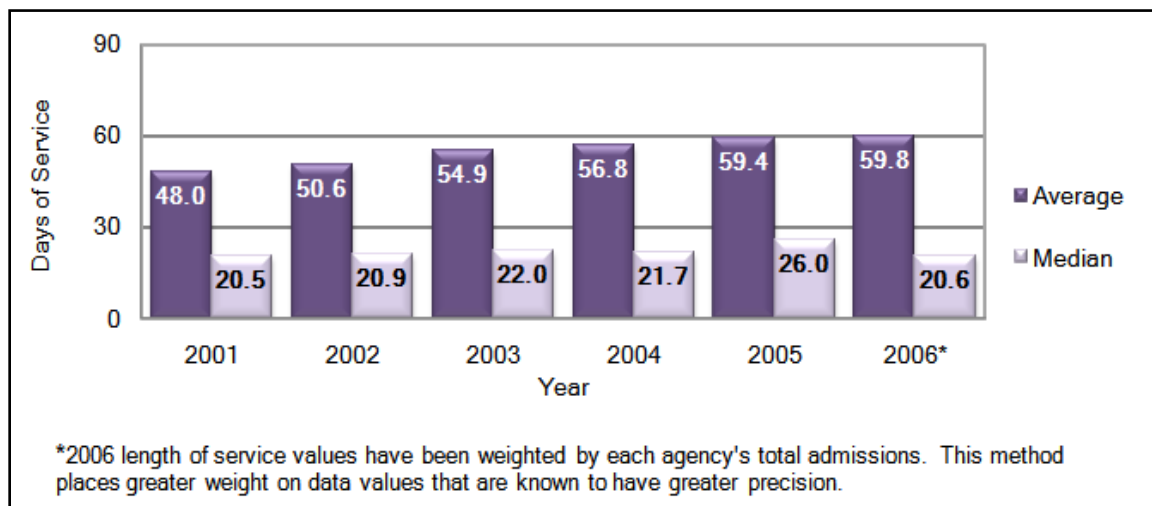


Figure 2. Length of Service by Year, 2001 - 2006

Source: NHPCO National Data Set.

MOST HOSPICE PATIENTS ARE DYING IN THE PLACE THEY CALL “HOME”

Three out of every four hospice patients (74.1%) died in a private residence, nursing home, or other residential facility versus acute-care hospital settings in 2006 (Figure 3). This exceeds the rate seen in the general population, in which about 50% die in acute hospitals.¹

While the majority of patient care is provided in the place the patient calls home, 19.6% of hospices also operate a dedicated inpatient unit or facility. Most of these facilities (87.1%) are either freestanding or located within a hospital and provide a mix of acute and residential care. These facilities are typically found in larger agencies with an average daily census greater than 200 patients. Only 8.8% of hospice patients died in a hospital setting that was not managed by the hospice organization.

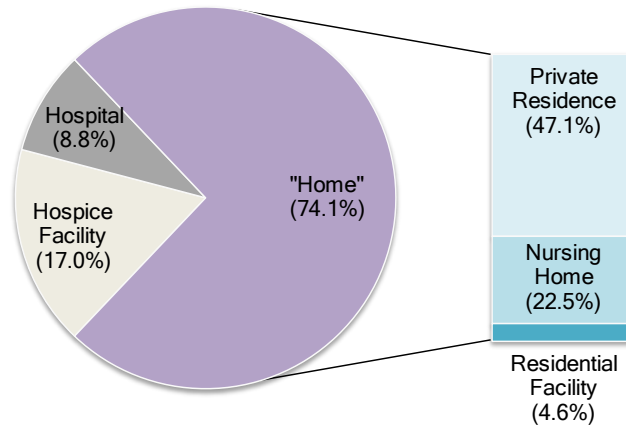


Figure 3. Location of Death
Source: NHPCO National Data Set

NEW RESEARCH FINDS PATIENTS DO LIVE LONGER UNDER HOSPICE CARE

A recent study published in the *Journal of Pain and Symptom Management* reported that hospice care may prolong the lives of some terminally ill patients.² Among the patient populations studied, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care. Researchers selected 4,493 terminally ill patients with either congestive heart failure (CHF) or cancer of the breast, colon, lung, pancreas, or prostate. They then analyzed the difference in survival periods between those who received hospice care and those who did not.

Longer lengths of survival were found in four of the six disease categories studied. The largest difference in survival between the hospice and non-hospice cohorts was observed in CHF patients where the mean survival period jumped from 321 days to 402 days. The mean survival period also was significantly longer for the hospice patients with lung cancer (39 days) and pancreatic cancer (21 days), while marginally significant for colon cancer (33 days).

¹ Teno, JM. 2004. The Brown Atlas of Dying. Brown University Center for Gerontology and Health Care Research. [Online]. Available: <http://www.chcr.brown.edu/dying> [accessed November 1, 2007].

² Connor SR, Pyenson B, Fitch K, Spence C, Iwasaki K. Comparing hospice and nonhospice patient survival among patients who die within a three-year window. *J Pain Symptom Manage*. 2007 Mar;33(3):238-46.



PATIENT DIVERSITY

Proportion of Non-Cancer Admissions Continues to Rise

When the U.S. hospice community was established in the 1970s, cancer patients made up the largest percentage of hospice admissions, but today cancer diagnoses account for fewer than half of all hospice admissions (44.1%) (Table 1). In fact, less than 25 percent of U.S. deaths are now caused by cancer, with the majority of deaths due to chronic conditions.³ In 2006, the top five chronic conditions served by hospice included heart disease (12.2% of admissions), debility unspecified (11.8%), dementia (10.0%), and lung disease (7.7%).

Table 1. Percentage of Hospice Admissions by Primary Diagnosis

Primary Diagnosis	2006	2005
Cancer	44.1%	46.4%
Non-Cancer Diagnoses	55.9%	53.6%
Heart Disease	12.2%	12.0%
Debility Unspecified	11.8%	9.2%
Dementia, including Alzheimer's Disease	10.0%	9.8%
Lung Disease	7.7%	7.5%
Stroke or Coma	3.4%	3.3%
Kidney Disease	2.9%	2.9%
Motor Neuron Diseases	2.0%	2.1%
Liver Disease	1.8%	1.7%
HIV / AIDS	0.5%	0.5%
Other Diagnoses	3.7%	4.7%

Source: NHPCO National Data Set.

Increased Racial Diversity in the Patient Population

Following patterns seen in the U.S. general population, the percentage of hospice patients of minority race continues to grow (19.1% minority in 2006 vs. 17.8% minority in 2005), particularly in patients who identify themselves as multiracial or of other race (Table 2).

Table 2. Percentage of Hospice Patients by Race

Patient Race	2006	2005
Caucasian	80.9%	82.2%
Multiracial or Other Race	8.8%	8.3%
Black / African American	8.2%	7.5%
Asian, Hawaiian, or Other Pacific Islander	1.8%	1.7%
American Indian or Alaskan Native	0.3%	0.3%

Source: NHPCO National Data Set.

³ Miniño AM, Heron MP, Murphy SL, Kochanek, KD. Deaths: Final Data for 2004. National vital statistics reports; vol 55 no 19. Hyattsville, MD: National Center for Health Statistics. 2007.



More Hospice Patients Over 65 Now Being Served

Four out of five hospice patients are 65 years of age or older — and one-third of all hospice patients are 85 years of age or older (Table 3). As the U.S. population ages, the number of patients ages 65 and older is also expected to grow.

Table 3. Percentage of Hospice Patients by Age

Patient Age Group	2006	2005
Less than 35 Years	0.9%	1.1%
35 – 64 Years	17.3%	17.8%
65 – 74 Years	17.1%	18.1%
75 – 84 Years	31.4%	30.8%
85+ Years	33.2%	32.2%

Source: NHPCO National Data Set.

New Research Findings on Hospice Utilization in 65+ Age Group

An in-depth analysis of all Medicare beneficiaries age 65+ who died in 2002 was recently conducted by researchers at Harvard University in cooperation with NHPCO. The analysis validated what previous, smaller studies have shown about this age 65+ population:

- female decedents use hospice services more than their male counterparts (30% vs. 27% in 2002);
- white decedents use hospice services more than blacks (29% vs. 22% in 2002); and
- overall, roughly one in three older Americans use hospice services (28.6% in 2002).⁴

That study also reported that hospice use was higher for diseases that impose a high burden on caregivers, or diseases that predictably lead to death. The three causes of death with the highest hospice utilization rates (i.e., malignancies, nephritis/kidney disease, and Alzheimer's disease) correspond to diseases that commonly impose high burdens of caregiving on family caregivers and/or that make it easier for decision makers to predict the time frame of death.

⁴ Connor SR, Elwert F, Spence C, Christakis NA. Geographic variation in hospice use in the United States in 2002. *J Pain Symptom Manage.* 2007 Sep;34(3):277-85.

PROVIDER DEMOGRAPHICS

An Upward Trend in Program Growth

The number of hospice programs nationwide continues to increase — from the first program that opened in 1974 to more than 4,500 programs today (Figure 4).

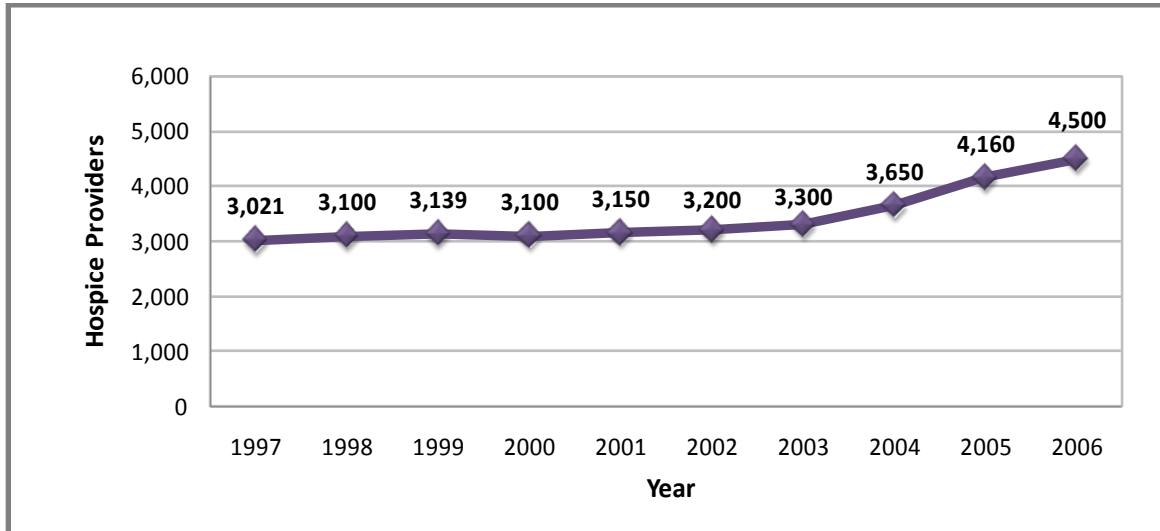


Figure 4. Total Hospice Providers by Year

Source: NHPCO estimate. Includes primary and multiple locations.

Growth in Small, Freestanding Programs

Most of the recent growth in the hospice industry has been seen in small free-standing programs. In 2006, the median daily census was 45.6 patients and only 16.2% of providers routinely care for more than 100 patients per day (Figure 5).

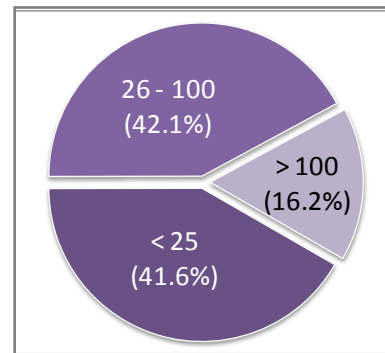


Figure 5. Average Daily Census

Source: NHPCO National Data Set.

Trends in Provider Tax Status

While the majority of hospice providers have not-for-profit tax status, industry growth is being seen in the for-profit sector (Figure 6). Through comprehensive analysis of the CMS Provider of Services data file, NHPCO now estimates that 49% of providers in 2006 had not-for-profit tax status. Conversely, the percentage of providers with for-profit tax status is now estimated to be 46%. Government programs, such as U.S. Department of Veterans Affairs medical centers and county-run hospices, comprise the smallest percentage of providers (5% in 2006).

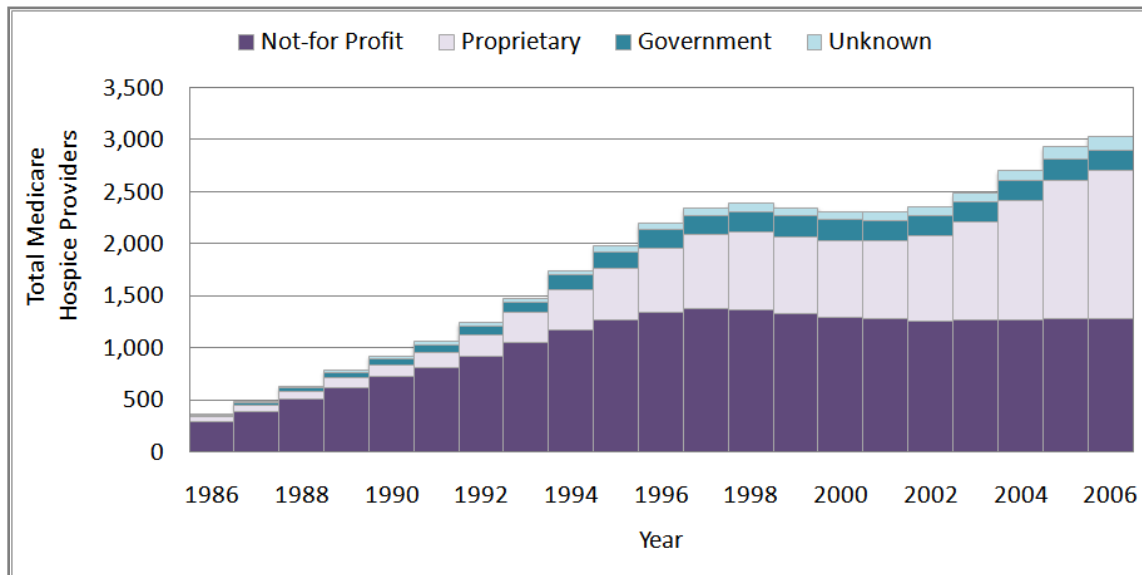


Figure 6. Number of Medicare-certified Hospice Providers by Tax Status

Source: NHPCO analysis of CMS Provider of Services data file, 2006.

COST OF CARE

Role of the Medicare Hospice Benefit

The Medicare Hospice Benefit, enacted by Congress in 1982, is the dominant source of payment to hospice providers. In order to be eligible for this benefit, beneficiaries must be entitled to Medicare Part A and be certified by their medical doctor and the hospice medical director as having a terminal condition with a prognosis of six months or less to live if the illness were to run its natural course. Currently, there are two initial 90-day benefit periods followed by an unlimited number of 60-day periods (each period requires physician re-certification).

The percentage of patients covered by the Medicare Hospice Benefit (versus other payment sources) is currently 83.7% (Table 4). Most hospice agencies (92.6%) have been certified by CMS to file for reimbursement under the Medicare Hospice Benefit. There also exists a small minority of all-volunteer programs that do not seek federal reimbursement for patient care, but instead rely on community donations for support.

Table 4. Percentage of Patients Served by Payer

Payer	2006	2005
Hospice Medicare	83.7%	87.2%
Hospice Medicaid	5.3%	5.1%
Managed Care or Private Insurance	8.0%	5.4%
Self Pay	0.7%	0.6%
Uncompensated or Charity Care	1.6%	0.9%
Other Payer	0.7%	0.8%

Source: NHPCO National Data Set.



New Research Demonstrates Cost Savings

In 2007, findings of a major new study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families.⁵ Researchers at Duke University found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient. Additionally, Medicare costs would be reduced for seven out of 10 hospice recipients if hospice has been used for a longer period of time the study found. For cancer patients, hospice use decreased Medicare costs up until 233 days of care. For non-cancer patients, there were cost savings seen up until 154 days of care. While hospice use beyond these periods cost Medicare more than conventional care, the report's authors wrote that "More effort should be put into increasing short stays as opposed to focusing on shortening long ones."

Revenue

In 2006, the typical hospice program earned \$182 per day and \$11,646 per admission. For not-for-profit entities, hospice service accounts for 84.4% of revenue, whereas fundraising, contributions, and other revenue make up 15.7% of total revenue.

PROCESSES OF CARE

Bereavement Support

There is continued commitment to bereavement services for both family members of hospice patients and for the community at large. On average, about two family members per hospice death receive bereavement support from their hospice and they typically will receive seven contacts (including follow-up phone calls, visits and mailings) throughout the post-death year. Most agencies (93.9%) also offer community-wide bereavement programs; community members account for about 16.5% of those served by hospice bereavement programs.

Volunteer Commitment

In 2006, there were an estimated 400,000 volunteers in hospice, representing 5.1% of all clinical staff hours. The number of direct patient care volunteers per patient increased slightly (from 0.19 in 2005 to 0.20 in 2006). Most volunteers are assisting with direct patient care (58.9%), but an increase in general support volunteers (e.g., fundraising activities; board of directors) was also seen. In 2006, the typical hospice volunteer devoted a total of 40.7 hours over the course of the year and patient care volunteers made an average of 18.5 visits to hospice patients.

Staffing Management and Service Delivery

Hospice staff productivity continues to center on direct patient care: 75.6% of home hospice full-time equivalent employees (FTEs) and 76.5% of total FTEs are designated for direct patient care or bereavement support. Nursing staff continues to comprise the largest percentage of full-time equivalent staff by discipline, while paid physicians represent the smallest. Patient caseloads held steady in 2006. On average, nurse case managers were responsible for 10.5 patients, social service workers were responsible for 23.4 patients, and home health aides were responsible for 8.8 patients.

⁵ Taylor DH Jr, Ostermann J, Van Houtven CH, Tulsky JA, Steinhauer K. What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program? *Soc Sci Med*. 2007 Oct;65(7):1466-78.



Table A1. Hospice Agency Demographics

	2006		2005		Percent Change '05 to '06
	Percent of Agencies	N	Percent of Agencies	N	
TOTAL HOSPICE PROVIDERS					
Total Agencies		3,500		3,100	12.9%
Total Sites, including Satellite Offices		4,500		4,160	8.2%
AGENCY OWNERSHIP*¹					
Free Standing	56.2%	3,267	52.0%	1,974	4.2%
Hospital Based	22.6%	3,267	28.0%	1,974	-5.5%
Home Health Based	20.1%	3,267	19.4%	1,974	0.7%
Nursing Home Based	1.2%	3,267	0.7%	1,974	0.5%
TAX STATUS*					
Not for Profit (501c3 status)	49.0%	3,424	67.6%	2,050	-18.7%
For Profit	46.0%	3,424	27.2%	2,050	18.8%
Government	5.1%	3,424	5.2%	2,050	-0.1%
GEOGRAPHIC LOCATION SERVED					
Primarily Urban	30.2%	599	29.1%	685	1.2%
Primarily Rural	29.1%	599	27.9%	685	1.2%
Mixed Urban and Rural	40.7%	599	43.1%	685	-2.3%
INPATIENT SERVICES*					
% Operating Inpatient Facility or Residence	19.6%	2,279	18.4%	2,115	1.2%
AVERAGE DAILY CENSUS*²					
< 26 Patients	41.6%	2,236	36.5%	905	5.2%
26 - 100 Patients	42.1%	2,236	40.8%	905	1.4%
101 - 500 Patients	15.0%	2,236	20.9%	905	-5.9%
> 500 Patients	1.2%	2,236	1.9%	905	-0.7%
TOTAL PATIENT ADMISSIONS*					
< 50	17.9%	2,450	16.1%	1,962	1.9%
50 - 150	29.0%	2,450	27.4%	1,962	1.6%
151 - 500	34.1%	2,450	34.6%	1,962	-0.4%
501 - 1,500	14.5%	2,450	16.7%	1,962	-2.2%
> 1,500	4.5%	2,450	5.3%	1,962	-0.8%
CERTIFICATION & ACCREDITATION*					
Medicare-certified Hospice Provider	92.3%	3,452	93.6%	2,042	-1.3%
Independently Accredited	80.4%	1,578	75.2%	1,346	5.2%
Joint Commission (formerly JCAHO)	56.8%	1,578	60.3%	1,239	-3.5%
Community Health Accreditation Program	17.2%	1,578	13.9%	1,192	3.2%
Accreditation Commission for Health Care	1.7%	1,578	3.3%	1,183	-1.6%
Other Accreditation(s)	5.3%	1,578	8.4%	1,093	-3.1%
STATE MEMBERSHIPS*					
Member of State Hospice Association	92.6%	503	89.0%	1,883	3.6%
Member of State Home Health Association ³	40.0%	355			

¹ Based on Medicare filing status.

N = Number of hospice agencies with available data.

² Total patient care days divided by 365.³ New data element beginning with FY2006 NDS survey.

* NDS data supplemented with NHPCO membership data and beginning in 2006, CMS Provider of Services certification data.

Table A2. Patient Volume

	2006					2005		Percent Change '05 to '06
	Agency Mean	25th%	Median	75th%	N	Agency Mean	N	
PATIENT VOLUME								
Total Patient Days	27,300	7,492	16,979	38,393	768	26,212	790	4.2%
Daily Census ¹	74.8	20.5	46.5	105.2	768	67.2	904	11.4%
Unique Patients Served ²	433.4	110.0	261.5	562.0	786	442.1	879	-2.0%
Total Admissions	394.0	102.0	234.0	544.0	855	401.5	872	-1.9%
<i>Re-admissions as a percentage of Total Admissions</i>	4.6%	1.8%	3.8%	6.2%	321	3.9%	509	0.7%
Total Deaths	328.8	80.0	196.5	441.0	832	320.1	898	2.7%
Non-death Discharges As a Percentage of Total Discharges	15.7%	10.0%	13.6%	18.8%	832	14.8%	799	1.0%
Reason for Non-death Discharge³								
a. Prognosis Extended	29.1%	11.4%	27.9%	45.0%	464			
b. Patient Desired Curative Treatment	20.1%	1.1%	15.1%	33.3%	464			
c. Patient Refused Service	12.5%	0.0%	3.4%	20.9%	464			
d. Patient Moved out of Area	8.3%	0.2%	6.3%	13.3%	464			
e. Patient Transferred to Another Local Hospice	7.1%	0.0%	4.3%	11.1%	464			
f. Discharged by Hospice for Cause	1.6%	0.0%	0.0%	0.0%	464			
g. Other reason(s)	12.2%	0.0%	1.9%	20.0%	464			
Referrals								
Percentage of Referrals Converted to Admissions	77.0%	68.7%	78.0%	86.7%	739	78.1%	433	-1.2%
Referral Source ³								
a. Physician	35.0%	19.5%	30.3%	48.5%	452			
b. Hospital	27.1%	14.9%	26.7%	39.5%	452			
c. Nursing Facility	11.9%	3.4%	9.7%	19.2%	452			
d. Home Health Agency	3.1%	0.0%	1.7%	4.7%	452			
e. Self, Family, or Friend	10.4%	2.1%	7.9%	16.7%	452			
f. Other	7.4%	0.0%	3.8%	12.3%	452			

¹ Total patient days divided by 365.

² New admissions + carryovers.

³ New data element beginning with FY2006 NDS survey. Totals may not equal sum of components due to independent rounding.

N = Number of hospice agencies with available data.

25th% = 25th percentile (25% of agencies reported a number lower than this value).

Median = 50th percentile (half of agencies reported a number lower or higher than this value).

75th% = 75th percentile (75% of agencies reported a number lower than this value).



Table A3. Patient Demographics

	2006		2005		Percent Change '05 to '06
	Percent of Patients	N	Percent of Patients	N	
GENDER					
Female	55.6%	995	56.2%	1,020	-0.6%
Male	44.4%	995	43.8%	1,020	0.6%
AGE					
< 65 / 65 +					
< 65 years	18.3%	797	18.9%	837	-0.6%
65+ years	81.7%	797	81.1%	837	0.6%
Detailed Age Distribution					
0 - 24 years	0.5%	697	0.7%	564	-0.2%
< 1y (% of 0-24)	22.2%	697	17.4%	564	4.7%
1 - 4y (% of 0-24)	17.1%	697	15.1%	564	2.0%
5 - 14y (% of 0-24)	25.1%	697	21.4%	564	3.7%
15 - 24y (% of 0-24)	35.6%	697	46.1%	564	-10.4%
25 - 34 years	0.4%	697	0.4%	564	0.0%
35 - 64 years	17.3%	697	17.8%	564	-0.4%
65 - 74 years	17.1%	697	18.1%	564	-1.0%
75 - 84 years	31.4%	697	30.8%	564	0.6%
ETHNICITY¹					
Non-Hispanic / Latino origin	95.1%	791	95.2%	805	-0.1%
Hispanic / Latino origin	4.9%	791	4.8%	805	0.1%
RACE¹					
Asian, Hawaiian, Other Pacific Islander	1.8%	830	1.7%	949	0.1%
American Indian or Alaskan Native	0.3%	832	0.3%	916	0.0%
Black / African American	8.2%	831	7.5%	979	0.8%
Multiracial or Other Race	8.8%	831	8.3%	980	0.5%
White / Caucasian	80.9%	832	82.2%	1,015	-1.3%

¹ 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 A4. Patient Demographics - Primary Diagnosis

	2006		2005		Percent Change '05 to '06
	Percent of Patients	N	Percent of Patients	N	
Total Admissions by Diagnosis¹					
Cancer	44.1%	755	46.4%	788	-2.3%
Non-Cancer Diagnoses	55.9%	755	53.6%	788	2.3%
Heart Disease	12.2%	750	12.0%	783	0.2%
Debility Unspecified	11.8%	734	9.2%	627	2.6%
Dementia	10.0%	745	9.8%	775	0.3%
Lung Disease	7.7%	741	7.5%	779	0.2%
Stroke or Coma	3.4%	698	3.3%	692	0.1%
Kidney Disease	2.9%	725	2.9%	763	0.1%
Liver Disease	1.8%	712	1.7%	698	0.1%
Non-ALS Motor Neuron	1.7%	454	1.6%	661	0.1%
HIV / AIDS	0.5%	668	0.5%	476	0.0%
Amyotrophic Lateral Sclerosis (ALS)	0.3%	375	0.5%	729	-0.1%
Other	3.7%	688	4.7%	734	-1.0%
Total Deaths by Diagnosis²					
Cancer	44.9%	609	47.1%	431	-2.2%
Non-Cancer Diagnoses	55.1%	609	52.9%	431	2.2%
Heart Disease	11.9%	605	11.2%	428	0.7%
Dementia	10.3%	603	9.5%	423	0.7%
Debility Unspecified	7.6%	359	8.7%	367	-1.2%
Lung	6.9%	603	7.2%	426	-0.3%
Stroke or Coma	3.8%	589	3.8%	408	0.0%
Kidney Disease	3.0%	600	3.0%	419	0.0%
Liver Disease	1.7%	596	1.7%	414	0.0%
Non-ALS Motor Neuron	1.3%	401	1.7%	401	-0.3%
HIV / AIDS	0.4%	579	0.4%	396	-0.1%
ALS	0.4%	581	0.4%	399	0.0%
Other	7.8%	595	5.3%	393	2.6%
Live Discharge Rate Per Diagnosis³					
Cancer	11.3%	364	11.4%	380	-0.1%
Non-Cancer Diagnoses	16.2%	364	15.5%	386	0.7%
Heart Disease	17.9%	361	17.1%	374	0.8%
Debility Unspecified	18.6%	346	18.8%	326	-0.3%
Dementia	15.8%	356	14.3%	354	1.4%
Lung Disease	15.4%	355	14.2%	362	1.2%
Stroke or Coma	8.7%	338	13.6%	293	-4.9%
Non-ALS Motor Neuron	20.3%	342	17.3%	288	2.9%
ALS	18.7%	330	18.7%	215	0.0%
Liver Disease	18.4%	347	15.8%	313	2.6%
Kidney Disease	7.4%	352	7.5%	348	-0.1%
HIV / AIDS	28.8%	335	23.9%	161	5.0%
Other	15.0%	342	13.8%	286	1.2%

¹ Estimate based on 320,219 admissions where primary diagnosis was reported.

² Estimate based on 277,898 deaths where primary diagnosis was reported.

³ Total live discharges for Disease XYZ divided by Total discharges (deaths + live discharges) for Disease XYZ.

Note: Small cell counts; results should be interpreted with caution.

N = Number of hospice agencies with available data.

Table A5. Length of Service

	2006					2005		Change '05 to '06
	Agency Mean	25th%	Median	75th%	N	Agency Mean	N	
LENGTH OF SERVICE (LOS)	<u>Days</u>					<u>Days</u>		
Average LOS (days) ¹	59.8	44.0	56.0	70.0	1,856	59.4	1,799	0.4
Median LOS (days) ¹	20.6	13.0	17.0	23.0	1,360	26.0	1,358	-5.4
SHORTEST & LONGEST STAYS	<u>Percent</u>					<u>Percent</u>		
Died or Discharged ≤ 7 Days	25.7%	19.1%	25.7%	32.4%	780	31.7%	569	-6.0%
Died or Discharged 180+ Days	8.6%	4.2%	7.4%	11.6%	966	10.3%	714	-1.7%
LOS BY AGENCY TYPE	<u>Days</u>					<u>Days</u>		
Average LOS								
Freestanding	64.2	47.0	59.3	74.1	933	67.4	739	-3.2
Hospital based	49.4	38.0	48.0	59.7	496	48.2	425	1.2
Home Health based	53.0	41.0	49.0	64.7	368	53.7	267	-0.7
Median LOS								
Freestanding	20.8	13.0	17.0	23.0	701	27.9	561	-7.1
Hospital based	18.5	12.0	16.0	22.0	358	21.8	314	-3.3
Home Health based	20.3	13.0	18.0	23.0	265	23.4	202	-3.1
LOS BY TAX STATUS	<u>Days</u>					<u>Days</u>		
Average LOS								
Not for Profit	57.3	44.4	55.3	67.0	1,159	55.8	1,051	1.5
For Profit	67.9	42.2	60.0	84.4	565	73.2	328	-5.3
Government	50.0	35.7	46.5	58.0	112	50.0	83	0.0
Median LOS								
For Profit	28.2	16.0	23.0	36.0	359	36.2	216	-8.0
Not for Profit	18.5	13.0	16.0	21.0	915	22.9	859	-4.4
Government	22.6	13.0	19.0	26.0	83	23.6	59	-1.0
LOS BY CERTIFICATION STATUS	<u>Days</u>							
Average LOS								
Medicare-certified Provider	59.8	44.0	56.0	70.0	1,787			
Non-certified Provider	59.3	30.0	41.0	94.0	61			
Median LOS								
Medicare-certified Provider	20.6	13.0	17.0	23.0	1,315			
Non-certified Provider	28.1	14.0	15.0	32.0	37			

¹ Total days of care for patients discharged divided by total number of patients discharged.

NDS data supplemented with NHPCO membership survey data.

FY2006 length of service values have been weighted by the agency's total admissions.

N = Number of hospice agencies with available data.

25th% = 25th percentile (25% of agencies reported a number lower than this value).

Median = 50th percentile (half of agencies reported a number lower or higher than this value).

75th% = 75th percentile (75% of agencies reported a number lower than this value).

Table A5. Length of Service (cont.)

	2006					2005		Change '05 to '06
	Agency Mean	25th%	Median	75th%	N	Agency Mean	N	
LENGTH OF SERVICE (LOS)¹	<u>Days</u>					<u>Days</u>		
Average LOS (days)	59.8	44.0	56.0	70.0	1856	59.4	1,799	0.4
Median LOS (days)	20.6	13.0	17.0	23.0	1360	26.0	1,358	-5.4
LOS BY AGENCY DAILY CENSUS								
Average LOS	<u>Days</u>					<u>Days</u>		
ADC < 25	45.1	26.0	41.0	57.0	506	50.4	300	-5.3
ADC 26 - 100	55.6	38.7	49.0	65.0	526			
ADC > 100	64.4	46.5	60.0	74.0	180			
Median LOS								
ADC < 25	23.5	14.0	19.0	29.0	302	23.2	235	0.3
ADC 26 - 100	23.5	14.0	19.0	27.0	377			
ADC > 100	20.6	13.0	16.0	23.0	154			
LOS BY TOTAL ADMISSIONS								
Average LOS	<u>Days</u>							
< 50 Admissions	58.6	35.0	51.0	73.0	304			
50 - 150 Admissions	60.3	39.7	53.0	72.0	539			
151 - 500 Admissions	62.1	43.0	56.0	73.0	645			
501 - 1,500 Admissions	57.9	43.0	55.0	69.0	296			
> 1,500 Admissions	59.9	47.0	58.0	68.0	72			
Median LOS								
< 50 Admissions	30.2	16.0	23.0	32.5	186			
50 - 150 Admissions	27.9	16.0	24.0	33.0	367			
151 - 500 Admissions	24.0	16.0	20.0	28.0	502			
501 - 1,500 Admissions	19.7	13.0	17.0	22.0	239			
> 1,500 Admissions	17.1	12.0	15.0	18.0	66			
LOS BY PRIMARY DIAGNOSIS	<u>Days</u>							
Cancer	43.5	31.7	41.7	53.3	528	46.5	341	-3.0
Non-Cancer Diagnoses	67.8	42.9	61.0	88.6	311	63.6	344	4.2
Non-ALS Motor Neuron	86.4	38.3	72.8	132.3	264	90.5	263	-4.1
ALS	78.7	26.0	61.2	124.0	270	90.0	191	-11.3
Dementia	77.6	42.2	69.8	104.3	507	72.4	320	5.2
Lung	68.3	35.7	58.5	95.5	496	68.7	328	-0.4
Debility Unspecified	67.2	33.0	60.5	90.0	314	66.1	294	1.1
Heart Disease	64.9	38.4	57.2	89.0	514	65.5	335	-0.6
Other Diagnoses	53.2	20.5	42.5	70.6	311	47.7	257	5.5
HIV / AIDS	44.8	13.0	30.0	65.0	210	44.3	147	0.5
Stroke or Coma	39.0	13.7	27.7	58.1	423	36.5	263	2.5
Liver	35.9	13.0	28.2	52.2	431	36.9	283	-0.9
Kidney	26.8	10.5	21.0	37.3	473	24.5	310	2.3

¹ LOS estimate repeated from previous page.

N = Number of hospice agencies with available data.

25th% = 25th percentile (25% of agencies reported a number lower than this value).

Median = 50th percentile (half of agencies reported a number lower or higher than this value).

75th% = 75th percentile (75% of agencies reported a number lower than this value).

**Table A6. Payer Mix**

	2006		2005		Percent Change '05 to '06
	Percent	N	Percent	N	
Percent of Patients Served by Payer¹					
Hospice Medicare	83.7%	959	82.4%	960	1.3%
Managed Care or Private Insurance	8.0%	959	8.9%	930	-0.9%
Hospice Medicaid	5.3%	958	5.5%	948	-0.3%
Uncompensated or Charity Care	1.6%	780	1.2%	527	0.4%
Self Pay	0.7%	958	1.0%	864	-0.2%
Other Payment Source	0.7%	956	1.0%	514	-0.3%
Percent of Patient Days by Payer²					
Hospice Medicare	87.7%	862	87.2%	856	0.5%
Managed Care or Private Insurance	5.3%	849	5.4%	806	-0.1%
Hospice Medicaid	4.8%	857	5.1%	843	-0.3%
Uncompensated or Charity Care	1.0%	539	0.9%	518	0.1%
Self Pay	0.6%	806	0.6%	757	0.0%
Other Payment Source	0.5%	769	0.8%	493	-0.3%

¹ Percent of payer patients served divided by all patients served. Based on 593,063 patients with payer data.

² Percent of payer patient care days divided by all patient care days. 25,913,612 total days reported.

**Table A7. Location and Level of Care**

	2006		2005		Percent Change '05 to '06
	Percent of Patients	N	Percent of Patients	N	
LOCATION ON ADMISSION¹					
Home--Private Residence	53.7%	738	55.1%	633	-1.3%
Nursing Home	21.6%	738	22.2%	618	-0.6%
Acute Care Hospital (not operated by the hospice)	10.1%	738	9.6%	557	0.5%
Free-Standing Hospice Inpatient Facility or Residence	6.6%	736	5.8%	450	0.7%
Assisted Living or Other Residential Facility	4.8%	738	4.1%	556	0.7%
Inpatient Hospice Unit in Other's Facility	3.2%	647	3.3%	483	-0.1%
LOCATION OF DEATH²					
Home--Private Residence	47.1%	791	48.3%	713	-1.3%
Nursing Home	22.5%	784	23.2%	695	-0.7%
Free-Standing Hospice Inpatient Facility or Residence	12.2%	659	9.9%	478	2.3%
Acute Care Hospital (not operated by the hospice)	8.8%	729	9.5%	648	-0.7%
Inpatient Hospice Unit in Other's Facility	4.8%	535	4.7%	524	0.1%
Assisted Living or Other Residential Facility	4.6%	711	4.4%	620	0.2%
LEVEL OF CARE³					
Routine Home Care	96.4%	863	96.4%	977	0.02%
General Inpatient Care	3.0%	863	2.9%	977	0.07%
Continuous Care	0.4%	863	0.5%	977	-0.05%
Respite Care	0.2%	863	0.2%	977	-0.04%

¹ As a percentage of 314,852 patient admissions with corresponding location of admission data.

² As a percentage of 282,054 patient deaths with corresponding location of death data.

³ As a percentage of 25,881,482 reported patient care days with corresponding level of care data.

N = Number of hospice agencies with available data.

Table A8. Processes of Care - Volunteer Services

	2006					2005		Change '05 to '06
	Agency Mean	25th %	Median	75th %	N	Agency Mean	N	
TOTAL VOLUNTEERS								
Percent of Total Volunteers²								
Direct Patient Care	58.9%	37.8%	60.0%	82.1%	775	58.4%	618	0.5%
Patient Care Support (clerical)	24.2%	8.3%	17.8%	33.3%	763	24.4%	618	-0.2%
General Support (fundraising/board)	20.2%	0.0%	13.6%	33.3%	687	18.5%	618	1.7%
Number of Volunteers per Patient¹								
All Volunteer Types	0.40	0.13	0.26	0.55	745	0.36	470	0.04
Direct Patient Care	0.20	0.08	0.14	0.25	732	0.19	465	0.01
Patient Care Support (clerical)	0.10	0.02	0.05	0.13	674	0.07	427	0.03
General Support (fundraising/board)	0.16	0.04	0.08	0.20	429	0.17	273	-0.01
VOLUNTEER HOURS								
Percent of Total Volunteer Hours²								
Direct Patient Care	53.0%	29.0%	52.6%	76.1%	767	51.8%	591	1.2%
Direct Service	34.2%	12.2%	29.2%	50.8%	751	35.5%	591	-1.3%
General Support (fundraising/board)	15.8%	0.0%	5.3%	22.7%	675	17.3%	591	-1.5%
Volunteer Hours per Volunteer								
Hours per Volunteer ³	40.7	18.0	33.1	56.3	760	40.1	337	0.6
Patient Visits per Volunteer ⁴	18.5	7.1	14.0	23.4	532	17.3	377	1.2
Volunteer Hours as % of Total Staff Hours	4.8%	1.5%	3.3%	5.7%	540	5.6%	394	-0.8%
Volunteer Hours as % of Clinical Staff Hours	5.1%	1.6%	4.0%	6.4%	539	7.0%	464	-1.9%
Volunteer Visits as % of Total Visits	6.9%	2.1%	4.8%	8.3%	461	8.3%	348	-1.5%

¹ Number of volunteers divided by total patient admissions.

² Totals may not equal sum of components due to independent rounding.

³ Volunteer hours divided by number of volunteers.

⁴ Patient visit data limited to direct patient care volunteers.

N = Number of hospice agencies with available data.

25th% = 25th percentile (25% of agencies reported a number lower than this value).

Median = 50th percentile (half of agencies reported a number lower or higher than this value).

75th% = 75th percentile (75% of agencies reported a number lower than this value).

Table A9. Processes of Care - Bereavement Services

	2006					2005		Change '05 to '06
	Agency Mean	25th %	Median	75th %	N	Agency Mean	N	
Hospice Family Members Served per Death¹	1.8	1.0	1.4	2.2	604	1.9	533	-0.1
Agencies with a Community-wide Bereavement Program²	93.9%				1,330	94.6%	1,065	-0.6%
Contacts per Family Member								
Phone calls/Visits	2.6	1.0	1.9	3.7	475	2.7	536	0.0
Mailings	5.6	2.0	4.7	8.1	298	6.9	341	-1.3
Total Contacts (phone calls/visits/mailings)	7.7	3.4	6.8	10.5	256	9.1	325	-1.5
Contacts per Community Member								
Phone calls/Visits	1.7	0.5	1.1	2.2	278	2.2	338	-0.5
Mailings	2.9	0.3	1.2	4.6	186	2.9	196	0.0
Total Contacts (phone calls/visits/mailings)	3.8	1.0	2.0	5.0	212	4.4	174	-0.5
Percent Served by Affiliation w/ Hospice								
Hospice Family Members	83.5%	70.6%	89.9%	100.0%	673	76.5%	489	7.0%
Community Members	16.5%	0.0%	10.1%	29.4%	673	23.5%	489	-7.0%
Distribution of Visits & Calls								
Hospice Family Members	88.8%	80.0%	94.0%	100.0%	429	80.1%	478	8.7%
Community Members	11.2%	0.0%	6.0%	20.0%	429	19.9%	478	-8.7%
Distribution of Mailings								
Hospice Family Members	91.4%	87.8%	96.8%	99.9%	270	85.8%	275	5.7%
Community Members	8.6%	0.1%	3.2%	12.2%	270	14.2%	275	-5.7%
Distribution of Total Contacts								
Hospice Family Members	87.5%	82.3%	90.2%	95.8%	164	83.3%	262	4.3%
Community Members	12.5%	4.2%	9.8%	17.7%	164	16.7%	262	-4.3%

¹ Total number of hospice family members who received bereavement services divided by agency deaths.

² NHPCO 2006 membership survey data.

N = Number of hospice agencies with available data.

25th% = 25th percentile (25% of agencies reported a number lower than this value).

Median = 50th percentile (half of agencies reported a number lower or higher than this value).

75th% = 75th percentile (75% of agencies reported a number lower than this value).

**Table A10. Staff Distribution and Turnover**

	2006		2005		Percent Change '05 to '06
	Agency mean	N	Agency mean	N	
Distribution of Home Hospice FTEs¹					
Clinical (direct patient care)	71.0%	472	71.6%	235	-0.6%
Nursing	31.8%	472	31.8%	235	0.0%
Home Health Aides	22.8%	472	24.3%	229	-1.5%
Social Services	9.4%	471	9.9%	232	-0.5%
Physicians (excludes volunteers)	1.7%	275	1.8%	83	-0.1%
Other Clinical	5.7%	467	6.1%	220	-0.5%
Non-clinical (administrative/general)	24.5%	472	22.3%	235	2.2%
Bereavement	4.6%	472	6.1%	235	-1.5%
Distribution of Total FTEs (including inpatient)¹					
Clinical (direct patient care)	71.9%	504	65.1%	549	6.8%
Nursing	30.7%	504	27.5%	549	3.1%
Home Health Aides	23.9%	501	21.8%	515	2.1%
Social Services	8.5%	503	8.1%	548	0.4%
Physicians (excludes volunteers)	2.6%	294	2.6%	301	0.0%
Other Clinical	6.9%	496	8.5%	493	-1.6%
Non-clinical (administrative/general)	23.5%	504	27.0%	549	-3.5%
Bereavement	4.6%	504	7.9%	549	-3.3%
Turnover rate within each Discipline²					
Clinical (direct patient care)	25.9%	256	24.1%	287	1.7%
Nursing	29.7%	220	26.8%	274	2.9%
Home Health Aides	25.3%	234	23.4%	256	2.0%
Social Services	23.9%	235	14.8%	250	9.1%
Physicians (excludes volunteers)	11.7%	137	5.3%	180	6.4%
Other Clinical	18.0%	201	11.5%	131	6.4%
Bereavement	16.2%	200	7.5%	176	8.7%
Non-clinical (administrative/general)	20.0%	243	19.2%	214	0.9%
All Staff	24.4%	263	25.3%	249	-0.8%
Admission Model					
% with Admission Specialist ³	45.9%	597	42.4%	665	3.5%

¹ 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.

² Total Discipline Separations divided by Total Discipline Non-PRN Employees.

³ Percent of agencies that utilize dedicated admission nurses for the majority of initial admission visits.

N = Number of hospice agencies with available data.

Table A11. Service Delivery - Home Hospice Visits

	2006					2005		Change '05 to '06
	Agency Mean	25th %	Median	75th %	N	Agency Mean	N	
VISITS PER PATIENT								
Visits per Home Care Admission, by Discipline¹								
Clinical (direct patient care)	59.9	35.5	51.0	76.1	529	61.1	395	-1.2
Nursing	23.7	16.0	21.8	29.5	525	21.4	388	2.3
Home Health Aides	26.2	11.1	20.0	34.4	521	21.8	378	4.4
Social Services	6.3	3.7	5.6	8.2	526	5.6	385	0.7
Paid Physicians	0.7	0.0	0.03	0.7	237	0.6	93	0.0
Other Clinical	3.3	1.0	2.7	4.9	512	3.3	235	0.1
Days Between Visits, by Discipline²								
Clinical (direct patient care)	1.6	1.2	1.5	1.9	764	1.5	693	0.1
Nursing	3.6	2.8	3.4	4.2	760	3.6	687	0.0
Home Health Aides	4.8	2.7	3.9	6.0	701	4.8	631	0.0
Social Services	17.0	11.0	14.4	19.6	757	18.0	685	-1.0
Other Clinical	46.5	16.0	25.5	41.2	700	46.7	501	-0.2
VISITS PER STAFF MEMBER								
Visits per Week, by Discipline³								
Clinical (direct patient care)	12.9	9.4	12.6	16.3	530	15.6	470	-2.7
Nursing	12.3	8.9	11.7	15.1	522	12.2	459	0.1
Home Health Aides	18.4	12.2	18.0	23.5	511	18.0	448	0.5
Social Services	11.4	7.4	10.6	13.8	520	10.7	458	0.7
Paid Physicians	10.0	0.0	2.4	13.2	177	8.1	91	2.0
Other Clinical	12.6	4.6	9.9	16.7	461	10.1	272	2.4
Visits per 8-hour Day, by Discipline⁴								
Clinical (direct patient care)	2.6	1.9	2.5	3.3	530	3.1	470	-0.5
Nursing	2.5	1.8	2.3	3.0	522	2.4	459	0.03
Home Health Aides	3.7	2.4	3.6	4.7	511	3.6	448	0.1
Social Services	2.3	1.5	2.1	2.8	520	2.1	458	0.1
Paid Physicians	2.0	0.0	0.5	2.6	177	1.6	91	0.4
Other Clinical	2.5	0.9	2.0	3.3	461	2.0	272	0.5

¹ Total discipline home hospice visits divided by Total home, nursing facility, and residential admissions (as reported in NDS § D6).

² (Total days of routine care + continuous care as reported in NDS § G1) divided by Total discipline visits.

³ (Total discipline home hospice visits / Total discipline home hospice FTEs) divided by 52.

⁴ (Total discipline home hospice visits / Total discipline home hospice FTEs) divided by 260.

N = Number of hospice agencies with available data.

25th% = 25th percentile (25% of agencies reported a number lower than this value).

Median = 50th percentile (half of agencies reported a number lower or higher than this value).

75th% = 75th percentile (75% of agencies reported a number lower than this value).



Table A12. Staff Management

	2006					2005		Change '05 to '06
	Agency Mean	25th %	Median	75th %	N	Agency Mean	N	
Patient Caseload¹								
Nurse Case Managers	10.5	8.0	11.0	12.0	509	10.2	578	0.3
Social Services	23.4	18.0	25.0	30.0	505	22.7	569	0.7
Home Health Aides	8.8	5.0	8.6	12.0	476	9.0	530	-0.1
Chaplains	33.7	16.0	35.0	50.0	474	35.8	508	-2.1
Physician Involvement²								
Direct Patient Care	65.5%	40.0%	80.0%	94.0%	221			
Hospice Clinical	68.4%	50.0%	80.0%	90.0%	197			
Palliative Clinical	3.7%	0.0%	0.0%	5.0%	196			
Non-Clinical	31.3%	5.0%	20.0%	50.0%	221			
Paid Home Hospice Hours per Patient Day³								
Clinical	2.5	1.7	2.0	2.8	580	2.1	543	0.4
Nursing	1.1	0.7	0.9	1.3	577	1.1	554	0.0
Home Health Aides	0.8	0.4	0.6	0.9	576	0.8	515	0.0
Social Services	0.3	0.2	0.3	0.4	577	0.4	542	-0.1
Physicians	0.1	0.02	0.05	0.1	318	0.06	234	0.0
Other Clinical	0.2	0.1	0.1	0.2	567	0.3	389	-0.1
Non-clinical	0.8	0.4	0.7	1.1	563	1.2	534	-0.4
All Staff (Clinical and Non-Clinical)	3.5	2.4	2.9	3.8	541	3.1	512	0.3
Average Daily Census per FTE⁴								
Clinical	2.2	1.5	2.2	2.9	553	3.3	597	-1.1
Nursing	5.3	3.6	5.1	7.1	549	5.7	566	-0.3
Home Health Aide	8.3	3.9	7.4	11.2	530	8.4	520	-0.1
Social Services	19.3	12.7	18.2	25.9	535	19.5	552	-0.2
Other Clinical	29.9	13.3	25.0	42.5	472	25.9	396	4.0
Physicians (excludes volunteers)	73.9	26.2	57.8	100.9	203	78.0	233	-4.1
Non-clinical	8.0	3.9	6.5	10.5	526	6.8	541	1.2
All Staff (Clinical and Non-Clinical)	1.6	1.1	1.6	2.1	516	2.1	569	-0.4

¹ Typical number of patients that staff member is responsible for at one time.

² New data element beginning with 2006 NDS survey. Totals may not equal sum of components due to independent rounding.

³ ((Number of FTEs multiplied by 2080 hours) divided by Total Patient Days).

⁴ Agency Daily Census divided by Total Employees [Non-PRN]).

N = Number of hospice agencies with available data.

25th% = 25th percentile (25% of agencies reported a number lower than this value).

Median = 50th percentile (half of agencies reported a number lower or higher than this value).

75th% = 75th percentile (75% of agencies reported a number lower than this value).

Table A13. Agency Revenue

	2006					Percent		2005		Change '05 to '06
	Agency Mean	25th %	Median	75th %	N	Agency Mean	N			
REVENUE PER DAY¹										
Total Hospice Revenue	\$ 182	\$ 140	\$ 162	\$ 200	508	\$ 166	555	\$ 16		
Hospice Service	\$ 151	\$ 129	\$ 146	\$ 169	578	\$ 144	546	\$ 7		
Fundraising	\$ 8	\$ -	\$ 3	\$ 12	507	\$ 16	344	\$ (8)		
Other Revenue	\$ 24	\$ 1	\$ 6	\$ 19	283	\$ 18	261	\$ 6		
REVENUE PER ADMISSION²										
Total Hospice Revenue	\$ 11,646	\$ 8,417	\$ 10,875	\$ 13,786	413	\$ 10,101	522	\$ 1,545		
Hospice Service	\$ 10,422	\$ 7,551	\$ 9,841	\$ 12,732	463	\$ 8,797	512	\$ 1,625		
Fundraising	\$ 441	\$ -	\$ 214	\$ 731	411	\$ 855	344	\$ (415)		
Other Revenue	\$ 1,428	\$ 107	\$ 343	\$ 1,134	232	\$ 1,102	260	\$ 326		
REVENUE DISTRIBUTION (Limited to providers with 501(c)(3) tax status)										
Hospice Service	84.4%	80.6%	91.6%	97.8%	350	85.0%	347	-0.6%		
Fundraising & Contributions	7.3%	1.1%	4.8%	8.5%	350	9.0%	347	-1.7%		
Other Revenue	8.4%	0.0%	1.5%	7.2%	350	6.0%	347	2.4%		
RECEIVABLES MANAGEMENT³										
Days Revenue Outstanding	52.8	38.0	47.4	62.0	279	54.4	321	-1.6		

¹ Agency revenue divided by agency total patient care days. Figures have been rounded to the nearest U.S. dollar.

² Agency revenue divided by agency total admissions. Figures have been rounded to the nearest U.S. dollar.

³ A measure of the average number of days that a hospice agency takes to collect revenue. Calculated as follows: $([\text{Total accounts receivable on last day of fiscal year}] \times [365]) / \text{Total hospice service revenue}$.

N = Number of hospice agencies with available data.

Median = 50th percentile (half of agencies reported a number lower or higher than this value).

25th% = 25th percentile (25% of agencies reported a number lower than this value).

75th% = 75th percentile (75% of agencies reported a number lower than this value).

**Table A14. Inpatient Facilities or Residential Units**

INPATIENT FACILITY STATUS	2006		2005		Change '05 to '06
	% of Agencies	N	% of Agencies	N	
Percent of Agencies with Facilities*					
% Operating Inpatient Facility or Unit	19.6%	2,279	18.4%	2,115	1.2%
Facility Location*					
Freestanding	61.9%	420	63.5%	367	-1.6%
In Hospital	25.2%	420	23.2%	367	2.0%
In Nursing Home	5.5%	420	3.5%	367	2.0%
Other	7.4%	420	9.8%	367	-2.4%
Level of Care Provided*					
Acute or General Inpatient	42.2%	427	39.3%	201	2.9%
Residential	20.4%	427	21.9%	201	-1.5%
Mixed (acute/general and residential)	37.5%	427	38.8%	201	-1.3%
INPATIENT LEVEL OF CARE MIX	% of Patients	N	% of Patients	N	
Percent of Total Admissions					
General Inpatient	85.9%	123	85.7%	106	0.2%
Residential or Routine	10.9%	119	5.8%	102	5.2%
Inpatient Respite	3.1%	118	8.5%	88	-5.4%
Percent of Total Deaths					
General Inpatient	90.3%	120	92.2%	107	-2.0%
Residential or Routine	0.3%	116	2.9%	95	-2.7%
Inpatient Respite	9.5%	112	4.8%	83	4.6%
Percent of Live Discharges					
General Inpatient	73.3%	106	75.3%	82	-1.9%
Residential or Routine	15.5%	102	9.4%	74	6.0%
Inpatient Respite	11.2%	91	15.3%	82	-4.1%
Percent of Patients Served					
General Inpatient	84.0%	107	85.0%	84	-1.0%
Inpatient Respite	3.7%	93	10.2%	86	-6.6%
Residential or Routine	12.4%	104	4.8%	79	7.6%
Percent of Total Days					
General Inpatient	61.2%	86	61.2%	121	0.0%
Inpatient Respite	1.5%	81	21.3%	84	-19.7%
Residential or Routine	37.3%	86	17.5%	118	19.8%
INPATIENT LENGTH OF SERVICE	Mean Days	N	Mean Days	N	
Average LOS					
General Inpatient	8.2	75	11.2	72	-3.0
Inpatient Respite	34.1	64	36.6	65	-2.6
Residential or Routine	**	**	**	**	
INPATIENT STAFFING	%	N	%	N	
Percent of Total Inpatient FTEs					
Clinical	90.3%	132	71.3%	103	19.0%
Nursing	45.6%	129	37.2%	102	8.4%
Social Services	4.0%	124	5.0%	99	-0.9%
Health Aides	29.3%	129	27.1%	102	2.1%
Physicians	2.0%	98	1.6%	57	0.4%
Other Clinical	9.30%	121	8.0%	34	-3.8%
Non-clinical	4.2%	132	24.6%	103	-19.1%
Bereavement	5.5%	132	4.0%	103	-4.0%

N = Number of hospice agencies with available data. Note: This section contains small cell counts; results should be interpreted with caution.

*NDS data supplemented with NHPCO membership survey data.

** Insufficient data.