NHPCO
National Hospice and Palliative
Care Organization

INTRO AND SECTION A: HOSPICE CONTACT AND PROFILE INFO

2020 National Hospice Data Survey (NDS)

DIRECTIONS:

Enter your responses to the questions below. Please complete as much of this survey as you can. The more complete the information, the richer the value in helping us support your needs across the industry. Instructions for the 2020 data collection are the same as in previous years although some sections and questions have been optimized and/or updated.

For support with questions or issues with the survey please email us at: nds@nhpco.org

Submission Deadline is August 1, 2021.

HOSPICE CONTACT AND DEMOGRAPHIC INFORMATION

A1. Are you an NHPCO Member?

○ Yes
○ No

A2: What is your NHPCO Membership DartID?

[   ]

A3: Please provide us with the following information should we have questions about your responses. This will not be used for marketing purposes.

Your Name (First Last)

Best Email to reach you

Best Phone to reach you

A4: Please provide a few details about your Hospice--we use this to link demographic data to your hospice from other sources such as CMS POS, Cost Report, and PUF related data.

Official Hospice Name:

Hospice 2 Letter State:

Hospice Zip Code:

How many Locations are being reported in this survey (including headquarters):

What is your CCN (CMS Certification Number):

A5: Agency Type?

○ Free-standing
○ Hospital based
○ Home health agency based
○ Nursing home based

A6: Tax Status?

- ◯ Not-for-Profit
- ◯ For-Profit
- ◯ Government

A7: Geographic Area Served?

- ◯ Primarily Urban
- ◯ Primarily Rural
- ◯ Mixed Urban and Rural

A8: Is your hospice Medicare certified?

- ◯ No
- ◯ Yes

SECTION B: PROGRAM DEMOGRAPHICS

B1. OWNERSHIP

Hospice Ownership Type?

- ◯ Voluntary Nonprofit, Church
- ◯ Voluntary Nonprofit, Other
- ◯ Proprietary, Individual
- ◯ Proprietary, Corporation
- ◯ Proprietary, Partnership
- ◯ Proprietary, Other
- ◯ Governmental, Federal
- ◯ Governmental, City-County
- ◯ Governmental, County
- ◯ Governmental, State
- ◯ Governmental, Hospital District
- ◯ Governmental, City
- ◯ Governmental, Other

B2: MEMBERSHIPS

Is your hospice a member of (select all that apply):

- ☐ NAHC National Association Home Care and Hospice
- ☐ State Hospice Association
- ☐ State Home Care Association
- ☐ NPHI National Partnership for Hospice Innovation

☐ Leading Age

☐ Not a member in any of the above

B3: ACCREDITATION STATUS

(select all that apply)

☐ ACHC (Accreditation Commission for Health Care)

☐ CHAP (Community Health Accreditation Partner)

☐ The Joint Commission

☐ NIJH (National Institute for Jewish Hospice)

☐ Not Accredited

B4: DIRECTIONS: If submitting data based on a fiscal year, use the most recent full fiscal year as the timeframe. For either calendar year or fiscal year as the timeframe, submission of a full year of data is preferred, but submission of a partial year is acceptable if a full year of data is not available.

TIMEFRAME FOR SUBMITTED DATA

○ 2020 Fiscal Year – Full year

○ 2020 Calendar Year – Full year

○ 2020 Fiscal Year – Partial year

○ 2020 Calendar Year – Partial year

SECTION C: VETERANS

SECTION C. VETERAN PATIENT DEMOGRAPHICS

DIRECTIONS:

1. Include all patients who were Veterans in an inpatient or residential facilities in totals, unless the question clearly requests separate information for home hospice care and inpatient/ residential programs.
2. Include only Veteran patients who were admitted in 2020 (see calculation instructions below).
3. Report the number (NOT %) of patients admitted during 2020 for each category in this section.
4. If your hospice did not admit patients in one or more of the age categories, enter 0 in the appropriate space.

CALCULATION INSTRUCTIONS:

1. Include patients admitted for the first time in 2020. Count each patient only one time. This means patients who were admitted multiple times in 2020 are counted only once. Do not include patients carried over from 2019.

C1: VETERANS

Definition: A veteran is anyone who served in the armed forces. It is not necessary for a patient to receive hospice services through veterans benefits to be counted as a veteran.

Patients admitted in 2020 who were veterans:

If your hospice did not admit any veterans in 2020, enter 0.

C2: Does your program use the Veterans History Checklist from the We Honor Veterans website?

○ Yes

○ No

SECTION D. HOSPITALIZATIONS

D1: HOSPITALIZATIONS

ER visits and hospitalizations during hospice care contribute to the total cost of care and in the future may impact hospice reimbursement.

DIRECTIONS:

1. Provide the following information for patients enrolled in hospice at the time of hospitalization and hospitalization **did NOT** result in discontinuation of hospice care.
2. **Definition:** A hospitalization is defined as receipt of medical care in a hospital (including care provided in the ER) for any reason other than for general inpatient care (GIP).
3. Count visits to the hospital in all of the following situations:
   1. the patient received care in the Emergency Room and was subsequently admitted to the hospital
   2. the patient received care only in the Emergency Room and was **NOT** admitted to the hospital
   3. hospitalization was **NOT** related to the patient's terminal diagnosis
   4. hospitalization was arranged or authorized by the hospice and was **NOT** for GIP level of care hospitalization was **NOT** arranged or authorized by the hospice
   5. hospitalization resulted in discontinuation of hospice care (discharge or revocation).
4. **Do NOT include:** admissions to the hospital for the provision of care at the General Inpatient level of care (GIP) or Inpatient Respite level of care or hospitalizations that occurred prior to admission to hospice services.

Number of unduplicated patients who were hospitalized in 2020

Total number of hospitalizations in 2020

SECTION E. VOLUNTEER AND BEREAVEMENT SERVICES

VOLUNTEER AND BEREAVEMENT SERVICES

VOLUNTEERS

- **DIRECTIONS:** Do **not** include volunteer medical director hours when entering responses in this section. Medical director's volunteer hours should be entered in Section F: Productivity. (The tables for Question F1 include a category specifically for volunteer physicians.)

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

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

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

E1: Please provide the following volunteer information:

1. **Direct patient care volunteers** are defined as volunteers who provide services through direct contact with patients and families, such as spending time with patients or making calls to patients and families as part of a weekend "tuck-in" program.
2. **Clinical support volunteers** are defined as volunteers who provided services, such as clerical duties, answering phones, or organizing supplies, that support patient care and clinical services. Please note that Direct Patient Care Volunteer hours and Clinical Support Volunteer hours combined meet the Medicare Condition of Participation (COP) requirement for volunteer time equal to 5% of patient care hours.
3. **General Support Volunteer hours** do not contribute to the 5% requirement. Direct patient care volunteers are defined as volunteers who provide services through direct contact with patients and families, such as spending time with patients or making calls to patients and families as part of a weekend "tuck-in" program. General support volunteers provide services, such as help with fundraising and serving as members of the board of directors, which make an overall contribution to the hospice.

	Number of Volunteers	Number of Volunteer Hours
Direct Patient Volunteers	0	0
Clinical Support Volunteers	0	0
General Support Volunteers	0	0
#Conjoint, Total#	0	0

E2: For Direct Patient Care Volunteers please also share the following

Number of Volunteer Visits

Number of Volunteer Phone Calls

E7: Number of Patients Who Received Volunteer Services

Include only those patients who received services from a direct care volunteer in 2020. Patients who received services from more than one volunteer should be counted only one time.

E8: In 2020, did your hospice provide bereavement services to individuals in the community who were NOT associated with a family member or friend who received hospice services?

○ Yes

○ No

E9: BEREAVEMENT SERVICES

DIRECTIONS:

- Provide the following information for 2020.
- In calculating responses for questions a – d, include all bereavement clients who received services during 2020, both those currently on bereavement rolls and those who were discharged from bereavement services.

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

SECTION F. PRODUCTIVITY

SECTION F. PRODUCTIVITY

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

Complete Tables F1a., F1b. and F1c. using the following definitions and calculation instructions:

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

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

Separation: a voluntary or involuntary termination of employment.

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

CALCULATION INSTRUCTIONS:

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

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

Separations: Do not include PRN employees in the calculation of total separations.

F1: Total Staffing by Discipline
Please provide the following staffing information for 2020.

	a. Total Employees (on last Day of FY, no PRN)	b. Total PRN Employees (average for year if number fluctuates)	c. Total Separations (all causes, no PRN)
Nursing - Direct Clinical Include RNs and LPNs. Include on-call and after hours care. *Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.*			
Nursing - Indirect Clinical Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc.)			
Nurse Practitioners Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner (NP).			

	a. Total Employees (on last Day of FY, no PRN)	b. Total PRN Employees (average for year if number fluctuates)	c. Total Separations (all causes, no PRN)
Social Services Include medical social services staff as defined by CMS for the cost report. *Do <u>not</u> include chaplains, bereavement staff, or volunteer coordinator.*			
Hospice Aides			
Physicians -- *Paid* Include medical directors and other physicians providing direct care to patients and participating in clinical support. *Exclude volunteer physicians.*			
Physicians -- *Volunteer*			
Chaplains			
Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists, dieticians, etc. *Do not include Volunteers.*			
Bereavement Include all paid staff providing bereavement services, including pre-death grief support. *Do not include volunteers.*			
Volunteer Coordinators			
Non-Clinical Include all administrative and general staff (clerical, medical recordds, IT, human resources, etc.). Also include non-clinical staff who assist with intake, education or other clinical support activities. *Do not include volunteers.*			

F2: Home Care Hospice Staffing

If you operate a hospice facility **do not** include hospice facility staff here.

	Total Home Hospice FTEs
Nursing - Direct Clinical Include RNs and LPNs. Include on-call and after hours care. *Do <u>not</u> include supervisors or other clinical administrators unless a portion of their time is spent in direct care.*	
Nursing - Indirect Clinical Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc.).	
Nurse Practitioners Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner (NP).	
Social Services Include medical social services staff as defined by CMS for the cost report. *Do <u>not</u> include chaplains, bereavement staff, or volunteer coordinators.*	
Hospice Aides	
Physicians - *Paid* Include medical directors and other physicians providing direct care to patients and participating in clinical support. *Exclude volunteer physicians.*	
Physicians - *Volunteer*	
Chaplains	

Total Home Hospice FTEs

Other Clinical
Include any paid staff in addition to those captured above who provide direct care to patients or families. Include nurse practitioners, therapists, dietitians, etc. *Do not include volunteers.*

TOTAL DIRECT CLINICAL
Includes all direct care time *(see definition of Direct Care on page 12)*. This is the total of Nursing (Direct clinical), Nurse Practitioners, Social Services, HHA's, Physicians, Chaplains, and Other Clinical. *Do not include bereavement or volunteer coordinator services.*

Bereavement
Include all paid staff providing bereavement services, including pre-death grief support. *Do not include volunteers.*

Volunteer Coordinators

Non-Clinical
Include all administrative and general staff (clerical, medical records, IT, human resources, etc.). Also, include non-clinical staff who assist with intake, education or other clinical support activities. *Do not include volunteers.*

TOTAL ALL STAFF
Include <u>all</u> staff time. This is the total of Clinical (both direct and indirect) + Non-Clinical + Bereavement + Volunteer Coordinator.

F3: Visits by Discipline

DIRECTIONS: Please provide visit information for 2020 for the disciplines listed in the table below.

- Count ALL visits, regardless of setting (nursing home, residential facility, hospital, etc.)
- Do <u>not</u> include inpatient staff.
- Do not count phone calls.

Total Visits

Nursing
Include visits made by RNs and LPNs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation). Include on-call and after hours care visits.

Nurse Practitioners
Include visits made by Nurse Practitioners when they are serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation.

Social Services
Include visits made by medical social services staff as defined by CMS for the cost report. *Do not include chaplains or bereavement staff.*

Hospice Aides

Physicians - *Paid*
Include visits made by medical directors and other physicians providing direct care to patients. *Exclude volunteer physicians.*

Physicians - *Volunteer*

Chaplains

Other Clinical
Include any paid staff, in addition to those captured above, who make visits as part of direct care to patients or families. Include therapists, dietitians, etc. *Do <u>not</u> include volunteers or bereavement staff.*

F5: CASELOADS

- **DIRECTIONS:** Provide the number of patients in the average daily caseloads for the following positions in 2020.
Definition: Caseload is the number of patients for which a staff member has responsibility for or to which she/he is assigned at a time.
  - Enter a single number, NOT a range.
  - Do <u>not</u> include inpatient staff.

<u>Caseload definition clarification:</u>

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

Average Caseload

Primary Nurse/Nurse Case Manager
RN with primary responsibility for the patient's care.

Social Worker
SW with medical social services duties, as defined by CMS.
Include only those patients who received visits in determining SW caseloads.

Hospice Aide

Chaplain
Include only those patients who received visits in determining chaplain caseloads.

Volunteer Coordinator
Include only those patients who wereassigned a volunteer in determining volunteer coordinator caseloads.

Medical Director
Include only those patients for whom the medical director was the attending physician in determining caseloads.

SECTION G. PAYER MIX

SECTION G. PAYER MIX

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

CALCULATION INSTRUCTIONS:

- **Number of Patients Served:** Include all patients who received services during 2020. Count each patient only one time. Do not count re-admissions within the same payment source.
- **Days of Care:** Report patient days for all patients served during 2020.
- **Patients who changed the primary pay source during 2020:**
  - Include patients under every applicable payment source (this means a patient will be counted more than once in the Number of Patients Served column).
  - Include the number of days of care for each applicable payment source.
  - Count each day only once. If there is more than one pay source on any one day, include that day in the column that represents the 2nd/more recent pay source.

G1: Number of Patients Served by Pay Source

Number of Patients Served

	Number of Patients Served
Hospice Medicare	0
Medicare Advantage	0
Hospice Medicaid	0
Medicaid Managed Care	0
Private Insurance	0
Self Pay	0
Uncompensated or Charity Care	0
Other *May include, but not limited to Workers Comp, Home Health Benefit*	0
#Conjoint, Total#	0

G2: Days of Care

	Days of Routine Hospice Care	Days of Inpatient Care	Days of Respite Care	Days of Continuous Care	Total Patient Care Days
Hospice Medicare	0	0	0	0	0
Medicare Advantage	0	0	0	0	0
Hospice Medicaid	0	0	0	0	0
Medicaid Managed Care	0	0	0	0	0
Private Insurance	0	0	0	0	0
Self Pay	0	0	0	0	0
Uncompensated or Charity Care	0	0	0	0	0
Other: May include, but not limited to Workers Comp, Home Health Benefit	0	0	0	0	0
#Conjoint, Total#	0	0	0	0	0

YOU HAVE REACHED THE END OF THE GENERAL NDS SURVEY QUESTIONS

- If you have one or more inpatient or residential facilities, please answer Yes below to complete Section H.
- If you are not entering inpatient facility data, answer No to the question below and click Next to review your submission.

G4: Does your hospice operate one or more dedicated hospice in-patient facilities or units?

○ Yes
○ No

INPATIENT FACILITIES COUNT

INPATIENT AND RESIDENTIAL FACILITIES

- **DIRECTIONS:** Use the following definition in answering the question:

  To qualify as an inpatient unit or residential facility, a facility must meet <u>ALL</u> of the following criteria:
  1. consist of one or more beds that are owned or leased by the hospice;
  2. be staffed by hospice staff; and
  3. have major policies and procedures set by the hospice.

IP 1: How many facilities or units does your hospice operate?

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SECTION H. INPATIENT UNIT

SECTION H. INPATIENT AND RESIDENTIAL FACILITIES

DIRECTIONS:

- Please provide the following information for 2020.
- If your program operates more than one unit or facility, please indicate how many facilities you have and the survey will ask about each.

H1: In-Patient Facility Name for ${q://QID3/ChoiceTextEntryValue/1}

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H2: Location:

2 Letter State:

H3: What is the facility's CCN?

H4: Where is the inpatient facility sited? *Select one*

○ Free-standing
○ Hospital-based
○ In a Nursing Home
○ Other (if Other, please specify)

H5: What level of care does the inpatient facility predominantly provide? *Select one*

○ Acute/General Inpatient
(short-term, intensive hospice services provided to meet the hospice patient's need for skilled nursing, symptom management, complex care, or respite care.)

○ Residential Care
(hospice home care provided in a facility rather than in the patient's personal residence)

○ Mixed Use - both acute and residential levels

H6: Please provide the following information for patients cared for in your facility in 2020.

- Include each individual occurrence, even if a patient is admitted and discharged from the facility more than once in 2020.
- Count transfers from one level of care to another as separate occurrences. For example, a patient initially admitted to GIP level of care and transfers to residential/routine and then dies would be counted under Admissions, Live Discharges, and Patients Served for GIP; and Admissions, Deaths, and Patients Served for Residential/Routine Include patients who are carried over from 2019 (i.e., patients who were in the facility on the last day of the calendar/fiscal year 2019 and continued to receive uninterrupted services at the start of calendar/fiscal year 2020).
- Do NOT count carry-over patients in Admissions. Count only patients admitted in 2020 in Admissions.
- Count carry-over patients in all other categories.

	Total Admissions	Total Deaths	Total Live Discharges	Total Patients Served	Patient Days for patients who died or were discharged in 2019

	Total Admissions	Total Deaths	Total Live Discharges	Total Patients Served	Patient Days for patients who died or were discharged in 2019
General Inpatient					
Inpatient Respite					
Residential/Routine					

H7: Facility Staffing by Discipline

- **DIRECTIONS:** Complete the table below using the following definitions and calculation instructions:
    - **FTE:** One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

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

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

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

	Total Inpatient Facility FTEs	Total PRN Employees (average for year if number fluctuates)
Nursing - Direct Care Include RNs and LPNs. *Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.*		
Nurse Practitioner Include nurses with an advanced degree who function are are licensed as a Nurse Practitioner.		
Social Services Include medical social services staff as defined by CMS for the Cost Report. *Do not include chaplains or bereavement staff.*		
Hospice Aides		
Physicians - *Paid* Include medical directors and other physicians providing direct care to patients and participating in clinical support. *Exclude volunteer physicians.*		
Physicians - *Volunteer*		
Chaplains		

	Total Inpatient Facility FTEs	**Total PRN Employees** (average for year if number fluctuates)
Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families, such as therapists and dietitians. *Do not include volunteers or bereavement staff.*		
Non-Clinical Include all administrative and general staff or contracted staff whose responsibilities are limited to support for the facility. *Do not include volunteers.*		

End

Thank You for Your Data Submission! Click Submit to Continue!

Thank you for taking the time to compile and submit your data. NHPCO greatly appreciates the time and effort you have invested in this data collection initiative. Your commitment enables NHPCO to better meet your needs and advance hospice practice.

You will be able to review and edit your responses after clicking Submit!

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