Community Annual Survey

As you are aware, the National Palliative Care Registry™ partnered with PCQN and GPCQA to form a new unified national palliative care registry housed a new nonprofit organization called the Palliative Care Quality Collaborative (PCQC). For programs that previously contributed data to the National Palliative Care Registry™, your historical data is saved in PCQC's registry and you will now complete your annual surveys within the PCQC registry. Thank you for your continued contributions.

The annual program-level surveys provide actionable data that programs can use to secure, expand and retain resources for delivery of high-quality palliative care, and to support the establishment of new palliative care programs where none exist. Data is collected on all service settings across the continuum of care, including hospital, long-term care, office/clinic, and home-based palliative care.

With the move to PCQC, we took this opportunity to review and refine our surveys to align with best practices. The following pages show the community survey questions for 2020. The survey is broken down into five sections:

- Program-level questions to be completed by all palliative care programs that provide care in the community
- Home: questions specific to programs that provide care in patient's homes
- Office: questions specific to programs that provide care in office practices and/or clinics
- Long-term Care: questions specific to programs that provide care in long-term care facilities
- Staffing questions specific to each community setting (Home, Office, and Long-term Care)

Programs that provide care in more than one setting can complete each setting-specific section.

If you have any questions, please email us at info@palliativequality.org

NOTE: Questions followed by an asterisk (*) are required and must be answered before the survey can be saved or submitted.

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I. Community Program-Level Questions

These questions can be answered the same for one or multiple sites. After completing and saving the community setting survey, please continue to setting-specific and staffing surveys to answer questions specific to the care settings where your program provides palliative care. Note – if the program you have selected does not provide care in a community setting the additional surveys will not appear. If this is an error and your program does provide care in community-based settings, you need to go back to your program profile to associate your program with community-based sites and enable the community-based surveys

1. Name of your Palliative Care Program*: _____
   You will select from a drop-down list of programs associated with your account.

2. Survey Year*: _____
   Please select the survey year you are entering responses for. Surveys can only be filled out for prior years. For example, the survey for 2020 data is completed in 2021.

3. What type(s) of communities does your palliative care program serve?* Check all that apply.
   a. Urban
   b. Suburban
   c. Rural

   Please select the answer that best represents the communities that your community palliative care program serves and in which they are located.

4. Is your program primarily a pediatric palliative care program?*
   a. No
   b. Yes

   Please select "yes" if your program identifies as a pediatric palliative care program and primarily sees children and infants. Pediatric programs may also see young adults over the age of 18 or other patient populations, but still consider themselves to be a pediatric palliative care program. By selecting "yes," your survey will display appropriate pediatric questions and answer categories. Additionally, your program will only be compared to other pediatric palliative care programs in the comparative reports on your dashboard.

5. Please indicate which age groups compromised your palliative care consultations during the reporting period.* (Check all that apply)
   a. Prenatal (before birth)
   b. Neonate (birth to 1 month)
   c. Infant (29 days to 11 months)
   d. Children (12 months to 12 years)
   e. Adolescent (13 to 17 years)
   f. Young Adult (18 to 25 years)
   g. Adult (26 to 64 years)
   h. Older Adult (65 years and older)

   Please select all ages served by your palliative care program during the reporting period.

6. Does your palliative care program provide services remotely?* Check all that apply.
    a. Telehealth (audio and video) encounters between clinicians and patients
    b. Telehealth (audio and video) encounters between non-clinicians and patients
    c. Telephone (audio only) encounters between clinicians and patients
    d. Telephone (audio only) encounters between non-clinicians and patients
    e. Email or portal communications between clinicians and patients
    f. None of the above

For this question, we define telehealth as video conferencing. Telehealth can be defined broadly as the use of telecommunications technology to provide medical informational services to parties that are remote from each other. Telehealth can increase utilization and access to palliative care specialists.

6A. If yes, approximately what percentage of your patients use telehealth services?
_____%

Provide the approximate percentage of your palliative care patients that utilize the telemedicine services your program offers. This number should be less than 100%.

7. Which of the following does your palliative care program document?* Check all that apply.
    a. Goals of care
    b. Surrogate decision maker (name and contact information)
    c. Life sustaining treatment preferences
    d. Advance directive (including Living Will and/or Healthcare Power of Attorney)
    e. Code Status and/or Do not Resuscitate order
    f. Physician Orders for Life-Sustaining Treatment (POLST)
    g. Other, please specify _____

Please indicate which items your palliative care program documents when completing a note in patient charts/medical record.

8. Does your community palliative care program have a formal, written plan in place in the following categories?* Check all that apply.
    a. Marketing Plan
    b. Bereavement Plan
    c. Education Plan
    d. Team Wellness Plan
    e. Quality Improvement Plan
    f. Strategic Business Plan
    g. Multi-year Budget Plan
    h. Staff Orientation Plan
    i. Opioid Prescribing Plan
    j. None of the above plans

A. **Marketing Plan:** The marketing plan describes how the palliative care program will promote services to appropriate audiences and position, promote, and communicate effectively over time.
B. **Bereavement Plan:** The bereavement plan describes how the palliative care program will assist the patients' family members during the period of transition before and following the death of their loved one.
C. **Education Plan:** Educational activities are offered to palliative care team members to help improve the quality of care provided to patients and their families.

D. **Team Wellness Plan:** Common examples of team wellness activities are team retreats, regularly scheduled patient debriefing exercises, relaxation-exercise training, and individual referral for staff counseling.
E. **Quality Improvement Plan:** a plan or template put in place to help guide quality improvement activities within your palliative care program
F. **Strategic Business Plan:** Business planning is necessary for growth and success. Strategic business plans are an organization's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy.
G. **Multi-year Budget Plan:** A multi-year budget plan covers expected expenditures and revenue over the next few years. Multi-year budget plans can help improve financial management, strategic planning, program evaluation, link to operating activities, and identify imbalances between revenues and expenditures.
H. **Staff Orientation Plan**: a plan put in place that outlines policies, procedures, educational requirements, and any other topics that must be reviewed with new staff members
I. **Opioid Prescribing Policy**: a written policy to outline best practices for responsible opioid prescribing.

9. When considering your team's total workload, how concerned are you that your team is at risk for burnout if current workload requirements continue?
    a. Not at all concerned
    b. Slightly concerned
    c. Somewhat concerned
    d. Moderately concerned
    e. Extremely concerned

    Please use your best judgement to select the answer that best represents your palliative care program's risk for burnout based on the workload reported during the reporting period.

10. Does your palliative care program utilize an Electronic Health Record (EHR)?
    a. Epic
    b. Cerner
    c. Other, Please Specify _____
    d. None

    An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

10A. If yes to question 10, does your EHR alert your patients' other healthcare providers of the involvement of palliative care?
    a. Yes (or have a similar functionality)
    b. No, but the functionality is available
    c. No, but the functionality is not currently available

    Select the response that most accurately represents your EHR and its ability to inform your palliative care patients' other healthcare providers of their care.

10B. If yes to question 10, do you receive alerts when your patients are admitted to the hospital?
    e. Yes (or have a similar functionality)
    f. No, but the functionality is available
    g. No, but the functionality is not currently available

Select the response that most accurately represents your EHR and its connection to information concerning the hospital admissions of palliative care patients.

11. Does your palliative care program utilize triggers or specific patient criteria to generate automatic referrals?
    a. No
    b. Yes

Select the response that most accurately represents your program's use of criteria or triggers for patient consults.

12. Do you track the following metrics?* Select all that apply.
    a. Emergency Department (ED) Visits
    b. Patient Admissions to Hospital
    c. Non-Hospital Deaths
    d. Referrals to Hospice
    e. Visits per Patient
    f. Office Practice Length of Service
    g. Percentage of patients with ACP Documentation Pre- and Post-Consult
    h. Patient Satisfaction
    i. Family Satisfaction
    j. Visit Cancellation and Causes
    k. Cost of Care
    l. Other, Please Specify _____

Please select which of these metrics your palliative care program currently measures for patients seen by your community palliative care program.

13. Select the top three funding sources for your palliative care program's budget from the following list.*
    a. Financial support from hospital or other organization (including salary stipends, not including philanthropy)
    b. Fee for Service clinician billing (including Medicare Part B)
    c. Bonus payments for quality measures
    d. Subsidy from partner organizations
    e. Financial contracts/service agreements with other providers or vendors (where you do not bill the payer directly- including value-based purchasing agreements)
    f. Philanthropic and foundation support
    g. Not funded
    h. Other, Please Specify _____
    ☐ I cannot answer this question

Please select the top three funding sources for your palliative care program during the reporting period. If a funding source is not listed, please provide a description in the "Other, specify" option.

14. Approximately what percentage of your palliative care program budget comes from the following sources (should add to 100%)?
    a. Financial support from hospital or other organization (including salary stipends, not including philanthropy) _____%
    b. Fee for Service clinician billing (including Medicare Part B) _____%

c. Bonus payments for quality measures _____%
d. Subsidy from partner organizations _____%
e. Financial contracts/service agreements with other providers or vendors (where you do not bill the payer directly- including value-based purchasing agreements) _____%
f. Philanthropic and foundation support _____%
g. Not funded _____%
h. Other, specify: _____ _____%

☐ I cannot answer this question

Provide an approximate breakdown of your total program budget. The sum should equal 100%

II. Setting: Patient's Home

1. Has your palliative care program been in operation for 12 full months?*
   a. No
   b. Yes

   Data from palliative care programs that are less than one year old can be still submitted. Please report your data accurately for that time period. For example, if your program was operational for only 3 months, then report the data for the actual 3-month period. Do not provide estimates for the entire year based on your 3-month performance.

1A. If no (to question 1), how many months of data are you reporting?* _____

2. Which counties does your home-based palliative care program serve during the reporting period?* _____

   Search for and select which counties are served by your palliative care program. If you serve multiple states, you have the ability to add counties for more than one state. Recommended method of search is by state abbreviation followed by a colon. For example, searching for "AL:" will return all counties in Alabama

3. In which year was your palliative care program providing care in patient homes established?

   _____

   Please select the year in which your home-based palliative care practice was established.

4. What is the average daily census (ADC) for your home palliative care program? _____

   Average daily census is the average number of people served in a single day during the reporting period; the figure is calculated by dividing the number of patient days by the number of days in the reporting period.

5. How many palliative care patients, in total, did you serve during the reporting period?*

   _____

   Please provide the total number of patients that were on your home palliative care service during the reporting period. These can be patients that were enrolled in previous years as well as new enrollees during the reporting period.

6. How many patients were new to your home-based palliative care program or enrolled in the palliative care program, from their own home, during the reporting period?* _____

Please provide the total number of patients that were new to the program during the reporting period. This number should not include patients that were enrolled in previous years and still on the palliative care service. However, this number should include patients that went off the service and were re-enrolled during the reporting period. This number should be less than or equal to the previous question's answer.

7. How many patients were new to your home-based palliative care program or enrolled in the palliative care program, from an assisted living facility, during the reporting period?*

   _____

   Please provide the total number of patients that were new to the program during the reporting period. This number should not include patients that were enrolled in previous years and still on the palliative care service. However, this number should include patients that went off the service and were re-enrolled during the reporting period. This number should be less than or equal to the previous question's answer.

8. What was the total number of follow-up in-person visits completed by your home-based palliative care program during the reporting period? _____

   Provide the number of follow-up in-person visits that your palliative care program provided during the reporting period. In-person visits can be provided by physicians, nurses, social workers, chaplains, administrative staff, volunteers, and other members of the palliative care team.

9. What was the total number of follow-up telehealth visits completed by your home palliative care team during the reporting period? _____

   Provide the number of follow-up telehealth visits that your palliative care program provided during the reporting period. Telehealth visits can be provided by physicians, nurses, social workers, chaplains, administrative staff, volunteers, and other members of the palliative care team.

10. What is the average amount of time (in minutes) spent traveling to/from in-home visits (round-trip)? _____ minutes

    Approximately what is the average time spent traveling, round-trip, for in-home visits. Please provide the average in minutes.

11. What is the average distance traveled, round-trip, for in-home visits (in miles)? _____ miles

    Approximately what is the average distance for a round-trip in-home visit for your palliative care program. Please provide the average in miles.

12. When is your palliative care program available for patients and families (in-person, by phone, or telehealth services)?* Check all that apply.
    a. Weekday, days
    b. Weekday, evenings
    c. Weekday, nights
    d. Weekend, days
    e. Weekend, evenings
    f. Weekend, nights
    g. None of the above

    Please indicate which times you provide coverage for patients and their families. Coverage can include in-person, telephone, and/or telehealth access.

13. When is your palliative care program available for referring providers and colleagues (in-person, by phone, or telehealth services)?* Check all that apply.
    a. Weekday, days
    b. Weekday, evenings
    c. Weekday, nights
    d. Weekend, days
    e. Weekend, evenings
    f. Weekend, nights
    g. None of the above

    Please indicate which times you provide coverage for referring providers and other colleagues. Coverage can include in-person, telephone, and/or telehealth access.

14. Does your palliative care program require patients to be homebound?*
    a. No
    b. Yes

    The patient is considered "homebound" if the patient cannot leave home without considerable and taxing effort. Palliative care patients do not need to be “bed bound” to be considered homebound.

14A. If no to question 14, approximately what percentage of your palliative care patients are considered homebound (unable to leave their homes?*

a._____%

❑ I cannot answer this question

The patient is considered "homebound" if the patient cannot leave home without considerable and taxing effort. Palliative care patients do not need to be “bed bound” to be considered homebound.

15. Please provide a breakdown of your program's new patient visits by the patient's stated gender identity. Indicate the number of patients, by their gender identity that were in by your in-home program during the reporting period. The sum of all categories should equal the total number of initial consults. If you do not track this information or are unable to access it, please check 'I cannot answer this question.

Gender Identity	Number of Initial Consults
a. Male	_____
b. Female	_____
c. Transgender Male	_____
d. Transgender Female	_____
e. Nonbinary	_____
f. Other	_____
g. Not Disclosed	_____
h. Unknown	_____

☐ I cannot answer this question

16. Please provide a breakdown of your program's new patient visits by the patient's primary race. Provide the racial distribution of new patient visits during the reporting period. The sum of all categories should equal the total number of initial consults. If you do not track this information or are unable to access it, please check 'I cannot answer this question.

Patient’s Primary Race	Number of Initial Consults
a. White	_____

b. Black _____
c. Asian _____
d. Pacific Islander _____
e. Native American _____
f. Other _____
g. Not Reported _____
h. Unknown _____

❑ I cannot answer this question

17. Please provide a breakdown of your program's new patient visits by the patient's primary ethnicity. The sum of all categories should equal the total number of initial consults. If you do not track this information or are unable to access it, please check 'I cannot answer this question.

Patient's Ethnicity	Number of Initial Consults
a. Ethnicity Hispanic	_____
b. Ethnicity Non-Hispanic	_____
c. Unknown	_____

❑ I cannot answer this question

18. Please provide a breakdown of your program's new patient visits by their referral location. The sum of all categories should equal the total number of initial consults. If you do not track this information or are unable to access it, please check 'I cannot answer this question.

a. Emergency Department _____
b. Group Home _____
c. Health Plan _____
d. Home Health Agency _____
e. Hospice _____
f. Hospital Inpatient Palliative Care Service _____
g. Nursing Home/ Long-Term Care _____
h. Other Hospital Inpatient Services _____
i. Patient/Family Self-Referral _____
j. Primary Care Practice _____
k. Oncology/ Cancer Center _____
l. Cardiology/ Heart Failure Clinic _____
m. Neurology _____
n. Nephrology/ Dialysis Center _____
o. Geriatrician _____
p. Palliative Care Clinic _____
q. Other, please specify _____ _____

❑ I cannot answer this question

19. Please provide a breakdown of your program's new patient visits by the patient's primary diagnosis category. These should represent the underlying or primary diagnosis category. The sum of all primary category responses should equal the total number of initial consults reported during the reporting period. Secondary categories are not required, but if available, should add

up to the total number in the primary category. If you do not track this information or are not able to access it, please check off "I cannot answer this question.

Primary Diagnosis Category	Number of Initial Consults
a. Cancer	_____
1. Cancer (Solid Tumor)	_____
2. Cancer (Heme)	_____
b. Cardiovascular	_____
c. Pulmonary	_____
d. Gastrointestinal	_____
e. Hepatology	_____
f. Renal	_____
g. Dementia	_____
h. Neurology (includes Neuromuscular or non-dementia Neurodegenerative)	_____
i. Infectious	_____
j. Trauma	_____
k. Vascular	_____
l. Metabolic/Endocrine	_____
m. Genetic/Chromosomal	_____
n. Hematology (non-cancer)	_____
o. Prematurity/Complications Related to Prematurity	_____
p. Fetal	_____
q. Other	_____

❑ I cannot answer this question

20. Please provide a breakdown of your program's new patient visits by the patient disposition. The sum of all categories should equal the total number of initial consults. If you do not track this information or are unable to access it, please check 'I cannot answer this question.

Patient Disposition	Number of Patients
Died	_____
Transferred to hospice services	_____
Remained on Home Palliative Care Service	_____
Disenrolled from Home Palliative Care Service	_____
Other, Please specify_____	_____

☐ I cannot answer this question

21. Approximately what is the average length of service (in days) for patients seen by your palliative care in-home program? _____ days

Provide the average length of stay on the palliative care service from admission date for all patients on your service. This does not need to be specific to the reporting period. This number should be reported in the number of days to 0.0 decimals.

III. Setting: Long-term Care Facilities

1. Has your palliative care program been in operation for 12 full months?*
    a. No
    b. Yes

    Data from palliative care programs that are less than one year old can be still submitted. Please report your data accurately for that time period. For example, if your program was operational for only 3 months, then report the data for the actual 3-month period. Do not provide estimates for the entire year based on your 3-month performance.

1A. If not, how many months of data are you reporting?* _____

2. How many long-term care facilities did your program provide palliative care at during the reporting period? _____

3. In what year did you establish your long-term care palliative care program? _____
    Please identify the year in which your long-term care palliative care program was established.

4. What type of relationship does your palliative care team have with the long-term care facilities that you serve?*
    a. Palliative care program is run out of the long-term care facility (embedded)
    b. Contracted from an outside organization
    c. Part of a network that covers the long-term care facility

    Select the answer that best matches your palliative care programs relationship with the long-term care facilities to which it provides services.

5. Are palliative care services available to short-term, sub-acute rehab patients?
    a. No
    b. Yes
    c. Long-term care facility does not have sub-acute section

    Select the best answer that matches your palliative care programs availability to sub-acute rehab patients staying in a long-term care facility. This does not include LTAC hospitals.

6. What was the average daily census (ADC) for your palliative program in long-term care settings during the reporting period? _____
    Average daily census is the average number of people served in a single day during the reporting period; the figure is calculated by dividing the number of patient days by the number of days in the reporting period. If your palliative care program provides care across different setting types, please limit this number to the average daily census for your patient who reside in long-term care facilities.

7. How many palliative care patients did you have on your service during the reporting period?*

    _____

    Please provide the total number of patients that were on your palliative care service during the reporting period. These can be patients that were enrolled in previous years as well as new enrollees during the reporting period.

8. How many patients were new to your program or enrolled in your program during the reporting period?* _____

Please provide the total number of patients that were new to your palliative care program during the reporting period. This number should not include patients that were enrolled in previous years and still on the palliative care service. However, this number should include patients that went off the service and were re-enrolled during the reporting period. This number should be less than or equal to the previous question's answer.

9. What was the total number of follow-up (in-person) visits completed by your palliative care program during the reporting period? _____
   Provide the number of follow-up, in-person visits that your palliative care program provided during the reporting period. In-person visits can be provided by physicians, nurses, social workers, chaplains, administrative staff, volunteers, and other members of the palliative care team.

10. What triggers does your palliative care program utilize?
    a. Assessment tool score above/ below a certain threshold
    b. Multiple recent hospitalizations/ED visits with same symptoms
    c. Uncertainty of patient prognosis and/or goals of care
    d. Other, please specify _____
    e. None of the above

    If you utilize a trigger not listed here, please indicate this by selecting "Other."

11. What is the average length of time (in days) from receipt of palliative care consult to completion of initial visit?
    a. _____ days
    ☐ I cannot answer this question

    Approximately what is the average length of time between a palliative care consult being received to the initial visit in the long-term care facility. The purpose of this question is to determine how quickly the palliative care team is able to see a patient after referral. If you do not collect this data or are not able to answer this question for any reason, select "I cannot answer this question."

12. When is your palliative care program available for patients and families (in-person, by phone, or telehealth services)?* Check all that apply.
    a. Weekday, days
    b. Weekday, evenings
    c. Weekday, nights
    d. Weekend, days
    e. Weekend, evenings
    f. Weekend, nights

    Please indicate which times you have coverage available. Coverage can include in-person, telephone, and/or telehealth access.

13. When is your palliative care program available for referring providers and colleagues (in-person, by phone, or telehealth services)?* Check all that apply.
    a. Weekday, days
    b. Weekday, evenings
    c. Weekday, nights
    d. Weekend, days
    e. Weekend, evenings

f. Weekend, nights

Please indicate which times you have coverage available. Coverage can include in-person, telephone, and/or telehealth access.

14. Please provide a breakdown of your program's new patient visits by the patient's stated gender identity. Indicate the number of patients, by their gender identity that were in by your in-home program during the reporting period. The sum of all categories should equal the total number of initial consults. If you do not track this information or are unable to access it, please check "I cannot answer this question."

Gender Identity	Number of Initial Consults
a. Male	_____
b. Female	_____
c. Transgender Male	_____
d. Transgender Female	_____
e. Nonbinary	_____
f. Other	_____
g. Not Disclosed	_____
h. Unknown	_____
☐ I cannot answer this question	

15. Please provide a breakdown of your program's new patient visits by the patient's primary race. Provide the racial distribution of new patient visits during the reporting period. The sum of all categories should equal the total number of initial consults. If you do not track this information or are unable to access it, please check 'I cannot answer this question."

Patient's Primary Race	Number of Initial Consults
a. White	_____
b. Black	_____
c. Asian	_____
d. Pacific Islander	_____
e. Native American	_____
f. Other	_____
g. Not Reported	_____
h. Unknown	_____
☐ I cannot answer this question	

16. Please provide a breakdown of your program's new patient visits by the patient's primary ethnicity. The sum of all categories should equal the total number of initial consults. If you do not track this information or are unable to access it, please check 'I cannot answer this question."

Patient's Ethnicity	Number of Initial Consults
a. Ethnicity Hispanic	_____
b. Ethnicity Non-Hispanic	_____
c. Unknown	_____

17. Please provide a breakdown of your program's new patient visits by the patient's primary diagnosis category. These should represent the underlying or primary diagnosis category. The

sum of all primary category responses should equal the total number of initial consults reported during the reporting period. Secondary categories are not required, but if available, should add up to the total number in the primary category. If you do not track this information or are not able to access it, please check off "I cannot answer this question."

Primary Diagnosis Category	Number of Initial Consults
a. Cancer	_____
1. Cancer (Solid Tumor)	_____
2. Cancer (Heme)	_____
b. Cardiovascular	_____
c. Pulmonary	_____
d. Gastrointestinal	_____
e. Hepatology	_____
f. Renal	_____
g. Dementia	_____
h. Neurology (includes Neuromuscular or non-dementia Neurodegenerative)	_____
i. Infectious	_____
j. Trauma	_____
k. Vascular	_____
l. Metabolic/Endocrine	_____
m. Genetic/Chromosomal	_____
n. Hematology (non-cancer)	_____
o. Prematurity/Complications Related to Prematurity	_____
p. Fetal	_____
q. Other	_____
☐ I cannot answer this question	

18. Select the top reason given by referring providers for the initial palliative care consult.
    a. Symptom Management
    b. Decision Making
    c. Providing Support to Patient/Family
    d. Other, please specify _____

Please select the top reason given by referring clinicians for a patient's palliative care consult.

19. Does your palliative care program use a standard template for consult documentation?
    a. No
    b. Yes

Identify whether or not your palliative care program uses a standard consult template for documentation of palliative care consult notes.

20. Where does your palliative care team document?
    a. LTC facility's EHR or charts
    b. Own/Palliative Care program's EHR with copies provided to LTC facility

Signify how your palliative care team documents their consult notes for patients in long-term care facilities.

21. Please provide a breakdown of your program's new patient visits by the patient disposition. The sum of all categories should equal the total number of initial consults. If you do not track this information or are unable to access it, please check 'I cannot answer this question."

Patient Disposition	Number of Patients
Died	_____
Transferred to hospice services in Long-term Care Facility	_____
Transferred to home hospice	_____
Remained on Palliative Care Service	_____
Disenrolled from Palliative Care Service	_____
Other, Please specify_____	_____

22. Approximately, what is the average length of service (in days) for long-term care patients in your palliative care program? _____ days

Provide the average length of stay on the palliative care service from admission date to discharge (or death) date for all patients on your service. This does not need to be specific to the reporting period. This number should be reported in the number of days to 0.0 decimals.

IV. Setting: Office Practice or Clinic

1. Has your palliative care program been in operation for 12 full months?*
    c. No
    d. Yes

Data from palliative care programs that are less than one year old can be still submitted. Please report your data accurately for that time period. For example, if your program was operational for only 3 months, then report the data for the actual 3-month period. Do not provide estimates for the entire year based on your 3-month performance.

1A. If not 12 months, how many months of data are you reporting?* _____

2. In what year was your palliative care program providing care in an office practice/ clinic established?

_____

Please select the year in which your office-based palliative care practice was established. If your outpatient practice goes to more than one location, select the year in which your first practice location began.

3. How many office practices or clinics did your program provide palliative care at during this reporting year? _____

4. How does your palliative care program operate?*
    a. Stand-alone practice operating independently of another organization
    b. Palliative care specific practice run by an administrative organization (ex. health system, hospital, medical group)
    c. Palliative care services are integrated into a primary or specialty practice (ex. Cancer Center, Heart Failure Clinic)

Select the description that most accurately reflects how your outpatient palliative care program operates.

5. If integrated, how is your office practice/ clinic program integrated? Select the description that most accurately reflects how your office practice/clinic palliative care program operates.
    a. Physically co-located and shares systems, processes, and/or finances
    b. Physically co-located but does not share systems, processes, and/or finances

    Select the description that most accurately reflects how your outpatient palliative care program operates.

6. If integrated, into what type of practice is your palliative care office practice/ clinic integrated?
    a. Cancer Center
    b. Oncology Practice
    c. Cardiology/ Heart Failure Practice
    d. Renal Practice/ Dialysis Center
    e. Neurology Practice
    f. Primary Care Practice
    g. Pain Clinic
    h. Other, Please Specify _____

    Select the type of specialty practice into which your palliative care services are integrated. If your practice provides palliative care in more than one type, please select all that apply.

7. If integrated, when do you have office practice/ clinic hours?
    a. Set hours for office visits
    b. Comes to Specialty Practice when called for a specific patient (as needed)

    Select the response that most closely aligns with your palliative care program's office hours. If your program is embedded in more than one specialty program, select all that apply.

8. If integrated, does your office practice/clinic utilize the specialty practice's staff to schedule patient visits?
    a. No
    b. Yes
    c. Sometimes/As Needed

    Select "yes" if your palliative care program uses schedulers employed by the specialty practice rather than employing your own.

9. If integrated, does your office practice/clinic utilize the specialty practice's nursing/medical assistants for rooming patients/ checking vitals, etc.?
    a. No
    b. Yes
    c. Sometimes/As Needed

    Select "yes" if your palliative care program uses medical assistants employed by the specialty practice rather than employing your own

10. If integrated, in your office practice/ clinic when are palliative patients seen?
    a. Shared or concurrently- scheduled appointments with their specialty provider (ex. Oncologist, Cardiologist)
    b. Separate or independently- scheduled appointment for the palliative care clinician only
    c. Both depending on patients' individual needs

Select the response that most accurately describes when palliative care clinicians see patients in relation to the specialty practice's own providers.

11. If integrated, how are palliative care consults initiated within the specialty practice?
    a. Trigger/patient identification criteria used to identify potential patients
    b. New consult requests are left to the referring providers' decision
    c. Both, depending on referring provider's needs

    Select the response that most accurately describes how palliative care consults are triggered or initiated within the specialty practice.

12. How many palliative care initial consultations/ visits did you provide in your office practice or clinic during the reporting period?* _____

    Please provide the total number of billable initial palliative care consults/visits during the reporting period.

13. How many palliative care billable follow-up visits did you provide in your office practice or clinic during the reporting period? _____

    Subsequent visits (or follow-up visits) are visits for a patient after the initial consult/visit. Only include billable visits provided by a physician (MD/DO), advanced practice registered nurse (APRN), or physician assistant (PA).

14. On an average day, how many initial palliative care patient consultations/visits are completed?

    _____

    Please provide the average number of patient visits completed on a typical day in your outpatient palliative care practice. If an exact number for each visit type is unavailable, an approximation is fine.

15. On an average day, how many palliative care patient billable follow-up visits are completed?

    _____

    Please provide the average number of patient visits completed on a typical day in your outpatient palliative care practice. If an exact number for each visit type is unavailable, an approximation is fine.

16. What is the average wait time for a new patient referral to be seen? Please select the answer that best characterizes the typical wait time for a new patient visit in your palliative care office practice/clinic.
    a. Patient can be seen same day as referral
    b. 1-3 days
    c. 4-7 days
    d. 8-14 days
    e. Longer than two weeks

    Please select the answer that best characterizes the typical wait time for a new patient visit in your palliative care office practice/clinic.

17. How long, in minutes, are your initial consult visits scheduled for?* _____

    Please provide the duration of your scheduled appointments for initial consultation/visits.

18. How long, in minutes, are your follow-up visits scheduled for? _____

    Please provide the duration of your scheduled appointments for follow-up visits.

19. Approximately, what percentage of patients referred to your practice schedule a new appointment? _____%
    Please provide an approximation of the number of patients who are referred to your palliative office practice/clinic and schedule an initial visit.

20. Approximately, what is the no-show rate for palliative care patients in the office or clinic setting? _____%
    Please provide an approximation of your palliative care patients' no-show rate for office/clinic appointments.

21. When is your palliative care program available for patients and families (in-person, by phone, or telehealth services)?* Check all that apply.
    a. Weekday, days
    b. Weekday, evenings
    c. Weekday, nights
    d. Weekend, days
    e. Weekend, evenings
    f. Weekend, nights

    Please indicate which times you have coverage available. Coverage can include in-person, telephone, and/or telehealth access.

22. When is your palliative care program available for referring providers and colleagues (in-person, by phone, or telehealth services)?* Check all that apply.
    a. Weekday, days
    b. Weekday, evenings
    c. Weekday, nights
    d. Weekend, days
    e. Weekend, evenings
    f. Weekend, nights

    Please indicate which times you have coverage available. Coverage can include in-person, telephone, and/or telehealth access.

23. Please provide a breakdown of your program's initial palliative care consults by the patient's stated gender identity. Indicate the number of patients, by their gender identity that were seen in your outpatient palliative care practice during the reporting period.

Gender Identity	Number of Initial Consults
a. Male	_____
b. Female	_____
c. Transgender Male	_____
d. Transgender Female	_____
e. Nonbinary	_____
f. Other	_____
g. Not Disclosed	_____
h. Unknown	_____

☐ I cannot answer this question

24. Please provide a breakdown of your program's initial palliative care consults by the patient's primary race. Provide the racial distribution for initial palliative care consults during the reporting period. The sum of all categories should equal the total number of initial consults reported during the reporting period. If you do not track this information or are not able to access it, please check off "I cannot answer this question."

Patient's Primary Race	Number of Initial Consults
a. White	_____
b. Black	_____
c. Asian	_____
d. Pacific Islander	_____
e. Native American	_____
f. Other	_____
g. Not Reported	_____
h. Unknown	_____

☐ I cannot answer this question

25. Please provide a breakdown of your program's initial palliative care consults by the patient's primary ethnicity. Provide the ethnicity distribution for initial palliative care consults during the reporting period. If "unknown" please include in "other." The sum of all categories should equal the total number of initial consults reported during the reporting period. If you do not track this information or are not able to access it, please check off "I cannot answer this question."

Patient's Ethnicity	Number of Initial Consults
a. Ethnicity Hispanic	_____
b. Ethnicity Non-Hispanic	_____

☐ I cannot answer this question

26. Please provide a breakdown of your program's initial palliative care consults by referral location. Provide the total number of initial consults referred from the described locations. The sum of all categories should equal the total number of initial consults reported during the reporting period. If you do not track this information or are not able to access it, please check off "I cannot answer this question."

a. Emergency Department	_____
b. Group Home	_____
c. Health Plan	_____
d. Home Health Agency	_____
e. Hospice	_____
f. Hospital Inpatient Palliative Care Service	_____
g. Nursing Home/ Long-Term Care	_____
h. Other Hospital Inpatient Services	_____
i. Patient/Family Self-Referral	_____
j. Primary Care Practice	_____
k. Oncology/Cancer Center	_____
l. Cardiology/Heart Failure Clinic	_____
m. Neurology	_____
n. Nephrology/Dialysis Center	_____
o. Geriatrician	_____

p. Palliative Care Clinic _____
q. Other, please specify _____ _____
☐ I cannot answer this question

27. Please provide a breakdown of your program's initial palliative care consults by the patient's primary diagnosis category. Provide the total number of initial consults in the disease/diagnostic groups. These should represent the underlying or primary diagnosis category. The sum of all primary category responses should equal the total number of initial consults reported during the reporting period. Secondary categories are not required, but if available, should add up to the total number in the primary category. If you do not track this information or are not able to access it, please check off "I cannot answer this question."

Primary Diagnosis Category	Number of Initial Consults
a. Cancer	_____
1. Cancer (Solid Tumor)	
2. Cancer (Heme)	_____
b. Cardiovascular	_____
c. Pulmonary	_____
d. Gastrointestinal	_____
e. Hepatology	_____
f. Renal	_____
g. Dementia	_____
h. Neurology (includes Neuromuscular or non-dementia Neurodegenerative)	_____
i. Infectious	_____
j. Trauma	_____
k. Vascular	_____
l. Metabolic/Endocrine	_____
m. Genetic/Chromosomal	_____
n. Hematology (non-cancer)	_____
o. Prematurity/Complications Related to Prematurity	_____
p. Fetal	_____
q. Other	_____

☐ I cannot answer this question

28. Of all active patients for this reporting period, provide the number of patients, broken down by patient disposition. Answers should reflect discharge from the hospital, not discharge from the palliative care service. If a patient was not discharged during the reporting period and remained on service, please include them in "Remained on Office Practice or Clinic Palliative Care Service". The sum of all categories should equal the total number of initial consults reported during the reporting period.

Patient Disposition	Number of Patients
Died	_____
Transferred to hospice services	_____
Transferred to home palliative care services	_____
Remained on Office Practice or Clinic Palliative Care Service	_____

Disenrolled from Palliative Care Service _____
Other, Please specify_____ _____

29. Approximately what is the average length of service (in days) for patients seen by your palliative care office practice/ clinic program? _____ days
    Provide the average length of stay on the palliative care service from admission date for all patients on your service. This does not need to be specific to the reporting period. This number should be reported in the number of days to 0.0 decimals.

V. Staffing

After completing and saving the staffing survey, please repeat the process by adding additional rows (i.e., surveys) for the other sites that are part of your palliative care program. Once all Community Setting surveys are completed, continue to the Hospital Setting Surveys, if applicable.

1. Select the setting you would like to fill out a staffing survey for. A setting survey must be completed prior to filling out a staffing survey for a specific setting. Only fill out one staffing survey per setting for a given year.*
    a. Patient's Home
    b. Long-Term Care
    c. Clinic

2. Which of these disciplines constitute your home palliative care consult team at the site you indicted in question one? What is the head count (HC) and full-time equivalent (FTE) for each discipline?

Professional Discipline	Total HC*	Total FTE*	Direct Patient Care FTE	Administrative or Non-Clinical Time FTE
Administrative Support, Assistant, or Data Analyst				
Administrator or Program Manager (that does not provide patient care)				
Advanced Practice Registered Nurse (APRN- includes NP, CNS, CRNA, CNM)				
Certified Nursing Assistant				
Chaplain or Spiritual Care				
Child Life Specialist				
Dietician or Nutritionist				
Licensed practical or Vocational Nurse				
Massage Therapist				
Medical Assistant				

Music or Art Therapist				
Pharmacist				
Psychologist				
Physical or Occupational Therapist				
Physician (includes MD and DO)				
Physician Assistant (PA)				
Physician Fellow				
Registered Nurse				
Social Worker				
Speech Language Pathologist				
Other:				
Other:				
Other:				

For each professional discipline listed, provide the total number of individuals in that role (headcount) and then the breakdown of full-time equivalents (FTEs) of those individuals. **Staff numbers should represent staffing dedicated to the palliative care program in this specific setting or site and match the time period for which patient volume is being reported**. Program staff can include funded positions, specific to the palliative care program, and non-funded positions (e.g., in-kind), who are payed for by another department or service line. Staff that are only used when you happen to be in that area (e.g., a social worker assigned to the ICU) would not need to be included. Volunteers should be excluded from this question. To calculate FTE for one person, divide the number of hours they work per week by 40 hours (if this is the standard work week). For example, if someone works 20 hours per week, then the calculation would be 20 hours / 40 hours = 0.5 FTE.

FTE Examples: A full-time palliative care program staff member represents 1.0 FTE, whereas a halftime team member would be 0.5 FTE. A palliative care team of 6 physicians where each physician works 25%, would be 6 headcount and 1.5 FTE. For programs that serve multiple locations: If a palliative care physician spends half her time in the inpatient setting and the other half of her time in the outpatient palliative care clinic, the table above for physician would be 1 Headcount and 0.5 FTE for time spent on the inpatient palliative care program.

For each staff member, breakdown their FTE based on how much time they spend in direct patient care vs. non-clinical roles (e.g., program administration, teaching, research). For example, if one nurse practitioner with 1.0 FTE sees patients four days a week, but spends one day per week administering the program or teaching, their FTE should be entered as 0.8 FTE direct patient care and 0.2 FTE administrative. For a physician who is also a medical director, they could put 0.8 direct patient care FTE and 0.2 administrative FTE for Physician.

Note: "Administrator or Program Manager (that does not provide patient care)" should be used for a staff or team member who administers the palliative care program, but does not provide direct patient care. If this person has a clinical background (e.g., social work, nursing), this role should still be selected if they are not providing patient care themselves.

3. Do any members of your palliative care team have certification in hospice and palliative care? If yes, provide the number (headcount) of staff members with palliative care certification.
    a. No
    b. Yes

Staff certified in palliative care or palliative medicine can include physicians, advanced practice registered nurses, registered nurses, chaplains, or social workers. Include the following:
o Physicians board-certified in Hospice and Palliative Medicine by the American Board of Medical Specialties (ABMS).
o Advanced Practice Nurse and Registered Nurses, Licensed Practical/Vocational Nurses, and Nursing Assistants are board-certified by the Hospice and Palliative Credentialing Center (HPCC).
o Chaplains certified in hospice and palliative care by the Association of Professional Chaplains/Board of Chaplaincy Certification or the National Association of Professional Chaplains.
o Social Workers who are certified in Hospice and Palliative Social Work (CHP-SW) from the National Association of Social Workers (NASW). Social Workers may hold either a CHP-SW or be Advanced Certified in Hospice and Palliative Social Workers (ACHP-SW).

3A. If yes for question 3, provide the number (headcount) of staff members with palliative care certification.

Title	Number (headcount) of staff members
a. Advanced Practice Registered Nurse	_____
b. Certified Nursing Assistant	_____
c. Chaplain/Spiritual Care	_____
d. Licensed Practical/Vocational Nurse	_____
e. Physician	_____
f. Registered Nurse	_____
g. Social Worker	_____

Staff certified in palliative care or palliative medicine can include physicians, advanced practice registered nurses, registered nurses, chaplains, or social workers. Include the following:
o Physicians board-certified in Hospice and Palliative Medicine by the American Board of Medical Specialties (ABMS).
o Advanced Practice Nurse and Registered Nurses, Licensed Practical/Vocational Nurses, and Nursing Assistants are board-certified by the Hospice and Palliative Credentialing Center (HPCC).
o Chaplains certified in hospice and palliative care by the Association of Professional Chaplains/Board of Chaplaincy Certification or the National Association of Professional Chaplains.
o Social Workers who are certified in Hospice and Palliative Social Work (CHP-SW) from the National Association of Social Workers (NASW). Social Workers may hold either a CHP-SW or be Advanced Certified in Hospice and Palliative Social Workers (ACHP-SW).