Module 1 Program Basics

1. To which long-term care facilities do you provide palliative care services?
   Please provide the names and street addresses for the long-term care facilities where you provide palliative care.

2. Of these facilities, in how many did you provide palliative care during the reporting period?

   Provide the number of long-term care facilities in which you provided palliative care services during the reporting period. This number must be less than or equal to the total number of facilities in which you provide care.

3. What type of entity administers your palliative care program?
   - Health System
   - Hospital
   - Hospice
   - Home Health Agency
   - Long-term Care Facility/Organization
   - Medical Group
   - Other

   Select which of the answer options best represents the administrative home for your palliative care program. If your program is administered by an organization that is unlisted, please select ?other? and specify the organization (example: if your palliative care program is administered by an independent organization)

4. What type of relationship does your palliative care team have with the long-term care facilities you serve?
   - Palliative care program is run out of the long-term care facility (embedded)
   - Contracted from an outside organization
   - 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. During the reporting period, did your palliative care program have a formal partnership with any of the following entities? (Check all that apply)
   - Hospital
   - Hospice
   - Home Health Agency
   - Physician Group
   - Specialty Center (i.e., Cancer Center)
   - Other

   Please select all entities with which your palliative care program has a formal partnership. A formal partnership means that your palliative care program has established a formal partnership agreement. A formal partnership ensures that patients can be referred to specialist care when required for consultation and/or management and that patients can move smoothly between palliative care and other services based on their level of need.

6. During the reporting period, did your palliative care program work with or have partnerships with any of these community service providers? (Check all that apply)
   - Friendly visitor volunteer program
   - Respite care
   - Meals-on-Wheels
   - Visiting doctors
   - Community Chaplains
   - Legal Services
   - Social Services
   - Local Agencies on Aging
   - Disease-specific associations (e.g., Alzheimer's Assoc.)
   - Other

   Please select all community organizations with which your palliative care program has a relationship. If there is an organization not listed here or in the previous question with which you partner, please indicate that in ?other."

7. Is your administering organization a member of an Accountable Care Organization (ACO)?
   - Yes
   - No

   An Accountable Care Organizations (ACO) is a group of providers organized to take responsibility for the overall quality of care and the total cost of all the health care services needed by a group of patients over a period of time. An Accountable Care Organization is not a payment model; it is an organizational structure designed to accept accountability for care delivery quality and costs. ACOs can be a Medicare ACO (Medicare Shared Savings Program, Advance Payment ACO Model, or Pioneer ACO Model) or a commercial ACO.

8. From what age groups will you accept new referrals? (Check all that apply)
   - Pediatric (less than 18 years)
9. Are palliative care services available to short term, sub-acute rehab patients?
   - Yes
   - No
   - 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.

10. Has your long-term care palliative care program been in operation for 12 full months?
   - Yes
   - No

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

10a. If not 12 months, for how many months of data are your reporting?

If your program has been in operation for less than 10 months, your program data will not be included in any reports or findings that we produce. You will still have access to all of your program-specific reports.

11. 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.
Module 2 Patient Visits

1. 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.

2. 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.

3. Approximately, what percentage of long-term care residents in facilities you served received a palliative care consult during the reporting period?

☐ I cannot answer this question

Provide the estimated or actual percentage of all long-term care residents in the facilities you served during the reporting period that received a palliative care consult. This can be calculated by taking the total number of palliative care patients and divide it by the total number of residents at each of the facilities that you served. If you do not collect this data or are not able to answer this question for any reason, select ?I cannot answer this question.?.

4. 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.

5. What was the total number of follow-up phone calls (with patients and/or family) completed by your palliative care team during the reporting period?

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

6. Does your palliative care team provide telemedicine services to long-term care residents?

☐ Yes, audio and video (e.g., Skype)
☐ No, audio only (phone only)
☐ No

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

6a. If yes, approximately what percentage of your patients use telemedicine services?

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

7. Does your program utilize triggers for a palliative care consult?

☐ Yes
☐ No

A trigger is a tool that may be used by clinicians to determine if a patient would benefit from a palliative care consult.

7a. If yes, what triggers does your palliative program utilize? (Check all that apply)

☐ Assessment tool score above/below a certain threshold
☐ Multiple recent hospitalizations/ED visits with same symptoms
☐ Uncertainty of patient prognosis and/or goals of care
☐ Need for code status discussion
☐ Other

Please select any triggers listed that are currently utilized by your palliative care program and/or the long-term care facility staff to initiate a palliative care consult. If you utilize a trigger not listed here, please indicate this by selecting ?Other.?

8. Who may request a palliative care consult for a long-term care facility resident/patient? (Check all that apply)

☐ Resident/Patient (Self-referral)
☐ Family Member
☐ Physician
☐ Advanced Practice Registered Nurse
☐ Registered Nurse
☐ Social Worker
☐ Physical Therapy
☐ Speech Therapy
☐ Dietician
Please identify any individuals that may request a palliative care consult for a resident in one of the long-term care facilities you serve. If requests can be made by an individual not listed above, please indicate this by selecting ?Other.?

9. Does a palliative care consult require a physician's order?
   - Yes
   - No

Please indicate whether a physician's order is necessary after a request for a palliative care consult has been made (if the request was made by someone other than the physician).

10. Considering all initial (first) palliative care in-person visits, which member(s) of the palliative care team completes these visits? Provide percentage by provider type.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td></td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
<td></td>
</tr>
<tr>
<td>Licensed Practicing Nurse (LPN)</td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
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<tr>
<td>Community Health Worker</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Advance Practice Clinicians - includes APRN, NP, CNS, CRNA, CNM</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse (RN)</td>
<td></td>
</tr>
<tr>
<td>Certified Nursing Assistant (CNA)</td>
<td></td>
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<tr>
<td>Case Manager</td>
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<tr>
<td>Chaplain / Spiritual Care provider</td>
<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
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</table>

For the first time that the palliative care program visits a patient in the long-term care facility, who provides these visits? These numbers do not need to add to 100% as more than one person may be completing all initial visits with patients. For example, if the physician and APRN both provide all first in-person visits with patients, your response should show 100% for physicians and 100% for APRNs. If provided by a title not listed, please specify the title and percentage by using ?Other.?

11. Considering all palliative care follow-up in-person visits, which member(s) of the palliative care team completes these visits? Provide percentage by provider type.

<table>
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<td>Community Health Worker</td>
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<tr>
<td>Volunteer</td>
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<td>Other</td>
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</table>

For all follow-up in person visits with patients seen in a long-term care facility, who provides these visits? These numbers do not need to add to 100%. If a social worker is present during all follow-up visits, you should put 100% for social worker and the appropriate percentage for the other titles. If visits are provided by a title not listed, please specify the title and percentage by using ?Other.?

12. What is the average length of time (in days) from receipt of palliative consult to completion of initial visit?
   - 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.?

13. What is the average amount of time (in minutes) spent traveling to/from long-term care facilities (for any type of visit)?

Approximately what is the average time spent traveling, round-trip, for palliative care visits in long-term care facilities. Include both travel time for initial consults as well as follow-up visits. Please provide the average in minutes.

14. What is the average distance traveled (in miles), round trip, to long-term care facilities (for any type of visit)?

Approximately what is the average distance for a round-trip visit to provide palliative care consults to residents in a long-term care facility. Include distance traveled for both initial consults as well as follow-up visits. Please provide the average in miles.
1. Indicate the number of female and male palliative care patients seen by your program during the reporting period.

Total Patients - ## (Module 2 Q1)

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
</table>

Please indicate the number of female and male patients that were seen by your palliative care program in long-term care facilities during the reporting period.

2. Please provide the number of palliative care patients seen by your program during the reporting period, based on race/ethnicity.

Total Patients - ## (Module 2 Q1)

<table>
<thead>
<tr>
<th>Black/African-American non-Hispanic</th>
<th>White/Caucasian non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian non-Hispanic</td>
<td>American Indian/Alaska Native non-Hispanic</td>
</tr>
<tr>
<td>Hawaiian Native/Pacific Islander non-Hispanic</td>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td>Other</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

Please indicate the number of palliative care patients broken down by their race/ethnicity. For patients where the race or ethnicity is not known, please include those in ? Other/Unknown.? 

3. Provide the total number of residents/patients receiving palliative care by their primary insurance type.

Total Patients - ## (Module 2 Q1)

<table>
<thead>
<tr>
<th>Medicare (including Medicare Advantage)</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance</td>
<td>TRICARE or other military health care</td>
</tr>
<tr>
<td>No insurance</td>
<td>Other</td>
</tr>
</tbody>
</table>

Other, specify

Please provide the number of palliative care patients, broken down by their primary insurance coverage groups. The Medicare category should also include Medicare Advantage. For patients without insurance, please use the ?No Insurance? option and for insurance types that do not fit into the options listed above, include those in ? Other.? If you do not collect this data or are unable to provide it, please select ?I cannot answer this question.? 

4. Provide the number of palliative care patients seen in the following primary underlying diagnosis groupings (secondary categories are optional)

Total Patients - ## (Module 2 Q1)

<table>
<thead>
<tr>
<th>I cannot answer this question</th>
</tr>
</thead>
</table>

Complex chronic conditions/failure to thrive/frailty

Cardiac

Cardiac Arrest

Other Cardiac

Hematological

Pulmonary

Pneumonia

Neurologic/stroke/neurodegenerative

Vascular

Infectious/Immunological

Hepatic

Endocrine/Metabolic

Other

Dementia

Heart Failure

MI

Cancer

Non-hematological

COPD

Other Pulmonary

Renal

Congenital/chromosomal

Gastrointestinal

Hematology

Trauma

Other, specify

Provide the total number of palliative care patients in long-term care facilities in these disease/diagnostic groups. These should represent the underlying or primary diagnosis category. Secondary categories are Page | 8 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 select ?I cannot answer this question.?
1. Select the top three reasons given by referring providers for the initial palliative care consult.

- Pain
- Non-pain symptoms
- Establishing goals of care
- Advance care planning
- Withdrawal of treatment
- Education or counsel support
- Coordination of care
- End of life or hospice referral
- Other

Other, specify

Please select the top three reasons given by referring clinicians for the purpose of a patient’s palliative care consult.

2. Who documents the following on your palliative care patients?