

## Module 1 Program Description and Metrics

## Outpatient Clinic / Office-based Program Description

1. Is this program serving an urban, suburban or rural community?

- Urban  
 Suburban  
 Rural

2. Who administers your office-based or clinic program?

- Health system  
 Hospital  
 Hospice  
 Home Health Agency  
 Long-term Care facility/organization  
 Physician Group  
 Other

Other, Specify

3. Is your clinic or office-based palliative care practice stand-alone or co-located with other clinical services?

- Stand-Alone  
 Co-located (or embedded)

Office-based palliative care practices may operate independently or be integrated with another practice setting (such as a cardiology or oncology center).

**\Stand-alone:** Dedicated palliative care office practice.

**\Co-Located:** Embedded palliative care practice with various degrees of administrative and clinical integration.

4. Do you have a formal partnership with one or more home health agencies, hospices, or specialty centers, long-term care or hospitals?

- Home health agency  
 Hospice  
 Specialty Center (i.e., Cancer Center)  
 Hospital  
 Long-term Care facility  
 Other

Other, specify

5. Does your palliative care program work in collaboration or informal partnerships with any of these service providers?

- Friendly visitor volunteer program  
 Respite Care  
 Meals-on-Wheels  
 Visiting Doctors  
 Other

Other, specify

6. Has your palliative care program been in operation 12 full months?

- Yes  
 No

6a. If not 12 months, how many months of data are you reporting?

7. Total annual Patient Caseload (all patients, not limited to palliative care)

Report total patient caseload for your clinic/office. This is for the program overall, and not limited to palliative care patients.

Module 2 Palliative Care Patient Visits

1. How many new palliative care consults did your palliative care team complete during the reporting period?

Please provide the total number of consults based on new orders written during the reporting period. If a patient was admitted to palliative care, discharged, and admitted again in the same year, this is considered 2 consults.

1. Which population(s) did your palliative care program serve during the reporting period?

- Pediatric
  - Prenatal
  - Neonate (birth to 28 days)
  - Infant (29 days to 11 months)
  - Children (12 months to 12 years)
  - Adolescent (13 to 17 years)
- Young Adult (18-25)
- Adult (25 and older)

1a. Of these, how many were unique patients?

If a patient had more than one admission during the year, then it is possible to have more than one consult per patient. Please provide the total number of unique patients receiving one or more palliative care consults.

2. What was the total number of subsequent visits (i.e., follow-up visits) completed by your palliative care team during the reporting period?

2a. What is the average and median number of follow-up visits per patient?

Mean

Median

These are in-person follow-up visits.

3. What was the total number of follow-up calls completed by your palliative care team during the reporting period?

3a. What is the average and median number of follow-up calls per patient?

Mean

Median

4. What is the average and median number of patient encounters per month (both visits and calls)?

Mean

Median

**Module 3 Referral Source, Diagnosis, and Code Status**

1. Where do your referrals come from? Provide the percentage distribution of palliative care referrals by referral source.

<input type="text"/>	Hospital	<input type="text"/>	Hospice
<input type="text"/>	Group home	<input type="text"/>	Home Health agency
<input type="text"/>	Current patient of this practice	<input type="text"/>	Other Office-based or outpatient primary care practice
<input type="text"/>	Specialist practice	<input type="text"/>	Community service agency / organization
<input type="text"/>	Patient or family	<input type="text"/>	Other
<input type="text"/>	Other, specify		

Provide the referral source distribution for new palliative care consults. This should total 100%.

Module 4 Palliative Care Services Offered

1. Which of the following services does your palliative care team offer patients?

- Advance care planning
- Symptom Management
- Emotional Support
- Spiritual Support
- Medication Management
- Information about disease/prognosis
- Caregiver Support
- Referrals to community services
- Case Management / Patient Navigator
- Other

Other, Specify

Module 5 Staffing

1. How is your palliative care program staffed?

- Program is internal to the outpatient facility - embedded
- Program is partially internal with additional contracted services from other facilities or organization, such as an associate inpatient program or contracted hospice
- Program is administered to the outpatient facility by an outside, contracted agency

2. Which of these disciplines constitute your service team?

Total Head Count	Full Time Equivalent (FTE)
<input type="checkbox"/> Physician (MD/DO) <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Advanced Practice Registered Nurse (APRN) - includes NP, CNS, CRNA, CNM <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Physician Assistant (PA) <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Registered Nurse <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medical Residents / Fellows <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Licensed Practical Nurse (LPN) <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Certified Nursing Assistant (CNA) <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Psychologist <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Psychiatrist <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Social Worker <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Patient Navigator <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Case Manager <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Chaplain/Spiritual Care <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Physical/Occupational Therapist <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Speech Therapist <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Music/Art Therapist <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Child life specialist <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Dietician/Nutritionist <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Pharmacist <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Administrator (non-physician) <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Hospice Liaison <input type="text"/>	<input type="text"/>

<input type="checkbox"/> Medical Director (non-clinical time)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Administrative Support	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text" value="Other, Specify"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

If a member of your palliative care team has more than one role or discipline, please choose their primary role/discipline on the palliative care team at this facility. For each professional discipline, provide the total number of individuals in that role (i.e. head count) and the number of full-time equivalents those individuals represent (i.e. FTE count). Count any FTE that provides direct patient care regardless of which department the team member is situated. It is important to record actual FTEs utilized rather than budgeted number of FTEs. To calculate FTE: For each staff person, divide their average weekly work hours at this facility by 40 hours (or your standard workweek hours). Add the FTEs for each discipline to get total FTE for that discipline. FTE should be less than or equal to the total Head Count.

**3. Do any members of your team have certification in hospice and palliative care?**

- Yes
- No

Certifications include: ? Physicians board-certified in Hospice and Palliative Medicine by the American Board of Medical Specialties (ABMS) ? Advanced Practice Nurses and Registered Nurses board-certified by the National Board for Certification of Hospice and Palliative Nursing (NBCHPN) ? Chaplains certified by the Association of Hospice and Palliative Care Chaplains (AHPC) ? 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 (AHP-SW)

**3a. Indicate the number of staff members with palliative care certification**

<input type="text"/>	Physicians	<input type="text"/>	Advanced Practice Registered Nurse
<input type="text"/>	Registered Nurse	<input type="text"/>	Chaplain/Spiritual Care
<input type="text"/>	Social Worker		

**4. Does your palliative care team provide 24/7 coverage?**

- Yes
- No

24/7 coverage can include in-person, telephone, and/or telehealth access