1. To which office practices or clinics do you provide palliative care services?

The Registry system will allow you to search the Center for Medicare and Medicaid (CMS) database to select your sites of care. If you provide palliative care in office/clinics that are not in the CMS list, you can manually enter the facility information. Please add all sites where you provide palliative care as this information will be optionally shared on the Provider Directory on getpalliativecare.org for patients and families looking for palliative care in their area.

2. What type of community does your palliative care office practice/clinic serve? (Check all that apply)

- Urban
- Suburban
- Rural

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

3. In what year was your palliative care 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.

4. What type of entity administers your palliative care office practice/clinic?

- Health System/Academic Institution
- Hospital
- Hospice
- Home Health Agency
- Medical/Provider Group
- Long-term Care Facility/Organization
- Stand-Alone Practice
- Other, specify

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).

5. How does your palliative care program operate? (Check all that apply)

- Stand-alone practice operating independently of another organization
- Palliative care-specific practice run by an administrative organization (ex. health system, hospital, medical group)
- 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.

5a. How is your office practice/clinic program integrated?

- Physically co-located and shares systems, processes, and finances
- Physically co-located, but does not share systems, processes, and finances

Select the description that most accurately reflects how your office practice/clinic palliative care program operates.

5b. Into what type of practice is your palliative care office practice/clinic integrated? (Check all that apply)

- Cancer Center
- Oncology Practice
- Cardiology/Heart Failure Practice
- Renal Practice/Dialysis Center
- Neurology Practice
- Primary Care Practice
- Pain Clinic
- Other, 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.

5c. When do you have office practice/clinic hours? (Check all that apply)

- Set Hours for Office Visits
- 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.

5d. Does your office practice/clinic utilize the specialty practice’s staff to schedule patient visits?

- No
- Yes
- Sometimes/As Needed

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

5e. Does your office practice/clinic utilize the specialty practice’s nursing/medical assistants for rooming patients/checking vitals, etc.?

- No
5f. In your office practice/clinic, when are palliative patients seen?

☐ Shared or concurrently-scheduled appointment with their specialty provider (ex. Oncologist, Cardiologist)
☐ Separate or independently-scheduled appointment for the palliative care clinician only
☐ 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.

6. Does your palliative office practice/clinic have a formal partnership with any of the following entities? (Check all that apply)

☐ Hospital
☐ Hospice
☐ Home Health Agency
☐ Medical/Provider Group
☐ Long-term Care Facility/Organization
☐ Specialty Center (e.g., 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 or a shared government structure. 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.

7. Does your palliative care office practice/clinic work with or have partnerships with any of these community service providers? (Check all that apply)

☐ Volunteer Visitor Program (e.g. Friendly Visitors)
☐ Respite Care
☐ Nutrition Program for Seniors (e.g., Meals-on-Wheels)
☐ Community Chaplains
☐ Legal Services
☐ Social Services
☐ Local Agencies on Aging
☐ Disease-specific Associations (ex. Alzheimer's Association)
☐ 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."

8. Is your administering organization a member of an Accountable Care Organization (ACO)?

☐ No
☐ Yes
☐ I Don't Know

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.

9. Do you operate a palliative care office practice/clinic primarily for pediatric patients?

☐ Yes
☐ No

Please select "yes" if your program identifies as a pediatric palliative care program and primarily accepts referrals for children and infants. Many pediatric programs may also see young adults over the age of 18 or other patient populations, but still consider themselves a pediatric palliative care program. We may release special reports and findings on pediatric palliative care using this question's responses to categorize programs.

10. From what age groups will you accept new referrals? (Check all that apply)

☐ Pediatric (less than 18 years)
  ☐ Prenatal (before birth)
  ☐ Neonate (birth to 1 month)
  ☐ Infant (29 days to 11 months)
  ☐ Children (12 months to 12 years)
  ☐ Adolescent (13 to 17 years)
  ☐ Adult (18 years and older)
    ☐ Young Adult (18 to 25 years)
    ☐ Adult (26 to 64 years)
    ☐ Older Adults (65 years and older)
11. Are you entering data on your palliative care office practice/clinic for 12 full months?
   ☑ Yes
   ☐ No

Data from palliative care programs reporting less than 12 months 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.

12. If not for 12 months, how many months of data are you 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.
1. Does your palliative care practice provide telehealth services?
- Yes, audio and video (e.g., Skype)
- No, audio only (phone only)
- No

For this question, we define telemedicine 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.

1a. 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 100%.

1b. If yes, approximately what percentage of total visits are completed through telehealth?

Provide the approximate percentage of all palliative care visits, through the office practice/clinic, that are completed via telehealth services.

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

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

3. How many palliative care billable follow-up visits did you provide in your office practice/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).

4. On an average day, how many palliative care patients 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.

5. What is the average wait time for a new patient referral to be seen?

- Patient can be seen same day as referral
- 1-3 Days
- 4-7 Days
- 8-14 Days
- 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.

6. How long are your scheduled palliative care patient visits (in minutes)?

Please provide the duration of your scheduled appointments for both initial consultation/visits and follow-up visits.

7. Approximately, what percentage of patients referred to your practice schedule a new patient appointment?

Please provide an approximation of the number of patients who are referred to your palliative care office practice/clinic and schedule an initial visit.

8. 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.

9. Considering all initial (first) palliative care consultations/visits, which member(s) of the palliative care team attend these visits? Provide percentage by provider type.

Physician (MD/DO)  Advance Practice Clinicians - includes APRN, NP, CNS, CRNA, CNM
Physician Assistant (PA)  Registered Nurse (RN)
Licensed Practical/Vocational Nurse (LPN/LVN)  Certified Nursing Assistant (CNA)
Social Worker  Case Manager
Community Health Worker  Chaplain / Spiritual Care Provider
Pharmacist  Rehabilitation Specialist (PT/OT/SLP)
Nutritionist/Dietician  Volunteer
Other  Other (specify)

For the first time that the palliative care clinician sees a patient, 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 SW both provide all first in-person visits with patients, your response should show 100% for physicians and 100% for SW. If provided by a title not listed, please specify the title and percentage by using 70ther.?

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

Physician  Advance Practice Clinicians - includes APRN, NP, CNS, CRNA, CNM
11. Does your palliative care office practice/clinic schedule check-in/follow-up phone calls with patients?

- [ ] Yes
- [ ] No

Select Yes if you provide scheduled follow-up phone calls for your palliative care patients, in addition to office/clinic visits.

11a. If yes, who completes these calls? (Check all that apply)

- [ ] Physician (MD/DO)
- [ ] Advance Practice Registered Nurse (APRN)
- [ ] Physician Assistant (PA)
- [ ] Registered Nurse (RN)
- [ ] Licensed Practicing Nurse (LPN)
- [ ] Certified Nursing Assistant (CNA)
- [ ] Social Worker
- [ ] Case Manager
- [ ] Community Health Worker
- [ ] Chaplain/Spiritual Care Provider
- [ ] Pharmacist
- [ ] Rehabilitation Specialist (PT/OT/SLP)
- [ ] Nutritionist/Dietician
- [ ] Volunteer

Enter Other, specify the title and percentage by using ?Other.?

Select any providers who complete the follow-up phone calls. If more than one provider conducts these calls, select all that apply.
1. Please provide the number of patients, based on their self-identified gender, seen by your palliative care program during the reporting period.

Total Initial Consults - ## (Module 2 Q2)

☐ I cannot answer this question

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Transgender Female</td>
<td></td>
</tr>
<tr>
<td>Transgender Male</td>
<td></td>
</tr>
<tr>
<td>Gender Variant/Non-Conforming</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Other, specify

Indicate the number of female and male patients that were seen in your outpatient palliative care practice during the reporting period.

2. Please provide the number of patients, by age group, seen by your palliative care program in the office practice/clinic during the reporting period.

Total Initial Consults - ## (Module 2 Q2)

☐ I cannot answer this question

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1 years</td>
<td></td>
</tr>
<tr>
<td>2 to 17 years</td>
<td></td>
</tr>
<tr>
<td>18 to 44 years</td>
<td></td>
</tr>
<tr>
<td>45 to 64 years</td>
<td></td>
</tr>
<tr>
<td>65 to 85 years</td>
<td></td>
</tr>
<tr>
<td>86 years or more</td>
<td></td>
</tr>
</tbody>
</table>

Provide a breakdown of your outpatient palliative care clinic patients by age.

3. Please provide the number of patients, by their race/ethnic distribution, seen by your palliative care program in the office practice/clinic during the reporting period.

Total Initial Consults - ## (Module 2 Q2)

☐ I cannot answer this question

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

Provide a breakdown of your palliative care patients by race/ethnicity. For patients where the race or ethnicity is not known, please include those in ?Other/unknown.?.

4. Please provide the number of patients, by their primary insurance coverage, seen by your palliative care program in the office practice/clinic during the reporting period.

Total Initial Consults - ## (Module 2 Q2)

☐ I cannot answer this question

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

Other, specify

Please provide the number of your palliative care patients in the following 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 any of the options, include those in ?other.? If you cannot provide this data, please select ?I cannot answer this question.?.
Module 4 Referral Sources and Diagnoses

1. Where do your referrals come from, including both provider requests and triggered/automatic referrals? Provide the number of patients seen, by referral source, seen by your palliative care program in the office or clinic setting during the reporting period.

Total Initial Consults - ## (Module 2 Q2)

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Number of Patients Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Palliative Care Service</td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td></td>
</tr>
<tr>
<td>Specialist Practice (ex. Cancer Center, Cardiology)</td>
<td></td>
</tr>
<tr>
<td>Nursing Home/Long-term Care</td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
</tr>
<tr>
<td>Community Service Agency/Organization</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

We are interested in learning from where outpatient palliative care patients are referred. Please provide the percent breakdown of your palliative care patients during the reporting period by referral source. If there is a referral category that does not fit any of the options, please add it in "other." If you cannot provide this data, please select "I cannot answer this question."

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

Total Initial Consults - ## (Module 2 Q2)

<table>
<thead>
<tr>
<th>Diagnosis Category</th>
<th>Number of Patients Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex chronic conditions/failure to thrive/frailty</td>
<td></td>
</tr>
<tr>
<td>Heart Failure</td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Non-hematological</td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td></td>
</tr>
<tr>
<td>Other Pulmonary</td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td></td>
</tr>
<tr>
<td>Infectious/Immunological</td>
<td></td>
</tr>
<tr>
<td>Hepatic</td>
<td></td>
</tr>
<tr>
<td>Endocrine/Metabolic</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

We are interested in learning from where outpatient palliative care patients are referred. Please provide the percent breakdown of your palliative care patients during the reporting period by referral source. If there is a referral category that does not fit any of the options, please add it in "other." If you cannot provide this data, please select "I cannot answer this question."

Provide the total number of outpatient palliative care patients in the disease/diagnostic groups. These should represent the underlying or primary diagnosis category. 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."
1. Select the top three reasons given by referring providers or patient/family for the initial palliative care consult:

- Pain
- Non-Pain Physical Symptoms (ex. Dyspnea, Fatigue, Nausea/Vomiting - can relate to psychological symptoms)
- Psychological Symptoms (ex. Depression, Anxiety, Substance Misuse)
- Establishing Goals of Care
- Advance Care Planning
- Withdrawal of Treatment
- Education or Counsel Support
- Coordination of Care
- End-of-Life or Hospice Referral
- Other, specify

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

2. Which of the following does your palliative care program document? (Check all that apply)

- Goals of Care
- Surrogate Decision Maker (or Lack of Surrogate)
- Discussion of Emotional, Psychological, and Social Needs
- Discussion of Spiritual/Religion Concerns
- Advance Directive
- DNR Order
- Out-of-Hospital Orders for Life-Sustaining Treatment (ex. POLST/MOLST)
- Other, specify

Please select which items are documented in the patient’s record during their time on the home palliative care service. Documentation could include the presence of these discussions or documents, or documentation that they do not have these documents (ex. DNR, POLST form).

3. Do you have policies or procedures in place for the following? (Check all that apply)

- Strategic Business Plan
- Multi-year Budget Plan
- Marketing Plan
- Bereavement Plan
- Palliative Care Team Wellness
- Palliative Care Staff Education and Training
- Non-Palliative Care Staff Education and Training
- Opioid Prescribing Policy

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. 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. 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. 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. Palliative Care Staff Education and Training: Educational activities are offered to palliative care team members or other health professionals to help improve the quality of care provided to patients and their families. Palliative Care Team Wellness: Common examples of team wellness activities are team retreats, regularly scheduled patient debriefing exercises, relaxation-exercise training, and individual referral for staff counseling. Non-Palliative Care Staff Education and Training: Educational activities offered to health care professionals; to teach palliative care skills in order to improve the quality of care provided to patients and their families. Palliative Care Team Wellness: Common examples of team wellness activities are team retreats, regularly scheduled patient debriefing exercises, relaxation-exercise training, and individual referral for staff counseling. Opioid Prescribing Policy: a written policy to outline best practices for responsible opioid prescribing.
1. Does your palliative care office practice/clinic utilize an Electronic Health Record (EHR)?
   - Epic
   - Cerner
   - Other
   - 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 person’s care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

1a. Does your EHR (if yes in question one) alert your patients’ other healthcare providers of the involvement of palliative care?
   - Yes (or have a similar functionality)
   - No, but the functionality is available
   - No, 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.

2. Do you receive alerts when your patients are admitted to the hospital?
   - Yes (or have a similar functionality)
   - No, but the functionality is available
   - No, 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.

3. Does your palliative care office practice/clinic use a standard template for consult documentation?
   - Yes
   - No

 Identify whether or not your palliative care program uses a standard consult template for documentation of palliative care consult notes.
1. Of all active patients during the reporting period, provide the breakdown of patients by discharge disposition from your palliative care office practice/clinic.

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Total Initial Consults - # (Module 2 Q2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deceased</td>
<td></td>
</tr>
<tr>
<td>Transferred to Home Palliative Care Services</td>
<td></td>
</tr>
<tr>
<td>Disenrolled from Palliative Care Service</td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
</tr>
</tbody>
</table>

Provide the number of patients that fall into the listed dispositions during the reporting period. If a category is not listed, please add it in ?Other.?

2. Approximately, what is the average length of service (in days) for patients on your palliative care program?

Provide the average length of stay on the palliative care service from initial consultation/visit to their discharge (or death) date for all patients on your service during the reporting year. This number should be reported in the number of days to 0.0 decimals.
1. Which of the disciplines constitute your palliative care team? What is the head count (HC) and full-time equivalent (FTE) for each discipline?

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Head Count</th>
<th>Full-Time Equivalent (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (MD/DO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Practice Clinician - includes APRN, NP, CNS, CRNA, CNM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered Nurse (RN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Residents / Fellows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Practical/Vocational Nurse (LPN/LVN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Nursing Assistant (CNA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chaplain/Spiritual Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Navigator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical/Occupational Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Language Pathologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music/Art Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Life specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietician/Nutritionist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator (Non-Physician)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice Liaison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Director (Non-Clinical Time)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other, Specify</td>
<td>Other, Specify</td>
</tr>
</tbody>
</table>
2. Do any members of your team have certification in hospice and palliative care?

☐ Yes
☐ No

Staff certified in palliative care or palliative medicine can include physicians, advanced practice registered nurses, registered nurses, chaplains, or social workers. Include the following:
- Physicians board-certified in Hospice and Palliative Medicine by the American Board of Medical Specialties (ABMS).
- Advanced Practice Nurses (APNs) and Registered Nurses (RNs) board-certified by the Hospice and Palliative Credentialing Center (HPCC).
- Chaplains certified in hospice and palliative care by the Association of Professional Chaplains/Board of Chaplaincy Certification or the National Association of Professional Chaplains.
- 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).

2a. If yes, provide the number (headcount) of staff members with palliative care certification.

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Advanced Practice Registered Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>Licensed Practical/Vocational Nurse (LPN/LVN)</td>
</tr>
<tr>
<td>Certified Nursing Assistants</td>
<td>Chaplain/Spiritual Care</td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
</tr>
</tbody>
</table>

Staff certified in palliative care or palliative medicine can include physicians, advanced practice registered nurses, registered nurses, chaplains, or social workers. Include the following:
- 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 Hospice and Palliative Credentialing Center (HPCC).
- Chaplains certified in hospice and palliative care by the Association of Professional Chaplains/Board of Chaplaincy Certification or the National Association of Professional Chaplains.
- 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).

3. Does your palliative care program provide 24/7 availability for patients?

☐ Yes
☐ No

24/7 availability means that your palliative care patients and their families have access to you 24 hours a day, 7 days a week. 24/7 coverage can include in-person, telephone, and/or telehealth access.

3a. If yes, what type of coverage is available 24/7?

☐ Phone and In-Person
☐ Phone Only

Please specify which level of access is available 24/7.

3b. If no, what times do you have coverage? (Check all that apply)

☐ Weekday, days
☐ Weekday, evenings
☐ Weekday, nights
☐ Weekend, days
☐ Weekend, evenings
☐ Weekend, nights

If you do not provide 24/7 coverage for your patients and families, please indicate which times you do have coverage. Coverage can include in-person, telephone, and/or telehealth access.
1. Do you track the following quality measures (Check all that apply)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Palliative Care Program Tracks</th>
<th>Provided by a Partner (ex. Health System)</th>
<th>Do Not Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department (ED) Visits</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Patient Admissions to Hospital</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>30-Day Readmissions to Hospital</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Non-Hospital Deaths</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Referrals to Hospice</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Visits per Patient</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Office Practice Length of Service</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Percentage of Patients with ACP Documentation Pre- and Post-Consult</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Family Satisfaction</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Visit Cancellations and Causes</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Cost of Care</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☒</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

Please select which of the above metrics your palliative care program currently measures for patients seen by your outpatient palliative care practice.

2. Select the top three funding sources for your palliative care office practice/clinic’s budget from the following:

- [ ] I cannot answer this question
- [ ] Financial support from hospital or other parent organization (including salary stipends, not including philanthropy)
- [ ] Fee for Service clinician billing (including Medicare Part B)
- [ ] Bonus payments for quality measures
- [ ] Financial contracts/service agreements with other providers or vendors (where you do not bill the payer directly)
- [ ] Philanthropic and foundation support
- [ ] Not funded
- [ ] Other

Other, specify

Check off 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.