Outpatient Clinic / Office-based Program Description

1. To which outpatient clinic / office 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. Is this program serving an urban, suburban or rural community?
   - Urban
   - Suburban
   - Rural

3. 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

4. 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.

5. 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

6. 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

7. Has your palliative care program been in operation 12 full months?
   - Yes
   - No

7a. If not 12 months, how many months of data are you reporting?

8. 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.
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)

2. 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.

2a. 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.

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

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

   Mean  |  Median
   ------|--------
   These are in-person follow-up visits.

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

4a. What is the average and median number of follow-up calls per patient?

   Mean  |  Median

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

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

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group home</td>
<td>Home Health agency</td>
</tr>
<tr>
<td>Current patient of this practice</td>
<td>Other Office-based or outpatient primary care practice</td>
</tr>
<tr>
<td>Specialist practice</td>
<td>Community service agency / organization</td>
</tr>
<tr>
<td>Patient or family</td>
<td>Other</td>
</tr>
</tbody>
</table>

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

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

- [ ] Physicians
- [ ] Advanced Practice Registered Nurse
- [ ] Registered Nurse
- [ ] Chaplain/Spiritual Care
- [ ] 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