1. What type(s) of communities does your palliative care program serve? Check all that apply.
   - [ ] Urban
   - [ ] Suburban
   - [ ] Rural

2. Which counties does your home-based palliative care program serve?

3. What type of entity administers your palliative care program?
   - [ ] Health system
   - [ ] Hospital
   - [ ] Hospice
   - [ ] Home Health Agency
   - [ ] Long-term Care facility/organization
   - [ ] Other
     - Other, Specify

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 with or have informal partnerships with any of these service providers?
   - [ ] Friendly visitor volunteer program
   - [ ] Respite Care
   - [ ] Meals-on-Wheels
   - [ ] Visiting Doctors
   - [ ] Community Chaplains
   - [ ] Legal Services
   - [ ] Local Agencies on Aging
   - [ ] Disease-specific Associations (e.g., Alzheimer’s Association)
   - [ ] Other
     - Other, specify

6. Does your home program see only palliative care patients?
   - [ ] Yes
   - [ ] No

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

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

Home Program Description (not limited to palliative care patients)

8. Total Referrals for the year (all referrals to your home program, not limited to palliative care)

Report total referrals for your home program. This is for the program overall, and not limited to palliative care patients. If your program is palliative care only then provide the total number of palliative care referrals.

9. Considering all referrals (not limited to palliative care patients), what were the outcomes of these referrals? Provide percent distribution.

   - [ ] Admitted to Home Care (non palliative care)
   - [ ] Admitted to home-based Palliative Care
   - [ ] Admitted to Hospice (home or residential)
   - [ ] Other referral outcome
   - [ ] Admitted to Skilled Nursing Facility
   - [ ] Admitted to another agency
   - [ ] Other, specify

10. Total program enrollment for the year (all program enrollment, not limited to palliative care)
11. What was the average daily census for your home program (not limited to palliative care patients)?

Average number of patients enrolled. This is for the program overall and not limited to palliative care patients.
1. How many new palliative care consults did your home-based 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 home-based palliative care, discharged, and admitted again in the same year, this is considered 2 consults.

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 home-based palliative care team during the reporting period?

2a. What is the mean (average) and median number of visits per patient?

<table>
<thead>
<tr>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
</table>

4. Does your palliative care team provide telemedicine services?

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

4a. What percentage of your patients use telemedicine services?

4b. What was the total number of telemedicine contacts completed by your home-based palliative care team during the reporting period?

<table>
<thead>
<tr>
<th>Telemedicine contacts per patient</th>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
</table>

6. Considering all initial palliative care consult visits, who does these visits? Provide percent distribution of initial consult visits by provider.

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

7. Considering all patient visits, who typically completes these visits? Provide percent distribution of all home visits by provider.

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

8. Considering all patient follow-up calls, who typically completes these calls? Provider percent distribution of call by provider.

<table>
<thead>
<tr>
<th>Physician</th>
<th>Social Worker</th>
<th>Advanced Practice Registered Nurse (APRN) - includes NP, CNS, CRNA, CNM</th>
<th>Case Manager</th>
<th>Community Health Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA)</td>
<td></td>
<td></td>
<td></td>
<td>Other, Specify</td>
</tr>
</tbody>
</table>
9. Considering all patient telemedicine contacts, who typically completes these?

Provider percent distribution of call by provider.

- Physician
- Advanced Practice Registered Nurse (APRN) - includes NP, CNS, CRNA, CNM
- Physician Assistant (PA)
- Registered Nurse (RN)
- Licensed Practicing Nurse (LPN)
- Certified Nursing Assistant (CNA)
- Psychiatrist / Psychologist
- Chaplain / Spiritual Care provider
- Volunteer
- Other
- Other, Specify
1. Indicate the percentage of new female and male palliative care patients seen by your program during the reporting period.  
   - Female
   - Male

Provide the gender distribution for new palliative care consults. If a single patient received more than 1 initial palliative care consult, include only once. Gender should be how a patient identifies themselves. This should total 100%.

2. Indicate the percentage of new palliative care patients by age group seen by your program during the reporting period.  
   - 0 to 1 year
   - 2 to 17 years
   - 18 to 44 years
   - 45 to 64 years
   - 65 to 85 years
   - 86 years or more

Provide the age distribution for new palliative care consults. If a single patient received more than 1 initial palliative care consult, include only once. This should total 100%.

3. Please provide the race/ethnic percent distribution of new palliative care patients seen by your program during the reporting period.  
   - Black/African-American non-Hispanic
   - White/Caucasian non-Hispanic
   - Asian non-Hispanic
   - Hispanic/Latino
   - Asian Indian
   - Other Asian
   - Other Hispanic/Latino
   - Hawaiian Native/Pacific Islander non-Hispanic
   - American Indian/Alaska Native non-Hispanic
   - Chinese
   - Japanese
   - Filipino
   - Korean
   - Vietnamese
   - Other, Specify

Provide the race/ethnic distribution for new palliative care consults. If a single patient received more than 1 initial palliative care consult, include only once. This should total 100%. The secondary categories are not required but, if available, should total the primary category percentage.

4. Please provide the percent distribution of new palliative care patients seen by your program during the reporting period by living situation at time of referral.  
   - Living alone
   - Living with healthy spouse or other adult
   - Living with spouse or other adult with limiting medical/physical conditions
   - Living with adult child(ren)
   - Living with another family member
   - Living in a Nursing Home
   - Living in an Assisted Living Community or Facility
   - Other living situation
   - Other, Specify

This should total 100%.

5. Does your palliative care program require patients to be home bound?  
   - Yes
   - No

Home bound patients may need the help of another person or medical equipment (i.e. wheelchair) to leave their home or they may be required to stay home due to medical reasons.

5a. What percentage of your palliative care patients are considered home bound (unable to leave their homes)?

6. What is the percent distribution of your palliative care patients by primary insurance coverage?  
   - Insurance through a current or former employer or union (of this person or another family member)
   - Insurance purchased directly from an insurance company (by this person or another family member)
   - Original Medicare, for people 65 and older, or people with certain disabilities
   - Medicare Advantage
   - TRICARE or other military health care
   - VA (including those who have ever used or enrolled for VA health care)
   - Indian Health Service
   - Original Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
   - Medicaid Managed Care
   - No insurance
   - Other
   - Other, specify

This should total 100%.
1. Where do your referrals come from? Provide the percentage distribution of palliative care referrals by referral source. Provide the referral source distribution for new palliative care consults. This should total 100%.

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Percentage Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office-based or outpatient primary care practice</td>
<td></td>
</tr>
<tr>
<td>Specialist practice</td>
<td></td>
</tr>
<tr>
<td>Health Plan</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
</tr>
<tr>
<td>Group home</td>
<td></td>
</tr>
<tr>
<td>Home Health agency</td>
<td>Community service agency / organization</td>
</tr>
<tr>
<td></td>
<td>Patient or family</td>
</tr>
<tr>
<td>Other</td>
<td>Other, specify</td>
</tr>
</tbody>
</table>

2. What are the primary diagnoses of your patient population? Provide the percentage distribution of palliative care patients by primary diagnosis. Please provide the disease/diagnostic grouping distribution of new inpatient palliative care consults. This should total 100%. The secondary categories are not required but, if available, should total the primary category percentage.

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Percentage Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex chronic conditions/failure to thrive</td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
</tr>
<tr>
<td>CHF</td>
<td></td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td></td>
</tr>
<tr>
<td>Other Cardiac</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Hematological</td>
<td></td>
</tr>
<tr>
<td>Non-hematological</td>
<td></td>
</tr>
<tr>
<td>Pulmonary</td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
</tr>
<tr>
<td>Neurologic/stroke/neurodegenerative</td>
<td></td>
</tr>
<tr>
<td>Renal</td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td></td>
</tr>
<tr>
<td>Congenital/chromosomal</td>
<td></td>
</tr>
<tr>
<td>Infectious/Immunological</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
</tr>
<tr>
<td>Hepatic</td>
<td></td>
</tr>
<tr>
<td>Hematology</td>
<td></td>
</tr>
<tr>
<td>Endocrine/Metabolic</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other, specify</td>
</tr>
</tbody>
</table>

3. What percent of initial patient visits were completed within seven days of referral for palliative care?
Module 5 Services and Goals of Care

1. Which of the following services does your palliative care team offer patients in their home?
   - 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, Specify

2. Percent of initial patient visits (new consults) with chart documentation of goals of care at completion of visit.
   - After initial visit.

3. Percent of initial patient visits (new consults) with chart documentation of surrogate decision maker or documentation that there is no surrogate.
   - After initial visit.

4. Percent of initial patient visits (new consults) screened for emotional, psychological and social needs.
   - After initial visit.

4a. Percent of initial patient visits (new consults) with chart documentation of a discussion of emotional, psychological and social needs.
   - After initial visit.

5. Percent of initial patient visits (new consults) screened for spiritual/religious concerns.
   - After initial visit.

5a. Percent of initial patient visits (new consults) with chart documentation of discussion of spiritual/religious concerns or documentation that the patient did not want to discuss.
   - After initial visit.

6. Percent of patients that had documentation in their medical record of Advance Directive (living will and healthcare proxy/surrogate decision maker)
   - After initial visit.

7. Percent of patients that had documentation in their medical record of DNR (Do Not Resuscitate)
   - After initial visit.

8. Percent of patients that had documentation in their medical record of POLST/MOLST (Physician/Medical Orders for Life-Sustaining Treatment)
   - After initial visit.

Communication and Continuing Education

9. Do you have policies or procedures in place to ensure that there are regularly scheduled in-person patient/family meetings?
   - Yes
   - No

9a. If yes, how often?
   - Initially once a week, then as needed
   - At least once a month, and as needed
   - At least every other month, and as needed
   - Based on patient and caregiver need
   - Based on patient need
   - Other, Specify

10. Does your palliative care program measure patient and family satisfaction?
    - Yes

11. If yes, do you use a standard instrument specifically for palliative care patients?
   - Yes
   - No
   
   Guidance: Do not include hospital-wide surveys. Surveys should be specific to palliative care patients.

11a. If yes, what survey do you use?

12. What percentage of patients/families complete the satisfaction survey?

13. Do you have policies and procedures that promote palliative care team wellness?
   - Yes
   - No
   
   Common examples of team wellness activities are team retreats, regularly scheduled patient debriefing exercises, relaxation-exercise training and individual referral for staff counseling.

14. Do you have policies and procedures for staff education and training?
   - Yes
   - No
National Palliative Care Registry - Patients Home Survey

Module 6 Electronic Health Record

1. Does your home palliative care program use an Electronic Health Record (EHR) for management of the patient’s health care?
   - Yes
   - No

1a. What Electronic Health Record (EHR) do you use?

If your organization uses more than one Electronic Health Record (EHR), provide the name of the primary EHR.

2. Do you use the EHR for:

   - Patient demographics
   - Electronic reminders for tests (labs, imaging, etc.)
   - Computerized Physicians Order Entry (CPOE) - prescriptions, labs, tests, etc.
   - Test results (chest x-rays, labs, etc.)
   - Clinical Decision Support System (CDSS) contraindications, allergies, guidelines, etc.
   - Clinical notes
   - Sharing medical records electronically with other agencies

3. Do you use mobile technology, like a tablet or laptop computer, to record patient information at the point of care into the Electronic Health Record (EHR)?
   - Yes - we use mobile technology connected to our EHR
   - Yes - we use mobile technology, not connected
   - No - we do not use mobile technology

4. Do you use any mobile applications (apps) in your practice?
   - Yes
   - No

4a. If so, please list app name and use:

   - Provide name/description
   - Provide name/description
   - Provide name/description

   - Provide name/description
Module 7 Discharge Status and Length of Service

1. Of all active patients disenrolled during the reporting period, provide the percent distribution for reason for disenrollment.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met goals of care</td>
<td></td>
</tr>
<tr>
<td>Out of area</td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
<td></td>
</tr>
<tr>
<td>Transferred to hospice services</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other, Specify</td>
<td></td>
</tr>
<tr>
<td>Change in health plan</td>
<td></td>
</tr>
<tr>
<td>Refused services</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

2. Of all active patients for this reporting period, how many were discharged alive from home-based palliative care services?

- Alive

3. Of all active patients for this reporting period, how many died while on palliative care services?

- Dead

3a. Of these deaths, how many died at home?

4. Length of Service: All patients discharged alive from Home-based Palliative Care

- Mean
- Median

5. Length of Service: Home-based Palliative Care patients discharged to Hospice

- Mean
- Median

6. Length of Service: Patients deceased on Home-based Palliative Care

- Mean
- Median

7. Percent of home-based palliative care patients with one or more hospital admission during their palliative care service

- Patients with hospital admissions

8. Percent of home-based palliative care patients with one or more ICU admission during their palliative care service

- Patients with ICU admissions

9. Percent of home-based palliative care patients with one or more emergency department (ED) visit without hospital admission during their palliative care service

- Patients with ED visits
Module 8 Staffing

1. Does your home-based palliative care team work exclusively in home-based palliative care?
   - Yes
   - No

1a. If not, approximately what percentage of the team’s time is dedicated to home-based palliative care?

2. Considering all of palliative care patients, what is the breakdown of the palliative care team’s role?

<table>
<thead>
<tr>
<th>Consult only</th>
<th>Co-Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Attending only</td>
<td>Either consultation or primary attending based on circumstances</td>
</tr>
</tbody>
</table>

Consult Only. The goal of the consultation service is to support the referring provider. The consultation team offers recommendations to the primary attending physician.

Primary care provider. The palliative care team assumes primary responsibility for the patient’s care.

Mixed Model. The palliative care team assumes different roles, depending on the patient’s needs, the referring provider’s needs and capacity, and the setting. The team’s approach can change as care needs change.

3a. Which of these disciplines constitute your interdisciplinary team?

<table>
<thead>
<tr>
<th>Funded Staff - Total Head</th>
<th>Funded Staff - Full Time Equivalent (FTE)</th>
<th>In-Kind Staff - Total Head</th>
<th>In-Kind Staff - Full Time Equivalent (FTE)</th>
<th>Volunteer Staff - Total Head</th>
<th>Volunteer Staff - Full Time Equivalent (FTE)</th>
</tr>
</thead>
</table>

   - Physician (MD/DO)
   - Advanced Practice Clinician - includes APRN, NP, CNS, CRNA, CNM
   - Physician Assistant (PA)
   - Registered Nurse
   - Social Worker
   - Chaplain/Spiritual Care
   - Other, Specify

For each professional discipline listed in the table, provide the total number of individuals in that role (head count) and the number of full-time equivalent (FTE) those individuals represent by type of support - funded, in-kind or non-funded.

- Funded positions are those that are specifically included in the palliative care program budget at the beginning of year.
- In-kind positions are those that are not funded from the palliative care program budget, but rather funded from elsewhere in the hospital's budget.
- Volunteer positions are not supported by any palliative care specific source of funding, or any other hospital funding source.

Please complete match staffing with the time period (data year) for which patient volume is being reported.

3b. Which of these additional disciplines are part of your palliative care team?

<table>
<thead>
<tr>
<th>Funded Staff - Total Head</th>
<th>Funded Staff - Full Time Equivalent (FTE)</th>
<th>In-Kind Staff - Total Head</th>
<th>In-Kind Staff - Full Time Equivalent (FTE)</th>
<th>Volunteer Staff - Total Head</th>
<th>Volunteer Staff - Full Time Equivalent (FTE)</th>
</tr>
</thead>
</table>

   - Medical Residents / Fellows
   - Licensed Practical Nurse (LPN)
   - Certified Nursing Assistant (CNA)
   - Patient Navigator
   - Case Manager
   - Physical/Occupational Therapist
   - Speech Therapist
For each professional discipline listed in the table, provide the total number of individuals in that role (head count) and the number of full-time equivalent (FTE) those individuals represent by type of support - funded, in-kind or non-funded.

- Funded positions are those that are specifically included in the palliative care program budget at the beginning of year.
- In-kind positions are those that are not funded from the palliative care program budget, but rather funded from elsewhere in the hospital's budget.
- Volunteer positions are not supported by any palliative care specific source of funding, or any other hospital funding source.

Please complete match staffing with the time period (data year) for which patient volume is being reported.

4. Indicate the number of staff members with palliative care certification

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td></td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td></td>
</tr>
<tr>
<td>Chaplain</td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
</tr>
</tbody>
</table>

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 National Board for Certification of Hospice and Palliative Nursing (NBCHPN).
- 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).

5. How often does your full palliative care team meet (in-person or virtual team meeting) to discuss patient care caseloads?

- Full team meets at least once a week
- Full team meets every other week
- Meetings are scheduled weekly, but not all team members attend every meeting
- Meetings are scheduled for every other week, but not all team members attend every meeting
- Meetings are scheduled as needed on a case-by-case basis
- No formal meeting schedule, team members consult as needed

6. Do you regularly have other meetings (clinical review, 1-on-1 meetings) outside of the full meeting?

- Yes, several times a week
- Yes, one or two times a week
- Yes, twice a month
- Yes, once a month
- We schedule additional meetings only when necessary
- We don't have regular meetings outside of the full team meeting

Coverage

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

- Yes
- No

8. Does your palliative care team provide 24/7 in-person home visits?

- Yes
- No
### Funding

1. How do you pay for your program? Provide percent distribution by payment source.

<table>
<thead>
<tr>
<th>Payment Source</th>
<th>Percentage Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee for service (FFS)</td>
<td></td>
</tr>
<tr>
<td>Shared savings/risk</td>
<td></td>
</tr>
<tr>
<td>PMPM</td>
<td></td>
</tr>
<tr>
<td>Philanthropy</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other, Specify</td>
<td></td>
</tr>
</tbody>
</table>

### Quality Metrics

2. Which of these quality metrics do you track?

- [ ] Hospital Admissions per 1,000 patients
- [ ] Emergency Department Visits per 1,000 patients
- [ ] Non-hospital deaths
- [ ] Hospice length of stay (mean / median)
- [ ] Program length of stay (mean / median)
- [ ] Patient Satisfaction
- [ ] Family Satisfaction
- [ ] Other

Other, Specify