

Long-term Care Survey

The following survey was developed in collaboration with a long-term care palliative care workgroup, who provided expert insight on the status of palliative care in long-term care settings. This survey is for palliative care programs that provide non-hospice palliative care services in skilled nursing facilities (SNF) and nursing homes.

If your palliative care program has a contract to provide care at a long-term care facility and is available to provide care to the entire residential population that lives there, please use the long-term care survey. If your program sees one patient at a long-term care facility because that's where the patient lives, but is not contracted to provide care to the entire residential population, please include these palliative care patients in the HOME survey.

We thank you for your continued participation in the National Palliative Care Registry. Please contact the National Palliative Care Registry™ if you have any questions or concerns about the long-term care survey via email at registryhelpdesk@capc.org or call us at 212-201-2689.

Module 1: Program Basics

1. In which long-term care facilities 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 long-term care facilities that are not in the CMS list, you can manually enter the facility information. Please add all sites where you can provide palliative care, this information will be fed to the Provider Directory on getpalliativecare.org for patients and families looking for palliative care in their area.

2. Did you provide palliative care in all of the sites identified above during the reporting period?
 - a. Yes
 - b. No

If your palliative care program did not see any patients in one or more of the sites added above, please select “no”

3. If no, which of the sites did you provide palliative care in during the reporting period?

We are trying to get a sense of the number of sites you provided palliative care in during the reporting period. We use this information to understand the average number of patients per site and driving time for your program.

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

6. 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/Medical Group
- Specialty Center (e.g. Cancer Center)
- SNF Corporation/Organization
- Other, specify: _____

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.

7. 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
- Community Chaplains
- Legal Services
- Social Services
- Local Agencies on Aging
- Disease-specific Associations (e.g., Alzheimer's Association)
- Other, specify: _____

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)?

- Yes
- No
- 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. From what age groups will you accept new referrals? (check all that apply)

- Pediatric (less than 18 years)
- Young Adult (18 to 25 years)
- Adult (26 years and older)

Please select all ages served by your palliative care program during the reporting period. Young adult is a separate category to represent the unique needs of this population.

10. 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.

11. 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.

12. If not 12 months, for 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. You will still have access to all of your program-specific reports.

13. 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

14. 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.

15. 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.

16. 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."

17. 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.

18. 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.

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

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

20. 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%.

21. 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.

22. 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, specify: _____

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."

23. 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
- Recreation Specialist
- Other, specify: _____

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."

24. 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).

25. 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.

- a. Physician (MD/DO) _____
- b. Advance Practice Registered Nurse (APRN) _____
- c. Physician Assistant (PA) _____
- d. Registered Nurse (RN) _____
- e. Licensed Practicing Nurse (LPN) _____
- f. Certified Nursing Assistant (CNA) _____
- g. Social Worker _____
- h. Case Manager _____
- i. Community Health Worker _____
- j. Chaplain/Spiritual Care Provider _____

- k. Volunteer _____
- l. Other: _____

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."

26. 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.

- a. Physician (MD/DO) _____
- b. Advance Practice Registered Nurse (APRN) _____
- c. Physician Assistant (PA) _____
- d. Registered Nurse (RN) _____
- e. Licensed Practicing Nurse (LPN) _____
- f. Certified Nursing Assistant (CNA) _____
- g. Social Worker _____
- h. Case Manager _____
- i. Community Health Worker _____
- j. Chaplain/Spiritual Care Provider _____
- k. Volunteer _____
- l. Other: _____

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."

27. 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."

28. 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.

29. 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.

Module 3: Demographics and Diagnoses

30. Indicate the number of female and male palliative care patients seen by your program during the reporting period.

Female _____

Male _____

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.

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

Black/African-American, non-Hispanic _____

White/Caucasian, non-Hispanic _____

Asian, non-Hispanic _____

American Indian/Alaska Native, non-Hispanic _____

Hawaiian Native/Pacific Islander, non-Hispanic _____

Hispanic/Latino _____

Other/unknown: _____

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."

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

Medicare (including Medicare Advantage) _____

Medicaid _____

Private Insurance _____

Tricare or Other Military Insurance _____

No Insurance _____

Other: _____

I cannot answer this question

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.”

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

<u>Primary Diagnosis</u>	<u>Number of patients</u>
Complex Chronic Conditions/Failure to Thrive/Frailty	_____
Dementia	_____
Cardiac	_____
CHF	_____
Cardiac Arrest	_____
MI	_____
Other Cardiac	_____
Cancer	_____
Hematological	_____
Non-Hematological	_____
Pulmonary	_____
COPD	_____
Pneumonia	_____
Other Pulmonary	_____
Neurologic/Stroke/Neurodegenerative	_____
Renal	_____
Vascular	_____
Congenital/Chromosomal	_____
Infectious/Immunological	_____
Gastrointestinal	_____
Hepatic	_____

Hematology _____

Endocrine/Metabolic _____

Trauma _____

Other: _____

I cannot answer this question

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 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."

Module 4: Documentation and Communication

34. 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, specify _____

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

35. Who documents the following on your palliative care patients? (Check all that apply)

	Specialty Palliative Care Staff	LTC Physician or Staff	We Don't Document This
Goals of Care Conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surrogate Decision Maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of emotional, psychological, and social needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of spiritual/religious concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Scale Score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance Directive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLST/MOLST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify who documents each of the above items for a palliative care patient in a long-term care facility. As some items can be documented by more than one person/group, this question is a “check all that apply.” If you do not collect an item above, please select “We Don’t Document This.”

36. How do you communicate your patients’ plan of care with the long-term care facility?

(Check all that apply)

- Regularly scheduled meetings with LTC staff
- Palliative team attendance at LTC IDT care planning meetings
- Written notes in patient record
- Email communication
- Other, specify: _____

Select any of the above options that apply to your palliative care program’s communication with the long-term care facility. If your mode of communication is not included above, please select “Other.”

37. Who attends palliative care team meetings? (Check all that apply)

	Specialty Palliative Care Staff	LTC Staff
Physician	<input type="checkbox"/>	<input type="checkbox"/>
APRN	<input type="checkbox"/>	<input type="checkbox"/>
RN	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>
Chaplain	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

Identify which individuals listed above participate in the palliative care team’s interdisciplinary meetings.

38. Does your palliative care program 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.

39. Where does your palliative care team document?

- LTC facility's EHR and/or charts
- Own/Palliative Care program's EHR, with copies provided to LTC facility

Signify how your palliative care team documents their consult notes for patients in long-term care facilities.

Module 5: Operations and Education

40. Does your palliative care program 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 Staff Education and Training
- Palliative Care Team Wellness

- 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.
- 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.
- 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.

41. Do you provide education on palliative care (and the services available) for long-term care residents and their families?

- Yes
- No

Indicate whether your palliative care team provides educational resources to long-term care facility residents and their families about the services offered by your program.

42. Do you educate long-term care facility staff on the palliative care services available through your team?

- Yes
- No

Indicate whether your palliative care program provides educational resources to long-term care facility staff on what services your program provides to facility residents and their families.

43. Do you provide structured education/training on basic palliative care skills to the long-term care facility staff?

- Yes
- No

Structured education/training could include access to training modules (in-person or online) on palliative care skills (such as basic pain and/or symptom management and communication skills) or other training developed by your palliative care program.

44. If yes, what type of palliative care education/training do you provide to long-term care facility staff?

Please provide a description of the structured education/training provided to long-term care facility staff on basic palliative care skills.

Module 6: Discharges

45. Of all active patients/long-term care residents for this reporting period, provide the number of patients, broken down by patient disposition.

Disposition	Number of patients
Deceased	_____
Transferred to Hospice Services in Long-Term Care Facility	_____
Transferred to Home Hospice	_____
Remained on Palliative Care Service	_____
Disenrolled from Palliative Care Service	_____
Other: _____	_____

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

46. Approximately, what is the average length of service (in days) for nursing home residents/patients in your palliative care program? _____

Provide the average length of stay on the palliative care service from admission date to 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.

Module 7: Staffing

47. Which of these disciplines constitute your specialty palliative care team? What is the head count (HC) and full-time equivalent (FTE) for each discipline?

Professional Discipline	Head count	FTE
<input type="checkbox"/> Physician (MD/DO)	_____	_____
<input type="checkbox"/> Advanced Practice Registered Nurse	_____	_____
<input type="checkbox"/> Physician’s Assistant (PA)	_____	_____
<input type="checkbox"/> Registered Nurse (RN)	_____	_____
<input type="checkbox"/> Medical Resident/Fellow	_____	_____
<input type="checkbox"/> Licensed Practical Nurse (LPN)	_____	_____
<input type="checkbox"/> Certified Nursing Assistant (CNA)	_____	_____
<input type="checkbox"/> Social Worker	_____	_____
<input type="checkbox"/> Chaplain/Spiritual Care	_____	_____
<input type="checkbox"/> Patient Navigator	_____	_____
<input type="checkbox"/> Case Manager	_____	_____
<input type="checkbox"/> Physical/Occupational Therapist	_____	_____

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Speech Therapist | _____ | _____ |
| <input type="checkbox"/> Music/Art Therapist | _____ | _____ |
| <input type="checkbox"/> Child Life Specialist | _____ | _____ |
| <input type="checkbox"/> Dietician/Nutritionist | _____ | _____ |
| <input type="checkbox"/> Recreation specialist | _____ | _____ |
| <input type="checkbox"/> Pharmacist | _____ | _____ |
| <input type="checkbox"/> Administrator (Non-Physician) | _____ | _____ |
| <input type="checkbox"/> Hospice Liaison | _____ | _____ |
| <input type="checkbox"/> Medical Director (Non-Clinical Time) | _____ | _____ |
| <input type="checkbox"/> Administrative Support | _____ | _____ |
| <input type="checkbox"/> Other: _____ | _____ | _____ |

For each professional discipline listed, provide the total number of individuals in that role (headcount) and the number of full-time equivalents (FTEs) those individuals represent. Staff numbers should represent staffing dedicated to the palliative care program at this specific site of care and match the time period for which patient volume is being reported. The head count and FTE indicated can be funded positions (included in your palliative care budget), in-kind (not funded in the palliative care budget but funded from elsewhere in your organization's budget), or volunteer (not supported by your budget or your organization). Examples: A full-time staff member represents 1.0 FTE, whereas a halftime team member would be 0.5 FTE. A palliative care team of 6 physicians where each physician works 25%, would be a head count of 6 and 1.5 FTEs. For programs that serve multiple locations: If a palliative care physician spends half her time in the inpatient setting and the other half of her time in the home setting, the table above for physician would be 1 Headcount and 0.5 FTE for time spent on the home-based palliative care service.

48. Do any members of your specialty palliative care 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 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).

49. If yes, indicate the number (headcount) of staff members with palliative care certification

Physicians	_____
Advanced Practice Registered Nurse	_____
Registered Nurse	_____
Chaplain/Spiritual Care	_____
Social Worker	_____

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 (AHP-SW).

50. Do any staff members of the long-term care facilities that you serve have certification in hospice and palliative care? (staff not on the palliative care team)

- 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 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 (AHP-SW).

51. Is your palliative care program available 24/7 for patients and/or their families?

- 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.

52. 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.

53. If no, what times do you have coverage? (check all that apply)

- Weekday, days
- Weekday, evenings
- Weekday, nights
- Weekends, days
- Weekends, evenings
- Weekends, 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.

Module 8: Quality Metrics and Funding

54. Do you track the following quality measures? (check all that apply)

- Emergency Department (ED) visits
- Patient admissions to Hospital
- 30-day readmissions to hospital
- Program length of stay
- Percentage of residents/patients with ACP documentation pre- and post-consult
- Patient satisfaction
- Family satisfaction
- Long-term care facility satisfaction

Please select which of the above metrics your palliative care program currently measures for patients seen in long-term care facilities.

55. Select the **top three** funding sources for your palliative care program's budget from the following list:

- Financial support from long-term care facility or other parent organization (including 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, specify: _____

Check off all 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.