Module 1 Hospital Metrics, Patient Demographics

Hospital Characteristics

The below questions on hospital characteristics may be pre-populated from the American Hospital Associate annual survey. If these responses do not accurately reflect your hospital, please update them.

1. Which type of ownership or tax status is this hospital?

- ○ Public (government: federal, state, county, city)
- ○ Not-for-profit
- ○ For-profit

Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital. Select one only.

- **Public:** Government/Nonfederal (State, County, City-county, Hospital district or authority) or Government/Federal (Air Force, Army, Navy, Veterans Affairs, Public Health Indian Service, Department of Justice or any other Public Health Service or Federal organization)
- **Not-for-profit:** Church operated or other not-for-profit
- **For-profit (investor-owned):** Individual, Partnership, Corporation.

2. Is this hospital a teaching hospital?

- ○ Yes
- ○ No

Major Teaching Hospitals - those with Council of Teaching Hospitals designation (COTH).

Minor Teaching Hospitals - those Approved to participate in residency and/or internship training by the Accreditation Council for Graduate Medical Education (ACGME), or American Osteopathic Association (AOA); or those with medical school affiliation reported to the American Medical Association.

Non Teaching Hospitals - those without COTH, ACGME, AOA or Medical School (AMA) affiliation.

3. Is this hospital a children's hospital?

- ○ Yes
- ○ No

A children's hospital is a hospital which restricts admissions primarily to children

4. Is this hospital located in an urban, suburban or rural area?

- ☐ Urban
- ☐ Suburban
- ☐ Rural

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

- ○ Yes
- ◉ No

Note: Data from programs that are less than a year old can be submitted. 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 data.

5a. If not 12 months, how many months of data are you reporting?

If your program has been in operation for less than 10 months, you will still receive comparative reports but your program's data will be excluded from comparisons. Your actual data will be presented and will not be used to estimate 12 months of data.

Hospital Metrics

6. Total number of hospital admissions

The number of patients, excluding newborns, accepted for inpatient service during the reporting period; the number includes patients who visit the emergency room and are later admitted for inpatient service. Nursing home admissions should be excluded from the total number of hospital admissions. **For Pediatric Programs:** Please limit to the total number of pediatric hospital admissions at your facility, including births.

7. Total number of hospital beds

The number of beds regularly maintained (set up and staffed for use) for inpatients as of the close of the reporting period. Should exclude newborn bassinets and nursing home unit beds. **For Pediatric Programs:** Please limit to the total number of pediatric beds and neo-natal beds at your facility.

8. Average daily census for the hospital

The average number of people served on an inpatient basis on a single day during the reporting period; the figure is calculated by dividing the number of inpatient days by the number of days in the reporting period. **For Pediatric Programs:** Please limit to the children's population at your facility.

9. Total number of hospital deaths

Provide the total number of hospital deaths during the reporting year at the hospital.

For Pediatric Programs: Please limit to the total number of pediatric deaths at your facility.

10. Total hospital discharges*

A person who was formally admitted to a hospital as an inpatient with the expectation of remaining overnight or longer, and who is discharged under one of the following circumstances: (a) is formally discharged from care of the hospital and leaves the hospital, (b) transfers within the hospital from one type of care to another type of care, or (c) has died.

For Pediatric Programs: Please limit to the total number of pediatric hospital discharges from your facility.

Palliative Care Patient Population and Demographics

11. Is your program at this service site primarily a pediatric program?

- ○ Yes
- ○ No

Please select "yes" if your program primarily sees children. Many pediatric programs may also see young adults over the age of 18, and some may see other patient populations but still consider themselves as primarily pediatric. By selecting "yes" your program will **only** be compared to other pediatric palliative care programs in your comparative reports.

12. Which inpatient population(s) did your inpatient palliative care consultation 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)

Please select all ages served by your palliative care program during the reporting period. If selecting "Pediatric", there is an option to provide further details on that population, although this is not required.

13. Indicate the percentage of new female and male inpatients seen by your inpatient palliative care consultation service during the reporting period.

Female	Male

Provide the gender distribution for new inpatient 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%.

14. Indicate the percentage of new inpatients by age group seen by your inpatient palliative care consultation service 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 inpatient palliative care consults. If a single patient received more than 1 initial palliative care consult, include only once. This should total 100%.

15. Indicate the percentage of the race/ethnicity of new consults seen by your inpatient palliative care consultation service during the reporting period.

Black/African-American non-Hispanic	White/Caucasian non-Hispanic
Asian non-Hispanic	Chinese
Japanese	Filipino
Korean	Asian Indian
Vietnamese	Other Asian
American Indian/Alaska Native non-Hispanic	Hawaiian Native/Pacific Islander non-Hispanic
Hispanic/Latino	Mexican
Puerto Rican	Cuban
Other Hispanic/Latino	Other
Other, Specify	

Provide the race/ethnic distribution for new inpatient 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, the sum of the secondary categories' percentages should equal that of the primary category percentage.

Module 2 Patient Visits

1. How many initial patient visits (new consults) did your palliative care team see during the reporting period?

Please provide the total number of inpatient consults based on new orders written during the reporting period.
Please include only inpatient consults. Do not include consults for observation beds or in the emergency department (ED).

1a. Of the total initial patient visits, how many were unique patients?

If a patient had more than one admission during the year, then it is possible for that patient to have had an initial consult during each admission. Please provide the total number of unique patients receiving one or more inpatient consults.

2. What was the total number of physician and nurse practitioner-billed subsequent visits (i.e., follow-up visits) seen by your inpatient palliative care consultation service during the reporting period?*

Subsequent visits (or follow-up visits) are visits for the patient after the date of the consult and during the single admission. Include only physician and nurse practitioner billable visits.

3. Are you able to report non-billable visits across all palliative care team members?

- Yes
- No

3a. If yes, how many non-billable visits did your palliative care team make during the reporting period?

You indicated that you are able to report non-billable subsequent or follow-up visits. Provide the total number of non-billable visits your palliative care team (including team members outside of the interdisciplinary team) completed during the reporting period.

4. Considering all of your initial patient visits, indicate the percentage of the palliative care team's role

Consult only	Primary Attending only
Co-Management	Either consultation or primary attending based on circumstances

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 Attending. The palliative care team assumes primary responsibility for the patient's care.
Co-Management. The palliative care team partners with the primary provider(s) to care for the patient, typically assuming total care for particular clinical issues.
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.

5. Did your palliative care team see any patients in the hospital's observation beds?

- No
- Yes
- Not applicable

Observation beds are set up to provide patient care and observation for a short period of time, while determining whether the patient can be safely discharged or if they should be admitted to the hospital as an inpatient. Observation patients are not considered inpatient until they are admitted to the hospital.

6. Did your palliative care team see any patients in the hospital's emergency department (ED)?

- No
- Yes
- Not applicable

Palliative care teams may see patients in the Emergency Department who have not been admitted as inpatients to the hospital.

Module 3 Screening and Referrals

1. Does your hospital have standardized screening criteria (trigger) to identify patients with palliative care needs?
   - Yes
   - No

1a. If yes, is palliative care screening incorporated into your hospital's Electronic Health Record (EHR) generating automatic consult requests?
   - No
   - Yes
   - Do not have an EHR

2. Provide the percentage distribution of palliative care referrals by the patients' location at time of referral.

Medical/Surgical	Medical
Surgical	Intensive/Critical Care
Medical/Surgical ICU	Neuro ICU
Cardiac ICU	Burn ICU
Pediatric ICU	Neonatal ICU
Oncology	Gastroenterology / Hepatology
General Pediatrics	Neonatology
Maternal-Fetal Medicine	Geriatrics ACE unit
Emergency Department (ED)	Telemetry / step-down
MD office / Home (direct admit)	Hospice
Other	Other, specify

Provide the referral source distribution for new inpatient palliative care consults. This should total 100%. The secondary categories are not required but, if available, the sum of the secondary categories' percentages should equal that of the primary category percentage.

3. Provide the percentage distribution of palliative care referrals by specialty of referring clinician.

Hospitalist	Oncologist
Cardiologist	Nephrologist
Pulmonary and critical care	Surgery
Neurologist	Gastroenterologist/Hepatologist
Internal Medicine	Family Medicine
Neonatologist	Maternal-Fetal Medicine
Other referring clinical specialist	Don't Know / Not sure
Other, specify	

Provide the referring specialist distribution for new inpatient palliative care consults. This should total 100%.

Module 4 TJC Certification, Services Integration

1. Does your palliative care program have Joint Commission Advanced Certification for Palliative Care?
   - ○ Yes
   - ○ Yes, and we have been re-certified
   - ○ Preparing to apply next year, or have already applied for certification
   - ○ Not eligible because program does not operate within a Joint Commission accredited hospital (e.g., DNV Healthcare accredited hospital)
   - ○ Would like to apply, but my program does not have the required elements to successfully obtain certification
   - ○ Not planning to apply for other reasons

   For a full list of Joint Commission eligibility criteria, please visit their website: http://www.jointcommission.org/certification/eligiblity_palliative_care.aspx

2. What is your palliative care programs relationship to a hospice program?
   - ☐ No relationship exists
   - ☐ Our palliative care program and hospice program function as one administrative entity
   - ☐ The hospital/health system owns its own hospice. It is administratively separate from the palliative care program
   - ☐ We have contracts with one or more community hospice agencies
   - ☐ We informally collaborate with community hospice agencies
   - ☐ Other

     Other, specify

3. Describe the progress of medical ICU palliative care integration in your setting.
   - ☐ We are rarely called to see ICU patients
   - ☐ We see ICU patients, but there has been no work to develop a system of care coordination between ICU and palliative care
   - ☐ The palliative care and ICU teams have worked collaboratively to develop a system to enhance care in the ICU (e.g., screening criteria, automatic consults)
   - ☐ The ICU has developed and/or implemented plans to improve delivery of palliative care within the ICU (e.g., palliative care training for ICU staff, patient/family support materials, hired a hospice and palliative medicine (HPM) trained physician, routine family meetings)

   Palliative care integration refers to joint activities (between your palliative care program and other hospital sites of care) to promote the use of specialty palliative care services and/or to improve generalist level palliative care within the ICU.

4. Describe the progress of emergency medicine (EM) palliative care integration in your setting.
   - ☐ We are rarely called to see EM patients
   - ☐ We see EM patients, but there has been no work to develop a system of care coordination between EM and palliative care
   - ☐ The palliative care and EM teams have worked collaboratively to develop a system to enhance care in the EM (e.g., screening criteria, automatic consults)
   - ☐ The EM team has developed and/or implemented plans to improve delivery of palliative care within the emergency department (e.g., palliative care training for emergency department staff, patient/family support materials, hired a hospice and palliative medicine (HPM) trained physician, routine family meetings)

   Palliative care integration refers to joint activities (between your palliative care program and other hospital sites of care) to promote the use of specialty palliative care services and/or to improve generalist level palliative care within Emergency Medicine.

Module 5 Electronic Health Record (EHR)

1. Does your hospital use an Electronic Health Record (EHR)?

- Yes
- No

1a. If yes, which Electronic Health Record does your hospital use?

- Cerner
- Epic
- Allscripts
- McKesson
- Meditech
- Siemens
- CPSI
- In-house / custom-built
- Other

Other, Specify

- Don't know /Not Sure

If your hospital uses more than one Electronic Health Record (EHR), choose the primary EHR.

2. Does your Palliative Care Program use an Electronic Health Record (EHR)?

- Yes
- No

2a. If yes, which Electronic Health Record does your palliative care program use?

- Cerner
- Epic
- Allscripts
- McKesson
- Meditech
- Siemens
- CPSI
- In-house / custom-built
- Other

Other, Specify

- Don't know /Not Sure

If your program uses more than one Electronic Health Record (EHR), choose the primary EHR.

2b. If your palliative care program uses an Electronic Health Record, do you get custom reports on your palliative care patient population?

- Yes
- No

Module 6 Diagnosis and Code Status

1. Indicate percentage of initial consults seen in following primary underlying diagnosis groupings

	Cancer		Hematological
	Non-hematological		Cardiac
	CHF		Cardiac Arrest
	MI		Other Cardiac
	Pulmonary		COPD
	Pneumonia		Other Pulmonary
	Complex chronic conditions/failure to thrive		Renal
	Vascular		Congenital/chromosomal
	Infectious/Immunological		Gastrointestinal
	Hepatic		Hematology
	Endocrine/Metabolic		Prematurity
	In-utero complication/condition		Neurologic/stroke/neurodegenerative
	Dementia		Trauma
	Other		Other, specify

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, the sum of the secondary categories' percentages should equal that of the primary category percentage.

2. Provide percentage distribution of initial consults by code status at time of consult*

	Full code		Limited code
	Do not attempt resuscitation (DNR)		Unknown

Full Code: patient preference is to receive all available resuscitative efforts.
Limited Code: any limitation in resuscitation efforts short of comfort measures only (also referred to as "partial code").
DNR/DNI (Allow Natural Death): patient preference is not to receive any resuscitative efforts. If the patient wishes to receive any, but not all, resuscitative efforts such as ICU-level monitoring, pressors, cardioversion, bipap then code status is partial.
This should total 100%.

Module 7 Discharges

1. During the reporting period, what number of initial palliative care consults were discharged from the palliative care service?

Some palliative care patients admitted during the Registry reporting period may remain on palliative care service after the end of the Registry reporting period. Please provide the total number of initial consults that were discharged before the end of the reporting period.

2. Of the total number of discharges indicated above, please provide the number of initial consults that were discharged from palliative care alive and the number discharged deceased during the reporting period.

Alive

Dead

This number should total the total number of palliative care discharges for the reporting period (in the previous question). Please provide the count of initial consults, not the percentage breakdown.

3. For patients discharged alive, which locations were palliative care patients discharged to? Please provide the percentage distribution.

Home (including home hospice)

Skilled Nursing Facility (SNF)

Sub-acute Rehab

Long-term Care

Hospice (non-home)

Inpatient hospice

Residential hospice

Acute Inpatient Rehabilitation Facility

Long-term Acute Care Hospital (LTAC)

Hospital Transfer / General Hospital

Residential Care Facility / Assisted Living

Other

Other, specify

Provide the discharge location distribution of inpatient palliative care consults. This should total 100% and include live discharges only. The secondary categories are not required but, if available, the sum of the secondary categories' percentages should equal that of the primary category percentage.
Categories are based on CMS discharge status codes (http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0801.pdf)

3a. For patients discharged home, what is the percent distribution of the services they received?*

Certified home health agency services

Medical house calls

Home hospice

Continuing palliative care by current team

Continuing palliative care by another team

Clinic-based palliative care

Telemedicine

No services

Unknown

For patients discharged to their home, please indicate the percentage of patients receiving each of the listed services. As patients may receive more than one service, this can total more than 100%.

Module 8 Length of Stay (Optional)

1. What percent of palliative care consults were completed ON THE DAY OF REFERRAL for consultation (same day)?*

Include only initial consults that were completed on the day of referral for palliative care.

2. What percent of palliative care consults were completed WITHIN ONE DAY OF REFERRAL for consultation (same day or next day)?*

Include initial consults that were completed on the day of referral for palliative care or the next day. If a referral was received on a weekend, Monday would be considered the next day.

3. What percent of palliative care consults were completed ON THE DAY OF HOSPITAL ADMISSION (same day)?*

Include only initial palliative care consults that were completed on the day of admission to the hospital.

4. What percent of palliative care consults were completed WITHIN ONE DAY OF HOSPITAL ADMISSION (same day or next day)?*

Include only initial palliative care consults that were completed on the day of admission or the next day, Monday if admission on the weekend.

6. Length of Stay: Discharged alive*

Discharged alive	**Mean Number of Days**	**Median Number of Days**
Days from admission to palliative care consult		
Days from palliative care consult to hospital discharge		
Days from admission to discharge		

For patients who were discharged alive, please provide the length of stay for the following categories. Count the actual number of days and not business days or working days. Every day that a patient is in the hospital is counted as a day of stay, with the exception of same-day stays which are considered 0 days. For time from consult to discharge, the day of consult is considered Day 0.

7. Length of Stay: Discharged dead*

Deceased	**Mean Number of Days**	**Median Number of Days**
Days from admission to palliative care consult		
Days from palliative care consult to hospital discharge		
Days from admission to discharge		

For patients who were deceased at discharge, please provide the length of stay for the following categories. Count the actual number of days and not business days or working days. Everyday that a patient is in the hospital is counted as a day of stay, with the exception of same-day stays which are considered 0 days. For time from consult to discharge, the day of consult is considered Day 0.

8. How many palliative care referrals died within 2 days of palliative care referral?*

Provide the number (count) of patients who died within 2 days of palliative care referral. The count should include patients that received a palliative care consult and those who were not able to be seen before death.

9. How many palliative care consults were re-admitted to the hospital within 30-days of discharge?*

Module 9 Standardized Processes

1. Does your inpatient palliative care program have the following plans in place?

- [ ] Marketing Plan
- [ ] Bereavement Plan
- [ ] Education Plan
- [ ] Quality Improvement Plan

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.

Educational Plan: 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.

Quality Improvement Plan: The quality improvement plan describes how a palliative care program evaluates its performance in delivering care, and outlines plans for improvements to program service offerings.

2. Does your palliative care program measure patient and family satisfaction?

- ○ Yes
- ○ No

2a. If yes, do you use a standard instrument specifically for palliative care patients?

- ○ Yes
- ○ No

Do not include hospital-wide surveys. Surveys should be specific to palliative care patients.

2b. What percentage of patients/families complete the satisfaction survey?

3. Does your palliative care team provide telemedicine services?

- ○ Yes, audio and video
- ○ No, audio only (phone only)
- ○ No

Telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment. (medicaid.gov)

4. 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.

Module 10 Pain and Dyspnea (Optional)

1. Percent of palliative care patients that were screened for pain during the palliative care initial consult.*

Provide the percentage of patients who were screened for the presence or absence of pain (and if present, rating of its severity) using a standardized tool during the initial palliative care consultation. Screening may be completed using verbal, numeric, visual analog, rating scales designed for use the non-verbal patients, or other standardized tools

Denominator: total number of patients receiving hospital-based palliative care for 1 or more days.

1a. Of patients screened for pain during the initial palliative care consult, percent that SCREENED POSITIVE for pain.*

Numerator: Number of initial consults that screened positive for pain.
Denominator: Total number of initial consults that were screened for pain during the palliative care initial visit.

1b. Of patients who screened positive for pain, percent that received a clinical assessment of pain within 24 hours of screening.*

Numerator: Number of initial consults who received a clinical assessment of pain within 24 hours of screening.
Denominator: Total number of initial consults who screened positive for pain.

1c. Of patients that screened positive for pain, percent that reported an improvement in pain score within 48 hours of screening.*

Numerator: Total number of initial consults that reported an improvement in pain score within 48 hours of screening.
Denominator: Total number of initial consults that screened positive for pain.

2. Percent of palliative care patients that were screened for dyspnea during the palliative care initial consult.*

Provide the percentage of patients who were screened for the presence or absence of dyspnea during the initial palliative care consultation, and asked to rate its severity. Screening may be completed using verbal, numeric, visual analog, or rating scales designed for use with non-verbal patients.
Denominator: Total number of patients receiving hospital-based palliative care for 1 or more days.

2a. Of patients screened for dyspnea during the initial palliative care consult, percent that SCREENED POSITIVE.*

Numerator: Number of initial consults that screened positive for dyspnea
Denominator: Total number of initial consults that were screened for dyspnea during the palliative care initial visit

2b. Of patients who screened positive for dyspnea, percent that received treatment within 24 hours of screening.*

Numerator: Number of initial consults who received treatment for dyspnea within 24 hours of screening.
Denominator: Total number of initial consults who screened positive for dyspnea.

2c. Of patients that screened positive for dyspnea, what percentage reported an improvement in dyspnea score within 48 hours of screening?*

Numerator: Total number of initial consults that reported an improvement in dyspnea score within 48 hours of screening
Denominator: Total number of initial consults that screened positive for dyspnea

Module 11 Documentation (Optional)

1. (After consult) Percentage of initial consults with chart documentation of goals of care.*

2. (After consult) Percentage of initial consults with chart documentation of surrogate decision maker or documentation that there is no surrogate.*

3. (After consult) Percentage of initial consults with chart documentation of a discussion of emotional or psychological needs.*

4. (After consult) Percentage of initial consults with chart documentation of discussion of spiritual/religious concerns or documentation that the patient did not want to discuss.*

Discussion of spiritual or religious concerns may occur between patient and/or family and clergy or pastoral worker or patient and/or family and member of the interdisciplinary team. Documentation of only patients religious or spiritual affiliation does not count for inclusion in numerator. (NQF #1647)

5. Documentation*

Percent of patients	**Before initial consultation**	**After consultation**
With chart documentation of preferences for life sustaining treatment[1]		
Had an Advance Directive (Living Will and/or Healthcare Proxy/Medical Power of Attorney) in their medical record		
Had a DNR (Do Not Resuscitate) order in their medical record		
Had a POLST (Physician Order for Life-Sustaining Treatment) order in their medical record[2]		

[1]Documentation of life-sustaining treatment preferences should reflect patient self-report; if not available, discussion with a surrogate decision-maker and/or review of advance directive documents are acceptable. This percentage is based on the total number of patients with documented preferences, regardless of whether those preferences are for or against life-sustaining treatments.

[2]The name of this document can vary by state. Other names include the following: Practitioner Orders for Life-Sustaining Treatment (POLST), Medical Orders for Life-Sustaining Treatment (MOLST), Medical Orders for Scope of Treatment (MOST), and (Physician Orders for Scope of Treatment (POST).

6. What percentage of initial consults resulted in a change in treatment plans?*

7. Of initial consults with full code status at time of consult, percent with a status change documented.*

Numerator: The number of palliative care patients with a full code status at time of initial consult that had a subsequent documented code status change
Denominator: The total number palliative care patients with a full code status at the time of initial consult

Module 12 Staffing

1. How is your palliative care program staffed?
   - ○ Program is internal to hospital (all palliative care team members are employed by the hospital) - embedded
   - ○ Program is partially internal with additional contracted services
   - ○ Program is administered by an outside, contracted agency

2. Which of these disciplines constitute your service team?

	Funded Staff - Total Head Count	Funded Staff - Full Time Equivalent (FTE)	In-Kind Staff - Total Head Count	In-Kind Staff - Full Time Equivalent (FTE)	Volunteer Staff - Total Head Count	Volunteer Staff - Full Time Equivalent (FTE)
☐ Physician (MD/DO)						
☐ Advanced Practice Registered Nurse (APRN) - includes NP, CNS, CRNA, CNM						
☐ Physician Assistant (PA)						
☐ Registered Nurse						
☐ Medical Residents						
☐ Physician Fellows						
☐ Licensed Practical Nurse (LPN)						
☐ Psychologist						
☐ Psychiatrist						
☐ Social Worker						
☐ Chaplain/Spiritual Care						
☐ Physical/Occupational Therapist						
☐ Massage Therapist						
☐ Music/Art Therapist						
☐ Doula						
☐ Child life specialist						
☐ Dietician/Nutritionist						
☐ Pharmacist						
☐ Ethicist						
☐ Administrator (non-physician)						
☐ Hospice Liaison						

☐ Medical Director (non-clinical time)					
☐ Administrative Support					
☐ Other 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 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

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

Physicians	Advanced Practice Registered Nurse
Registered Nurse	Chaplain
Social Worker	

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).

4. How often does your full palliative care team meet?

- ○ 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

Coverage

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

- ○ Yes
- ○ No

24/7 coverage is defined as Monday-Friday inpatient consultation availability and 24/7 telephone support. Patients, families and hospital staff need palliative care services that are available for both routine and emergency services.

5a. If no, what times do you have coverage?

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

Check off the times where your palliative care program has coverage for palliative care consultations.

Coverage can be:

1. On-site
2. Telephone/Return: Your staff responds to care questions as needed; staff will come in at any hour to ensure quick responses to consult requests and to follow up with existing patients.
3. Telephone Only: Your staff responds to care questions by telephone. They do not come in off work hours to provide consults or conduct follow-up visits.

Recruitment

6. Considering the staffing of your palliative care team over the past few years, how would you describe your staffing?

- ○ Stable - not currently recruiting or requesting additional staff
- ○ Reduced staff in the past two years - not currently recruiting or requesting additional staff
- ○ Requesting or recruiting additional staff

6a. If requesting or recruiting additional staff, check all that apply from the list below.

- ☐ We are currently recruiting for clinical staff
- ☐ We are currently recruiting for non-clinical staff
- ☐ We are requesting new staff lines for clinical staff
- ☐ We are requesting new staff lines for non-clinical staff

Funding

7. What percentage of your funding comes from each of the following sources?

	Ongoing hospital support, not including philanthropy		Billing
	Philanthropy/foundation(s)/grant(s)		Hospice contract(s)
	Medical director stipend(s)		Home care agency
	Not funded		Other

Other, specify

Module 13 Hospital Inpatient Palliative Care Unit

Program Metrics

1. Do you have a dedicated Inpatient Palliative Care Unit?

- ○ Yes
- ○ No

An inpatient palliative care unit is a physically discreet, inpatient nursing unit where the focus is palliative care. The patient care focus is on symptom relief for complex patients who may be continuing to undergo primary treatment. Care is delivered by palliative medicine specialists.

2. How many beds did your inpatient palliative care unit have during the reporting period?

Number of inpatient palliative care unit beds

2a. How many are used as swing or dedicated hospice beds?

Number used as swing hospice beds

Number used as dedicated hospice beds

Number used as swing or dedicated hospice beds (cannot provide separate counts)

3. What was the total number of palliative care (non-hospice) admissions to the inpatient palliative care unit during the reporting period?

Number of non-hospice admissions

4. What was the average daily census of palliative care patients on the inpatient palliative care unit during the reporting period (exclusive of inpatient hospice bed days)?

Palliative Care - Average Daily Census

ADC Range - Minimum

ADC Range - Maximum

5. For palliative care patients, what was the total number of bed days on the inpatient palliative care unit during the reporting period?

Palliative Care patients - Number of bed days

6. For palliative care patients, what is the inpatient mortality rate on the inpatient palliative care unit?

Palliative Care - Inpatient mortality rate

7. What was the total number of hospice admissions to the inpatient palliative care unit during the reporting period?

Number of hospice admissions

8. What was the average daily census of hospice patients on the inpatient palliative care unit during the reporting period?

Hospice patients - Average Daily Census

ADC Range - Minimum

ADC Range - Maximum

9. For hospice patients, what was the total number of bed days on the inpatient palliative care unit during the reporting period?

Hospice - Number of bed days

10. For hospice patients, what is the inpatient mortality rate on the unit?

Hospice - Inpatient mortality rate

11. Indicate the percentage of new female and male inpatients admitted to your inpatient palliative care unit during the reporting period.

Female

Male

12. Indicate the percentage of new patients by age group admitted to your palliative care unit during the reporting period.

0 to 1 years

2 to 17 years

18 to 44 year

45 to 64 years

65 to 85 years

86 years or more

13. Please provide the race/ethnic distribution of new admissions to your inpatient palliative care unit during the reporting period.

Black/African-American non-Hispanic

White/Caucasian non-Hispanic

Asian non-Hispanic

- Chinese
- Japanese
- Filipino
- Korean
- Asian Indian
- Vietnamese
- Other Asian

American Indian/Alaska Native non-Hispanic

Hawaiian Native/Pacific Islander non-Hispanic

Hispanic/Latino

- Mexican
- Puerto Rican
- Cuban
- Other Hispanic/Latino

This should total 100%. The secondary categories are not required but, if available, the sum of the secondary categories' percentages should equal that of the primary category percentage.

Length of Stay

14. For palliative care patients discharged alive, what was the length of stay on the inpatient palliative care unit?

Mean Length of Stay (in days)

Median Length of Stay (in days)

15. For palliative care patients discharged alive, what percent had a length of stay >14 days on the inpatient palliative care unit?

16. For palliative care patients who died, what was the length of stay on the inpatient palliative care unit?

Mean (in days)

Median (in days)

17. For palliative care patients who died, what percent had a length of stay of 2 days or less on the inpatient palliative care unit?

Staffing

18. Are the disciplines (e.g., medicine, nursing, social work, and chaplaincy) represented on your inpatient palliative care unit team the same as those represented on your inpatient consultation service team?

- Yes
- No

18a. Which professional discipline(s) constitute your inpatient palliative care unit? Check all that apply.

	Total Headcount	Total Full-Time Equivalent (FTE)	In-Kind Staff - Total Head Count	In-Kind Staff - Full Time Equivalent (FTE)	Volunteer Staff - Total Head Count	Volunteer Staff - Full Time Equivalent (FTE)
Physician (MD/DO)						
Advanced practice nurse (APN)						
Physician assistant (PA)						
Registered nurse (RN)						
Medical Resident						
Physician fellow						
Licensed practical nurse (LPN)						
Psychologist						
Psychiatrist						
Social worker						
Chaplain / Spiritual Care						
Physical/Occupational Therapist						
Massage Therapist						
Music/Art Therapist						
Doula						
Child Life Specialist						
Dietician/Nutritionist						

☐ Pharmacist					
☐ Ethicist					
☐ Administrator (non-physician)					
☐ Hospice Liaison					
☐ Medical Director (non-clinical time)					
☐ Administrative support					
☐ Other Other, Specify					

18b. Indicate the number of palliative care unit staff members with palliative care certification.

	Physician		Advanced practice nurse
	Registered nurse		Chaplain
	Social worker		

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 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 (ACHP-SW).

19. What role does your team serve on the inpatient palliative care unit?

	Primary attending only		Co-management
	Consultation only		

Primary Attending. The palliative care team assumes primary responsibility for the patient's care.

Co-Management. The palliative care team partners with the primary provider(s) to care for the patient, typically assuming total care for particular clinical issues.

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

20. Are your floor nurses dedicated to the inpatient palliative care unit?

- ○ Yes
- ○ No

21. In times of low staffing, are your nurses floated to other units due to census variation?

- ○ Yes
- ○ No

Admissions Policies

22. Do you have a formal policy guiding admission criteria to your inpatient palliative care unit?

- ○ Yes
- ○ No

23. Do you require that patients have a DNR (do not resuscitate) order to be on the inpatient palliative care unit?

- ○ Yes
- ○ No

24. Does your inpatient palliative care unit accept patients on ventilators?

- ○ Yes
- ○ No

25. Does your inpatient palliative care unit accept patients on dialysis?

- ○ Yes
- ○ No

26. Does your inpatient palliative care unit accept patients on vasopressors?

- ○ Yes
- ○ No