

2008 Survey

National Hospice and Palliative Care
Organization



The NHPCO National Data Set Survey

Demographics, Operations, Financials and Outcomes

YOUR HOSPICE'S DATA ARE IMPORTANT!

The NHPCO National Data Set provides useful information to hospices for defining strategic goals, setting operational targets, and improving care delivery. In addition, NDS data are critical to state and national leaders' efforts to support hospice needs for growth and legislative change. Please complete as much of this survey as you can. The more information hospices submit, the better we can meet your needs. Hospices that are not current members of NHPCO can also participate in NDS data submission.

Questions related to the survey, or any other part of the NDS data collection process, should be sent via email to **NDS@nhpco.org**

Directions:

Print a paper copy of this survey for use as a worksheet for compiling your data. Then submit your responses online through the NHPCO DART system. Access the NDS Web page at www.nhpco.org/NDS and click on the link for DART. Non-members should send an email to NDS@nhpco.org to request instructions on how to submit data.

Submission Deadline is May 1, 2009

Questions or instructions that are new or modified for 2008 data collection are marked with a ▲

SECTION A: IDENTIFICATION AND CONTACT INFORMATION

Hospice Profile

A1. NHPCO **Provider ID** * _____

A2. Hospice Full Name _____

A3. Address _____

A4. City _____

A5. State _____

A6. Zip _____

* The Provider ID is the identification number assigned to your hospice. It is NOT your personal member ID.

Contact Person

A7. First Name _____

A8. Last Name _____

A9. Phone _____

A10. Email _____

SECTION B: PROGRAM DEMOGRAPHICS

B1. AGENCY TYPE

Select one, based on Medicare filing status

- Free Standing Hospital Based Home Health Based Nursing Home Based

B2. OWNERSHIP ▲

Select one

- Hospice corporate chain Managed care/HMO Integrated healthcare system
 Continuing care retirement community Division of a prison Independent

B3. TAX STATUS

Select one

- Voluntary (not for profit) Proprietary (for profit) Government

B4. GEOGRAPHIC AREA SERVED

Select one

- Primarily Urban Primarily Rural Mixed Urban and Rural

B5. MULTIPLE LOCATIONS

a. Does your agency have multiple locations? Yes No

b. If Yes, how many are reported together in this survey (including headquarters)? _____

B6. MEDICARE CERTIFICATION ▲

a. Are you Medicare Certified? Yes No

b. List your National Provider Identifier(s) (NPI) _____

c. List your Medicare Provider Number(s) _____

B7. MEMBERSHIPS

Are you a member of:

a. NHPCO Yes No

b. NAHC Yes No

c. State Hospice Association Yes No

d. State Home Care Association Yes No

B8. ACCREDITATION STATUS (Do NOT include Medicaid certification)

Select all that apply

- ACHC CHAP Joint Commission Not Accredited Other

If other is selected above, please specify: _____

B9. FISCAL YEAR

What is the last month of your fiscal year? _____

B10. INPATIENT AND RESIDENTIAL FACILITIES

To qualify as an inpatient unit or residential facility, a facility must meet ALL of the following criteria:
(1) consist of one or more beds that are owned or leased by the hospice,
(2) be staffed by hospice staff, and
(3) have major policies and procedures set by the hospice.

Does your hospice operate one or more dedicated hospice facilities or units?

Yes No

If yes, please complete Section H at the end of this survey.

DIRECTIONS FOR COMPLETING THE REMAINDER OF THE SURVEY

FY 2008

The fiscal year is the preferred timeframe for all survey questions. Data based on the calendar year is also acceptable if fiscal year data are unavailable.

INCLUDING INPATIENTS IN TOTALS

*In answering survey questions in **Sections C, D, and E** include all patients in inpatient or residential facilities in totals, unless the question clearly requests separate information for home hospice care and inpatient/ residential programs.*

SECTION C: PATIENT VOLUME

C1. PATIENTS SERVED

Provide the following agency wide totals for FY2008.

	Agency Totals
a. Total Patient Days	
b. Total New Admissions Patients who were admitted for the first time during 2008. Include only the first admission for each patient.	
c. Re-Admissions from Prior Years Patients admitted for the first time any time <i>prior</i> to 2008, were discharged, and re-admitted in 2008	
d. Re-Admissions in 2008 Category includes re-admissions for patients who received services in 2008, were discharged, and readmitted in 2008. Include every re-admission that occurred during 2008, no matter how many times a patient may have been discharged and readmitted.	
e. Total Carry-overs Patients who were part of the census on 12/31/07 and continued to receive uninterrupted services at the start of 2008.	
f. Total Deaths	
g. Total Non-death Discharges Count each discharge for patients who were discharged more than one time.	

h. Non-Death Discharges by Category ▲

Provide the number of non-death discharges in FY 2008 for each of the categories listed. Count each discharge for patients who were discharged more than one time.

Patients Discharged by Hospice

Definition: Include patients who were not recertified because they were no longer terminally ill (prognosis extended); patients who moved out of service area; and patients discharged for cause

TOTAL PATIENTS DISCHARGED BY HOSPICE _____

Patients Who Withdrew From Hospice Care

Definition: Include patients who revoked the Medicare hospice benefit; desired treatment inconsistent with hospice plan of care; and patients who refused service

TOTAL PATIENTS WHO WITHDREW FROM CARE _____

C2. REFERRALS

A referral is defined by one or more of the following:

- (1) a request for assessment for possible admission to hospice from a physician, case manager, discharge planner, health care organization staff person, or equivalent
- (2) contact by a patient, or family or friend of a patient, that identifies a specific patient who may need hospice care.

This definition of a referral is intentionally broad and is intended to capture all calls and contacts that identify a potential hospice patient.

NOTE: For various reasons, hospices usually do not admit all patients who are referred for care. Therefore, the number of referrals is rarely the same as the number of admissions. **A value entered for number of referrals that is the same as the value entered for new admissions will be excluded from the data analysis.**

a. Total number of referrals received in FY2008 _____

b. Referral Sources ▲

Provide the number of referrals from the following sources:

- Physician** _____
- Inpatient Hospital** _____
(For example: discharge planners)
- Long Term Care facility** _____
(For example: nursing homes and residences)
- Home Health Agency** _____
- Ambulatory Care Facility** _____
(For example: hospital based clinics; dialysis centers)
- Self/Family/Friend** _____
- Other** (For example: adult day care, transfers from another hospice) _____

C3. LENGTH OF SERVICE

Please review the definitions and calculation examples carefully before completing the following questions.

NOTE: Count multiple admissions and discharges for the same patient as discrete events.

EXAMPLE: A patient is discharged after 30 days, is readmitted and dies after 5 days. This patient is counted as 2 separate admissions and 2 discharges.

a. AVERAGE LENGTH OF SERVICE (ALOS)

To Calculate: Divide the total days of care for patients discharged in FY2008 by the total number of patients discharged in FY2008.

EXAMPLE: 100 patients died or were discharged in FY2008. Their total patient days from admission to discharge were 4200. $ALOS = 4200/100 = 42$ days.

Detailed instructions for calculating ALOS in Excel (or other spreadsheet software) are available on the NDS page of the NHPCO Web site (www.nhpc.org/NDS).

Average Length of Service (ALOS) _____ days

b. LENGTH OF SERVICE BY CATEGORY

Provide the length of service for patients who died or were discharged in FY2008 using the following categories. Provide LOS for each service period for patients who were discharged more than one time.

LOS Category	2008 Discharges
1 to 7 days*	
8 to 14 days	
15 to 29 days	
30 to 59 days	
60 to 89 days	
90 to 179 days	
180 days or more*	

* The 1-7 days LOS category and 180 days or more LOS category are of particular interest. Please complete these two categories even if you are not able to provide data for the other LOS categories.

c. MEDIAN LENGTH OF SERVICE (MLOS)

Definition: The median length of service is the midpoint (50th percentile). Half of the patients will have a length of service longer than the median and half of the patients will have a length of service shorter than the median.

To Calculate: Arrange the LOS numbers for all patients discharged in FY2008 (same population as for ALOS) from lowest to highest (1, 2, 3...). Find the number that falls in the exact middle of the list; that score is the MLOS.

EXAMPLE 1 - Even number of patients: You have six patients that stayed the following number of days: 11, 2, 9, 5, 8, 4. Arrange the LOS scores from lowest to highest: 2, 4, 5, 8, 9, 11. The median will fall between the third and fourth number - in this case, 5 and 8. Add 5+8 and divide by 2. $(5+8)/2 = 6.5$. Therefore, 6.5 is your MLOS.

EXAMPLE 2 - Odd number of patients: You have five patients with the following number of days 8, 22, 3, 10, 7. Arrange the LOS scores from lowest to highest (3, 7, 8, 10, 22). The MLOS is in the middle - 8 days.

Detailed instructions for calculating MLOS in Excel (or other spreadsheet software) are available on the NDS page of the NHPCO Web site (www.nhpc.org/NDS).

Median Length of Service (MLOS) _____ days

SECTION D. PATIENT DEMOGRAPHICS

Report the number (NOT %) of patients admitted during FY2008 for each category in this section.

Calculations

Include patients admitted for the first time in 2008. Count each patient only one time. This means patients who were admitted multiple times in 2008 are counted only once. Do not include patients carried over from 2007.

If your hospice did not admit patients in one or more of the age categories, enter 0 in the appropriate space.

D1. AGE ▲

Enter the number of patients who fall in the following categories. Use patient's age on the first day of admission in FY2008.

- a. 0-24 _____
 - <1 _____
 - 1-4 _____
 - 5-14 _____
 - 15-24 _____
- b. 25-34 _____
- c. 35-64 _____
- d. 65-74 _____
- e. 75-84 _____
- f. 85+ _____

D2. GENDER

- a. Female _____
- b. Male _____

D3. ETHNICITY

All patients should be categorized as Hispanic or non-Hispanic, regardless of race and further categorized by Race in D4 below. This approach conforms to the methods used by the U.S. Census bureau.

- a. Hispanic, Latino, or Spanish origin _____
- b. Non-Hispanic _____
- c. Total (should equal Question D4.f, Race total) _____

D4. RACE

- a. American Indian or Alaskan Native _____
- b. Black or African American _____
- c. Asian _____
- d. Hawaiian or Other Pacific Islander _____
- e. White _____
- f. Some other race or races _____
- g. Total (should equal Question D3.c, Ethnicity total) _____

D5. SPECIAL POPULATIONS

a. Developmental Disabilities

Developmental disabilities are a diverse group of severe chronic conditions that are due to mental and/or physical impairments. The developmentally disabled have problems with major life activities such as language, mobility, learning, self-help, and independent living. Developmental disabilities begin anytime up to 22 years of age and usually last throughout a person's lifetime.

Patients admitted in 2008 with developmental disabilities _____

If your hospice did not admit any patients with developmental disabilities in 2008, enter 0

b. Veterans

A veteran is anyone who served in the armed forces. It is not necessary for a patient to receive hospice services through veterans benefits to be counted as a veteran.

Patients admitted in 2008 who were veterans _____

If your hospice did not admit any veterans in 2008, enter 0

D6. NUMBER OF ADMISSIONS AND DEATHS BY LOCATION

Report the number of new admissions and deaths in each location during FY2008. For admissions, use location on the first day of care.

Calculations

New Admissions: Only include patients admitted for the first time in 2008. Count each patient only one time. This means patients who were admitted multiple times in 2008 are counted only once. Do not include patients carried over from 2007.

Deaths: Include all patients who died in 2008, regardless of date of admission.

Location	Number of New Admissions	Number of Deaths
Home Private residence of either the patient or the caregiver.		
Nursing Facility A licensed facility providing nursing and supportive services (may be the equivalent of either a Skilled Nursing Facility or Intermediate Care Facility).		
Hospice Unit An inpatient unit (one or more beds) operated by a hospice, and located in a facility operated by another entity (includes hospital, nursing home, and other).		
Hospital An acute care facility <u>not</u> operated by the hospice (may be a floating or scattered bed contract).		
Free Standing Hospice Inpatient Facility or Residence An inpatient facility and/or residence operated entirely by a hospice.		
Residential Care Setting A residential care facility that is not run by the hospice (assisted living, boarding home, rest home, shelter, etc.)		
Total		

D7. NUMBER OF PATIENTS BY DIAGNOSIS

Please provide data for FY2008 regardless of payment source. Data provided should be based only on patient primary diagnosis. The examples listed in the table are not comprehensive and are provided only as a guide.

Calculations Use the following definitions for the categories in the table.

New Admissions: Only include patients admitted for the first time in 2008. Count each patient only one time. This means patients who were admitted multiple times in 2008 are counted only once. Do not include patients carried over from 2007.

Deaths: Include all patients who died in 2008, regardless of date of admission.

Live Discharges: Include all live discharges that occurred in 2008, regardless of when the admission occurred. Count each discharge for those patients who were discharged and re-admitted one or more times in 2008.

Patient Days: Include the total number of days services were provided for all patients who died or were discharged in 2008. Count all days for each patient, including days in years other than 2008.

Primary Diagnosis	Number of New Admissions	Number of Deaths	Number of Live Discharges	Patient Days For Patients Who Died or Were Discharged
Cancer Include all cancers				
Heart All heart disease including CHF & primary sclerotic heart disease				
Dementia Include Alzheimer's, vascular dementia, etc.				
Lung COPD (emphysema) and other non-cancer lung diseases				
Kidney End stage renal disease				
Liver Cirrhosis, advanced hepatitis, and other non-cancer liver disease				
HIV All AIDS and HIV related conditions				
Stroke/Coma				
ALS				
Other Motor Neuron Disease Include Parkinson's, Huntington's, MS				
Debility Unspecified Include terminal debility, failure to thrive				
All Others				
Total				

SECTION E. PROCESSES OF CARE

E1. VOLUNTEERS

NOTE: Do not include volunteer medical director hours when entering responses in this section. Medical director's volunteer hours should be entered in Section F: Productivity and Cost of Care. The table for Question F1 includes a category specifically for volunteer physicians.

Calculations:

Number of Volunteers:

The number of volunteers should be an unduplicated count, with no individuals included in more than one category, even if they engaged in more than one type of volunteer service.

Some volunteers participate in multiple types of activities, such as spending time with patients *and* assisting with fundraising mailings. If any of the activities performed by a volunteer involved direct contact with patients or families, the volunteer should be counted in the direct care category for the purposes of the NDS, regardless of the proportion of time spent providing direct care.

Volunteer Hours:

For those volunteers who contributed hours in more than one volunteer service category, provide the number of hours for each category.

a. Direct Patient Care Volunteers

Direct patient care volunteers are defined as volunteers who spent time with patients and families.

Number of Volunteers _____

Number of Volunteer Hours _____

Number of Volunteer Visits _____

b. Clinical Support Volunteers

Clinical support volunteers are defined as volunteers who provided services, such as clerical duties, answering phones, or organizing supplies, that support patient care and clinical services.

Number of Volunteers _____

Number of Volunteer Hours _____

NOTE: *Direct Patient Care Volunteer hours and Clinical Support Volunteer hours combined meet the Medicare Condition of Participation (COP) requirement for volunteer time equal to 5% of patient care hours. General Support Volunteer hours do not contribute to the 5% requirement. The number of volunteer hours entered in Question a plus the number of volunteer hours entered in Question b should equal the number of hours documented by your hospice for the volunteer hours COP requirement.*

c. General Support Volunteers

General support volunteers provided services, such as help with fundraising and serving as members of the board of directors, which make an overall contribution to the hospice.

Number of Volunteers _____

Number of Volunteer Hours _____

d. All Hospice Volunteers

Total Number of Volunteers _____

The total number of All Hospice Volunteers should equal the sum of Direct Patient Care Volunteers, Clinical Support Volunteers, and General Support Volunteers.

Total Number of Volunteer Hours _____

The total number of All Volunteer Hours should equal the sum of hours of Direct Patient Care Volunteers, Clinical Support Volunteers, and General Support Volunteers.

E2. BEREAVEMENT SERVICES

Provide the following information for FY2008.

Information entered under Community Members should include bereavement services provided to individuals in the community who were NOT associated with a family member or friend admitted to hospice.

	Hospice Family Members	Community Members	Total
a. Total Number of Contacts by Visit Include any face-to-face one-to-one contact with individuals, regardless of setting. <i>Do NOT include support group or camp services.</i>			
b. Total Number of Contacts by Phone Call			
c. Total Number of Mailings to the Bereaved			
d. Total Number of Individuals who Received Bereavement Services Include <u>all</u> individuals enrolled for bereavement, including those served through support groups and camps.			

SECTION F. PRODUCTIVITY

F1. STAFFING

Complete Tables F1.a and F1.b using the following definitions and calculation instructions:

Definitions

Direct Care: includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care, as distinct from supervision of other staff or program activities.

PRN Employees: also called “per diem” employees, are called upon to work when necessary without a commitment to work a specific number of hours for your agency. They may be available all of the time or they may be only available for certain days or times. However, they are not the same as part-time employees, even though they may routinely work on the same day or number of hours each week. A part-time employee is expected to work a certain number of hours each week, but there is no expectation for number of hours for a PRN employee.

Separation: a voluntary or involuntary termination of employment.

FTE: One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

Calculations

Total FTE's: Divide paid hours by 2080. Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried, and contract staff.

On-call FTE's: First, calculate total payments made for on-call nursing staff. Next, calculate the average salary of a full-time nurse providing direct patient care. Then divide the total payments for on-call by the average nursing salary.

Separations: Do not include PRN employees in the calculation of total separations.

NOTE: Do not include inpatient staff when completing Section F, with the exception of Question F 4. Data for inpatient staff should be entered in Section H.

F1.a Staffing by Discipline (Do not include inpatient staff)

Please provide the following staffing information for FY 2008.

	Total Home Hospice FTEs	Total Employees (on last day of FY, no PRN)	Total PRN Employees (average for year if number fluctuates)	Total Separations (all causes, no PRN)
<p>Nursing – Direct Clinical Include RNs and LPNs. Include on-call and after hours care. Do <u>not</u> include supervisors or other clinical administrators unless a portion of their time is spent in direct care.</p>				
<p>Nursing – Indirect Clinical Include intake staff, educators, quality improvement, managers, and liaison nurses with clinical background, but who do not provide direct care</p>				
<p>Social Services Include medical social services staff as defined by CMS for the cost report. Do <u>not</u> include chaplains or bereavement staff.</p>				
<p>Hospice Aides</p>				
<p>Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians.</p>				
<p>Physicians – Volunteer</p>				
<p>Chaplains</p>				
<p>Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include nurse practitioners, therapists, dietitians, etc. Do not include volunteers</p>				
<p>Bereavement Include all paid staff providing bereavement services, including pre-death grief support. Do not include volunteers.</p>				

F1.b. General Staffing (Do not include inpatient staff.)

	Total Home Hospice FTEs	Total Employees (on last day of FY, no PRN)	Total PRN Employees	Total Separations (all causes)
Clinical Includes all direct care time (see definition of Direct Care on page 12). This is the total of Nursing (Direct clinical), Social Services, Chaplains, HHA's, Physicians, and Other Clinical. Do not include bereavement services.				
Non-Clinical Include all administrative and general staff.				
Total Include <u>all</u> staff time. This is the total of Clinical (both direct and indirect) plus Non-Clinical, plus Bereavement.				

F1.c. Visits by Discipline (Do not include inpatient staff.)

Please provide the following information for FY 2008.

Count ALL visits, regardless of setting (nursing home, residential facility, hospital, etc.) Do not count phone calls.

	Total Visits
Nursing Include visits made by RNs and LPNs. Include on-call and after hours care visits.	
Social Services Include visits made by medical social services staff as defined by CMS for the cost report. Do not include chaplains or bereavement staff.	
Hospice Aides	
Physicians – Paid Include visits made by medical directors and other physicians providing direct care to patients. Exclude volunteer physicians.	
Physicians – Volunteer	
Chaplains	
Other Clinical Include any paid staff, in addition to those captured above, who make visits as part of direct care to patients or families. Include nurse practitioners, therapists, dietitians, etc. Do not include volunteers or bereavement staff.	

F2. CASELOADS (Do not include inpatient staff.)

Provide the number of patients in the average caseloads for the following positions in FY 2008. Enter a single number, NOT a range.

Definition: Caseload is the number of patients for which a staff member has responsibility or to which she/he is assigned at a time.

- a. **Primary Nurse/Nurse Case Manager** (RN with primary responsibility for the patient's care) _____
- b. **Social Worker** (SW with medical social services duties, as defined by CMS) _____
- c. **Hospice Aide** _____
- d. **Chaplain** _____

NOTE: Some disciplines, such as chaplains and social workers, may be responsible for contacting all patients and families, but visit only a proportion of them. In this situation, include **ONLY** those patients who receive visits in determining caseloads.

F3. ADMISSION MODEL

Does your agency utilize dedicated admission nurses for a majority of the initial admission visits?

- Yes No

F4. PHYSICIAN INVOLVEMENT (Include time on inpatient units)

Complete the table based on FY 2008 using the following definition and calculation instructions:

Definition: Direct care includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care.

Calculation: Calculate the percentages based only on physician time devoted to hospice. If your hospice has more than one physician, consider all of their time combined as the base for the calculation. Percentage of Time column should add up to 100%.

Area	Percentage of Time
Hospice Clinical Direct patient care provided to patients enrolled in hospice	
Palliative Clinical Direct patient care provided to patients NOT enrolled in hospice, but as part of services provided by hospice	
Non-Clinical Administrative tasks, education, quality improvement, research, committee work, etc.	

SECTION G. REVENUE AND PAYER MIX

G1. LEVEL OF CARE AND PAY SOURCE

Calculations:

Number of Patients Served: Include all patients who received services during FY 2008. Count each patient only one time. Do not count re-admissions within the same payment source.

Days of Care: Report patient days for all patients served during FY2008.

NOTE: Patients who changed primary pay source during FY2008 should be reported for each pay source with the number of days of care recorded for each pay source. Count each day only once even if there is more than one pay source on any one day.

Directions: Do not leave any space blank. If your hospice did not serve any patients in a payment source/level of care category, please enter 0.

Hospice Payment Source	Number of Patients Served	Days of Routine Home Care	Days of Inpatient Care	Days of Respite Care	Days of Continuous Care	Total Patient Care Days
a. Hospice Medicare						
b. Hospice Medicaid						
c. Managed Care or Private Insurance						
d. Self Pay						
e. Uncompensated or Charity Care						
f. Other <i>May include, but not limited to Workers Comp, Home Health Benefit</i>						
g. Total (a +b+c+d+e+f)						

G2. REVENUE and EXPENSES

Directions: Questions G2a through G2d do not correspond to cost centers in the Cost Report, therefore base responses on your accounting records, not your Cost Report submission.
Calculations should reflect gross revenue for FY2008.

REVENUE

a. Hospice Service Revenue

Payment for services. Include all Medicare per diem payments for all levels of care, Medicaid, private insurance, and private pay.

b. Total Agency Fundraising Revenue

Include grants, fundraising including capital campaign funds, bequests, memorial donations, United Way and other community support, as well as transfers from your hospice foundation if any.

c. Other Revenue

Include revenue from palliative care, non-hospice patient care and other community services, nursing home room and board and pass-through costs, as well as interest or investment income.

EXPENSES

DIRECT

a. Hospice Services Expenses

Related to service delivery. Include reimbursable and non-reimbursable (bereavement and volunteer) program services

b. Agency Fundraising Expenses

Include any expenses related to fundraising

c. Other Expenses

Related to palliative care, non-hospice patient care, and other community services

INDIRECT

d. Overhead Expenses

Include administrative and general

COMMENTS

Please share any explanations of data submitted, comments about the survey itself, or suggestions about the data collection and submission process. NHPCO values your input!

If you have one or more inpatient or residential facilities, go on to Section H on the next page. Thank you!!

SECTION H. INPATIENT AND RESIDENTIAL FACILITIES

Please provide the following information for FY 2008.

NOTE: If your program operates more than one unit or facility, complete a separate Section H for each facility.

H1. Facility Name _____

H2. State where facility is located _____

H3. Where is the inpatient facility sited? *Select one*

- Free Standing Hospice
- Hospital Based
- In a Nursing Home
- Other

If other is selected (please specify) _____

H4. What level of care does the inpatient facility predominantly provide? *Select one*

- Acute/General Inpatient
(short-term, intensive hospice services provided to meet the hospice patient’s need for skilled nursing, symptom management, or complex care)
- Residential Care
(hospice home care provided in a facility rather than in the patient’s personal residence)
- Mixed Use – both acute and residential levels.

H5. How many beds, by level of care, does the inpatient facility have?

- a. Dedicated General Inpatient # of beds _____
- b. Dedicated Residential/Routine # of beds _____
- c. Mixed Use # of beds _____

H6. Please provide the following information for patients cared for *in your facility* in FY 2008

Include each individual occurrence, even if a patient is in and out of the facility more than once in FY 2008. Include transfers between levels of care.

Level of Care	Total Admissions/ Transfers In	Deaths	All Live Discharges & Transfers Out	Patients Served	Patient Days for patients who died or were discharged in FY 2008
General Inpatient					
Inpatient Respite					
Residential/Routine					

H7. Date facility opened (YYYY) _____

H8. Facility Staffing by Discipline

Complete the table using the following definition and calculation instructions:

Definition:

FTE: One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

Calculation:

Total FTEs: Divide paid hours by 2080. Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.

	Total Inpatient Facility FTEs
Nursing Include RNs and LPNs. <i>Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.</i>	
Social Services Include medical social services staff as defined by CMS for the cost report. <i>Do not include chaplains or bereavement staff.</i>	
Hospice Aides	
Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. <i>Exclude volunteer physicians.</i>	
Physicians – Volunteer	
Chaplains	
Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include chaplains, therapists, and dietitians. <i>Do not include volunteers or bereavement staff.</i>	
Non-Clinical Include all administrative and general staff or contracted staff	