

Maryland Health Care Commission
HOSPICE SURVEY PART 1
 2015
 (Print version)

User Name
 /td>

SECTION A - IDENTIFICATION AND CONTACT INFORMATION

Agency Name:

Street:

City:

County:

Zip:

Name of Administrator:

Agency Telephone #

Contact Person:

Contact Email:

Contact Telephone Number:

Did your agency change name(s) during this reporting period?

If yes, provide the former name of the agency and the effective date of change.

Former Name:

Effective Date of Change: Month Day

SECTION B - PROGRAM DEMOGRAPHICS

B1. LICENSE TYPE

B2. AGENCY TYPE

B3. OWNERSHIP

Did your agency change ownership during FY2015 ?

If yes, name of the former and current owners and the effective date of change:

Former Owner:

Current Owner:

Month Day

B4. TAX STATUS

B5. GEOGRAPHIC AREA SERVED

B6. MULTIPLE LOCATIONS

Does your agency have multiple locations? (this includes agencies outside of MD)

If yes, please indicate the address where each is located

	Address	City	County	State	Zip
Headquarters	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
Location 1	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
Location 2	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
Location 3	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>

Does your agency have multiple Maryland locations?

If yes, please indicate which locations are reported together in this survey (including headquarters)

and

and

and

and

B7. MEDICARE CERTIFIED FOR HOSPICE

Is your agency Medicare certified for hospice?

If yes, please enter your agency's Medicare provider number:

If yes, please enter your National Provider Identifier(s) (NPI):

B8. MEDICAID CERTIFIED FOR HOSPICE

Is your agency Medicaid certified for hospice?

If yes, please enter your agency's Medicaid provider number:

B9. ACCREDITATION STATUS

Accredited by:

ACHC

CHAP

Joint Commission

If other, please list:

Not accredited

B10. FISCAL YEAR FOR DATA

a. Please indicate the last day of your agency's 2015 fiscal year:

Month 2015

Day

b. Does the date reported in this survey represent a full 12-month fiscal year period?

c. If the data submitted in this survey does not represent a full 12-month fiscal year, indicate the number of months represented:

B11. INPATIENT AND RESIDENTIAL FACILITIES

a. Do you provide hospice care in a facility licensed and certified by Medicare as inpatient?

b. Do you provide hospice care in a facility licensed by OHCQ as a Hospice House?

For the remainder of survey, include all patients in inpatient or residential facilities in totals, unless the question clearly requests separate information for home care and inpatient/residential programs.

SECTION C - PATIENT VOLUME

C1a. PATIENT VOLUME BY COUNTY 2015 .

Please complete the following, including totals, for each county you serve in FY
Columns, C, D, E, F, and G are admissions by point of hospice entry. Please read the descriptions below.

Number of Home-based Hospice Admissions (Column C): Include only unduplicated, first time hospice admissions of a patient residing in a private home (excluding residential or nursing home setting).

Number of Inpatient Hospice Admissions (Column D): Include only unduplicated, first time hospice admissions of a patient to a facility providing general or respite inpatient care (including a GIP unit, facility or hospital contract).

Number of Residential Hospice Admissions (Column E): Include only unduplicated, first time hospice admissions of a patient to a Hospice House providing routine/continuous home care (excluding a nursing home or assisted living facility).

Number of Nursing Home Hospice Admissions (Column F): Include only unduplicated, first time hospice admissions of a patient residing in a skilled nursing facility.

Number of Assisted Living Hospice Admissions (Column G): Include only unduplicated, first time hospice admissions of a patient residing in an assisted living facility.

Note: Please remove zero in front of any number to get correct calculation.

No. Counties:

Point of Hospice Entry # of unduplicated, first time hospice admissions of a patient:									
A	B	C	D	E	F	G	H	I	J
County of MD Residence, or other State, or or foreign countries	Carry Over Patients	Residing in a private home	To a facility providing general or respite inpatient care	To a hospice-owned residence providing routine/continuous home care	Residing in a skilled nursing facility	Residing in an assisted living facility	Total # of Patients Served (Columns B through G)	# of Deaths (all settings)	# of Non-death discharges (all settings)
<input type="button" value="Select Jurisdiction"/>									
<input type="button" value="Add"/>									

SECTION C - PATIENT VOLUME (Continued)

C1b. PATIENT VOLUME BY COUNTY

No. Counties:

Non-Death discharges									
A	B	C	D	E	F	G	H	I	J

County of MD Residence, or other State, or foreign countries	Re-Admissions during	Re-Admissions from years prior to	Prognosis Extended	Patient desired curative treatment	Patient refused service	Patient moved out of area	Transferred to another local hospice	Discharges by hospice for cause	Other
Select Jurisdiction <input type="button" value="v"/>									
<input type="button" value="Add"/>									

SECTION C - PATIENT VOLUME (Continue)

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, or equivalent;
2. Contact by a patient, or family or friend of a patient, that identifies a specific patient who may need hospice care.

NOTE: The definition here is intentionally broader 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.

Total number of referrals received in FY 2015 :

REFERRAL SOURCES

Provide the number of referrals from the following sources:

Physician	<input type="text"/>
Hospital (includes discharge planners)	<input type="text"/>
Skilled Nursing Facility	<input type="text"/>
Assisted Living Facility	<input type="text"/>
Home Health Agency	<input type="text"/>
Self/Family/Friend	<input type="text"/>
Other	<input type="text"/>

C3. AVERAGE DAILY CENSUS

Please review the definitions and calculation examples carefully before completing the following data for FY 2015 .

- A. Average Daily Census (ADC) Patients per Day:
- Divide the total patient days by 365
 - Example: You provided a total of 12,775 patient days for all levels of care. 12,775 divided by 365 days equals an ADC of 35 patients per day.
- B. Average Length of Stay (ALOS) Days:
- Divide the total days of care provided to discharged patients by the total number of patients discharged.
 - Example: 100 patients died or were discharged. Their total patient days from admission to discharge were 4200. ALOS = 4200/100 = 42 days.
- C. Median Length of Stay (MLOS) Days:
- The midpoint for all discharged patients (same population as for ALOS). Half of the patients have a LOS longer than the median and half of the patients have an LOS shorter than the median. Calculate the MLOS by arranging the LOS scores for all patients from lowest to highest (1, 2, 3...). Find the score that falls in the exact middle of the list. This is the median length of stay.
 - 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 median.
 - Example 2: Odd number of patients: You have five patients with the following number of days: 8, 22, 3, 10, 22. Arrange the LOS scores from lowest to highest (3, 7, 8, 10, 22). The median length of stay is in the middle – 8 days.
- D. Number of Patients Who Died or were Discharged in less than or equal to 7 days:
- Include the number of deaths for all patients who died with stays of 7 days or fewer
- E. Number of Patients Who Died or were Discharged in greater than or equal to 180 days:
- Include the number of deaths for all patients who died with stays of 180 days or more.

C4. OTHER SERVICES OFFERED BY YOUR HOSPICE

In the table below, please check the type of program(s) you operated or were planning in FY 2015 .

Do you have a hospice service delivery program outside the model of the Medicare Hospice Benefit?

Please provide the number of patients/families admitted to the program in FY2015 and the number of deaths in FY2015 of patients who participated in the program.

Program Type	Active Program in FY2015	FY2015 admissions to this program (total number of patients/families)	FY2015 deaths in this program (total number of deaths)	Program is Planning or active after FY2015
Palliative consult team	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Home health agency serving primarily terminally ill patients	<input type="checkbox"/>				<input type="checkbox"/>
Pre-hospice support program	<input type="checkbox"/>				<input type="checkbox"/>
Post-hospice support program for patients discharged alive	<input type="checkbox"/>				<input type="checkbox"/>
Grief counseling for non-hospice families	<input type="checkbox"/>				<input type="checkbox"/>
Other	<input type="checkbox"/>				<input type="checkbox"/>
Other	<input type="checkbox"/>				<input type="checkbox"/>

*Please include music therapy, art therapy, and other alternative therapies.

SECTION D - PATIENT DEMOGRAPHICS

Report the number (NOT %) of unduplicated, new admissions during FY2015 for each category in this section. Count each patient only one time. This means patients with multiple admissions in 2015 are included only once. Do not include carryovers or re-admissions. The total admissions in this section should equal total admissions in Section C (Column H minus B), or

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

D1. AGE and D2. GENDER

Use patient's age on the first day of admission.

A County of MD Residence, or other State, or or foreign countries	D1. AGE										D2. GENDER			
	<1 Yrs	1-4 Yrs	5-14 Yrs	15-24 Yrs	25-34 Yrs	Total 0-34 Yrs	35-64 Yrs	65-74 Yrs	75-84 Yrs	85+ Yrs	Total	Female	Male	To
Select Jurisdiction														

D3. ETHNICITY and D4. RACE

All patients served in 2015 should be categorized as Hispanic or non-Hispanic, and further categorized by Race below.

All patients served in 2015 should be categorized as Hispanic or non-Hispanic, and further categorized by Race below.

A County of MD Residence, or other State, or or foreign countries	D3. ETHNICITY					D4. RACE							
	Hispanic, Latino, or Spanish Origin (as defined by U.S Census Bureau)	Non-Hispanic	Total	American Indian or Alaskan Native	Black or African American	Asian	Hawaiian or Other Pacific Islander	White	Multiracial	Other	Unknown	Total	
Select Jurisdiction													

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 2015 with developmental disabilities

b. Veterans

A Veteran is a male or female hospice patient who served in the U.S. 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 2015 who were Veterans

D6. NUMBER OF ADMISSIONS AND DEATHS BY LOCATION OF CARE BY LEVEL OF CARE

Report the number of unduplicated, new admissions, deaths, non-death discharges and patient days in each location and level during FY2015.

Admissions: Count each patient only one time. This means patients with multiple admissions in 2015 are included only once. **Do not include carryovers or re-admissions.**

The total admissions in this section should equal total admissions in Section C (Column H minus B), or ()

Deaths: Total deaths in this section should equal total deaths in Section C (column I), or ()

Non-Death Discharges:Total non-death discharges should equal total non-death discharges in Section C (column J), or ()

Total Patient Days should be reported by location and level of care for all patients who died or were discharged during FY 2014. Patient Days should equal total patient days reported in Question D7

Location of Care and Level of Care	# of New Admissions	# of Deaths	# of Non-Death Discharges	Patient Days
Home Care				
Private Residence of either the patient or caregiver				
Assisted Living Facility				
Hospice House				
Nursing Home				
Other (Specify) <input type="text"/>				
Respite Care				
Nursing Home- with contractual relationship with general hospice				
Hospital with contractual relationship with general hospice				
Freestanding Inpatient Hospice Facility owned and operated by a general hospice*				
Other (specify) <input type="text"/>				
General Inpatient Care				

Hospital with contractual relationship with general hospice				
Nursing Home-with contractual relationship with general hospice				
Freestanding Inpatient Hospice facility owned and operated by a general hospice*				
Other (specify)				
Continuous Care				
Private Residence of either the patient or caregiver				
Assisted Living Facility				
Hospice House				
Nursing Home				
Other (Specify)				
*This includes facilities operating in building space leased by the general hospice if the space is located within a licensed health care facility, such as a hospital, nursing home, or assisted living facility.				

D7. NUMBER OF PATIENTS BY PRIMARY DIAGNOSIS

Please provide data for FY2015 regardless of pay source. Data provided should be based only on patient's primary diagnosis.

Admissions: Report the number of unduplicated new admissions in FY2015. Count each patient only one time. This means patients with multiple admissions in 2015 are included only once. **Do not include carryovers or re-admissions.** The total admissions in this section should equal total admissions in Section C (Column H minus B).

Deaths: Total deaths in this section should equal total deaths in Section C (column I).

Non-Death Discharges:Total non-death discharges should equal total non-death discharges in Section C (column J)

Patient Days: Include the total number of days services were provided for all patients who died or were discharged in 2015. Count ALL days for each patient, including days in years other than 2015.

Total Patient Days should be reported by location and level of care for all patients who died or were discharged during FY 2014. Patient Days should equal total patient days reported in Question D6

Primary Diagnosis	Comments	# of 2015 Admissions (unduplicated)	# of Deaths (regardless of admission year)	# of Non-Death Discharges (regardless of admission year)	Patient Days for patients who died or were discharged (regardless of admission year)
Cancer	Include all cancers				
Heart	All heart disease including CHF and 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 Motorneuron	Include Parkinson's, Huntington's, MS				
Debility Unspecified/Adult Failure to Thrive	include terminal debility, failure to thrive				
Other					
Totals					

SECTION E - PROCESSES OF CARE

E1. VOLUNTEERS

Please provide the following information for FY2015.

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

Sometimes 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 involve direct contact with patients or families, the volunteer should be counted in the direct care category for the purposes of the survey, regardless of the proportion of time spend 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.

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.

Volunteers	Number	Hours	Visits
Direct Patient Care Volunteers* Direct patient care volunteers are defined as volunteers who spend time with patients and families	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical Support Volunteers Clinical support volunteers are defined as volunteers who provide services, such as clerical duties, answering phones, or organizing supplies, that support patient care and clinical services 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	<input type="text"/>	<input type="text"/>	NA
General Support Volunteers General support volunteers provide services, such as help with fundraising and serving as members of the board of directors, which make an overall contribution to the hospice. <i>General Support Volunteer hours do not contribute to the 5% Medicare requirement</i>	<input type="text"/>	<input type="text"/>	NA
All Hospice Volunteers* This includes all volunteers, including those not allowed under the Medicare Conditions of Participation (General Support Volunteers) above.	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Direct Patient Care, Clinical Support, and General Support are separate categories of volunteers. The number and hours in the three categories should total to All Hospice Volunteers.

E2. BEREAVEMENT SERVICES

Please provide the following information for FY2015 .

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>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Total Number of Contacts by Phone Call	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Total Number of Mailings to the Bereaved	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Total Number of Individuals who Received Bereavement Services* Include all individuals enrolled for bereavement, including those served through support groups and camps.	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Total number of Individuals who received bereavement services (d) is not the sum of a through c

SECTION F - PRODUCTIVITY AND COST OF CARE

Please complete the following for FY2015 . (Note: Section F1 must be completed by both general and limited license hospices)

Complete Tables F1a. and F1b. 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 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. Include On-Call in direct clinical nursing.

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 F4. Data for inpatient staff should be entered in Section H.

F1a. STAFFING BY DISCIPLINE (Do not include inpatient staff)

	Total Home Hospice FTEs	Total Employees (on last day of FY2015 , no PRN)	Total PRN Employees	Total Separations (all causes)
Nursing – Direct Clinical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Include RNs and LPNs. Include on-call and after hours care. Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.				
Nursing – Indirect Clinical Include intake staff, educators, quality improvement, managers, and liaison nurses with clinical background, but who do not provide direct care.				
Social Services Include medical social services staff as defined by CMS for the cost report. Do <u>not</u> include chaplains or bereavement staff.				
Hospice Aides Include both aides and homemakers				
Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians.				
Physicians – Volunteer				
Chaplains				
Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists, and dietitians. Do not include volunteers.				
Bereavement Include all paid staff providing bereavement services, including pre-death grief support. Do not include volunteers.				

F1b. GENERAL STAFFING (Do not include Inpatient Staff Time)

	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.* This is the total of Direct Nursing, Social Services, Hospice Aides, Physicians, Chaplains, and Other Clinical. Do not include bereavement services				
Non-Clinical Include all administrative and general staff or contracted staff. Indirect Nursing is NOT entered here.				
Total Include all staff time. This is the total of Clinical plus Non-Clinical plus Indirect Nursing plus Bereavement.				

*Direct care includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel necessary 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 direction activities

F1c. VISITS BY DISCIPLINE (Do not include inpatient staff)

Please provide the following information for FY2015 .

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

	Total Visits
Nursing Include visits made by RNs and LPNs. Include call and after hours 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 patient. 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 therapists, and dietitians. *Do not include volunteers or bereavement staff.*

F2. CASELOADS (Do not include time inpatient staff)

(Note: This question must be completed by both general and limited license hospices).

Please provide average caseloads (NOT RANGE) for the following positions.

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

	Caseload*
Primary Nurse, Nurse Case Manager	
Social Worker	
Hospice Aide	
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 staff for a majority of the initial admission visits?

F4. PHYSICIAN INVOLVEMENT (Include time on inpatient units)

Complete the table based on FY2015 using the following definition and calculation instructions:

Definition: Direct care includes all activities involved in care deliver, 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.	
Total	

SECTION H - INPATIENT FACILITY

NOTE: After entering a inpatient, please click on the SAVE button before adding another inpatient. To add another inpatient, click on the ADD inpatient button on the bottom. If you cannot get back to a inpatient using the drop-down, go back out to the MENU and enter Section H again and you will be able to select it.

H1. INPATIENT FACILITY INFORMATION

Facility Name
 County

H2. Where is the inpatient facility sited?

If Other please specify:

H3. What level of care does the inpatient facility predominantly provide?

- Routine Home Care
- Continuous Care
- Respite
- General Inpatient Care

H4. How many beds is your facility licensed for?

Licensed Beds

H5. Patient Care Services

Please provide the following numbers of patients cared for in your facility

Level of Care	FY Total Admissions/ Transfers In	FY Deaths	FY All Live Discharges and Transfers Out from your facility	Patients Served	Patient Days for patients who died or were discharged in FY
General Inpatient					
Respite					

Routine					
---------	--	--	--	--	--

H6. Did your program open during FY

If yes, please note first month of operation

H7 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>	<input type="text"/>
Social Services Include medical social services staff as defined by CMS for the cost report. <i>Do not include chaplains or bereavement staff</i>	<input type="text"/>
Hospice Aides	<input type="text"/>
Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. <i>Exclude volunteer physicians</i>	<input type="text"/>
Physicians – Volunteer	<input type="text"/>
Chaplains	<input type="text"/>
Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists, and dietitians. <i>Do not include volunteers or bereavement staff.</i>	<input type="text"/>
Non-Clinical Include all administrative and general staff or contracted staff.	<input type="text"/>

SECTION I - HOSPICE HOUSE

NOTE: After entering a residence, please click on the SAVE button before adding another residence. To add another residence, click on the ADD residence button on the bottom. If you cannot get back to a residence using the drop-down, go back out to the MENU and enter Section I again and you will be able to select it.

11. Residential Facility Information

Facility Name
 County

12. Where is the residential facility sited?

If Other, please specify

13. How many beds does the residential facility have?

14. Patient Care Services

Total Admissions	<input type="text"/>
Deaths	<input type="text"/>
All Live Discharges	<input type="text"/>
Patients Served	<input type="text"/>
Patient Days for Patients who died or were discharged in FY	<input type="text"/>

15. Did your program open during FY

If yes, please note first month of operation

16. 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 Hospice House FTEs
	<input type="text"/>

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>	<input type="text"/>
Social Services Include medical social services staff as defined by CMS for the cost report. <i>Do not include chaplains or bereavement staff</i>	<input type="text"/>
Hospice Aides	<input type="text"/>
Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. <i>Exclude volunteer physicians</i>	<input type="text"/>
Physicians – Volunteer	<input type="text"/>
Chaplains	<input type="text"/>
Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists, and dietitians. <i>Do not include volunteers or bereavement staff.</i>	<input type="text"/>
Non-Clinical Include all administrative and general staff or contracted staff.	<input type="text"/>

CERTIFICATION HOSPICE SURVEY PART 1

To complete the online survey, you must Certify the information you provided by reading the following and clicking on the Certify Button

I hereby certify the following:

- I have authorization to complete the Maryland Health Care Commission Hospice Survey;
- All information contained in this **Hospice Survey Part 1** is true, correct and complete to the best of my knowledge and belief;
- No information, data, report, statement, schedule or other filing required to be filed or filed hereunder contains any medical, individual or confidential information personally identifiable to a patient or consumer of health services, whether directly or indirectly;
- I understand that the Hospice Survey is required to be filed with the Maryland Health Care Commission and is considered a public record which is available for public inspection, unless such disclosure conflicts with the Maryland Health Care Commission's then existing data disclosure policy.
- I understand that the Hospice Survey is not complete until I complete and submit Hospice Survey Part 2.

Part 1 Date Certified and Submitted: