PALLIATIVE CARE PROGRAM INVENTORY

Annual Data Collection Worksheet

Thank you for your interest and willingness to participate in the Palliative Care Program Inventory. Below are the optional questions on your palliative care team's operations.

Each question is asked at the aggregate, annual level. At launch, the data year of interest is 2025.

For the Hospital Site-Level Questions (pages 6-7), these questions are asked for each individual hospital you have added to the Inventory. Therefore, if you have added three hospitals to your listing, you will be asked to answer these questions three times. If you will be using this worksheet to help with data collection, we recommend printing multiple copies of these pages.

If you have any questions, feel free to contact us by completing the CAPC Contact Form and selecting "Palliative Care Program Inventory" in the first drop-down.

Program Questions

1. Which disciplines comprise your specialty palliative care program? Please provide the total full-time equivalents (FTE) for each.

Discipline	FTE
Administrative Support/Assistant (no patient care)	
Administrator/Program Manager (no patient care)	
Advanced Practice Registered Nurse	
Chaplain or Spiritual Care	
Child Life Specialist	
Licensed Practical/Vocational Nurse	
Medical Assistant	
Nursing Assistant	
Pharmacist	
Psychologist, Therapist, or Counselor	
Physical/Occupational Therapist	
Physician (MD/DO)	
Physician Associate/Assistant	
Physician Fellow	
Recreational Therapist (e.g., Music, Art)	
Registered Nurse	
Social Worker	
Other: _____	

For each discipline listed, provide the total FTE for that discipline, regardless of funding source, if that discipline was represented in your palliative care program during the reporting period.

A full-time palliative care staff member would be 1.0 FTE. To calculate FTE for one person, divide the number of hours they work per week by your organization's

standard hours per week (e.g., 37.5, 40). Someone who works 15 hours per week would be 0.4 FTE (10 hours/37.5 hours=0.4).

The FTE for multiple staff members from the same discipline should be added together. If the team has two nurse practitioners—one full-time and one working half of the week—then the total FTE for nurse practitioners would be 1.5.

Note: the Administrator/Program Manager should only be entered for staff members who manage the palliative care team, but do not also provide direct patient care. If the program manager is also a practicing clinician, only include them in the count for their corresponding discipline (e.g., APRN, physician).

2. What is the total head count of staff members within your specialty palliative care program?
   _____ Head Count

Please provide the total number of people that make up the staff members specialty palliative care program. This is potentially different than the FTE count in the prior question. For example, 1.0 APRN FTE could be split across two nurse practitioners, each working part-time, making the headcount 2.

3. How many staff members have specialty certification in Hospice and Palliative Care (or Medicine)?

Discipline	**Head Count with Certification**
Advanced Practice Registered Nurse	
Chaplain or Spiritual Care	
Licensed Practical/Vocational Nurse	
Nursing Assistant	
Physician Associate/Assistant	
Physician (MD/DO)	
Registered Nurse	
Social Worker	

Please provide the number of individual staff members (head count) that have been awarded a certification in Hospice and Palliative Medicine or Care.

4. From which sources does your palliative care program receive funding? Select all that apply.
   - ☐ Fee-for-service billing (including Medicare Part B-professional services)
   - ☐ Contracts with health plans or ACOs that provide non-fee-for-service payments
   - ☐ Financial support from parent organization
   - ☐ Bonuses or shared savings from a health plan, ACO, or other provider
   - ☐ Philanthropy or foundation grants
   - ☐ Other, specify: _____

For each answer option, check the box if your specialty palliative care program derives any funding from that source. In-kind positions (e.g., your program's social worker being paid by the social work department) should be considered "financial support from parent organization." If you received funding from a source not listed, include it in "Other."

Hospital Setting Questions

1. What is your team's care delivery model? Select all that apply.
   - ☐ Consultative services
   - ☐ Co-management of the patient with another care team
   - ☐ Inpatient palliative care unit
   - ☐ Provide primary care in addition to palliative care responsibilities
   - ☐ Other

Select the descriptions of how your program relates to its patients (i.e., care delivery model) that most closely align with your specialty palliative care program. If you provide care using more than one model, select all that would apply to your program.

2. Briefly describe your program's clinical model. _____
_____
_____
_____

For example: Do you serve specific patient populations by diagnosis or by payer? Is the program designed for short-term engagement or longitudinal care? If you provide both in-person and telehealth care, how do you organize this? Do you have key referral or service partners?

3. When is your palliative care program available for patients and families? Select all that apply.
   - ☐ Weekday, days
   - ☐ Weekday, evenings
   - ☐ Weekday, overnight
   - ☐ Weekend, days
   - ☐ Weekend, evenings
   - ☐ Weekend, overnight

Select the time(s) when at least one program staff member can be contacted by patients or families for an urgent need (e.g., symptom management).

Hospital Site Questions

1. How many initial consults did your specialty palliative care program conduct in [Data Year]? _____

Provide the total number of initial consults your palliative care program provided during the reporting period. If a patient was admitted more than once during the reporting period and consults were completed during more than one admission, each initial consult should count separately.

2. How many follow-up visits did your specialty palliative care program conduct in [Data Year]? _____

Provide the total number of follow-up visits provided by any staff members during the reporting period.

3. What was the total number of unique patients seen by your specialty palliative care program during [Data Year]?

Provide the total number of individual patients seen by program staff members during the reporting period. For example: (inpatient setting) if one patient was admitted to the hospital on two different occasions during the reporting period, and received two initial consults, this would still only count as one person for this question.

4. Provide a breakdown of the initial consults seen by your palliative care program in [Data Year] by their primary diagnosis.

Disease Category	**Count**
Cancer	
Cardiovascular	
Dementia	
Fetal	
Gastrointestinal or Hepatic	
Genetic or Chromosomal	
Hematologic (non-cancer)	
Infectious	
Metabolic or Endocrine	
Multi-Morbidity or Frailty	

Neurologic (non-dementia)	
Orthopedic	
Prematurity (or complications related to)	
Pulmonary	
Renal	
Trauma	
Other, specify: _____	

Please provide the count of the primary diagnoses of the patients treated by your palliative care program during the reporting period. The primary diagnosis should refer to the patient's underlying disease processes rather than secondary illness or symptoms. For example, for a patient with heart failure that is admitted to the hospital with pneumonia, the primary diagnosis would be cardiovascular rather than infectious.

Home Setting Questions

1. How many initial consults did your specialty palliative care program conduct in [Data Year]? _____

Provide the total number of initial consults your palliative care program provided during the reporting period. If a patient was admitted more than once during the reporting period and consults were completed during more than one admission, each initial consult should count separately.

2. How many follow-up visits did your specialty palliative care program conduct in [Data Year]? _____

Provide the total number of follow-up visits provided by any staff members during the reporting period.

3. What was the total number of unique patients seen by your specialty palliative care program during [Data Year]?

Provide the total number of individual patients seen by program staff members during the reporting period. For example: (inpatient setting) if one patient was admitted to the hospital on two different occasions during the reporting period, and received two initial consults, this would still only count as one person for this question.

4. Provide a breakdown of the initial consults seen by your palliative care program in [Data Year] by their primary diagnosis.

Disease Category	**Count**
Cancer	
Cardiovascular	
Dementia	
Fetal	
Gastrointestinal or Hepatic	
Genetic or Chromosomal	
Hematologic (non-cancer)	
Infectious	
Metabolic or Endocrine	
Multi-Morbidity or Frailty	

Neurologic (non-dementia)	
Orthopedic	
Prematurity (or complications related to)	
Pulmonary	
Renal	
Trauma	
Other, specify: _____	

Please provide the count of the primary diagnoses of the patients treated by your palliative care program during the reporting period. The primary diagnosis should refer to the patient's underlying disease processes rather than secondary illness or symptoms. For example, for a patient with heart failure that is admitted to the hospital with pneumonia, the primary diagnosis would be cardiovascular rather than infectious.

5. What is your team's care delivery model? Select all that apply.
   - ☐ Consultative services
   - ☐ Co-management of the patient with another care team
   - ☐ Inpatient palliative care unit
   - ☐ Provide primary care in addition to palliative care responsibilities
   - ☐ Other

Select the descriptions of how your program relates to its patients (i.e., care delivery model) that most closely align with your specialty palliative care program. If you provide care using more than one model, select all that would apply to your program.

6. Briefly describe your program's clinical model. _____
_____
_____
_____

For example: Do you serve specific patient populations by diagnosis or by payer? Is the program designed for short-term engagement or longitudinal care? If you provide both in-person and telehealth care, how do you organize this? Do you have key referral or service partners?

7. When is your palliative care program available for patients and families? Select all that apply.
   - ☐ Weekday, days
   - ☐ Weekday, evenings
   - ☐ Weekday, overnight
   - ☐ Weekend, days
   - ☐ Weekend, evenings
   - ☐ Weekend, overnight

Select the time(s) when at least one program staff member can be contacted by patients or families for an urgent need (e.g., symptom management).

Long-Term Care Setting Questions

1. How many initial consults did your specialty palliative care program conduct in [Data Year]? _____

Provide the total number of initial consults your palliative care program provided during the reporting period. If a patient was admitted more than once during the reporting period and consults were completed during more than one admission, each initial consult should count separately.

2. How many follow-up visits did your specialty palliative care program conduct in [Data Year]? _____

Provide the total number of follow-up visits provided by any staff members during the reporting period.

3. What was the total number of unique patients seen by your specialty palliative care program during [Data Year]?

Provide the total number of individual patients seen by program staff members during the reporting period. For example: (inpatient setting) if one patient was admitted to the hospital on two different occasions during the reporting period, and received two initial consults, this would still only count as one person for this question.

4. Provide a breakdown of the initial consults seen by your palliative care program in [Data Year] by their primary diagnosis.

Disease Category	**Count**
Cancer	
Cardiovascular	
Dementia	
Fetal	
Gastrointestinal or Hepatic	
Genetic or Chromosomal	
Hematologic (non-cancer)	
Infectious	
Metabolic or Endocrine	
Multi-Morbidity or Frailty	

Neurologic (non-dementia)	
Orthopedic	
Prematurity (or complications related to)	
Pulmonary	
Renal	
Trauma	
Other, specify: _____	

Please provide the count of the primary diagnoses of the patients treated by your palliative care program during the reporting period. The primary diagnosis should refer to the patient's underlying disease processes rather than secondary illness or symptoms. For example, for a patient with heart failure that is admitted to the hospital with pneumonia, the primary diagnosis would be cardiovascular rather than infectious.

5. What is your team's care delivery model? Select all that apply.
   - ☐ Consultative services
   - ☐ Co-management of the patient with another care team
   - ☐ Inpatient palliative care unit
   - ☐ Provide primary care in addition to palliative care responsibilities
   - ☐ Other

Select the descriptions of how your program relates to its patients (i.e., care delivery model) that most closely align with your specialty palliative care program. If you provide care using more than one model, select all that would apply to your program.

6. Briefly describe your program's clinical model. _____
_____
_____
_____

For example: Do you serve specific patient populations by diagnosis or by payer? Is the program designed for short-term engagement or longitudinal care? If you provide both in-person and telehealth care, how do you organize this? Do you have key referral or service partners?

7. When is your palliative care program available for patients and families? Select all that apply.
   - ☐ Weekday, days
   - ☐ Weekday, evenings
   - ☐ Weekday, overnight
   - ☐ Weekend, days
   - ☐ Weekend, evenings
   - ☐ Weekend, overnight

Select the time(s) when at least one program staff member can be contacted by patients or families for an urgent need (e.g., symptom management).

Office/Clinic Setting Questions

1. How many initial consults did your specialty palliative care program conduct in [Data Year]? _____

Provide the total number of initial consults your palliative care program provided during the reporting period. If a patient was admitted more than once during the reporting period and consults were completed during more than one admission, each initial consult should count separately.

2. How many follow-up visits did your specialty palliative care program conduct in [Data Year]? _____

Provide the total number of follow-up visits provided by any staff members during the reporting period.

3. What was the total number of unique patients seen by your specialty palliative care program during [Data Year]?

Provide the total number of individual patients seen by program staff members during the reporting period. For example: (inpatient setting) if one patient was admitted to the hospital on two different occasions during the reporting period, and received two initial consults, this would still only count as one person for this question.

4. Provide a breakdown of the initial consults seen by your palliative care program in [Data Year] by their primary diagnosis.

Disease Category	**Count**
Cancer	
Cardiovascular	
Dementia	
Fetal	
Gastrointestinal or Hepatic	
Genetic or Chromosomal	
Hematologic (non-cancer)	
Infectious	
Metabolic or Endocrine	
Multi-Morbidity or Frailty	

Neurologic (non-dementia)	
Orthopedic	
Prematurity (or complications related to)	
Pulmonary	
Renal	
Trauma	
Other, specify: _____	

Please provide the count of the primary diagnoses of the patients treated by your palliative care program during the reporting period. The primary diagnosis should refer to the patient's underlying disease processes rather than secondary illness or symptoms. For example, for a patient with heart failure that is admitted to the hospital with pneumonia, the primary diagnosis would be cardiovascular rather than infectious.

5. What is your team's care delivery model? Select all that apply.
   - ☐ Consultative services
   - ☐ Co-management of the patient with another care team
   - ☐ Inpatient palliative care unit
   - ☐ Provide primary care in addition to palliative care responsibilities
   - ☐ Other

Select the descriptions of how your program relates to its patients (i.e., care delivery model) that most closely align with your specialty palliative care program. If you provide care using more than one model, select all that would apply to your program.

6. Briefly describe your program's clinical model. _____
_____
_____
_____

For example: Do you serve specific patient populations by diagnosis or by payer? Is the program designed for short-term engagement or longitudinal care? If you provide both in-person and telehealth care, how do you organize this? Do you have key referral or service partners?

7. When is your palliative care program available for patients and families? Select all that apply.
   - ☐ Weekday, days
   - ☐ Weekday, evenings
   - ☐ Weekday, overnight
   - ☐ Weekend, days
   - ☐ Weekend, evenings
   - ☐ Weekend, overnight

Select the time(s) when at least one program staff member can be contacted by patients or families for an urgent need (e.g., symptom management).