

# Hospice Annual Statistical Report

## Current Survey: Year 2021

Arkansas Health  
Services Permit Agency



There are 8 steps to go through to complete one entry.

Please be sure to completely read all instructions. You may download the instructions and report form at the links above.

A separate report must be submitted for each Hospice Facility.

<b>Hospice Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>County:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

<b>Agency Type:</b>	<b>Select One:</b>
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- Private
- Chain Affiliate
- For- Profit or Proprietary
- Hospital Based
- Sole Corporation
- Not- for- Profit
- Government Funded and Based
- Wholly Owned or Subsidiary

<b>Membership:</b>	<b>Select Multiple:</b>
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NAHC  
NHPCO  
HPCAA

<b>Accreditation:</b>	<b>Select One:</b>
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JCAHO  
CHAP  
Other  
None

<b>Ownership:</b>	<b>Select One:</b>
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Hospice corporate chain  
Integrated healthcare system  
Independent

<b>Tax Status:</b>	<b>Select One:</b>
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Voluntary (not for profit)  
Proprietary (for profit)  
Government

<b>Operation Days (less than or equal to 365):</b>	
<b>Does your hospice agency have any licensed hospice inpatient beds (hospice facility)? Yes vs. No</b>	

**Please Complete the Following Questions Using Information by Provider Number.**

<b>Provider ID:</b>	
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**1. Total Patient Days by Payment Source**

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

**2. Length of Stay - Number of Patients**

1 to 7 days	
8 to 14 days	
15 to 29 days	
30 to 59 days	
60 to 89 days	
90 to 179 days	
Greater than or equal to 180 days	
<b>Total Patients (read only, calculated field)</b>	

**3. Total Number Admitted for the Year**

Starting Census as of January 1, 2021	Total Yearly Unduplicated Admissions	Total Patients Served (read only, calculated field)

Admissions is an important value that is matched by other survey questions.

**4. Average and Mean Length of Service**

**AVERAGE LENGTH OF SERVICE (ALOS)**

The total days of care for patients discharged in 2021:	
divided by the total number of patients discharged in 2021:	

Total discharged is also matched by other survey questions.

EXAMPLE: 100 patients died or were discharged in 2021. Their total patient days from admission to discharge were 4200.  $ALOS = 4200/100 = 42$  days.

If a patient was admitted in 2020, you still count the number of days that they were admitted and received service in 2020 plus the number of days which they received service in 2021.

Average Length of Service	
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(ALOS, read only, calculated field - reported as days)

**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.

**CALCULATION INSTRUCTIONS:**

1. Arrange the LOS numbers for all patients discharged in 2021 (same population as for ALOS) from lowest to highest (1, 2, 3...).
2. 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.

<b>Median Length of Service (MLOS) - in days</b>	
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**NOTE: If a patient was admitted in 2020, you still count the number of days that they were admitted and received service in 2020 plus the number of days which they received service in 2021.**

**5. Number of Patient Visits for following Disciplines**

Skilled Nursing	
Nurse Practitioners	
HH Aide/Homemaker	
Social Worker	
Spiritual Counseling	
Volunteers	
Paid Physicians	
Volunteer Physicians	
Other Ancillary	
<b>Total (read only, calculated field)</b>	

**6. Admission by Age**

Age Group:	Male:	Female:
Under 1 year of age		
1 - 4		
5 - 14		
15 - 24		
25 - 34		
35 - 64		
65 - 74		
75 - 84		
85 and over		
<b>Total (read only, calculated fields)</b>		

**7. Admissions by Race/Ethnicity**

Hispanic	
American Indian	
Black	
Asian	
Native Hawaiian	
White	
Another Race	
Multi-race	
Unknown	
<b>Total (read only, calculated field)</b>	

**8. Number of Admissions and Deaths by Location**

Location	Number of Admissions	Number of Deaths
<b>Home</b> Private Residence of either the patient or the caregiver.		
<b>Nursing Facility</b> A licensed nursing home providing nursing and supportive services.		
<b>Hospital</b> An acute care facility not operated by the Hospice.		
<b>Hospice Inpatient Facility or Residence</b> An inpatient facility with licensed hospice beds.		
<b>Residential Care Setting</b> A residential care or assisted living facility that is not run by the hospice.		
<b>Total (read only, calculated fields)</b>		

End of page 3

**9. Staffing by Discipline**

Discipline Category	Total Full Time Employees (on last day of year, no PRN)	Total Part Time Employees (on last day of year, no PRN)	Total Contract Employees (average for year if number fluctuates)	Total Separations (all causes, no PRN)
<b>Nursing – Direct Clinical</b> Include RNs and LPNs. Include on-call and after hours care. <i>Do <u>not</u> include supervisors or other clinical administrators unless a portion of their time is spent in direct care.</i>				
<b>Nursing – Indirect Clinical</b> Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc.).				
<b>Nurse Practitioner</b> Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner.				

Page 4 continues

**9. Staffing by Discipline cont'd**

<p><b>Social Services</b>                  Include medical social services staff as defined by CMS for the cost report.                  Do <u>not</u> include chaplains or bereavement staff.</p>				
<p><b>Hospice Aides</b></p>				
<p><b>Physicians – Paid</b>                  Include medical directors and other physicians providing direct care to patients and participating in clinical support.                  Exclude volunteer physicians.</p>				
<p><b>Physicians – Volunteer</b></p>				
<p><b>Chaplains</b></p>				
<p><b>Other Clinical</b>                  Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists, dietitians, etc.                  Do not include volunteers.</p>				
<p><b>Bereavement</b>                  Include all paid staff providing bereavement services, including pre-death grief support.                  Do not include volunteers.</p>				



**a. Developmental Disabilities**

Definition: 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

<b>Patients admitted in 2021 with developmental disabilities</b>	
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*If your hospice did not admit any patients with developmental disabilities in 2021, enter 0.*

**b. Veterans**

Definition: 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.

<b>Patients admitted in 2021 who were veterans</b>	
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*If your hospice did not admit any veterans in 2021, enter 0.*

**This section will repeat for every Inpatient record you added.**

NOTE: You are viewing this page because on Page 1 you answered YES to the question, "Does your hospice agency have any licensed hospice inpatient beds (hospice facility)?"

<b>H1. Facility Name</b>	
<b>H2. County where facility is located</b>	
<b>H3. Where is the inpatient facility sited?</b>	<b>Select One:</b>

- Free Standing Hospice
- Licensed Hospice Beds in a Hospital Wing
- Licensed Hospice Beds in Another Setting
- Other

If other is selected (please specify)	
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**H4. What level of care does the inpatient facility predominantly provide? Select One:**

<b>Acute/General Inpatient:</b> short-term, intensive hospice services provided to meet the hospice patient's need for skilled nursing, symptom management, or complex care
<b>Residential Care:</b> hospice home care provided in the facility rather than in the patient's personal residence
<b>Mixed Use:</b> both acute and residential levels

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

<b>a. Dedicated General Inpatient # of beds</b>	
<b>b. Dedicated Residential/Routine # of beds</b>	
<b>c. Mixed Use # of beds</b>	

**H6. Please provide the following information for patients cared for in your facility in 2021**

Include each individual occurrence, even if a patient is in and out of the facility more than once in 2021. Include transfers between levels of care.

Level of Care	General Inpatient	Inpatient Respite	Residential / Routine
Total Admissions/ Transfers In			
Deaths			
All Live Discharges & Transfers Out			
Patients Served			
Patient Days for patients who died or were discharged in 2021			

Breakout admissions/discharges by source/destinations:	Of your total # of admissions, how many patients were admitted from:	Of your total # of live discharges, how many patients were discharged to:
Your Hospice Agency		
Another Hospice Agency		
Home		
Nursing Home		
Hospital		
Assisted Living Facility		

**Facility Staffing by Discipline**

**DIRECTIONS:**

Complete the table below using the following definition and calculation instructions:

**Definition of 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 instructions for 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.

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

**NUMBER OF PATIENTS BY DIAGNOSIS**

**CALCULATION INSTRUCTIONS:** Use the following definitions for the categories in the table.

**New Admissions:** Include all unduplicated patients admitted to your hospice program in 2021. Count each patient only one time. This means patients who were admitted multiple times in 2021 are counted only once. Do not include patients carried over from the prior year. You can include patients who were admitted to your hospice program prior to 2021, and discharged prior to 2021, but then re-admitted in 2021. The Number of New Admissions Total must equal the Total Yearly Unduplicated Admissions from page 1 of the survey.

**Deaths:** Include all patients who died in 2021, regardless of date of admission. The Number of Deaths Total on this page must equal the Number of Deaths Total from page 3, question 9.

**Live Discharges:** Include all live discharges that occurred in 2021, regardless of when the admission occurred. Count each discharge for those patients who were discharged and re-admitted to your hospice program one or more times in 2021.

**Patient Days:** Include the total number of days services were provided by your hospice for all patients who died or were discharged in 2021. Count all days services were provided, including days in previous years (entire LOS). For patients who had multiple episodes of care, count all days in each episode. The Patient Days For Patients Who Died or Were Discharged Total must equal the 'total days of care for patients discharged in 2021' from page 1's ALOS section.

Primary Diagnosis	Number of New Admissions	Number of Deaths	Number of Live Discharges	Patient Days For Patients Who Died or Were Discharged
1. Certain infectious and parasitic diseases (A00-B99)				
2. Neoplasms (C00-D49)				
3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)				
4. Endocrine, nutritional and metabolic diseases (E00-E89)				
5. Mental, Behavioral and Neurodevelopmental disorders (F01-F99)				
6. Diseases of the nervous system (G00-G99)				
7. Diseases of the eye and adnexa (H00-H59)				
8. Diseases of the ear and mastoid process (H60-H95)				
9. Diseases of the circulatory system (I00-I99)				

<b>10. Diseases of the respiratory system (J00-J99)</b> <i>Note: Exclude COVID cases and enter those on Line 22.</i>				
<b>11. Diseases of the digestive system (K00-K95)</b>				
<b>12. Diseases of the skin and subcutaneous tissue (L00-L99)</b>				
<b>13. Diseases of the musculoskeletal system and connective tissue (M00-M99)</b>				
<b>14. Diseases of the genitourinary system (N00-N99)</b>				
<b>15. Pregnancy, childbirth and the puerperium (O00-O9A)</b>				
<b>16. Certain conditions originating in the perinatal period (P00-P96)</b>				
<b>17. Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)</b>				
<b>18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)</b>				
<b>19. Injury, poisoning and certain other consequences of external causes (S00-T88)</b>				
<b>20. External causes of morbidity (V00-Y99)</b>				
<b>21. Factors influencing health status and contact with health services (Z00-Z99)</b>				
<b>22. COVID primary diagnosis</b>				
<b>TOTAL (calculated fields, read only)</b>				

**This section will repeat for every County record you added.**

Please Complete the Following Questions Using the Totals Per County of Patients' Residence. Note: The sums of all counties' Census & Admissions values must equal the same values on Page 1, Question 3.

County for this report:	
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1. Starting Census as of January 1, 2021	
2. Total Yearly Unduplicated Admissions	
3. Total Patients Served (1 + 2)	
4. Total Patient Days for this County	
5. Disposition on Discharge	Total Patients Discharged
Disposition	
Revocation	
No Longer Appropriate	
Transferred	
Moved/Out of Area	
Death	
Total	

Note: Annual Death reported value should equal sums of reported values from the Quarterly Death Reports.

**Comments and/or Explanations**

**Please comment on responses not completed or that requires clarification:**

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**Thank you for completing this survey!**

If there are questions about your responses to this survey, who should be contacted?

<b>Name:</b>	
<b>Telephone:</b>	
<b>Email Address:</b>	