

Screening Questions for Hospital Systems and HPM Fellowships to Assess Hospice Collaborations

All the following questions can affect, directly or indirectly, the HPM fellow experience when rotating in the hospice program. Some questions can be researched prior to discussions with the hospice. Visit [Medicare.gov Hospice Compare](#) and [Hospice Analytics](#). An engaged and high-quality hospice program should be able to share their data pertinent to your questions. [MedPac](#) and [National Hospice and Palliative Care Organization \(NHPCO\)](#) has collected and published some national data if you are looking for benchmark information.

Hospice Operations

1. Are you a certified hospice? (eg, The Joint Commission, CHAPS, other)
2. What are the top three admission diagnosis in the last year and do you care for a variety of pathology in your patient population?
3. What is your average daily census (ADC) in the last year?
4. What is your median and average length of stay (MLOS/ALOS) in the last year?
5. What environments do you care in (eg, home, long-term care, hospice inpatient unit, etc.)?
6. What percentage of patients are enrolled in a long-term care facility (LTC)?
7. Please provide one-two examples of a Quality Improvement Program in your hospice?
8. Do you collaborate any programs with acute care hospitals?
9. Can you provide the number of monthly admissions and discharges?
10. What percentage of your patients currently enrolled are in benefit periods past the first 180 day?
11. Would there be adequate supervision/ support for a fellow?
12. What sets your hospice apart from others? What unique aspects exists? (eg, inpatient unit, rural population, physician involvement, prevalence of a particular disease, narrative medicine, physician specialty background)

Clinical Operations

1. Do you provide hospice care to children?
2. What is your physician structure in hospice (eg, HMD, hospice physicians)?
3. Do your physicians see patients at home, long-term care facility, or hospice inpatient unit for symptom management?
4. Can you describe how you manage patients whose families are struggling to take care of the hospice patient in the home setting and what support do you provide?
5. How do you manage complex, high-acuity patients?
6. Do you have a non-hospice palliative care program? Please describe.
7. Do you have a consulting pharmacist?
8. Is there a variety of settings the fellow can be exposed to (eg, home, long-term care, hospice inpatient unit, etc.)?
9. Is there a variety of pathology in terms of patient population?

10. Would the fellow be active in seeing hospice patients, participating in hospice interdisciplinary team meetings, and take after-hour hospice call as they progress in their training year?
11. Can you tell us about your bereavement program and how you address families who are at risk for complicated grief?

Education, Teaching and Training

1. Do your medical director/hospice physicians have experience in teaching and are they HPM board certified or certified by the Hospice Medical Director Certification Board?
2. Has your hospice program had other learners in the past (eg, medical students, residents, fellows, nursing and social worker students)?
3. Can informal lectures/presentations be incorporated as part of teaching time?
4. Do your non-physician administrators and clinicians have teaching experience and can they teach the fellow both in terms of bedside teaching and didactics?

As noted, one important fellow rotation is the hospice inpatient experience to address the acute end of life care needs of patients and families. This experience can be in a hospital, hospice inpatient unit, or long-term facility. The general inpatient (GIP) level of care in a health facility can offer a focused, intense short-term experience for the fellow. Traditionally, this experience has been in a hospice inpatient facility. It is important to review the availability of this experience, with the hospice program. The following are important questions to consider prior to a fellow rotation.

Hospice General Inpatient

1. What percentage of your care over the past year was GIP?
2. How many GIP beds do you currently have?
3. In your current state, do you admit to GIP 24/7? If not, what are the typical hours during which a patient can be admitted to GIP?
4. Can you provide your live discharge rates in the unit? Where are the patients discharged to (preferably if you can provide percentages of each)?
5. For the past year, what is your average LOS for patients at your unit? How many days of those are billed as GIP level of care vs routine home care/respice care?
6. Please describe your current staffing for GIP care—MD daily or as needed? Nursing ratio? SW/chaplain sees patients how often? What role do volunteers play in your unit?
7. What EMR do you use for GIP?
8. What are all of the sites (hospital/LTC/inpatient units) that you currently provide GIP care?