

Hospice Annual Statistical Report Current Survey: Year 2009

Please read all instructions accompanying this report. A separate report must be completed for each county served (See next page). All other questions should be completed by provider number. This report must be submitted electronically by February 25, 2010 at www.hospice.weknowarkansas.org

Provider Form One report per Provider ID

Hospice Name:		
Address:		
City, State, Zip:		
Phone:	Agency Type (choose one): Private Hospital Based Government Funded and Based Chain Affiliate Sole Corporation Wholly Owned or Subsidiary	Operation Days If your hospice has not been in operation for an entire 12 month period, please specify the number of days covered by this report.
Fax:	Membership (choose one): NAHC NHPCO	(choose one): For Profit or Proprietary Not For Profit
Email:	Accreditation (choose one): JCAHO CHAP Other None	

Please Complete the Following Questions Using Information by Provider Number.

Provider ID:	Routine	Inpatient Acute	Respite	Continuous Care	Total					
1. Total Patient Days (per diem only)										
2. Length of Stay	Number of Patients				Mean Length of Stay (see Instructions)					
	Less than or equal to 7 days	8 to 179 days	Greater than or equal to 180 days	Total Patients						
3. Total Number Admitted for the Year	Starting Census as of January 1, 2009		Total Yearly Unduplicated Admissions		Total Patients Served					
4. Average Daily Patient Days	Patient Days (different from Line 1 Total)			Average Daily Patient Days						
5. Number of Patient Visits for following Disciplines	Skilled Nursing	HH Aide/Homemaker	Social Worker	Spiritual Counseling	Volunteers	Physicians	Other Ancillary	Total		
6. Admission by Age	0 - 17	18 - 34	35 - 64	65 - 74	75 - 84	85+	Total			
	Male:									
	Female:									
7. Admissions by Race/Ethnicity	Hispanic	American Indian	Black	Asian	Native Hawaiian	White	Another Race	Multi-	Unknown	Total
8. Number of Admissions and Deaths by Location.										
Location					Number of Admissions			Number of Deaths		
Home Private Residence of either the patient or the caregiver.										
Nursing Facility A licensed nursing home providing nursing and supportive services.										
Hospital An acute care facility not operated by the Hospice.										
Hospice Inpatient Facility or Residence An inpatient facility with licensed hospice beds.										
Residential Care Setting A residential care or assisted living facility that is not run by the hospice.										
Total										
Comments and/or Explanations Please comment on responses not completed or that requires clarification. Please					Thank you for completing this survey. If there are questions about your Name: Telephone: Email:					

County Form

A separate report must be completed for each county served.*

Please Complete the Following Questions Using the Totals Per County of Patients' Residence.

County for this report:		Total				
Provider Number for this report:						
1. Starting Census as of January 1, 2009						
2. Total Yearly Unduplicated Admissions						
3. Total Patients Served (1 + 2)						
4. Total Patient Days for this County						
5. Disposition on Discharge	Revocation	No Longer Appropriate	Transferred	Moved/Out of Area	Death	Total

Due Date - February 25, 2010

This form must be submitted electronically at www.hospice.weknowarkansas.org. If you have any questions about the report, you may contact the Agency by telephone at (501)661.2509. Individuals with a hearing impairment may contact the Agency by telephoning 1.800.285.1131.

* A provider can serve multiple counties, so for example when Provider ID = 99999 serves Ashley, Benton, Pulaski, and Yell counties...the user fills out the Provider Form once, and the County Form four separate times (one time for each county served). If a user has multiple providers in their organization they can fill out a Provider Form for each Provider ID they have, and then fill out each provider's associated county information. Click the Display Data link to manage each Provider and County data record.