**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-62320 (03/2024)

# HOSPICE SURVEY INFORMATION

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| Name – Hospice      | License/CCN no.      | Review Date      |
| Name – Administrator      | Surveyor Name/Number      |
| **CASELOAD** |
|       | Total Unduplicated Hospice Caseload 12 Months Prior to Today *(all payment sources)* |
|       | Hospice Caseload Today *(all payment sources)* |
|       | Routine Home Patients Today |
|       | Continuous Care Patients Today |
|       | Number of Respite Patients Today |
|       | Number of Inpatient Symptom Management Patients Today |
|       | Number of Patients Residing in SNF/NF/CBRF/ALF/ICF/IID Today |
| **COST SAVINGS**  *42 CFR 418.78(d)* |
| **Estimated Cost Savings of Services Provided by Volunteers** *(The hospice must document the cost savings- achieved through the use of volunteers) Documentation to include:*1) The identification of each position that is occupied by a volunteer2) The work time spent by volunteers occupying those positions.3) Estimates of the dollar costs that the hospice would have incurred if paid employees occupied.(There is no requirement for what the cost savings must be, only on how it is computed.) |
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| **LEVEL OF ACTIVITY**  *42* *CFR 418.78(e)* |
| **Number of Volunteer Hours in Day-to-Day Administrative and/or Direct Patient Care Services** *(Total savings by the volunteers must be 5% of total patient care hours.)* *(Divide the number of hours that hospice volunteers spent providing administrative and/or direct patient care services by the total number of patient care hours of all paid hospice employees and contracted staff.)* |
|       |
| **IDENTIFY CORE TEAM STAFF** |
| Medical Director      |
| RN Coordinator      | RN Coordinator      |
| Spiritual Counselor      | Spiritual Counselor      |
| Bereavement Coordinator      | Bereavement Coordinator      |
| Dietary Counselor      | Dietary Counselor      |
| Volunteer Coordinator      | Volunteer Coordinator      |
| Social Worker *(Include college attended and year of graduation.)*      | Social Worker *(Include college attended and year of graduation.)*      |
| **NOTE:** If there is more than one IDG, identify primary team. |
| **Attach listing of contracts, employees (including contractual), and volunteers.** |