

HOSPICE SURVEY INFORMATION

Name – Hospice	License No.	Survey Date
Name – Administrator		Surveyor No.

CASELOAD	
	Total Unduplicated Hospice Caseload 12 Months Prior to Today <i>(all payment sources)</i>
	Hospice Caseload Today <i>(all payment sources)</i>
	Number of Respite Patients Today
	Number of Inpatient Symptom Management Patients Today
	Number of Patients Residing in Nursing Homes / CBRFs Today

COST SAVINGS	<i>42 CFR 418.78(d)</i>
Estimated Cost Savings of Services Provided by Volunteers <i>(At the end of the year the hospice must estimate what the cost savings are for services provided by a volunteer, if a professional or hired employee had been paid for performing the job.)</i>	

LEVEL OF ACTIVITY	<i>42 CFR 418.78(e)</i>
Number of Volunteer Hours in Day-to-Day Administrative and/or Direct Patient Care Services <i>(Total savings by the volunteers must be 5% of total patient care hours.)</i>	

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 <i>(Include college attended and year of graduation.)</i>	Social Worker <i>(Include college attended and year of graduation.)</i>
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NOTE: If there is more than one IDG, identify primary team.

Attach listing of contracts, employees (including contractual), and volunteers.
