



Multiple Hospice Location Questionnaire

Please answer each of the questions completely and provide additional supporting documentation.

Parent Site Agency Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Provider Number _____

Geographic Area Served (List by county names and include a map). Is the proposed multi-site location within the current geographic service area or is the area going to be expanded and the proposed site instituted in the new area? What geographic boundary will be served by the proposed multiple hospice location? Is it limited to patients served by a health facility?

Proposed Multi-Site:

Name _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Specify the mileage between the main and new multi-site hospice office _____ Driving time _____

Location of any additional offices managed by the agency _____

1. Administrative Function:

a) Agency Administrator's name/title _____

b) Please give detailed explanation of how the parent location exerts supervisory and administrative control over the multi-site location, including hiring practices.



Multiple Hospice Location Questionnaire

c) List activities the Administrator is involved with/at the proposed location (include frequency/type of contacts)

d) What is the frequency of visits by the parent agency nurse supervisor? MD?

e) Is direct nursing supervision at the multi-site hospice location the same as that of the parent office?

Please explain.

Is a designated RN supervisor available to the multi-site location during all hours of operation?

f) Please explain and demonstrate the governing body's role in managing the hospice.

g) List the range of services provided at the Parent location and list the services provided at the multi-site location.

h) For the new multiple-site hospice location, attach a list of each member of the patient care and management staff (name, title role and on-site FTEs)

i) Are the staff who will be working at the multiple hospice location employees of the parent agency? Where will personnel records be maintained? How will payroll be processed for the multiple hospice location? Who is responsible for hiring the staff who will be working from the multiple hospice location?



Multiple Hospice Location Questionnaire

j) How does the parent office intend to provide procedural guidance, supervision, orientation/in-service training of multiple site hospice location staff?

k) Are there common policies and procedures governing all operational aspects of the organization? If not, in what areas are they different?

l) How will the quality assurance program monitor the quality of care at this new location? Who is responsible for monitoring outcomes and assuring necessary policy changes? Specify the process by which the new location will be included in the overall Hospice agency's quality assurance program.

m) Please attach an organizational chart with staff names, titles and key management position descriptions to better illustrate lines of authority and administrative flow for both the parent and for each multiple site/branch location.

2) Patient Admission/Coordination of Services:

a) What is the anticipated patient census at the new office? _____

b) Please describe the new office patient intake process.

c) Who is the Medical Director of the hospice who assumes responsibility for the overall medical component of the hospice's patient care program at the parent location and the multiple site? Provide the name of the Medical Director and a copy of the Medical Director's job description. Describe the process to cover and by whom in the absence of the Medical Director. Provide the name and job description of designated physician, if applicable.



Multiple Hospice Location Questionnaire

d) Please provide several examples of how and when the Administrator/Medical Director and/or key staff from the parent office would be involved in the multiple-sites patient admission/care decisions.

e) Please attach your policy directing the activities of the Interdisciplinary Group's activities at the parent and multi-site location(s).

f) List the name/title of the person who will coordinate volunteers.

g) List the name/title of the person who will provide Social Work Services.

h) List the name/title of the person who will provide Counseling Services.

i) List the name/title of the person who will provide Bereavement Services.

j) How will patient care services be coordinated between the parent office and the multi-site?

k) Where will patients receive inpatient services? Please attach a copy of the contract.

l) Are copies of completed and signed contracts for the services by arrangement or direct contract workers available in the multi-site hospice location?



Multiple Hospice Location Questionnaire

3) Clinical Records:

a) Where will the multi-site's active clinical records be stored?

b) Where will closed clinical records be stored?

c) How will the patient billing for care provided from the multiple hospice location be processed?

d) How is the communication system between the parent office and the multiple hospice location designed to provide for timely exchange of information?

4) List those factors that favor viewing the proposed new multi-site hospice location as a single entity under the parent site's provider number.

Signature _____

Print Name _____

Title _____

Date _____

Please submit complete questionnaire to:

***Illinois Department of Public Health
4th Floor
525 West Jefferson Street
Springfield, IL 62761***