NPF Hospitalization Survey

1. Center Information

1. Please enter your Center's contact information

Center name:

Address :

City/town:

State/province:

ZIP/postal code:

Country:

Phone number:

* 2. Please enter your information (person filling out the form)

Name

Title and credentials(e.g., MD,PA, RN,etc)

E-mail address

Phone Number

3. Approximately how many PD patients are followed at your center?

4. Of these patients, what percentage would you estimate get admitted to the hospital each year (excluding routine DBS implantations and battery replacements)?

- [ ] 0-5%
- [ ] 5-10%
- [ ] 10-20%
- [ ] More than 20%

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2. Hospitalization Policy

1. When one of your center's PD patients requires hospitalization, where do you most often admit them?

- ◯ My center's hospital
- ◯ Another hospital

2. When do you usually learn about a patient's admission?

- ☐ Before the admission
- ☐ At the time of the admission
- ☐ During the hospitalization
- ☐ After discharge / follow up visit

3. How do you usually learn about a patient's hospitalization?(Please choose all that apply)

- ☐ Phone call from another physician
- ☐ Phone call from the patient/caregiver
- ☐ Automatic notification from an electronic system(electronic medical record)
- ☐ I don't learn about the hospitalization until the patient shows up in my clinic for follow up

Other (please specify)

4. Do you instruct patients who present to an emergency room to have the emergency room staff contact your PD clinic?

- ◯ Yes
- ◯ No

5. If a patient gets admitted to a hospital is there a mechanism/process in place that will trigger a call from the hospital physician to your center?

- ◯ Yes
- ◯ No

6. Does your center have a policy or procedure that patients follow if admitted to a hospital within your hospital system (any hospital that you may have privileges to attend to patients within)?

- ◯ Yes
- ◯ No

7. Does your center have a policy or procedure that patients follow if admitted to a hospital OUTSIDE your hospital system?

- ◯ Yes
- ◯ No

8. Is your center using the "NPF Article on Hospitalization of the PD patient"?

- ◯ Yes
- ◯ No
- ◯ I don't know what the "NPF article on Hospitalization of the PD patient" is

9. If yes to question 8:
The Article contains a checklist that the patient and/or caregiver should hand to practitioners when hospitalized. Have you been providing the checklist to your patients?

- ◯ Yes
- ◯ No

10. If yes to question 8:
Are you aware if patients and/or caregivers are using the checklist?

- ☐ Yes, they are using the checklist
- ☐ No, they are not using the checklist
- ☐ Unsure

11. If you are not using the "NPF Article on Hospitalization of the PD patient", does your center have a handout or worksheet that is provided to patients/caregivers that instructs them as to what they should do if hospitalized?

- ◯ Yes
- ◯ No

12. Over the past year how often an anesthesiologist has approached you prior to the operation in order to discuss anesthesia issues?

- ◯ Never
- ◯ Rarely
- ◯ Often
- ◯ As a policy in all cases

13. Does your clinic perform a pre- and post-operatively cognitive screening prior to hospital admission for elective surgeries (e.g. hip, knee, back, etc.)?

- ◯ Yes
- ◯ No

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3. Information on Hospitalization

(where estimates are requested, specify if these are guesses or based on some data, even if incomplete)

1. Please evaluate the following reasons for admission in terms of the frequency with which they are seen in your practice:

	Common	Uncommon	Rare
Aspiration pneumonia or other lung problem (bronchitis;other pneumonias)	◯	◯	◯
Other infections besides pneumonia (UTI, etc.)	◯	◯	◯
Medication issues (other than DUODOPA)	◯	◯	◯
Delirium/mental status change	◯	◯	◯
Anxiety, depression or psychosis with a clear sensorium	◯	◯	◯
Fall/fracture	◯	◯	◯
DBS complication	◯	◯	◯
DUODOPA initiation or related complications	◯	◯	◯
Elective Surgery	◯	◯	◯
Other	◯	◯	◯

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4. Involvement of the Experts from Your Center and Follow-up

1. In the majority of PD cases admitted to the hospital from your practice, are your center's neurologists or nurse practitioners

- [ ] Directly and physically involved
- [ ] Involved by phone only
- [ ] Not usually involved
- [ ] Become involved during clinic follow-ups

Other (please specify)

2. How soon can patients be seen after hospital discharge for follow-up in your PD clinic?

- ◯ Within 1 week
- ◯ Within 2 weeks
- ◯ Within 4 weeks
- ◯ Greater than 4 weeks

3. Who is responsible for setting up post-hospitalization follow-up?

- [ ] The outside admitting team
- [ ] Your PD clinic

Other (please specify)

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5. Management When in the Hospital

The following set of questions refer to both outside and inside your hospital system

1. In your experience, what percentage of inpatient PD consultations have you done where a non-selective dopamine blocker was utilized during the hospitalization?

- ◯ 0-5%
- ◯ 10-20%
- ◯ 5-10%
- ◯ >20%

2. In your experience in evaluating PD patients post-hospitalization (from both outside and inside your hospital system) how often do you encounter records indicating a non-selective dopamine blocker was utilized during the hospitalization or given to the patient upon discharge?

- ◯ 0-5%
- ◯ 10-20%
- ◯ 5-10%
- ◯ >20%

3. How confident are you that general physicians caring for PD patients in the hospital are aware of how infections such as UTI's can cloud mental status?

- ◯ Very confident
- ◯ Confident
- ◯ Not confident

4. How confident are you that general physicians caring for PD patients in the hospital are aware that dopamine agonists, amantadine, and anticholinergics can cloud mental status?

- ◯ Very confident
- ◯ Confident
- ◯ Not confident

5. How confident are you that general physicians caring for PD patients in the hospital are aware that reducing dopaminergic medications may improve hallucinations and behavioral issues?

- ◯ Very confident
- ◯ Confident
- ◯ Not confident

6. How confident are you that general physicians caring for PD patients in the hospital are aware that metoclopramide and prochlorperazine make PD symptoms worse?

- ◯ Very confident
- ◯ Confident
- ◯ Not confident

7. How confident are you that general physicians caring for PD patients in the hospital are aware that quetiapine and clozapine are the safest antipsychotics in PD?

- ◯ Very confident
- ◯ Confident
- ◯ Not confident

8. How confident are you that PD patients get their medications on time?

- ◯ Very confident
- ◯ Confident
- ◯ Not confident

9. How often are generics substituted for PD medications in the hospital?

- ◯ Always substituted
- ◯ Sometimes substituted
- ◯ Never Substituted

10. How often are dosing intervals changed from precise times to TID and QID regimens for the convenience of the hospital staff?

- ◯ Frequently
- ◯ Common but not particularly frequent
- ◯ Not frequently

11. How frequently do your fluctuating patients get accused of malingering ("faking it") to get attention when "off"?

- ◯ Frequently
- ◯ Not frequently

12. How often do your patients call to discuss concerns about the interaction of their disease and anesthesia (e.g., for a colonoscopy) or a planned surgical event (e.g., knee surgery)?

- ◯ Frequently
- ◯ Common but not particularly frequent
- ◯ Not frequently

13. How often do patients report having an increased observance of thinking difficulty after a hospital admission?

- ◯ Frequently
- ◯ Common but not particularly frequent
- ◯ Not frequently

14. How often do patients reported increased mood difficulties after a hospital admission?

- ◯ Frequently
- ◯ Common but not particularly frequent
- ◯ Not frequently

15. How often do patients report increased motor difficulty after a hospital admission?

- ◯ Frequently
- ◯ Common but not particularly frequent
- ◯ Not frequently

16. How often do you and your staff ask patients about recent hospitalizations and changes in thinking, mood, or motor functions?

- ◯ Frequently
- ◯ Common but not particularly frequent
- ◯ Not frequently

17. Are palliative care consultations available in your hospital?

- ◯ Yes
- ◯ No

18. If yes to question 17, have you referred patients with advanced PD for palliative care consultation?

- ◯ Yes
- ◯ No

19. How many times have you referred a PD patient for hospice evaluation?

- ◯ Never
- ◯ Once
- ◯ More than once

20. In your institution (or hospital), do you have any requirements (formal instructions) that prior to operating on a PD patient, a movement disorder consult must be sought?

- ◯ Yes
- ◯ No

21. In your institute, are PD patients seen by a movement disorder specialist within a week post-operatively of the procedure and also prior to discharge?

- ◯ Rarely
- ◯ Some times
- ◯ Most of the times
- ◯ Always, as a policy

22. Have you found any other strategies (not described above) effective in reducing morbidity or mortality during hospitalization or the length of stay?

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6. Deep Brain Stimuation

1. Does your center perform DBS surgery?

◯ Yes ◯ No

* **2. Can your center admit patients for management of DBS related programming issues?**

◯ Yes ◯ No

If yes, what is the usual number of days for each admission?

5
6

3. If DBS patients are implanted at other centers (not by your team and surgeon) are they allowed to come to your center for care?

◯ Yes ◯ No

4. Is a member of your DBS team available to go to the hospital and check a hospitalized patient's device, if hospitalized in your hospital system?

◯ Yes ◯ No

5. Is a member of your DBS team available to provide guidance to outside physicians/hospitals on handling the DBS device (programming, turning on/off, getting imaging studies, taking a patient to the OR, etc.)?

◯ Yes ◯ No

6. Please rank the following reasons PD DBS patients might be admitted to your hospital indicating whether, compared with the other choices presented, each option is more or less frequent.

	More frequent	Middle	Less frequent
Aspiration pneumonia	◯	◯	◯
Infection of DBS device	◯	◯	◯
Other infections besides pneumonia or DBS device	◯	◯	◯
Medication issues	◯	◯	◯
Confusion/mental status change	◯	◯	◯
DBS hardware complication (fracture, etc. but not infection)	◯	◯	◯
Headache	◯	◯	◯
Fall/orthopedic/fracture	◯	◯	◯
Sudden DBS failure with rebound symptoms	◯	◯	◯
Other	◯	◯	◯

Other (please specify)

7. Are PD DBS patients more likely to undergo?

◯ Medication change during hospitalization

◯ DBS programming change during hospitalization

◯ Both a medication change and a DBS programming

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7. International Differences in Care

In your country does your health care system encourage/allow you to:

1. Admit patients electively for medication management? (Y/N)

◯ Yes ◯ No

If yes, what is the usual number of days for each admission?

5
6

2. Admit patients electively for behavioral management?

◯ Yes ◯ No

If yes, what is the usual number of days for each admission?

5
6

3. Admit patients for rehabilitation program(s)?

◯ Yes ◯ No

4. Send patient over for in-patient, rehabilitation program after hospitalization for acute care

◯ Yes ◯ No

5. Have prolonged admissions for initial DBS programming during the first 6 months of care?

◯ Yes

◯ No

6. Is there an incentive to provide excellent and readily available outpatient care to try to avoid admissions?

◯ Yes ◯ No