University of Pittsburgh
Center for Research on Health Care

HOSPITAL:

1. How many medical and surgical beds (non-pediatrics, obstetric, or psychiatric) does your hospital have?

2. Does your hospital have any of the following? *(check all that apply)*

- ☐ Hospitalists
- ☐ Critical care fellowship training program
- ☐ Palliative care fellowship training program
- ☐ Pastoral care or chaplain training program

If you checked hospitalists:

Which best describes your hospitalists:

- ☐ Employed by the hospital to manage medical inpatients
- ☐ Employed by local medical groups to manage their groups'
- ☐ Inpatients

Approx. % of adult inpatients managed by a hospitalist?

Approximate year the practice started?

3. How many <u>adult</u> intensive care units (ICUs) does your hospital have?

If your hospital does not have an ICU, is there a place in your hospital for mechanically ventilated patients? If yes, please explain.

For each physically separate <u>adult</u> ICU, please list the ICU type, number of beds, physician staffing model, and overnight coverage for that unit.

ICU #1

a. ICU Type:

- ☐ medical ICU (MICU)
- ☐ surgical ICU (SICU)
- ☐ combined medical-surgical (Med-Surg)
- ☐ coronary care unit (CCU)
- ☐ combined ICU/CCU
- ☐ trauma ICU
- ☐ neuro ICU
- ☐ cardiothoracic surgery ICU
- ☐ burn unit
- ☐ other [free text]

b. Number of beds?

c. Physician staffing model:

- ☐ PCP is primary physician, no intensivists on staff
- ☐ PCP is primary physician, intensivist consulted as needed
- ☐ PCP is primary physician, but there is a mandatory intensivist consult
- ☐ Intensivist is primary physician
- ☐ Other staffing model, please explain.
- ☐ I don't know

If you checked "Mandatory consult":

When was this policy instituted?

If you checked "intensivist primary":

When was this policy instituted?

How many different intensivists are on staff?

What is the approximate length of each intensivist's rotation?

d. In house overnight coverage (*indicate most senior person available 24 hours per day*)

- ☐ None (beeper call only)
- ☐ Attending physician
- ☐ Fellow
- ☐ Resident or intern
- ☐ Physician assistant
- ☐ Other, please explain
- ☐ I don't know

You have the option of either entering the above information for another ICU (the web-based survey provides an opportunity to complete the same information for up to 5 separate ICUs) or, if you're finished entering the information for all ICUs, you can proceed to question 5.

5. Which ICU takes care of most of your adult non-CCU medical patients?

ICU PROGRAMS, POLICIES, AND PRACTICES:
Please indicate whether or not the ICU that you indicated above has any of the programs, policies, or practices described in **bold** *below. If "yes," please indicate the approximate year the practice began. We also invite you to tell us why the practice was started if you know its history.*

6. Does the intensive care unit (ICU) have daily multidisciplinary ICU rounds consisting of the physician, nurse, and other health care professionals (e.g., social worker, respiratory therapist, pharmacist)?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

7. Does the intensive care unit (ICU) require that any patient whose length of stay exceeds a certain time period (e.g., 7 days, 14 days) have their case reviewed by a committee or a peer physician?

If yes,

Length of stay that prompts mandatory review?

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

8. Does the intensive care unit (ICU) have a standing quality improvement process (e.g., a formal committee with physician and nurse leadership)?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

9. Does the ICU have a pastoral care representative who visits the unit <u>every weekday</u> even without being specifically called to see a patient?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

10. Do patients/families in the intensive care unit (ICU) have <u>regularly scheduled</u> meetings with the attending physician (separate from bedside discussions during "rounds.")?

If yes,

How regularly?

- ☐ Every weekday
- ☐ More than once a week
- ☐ Weekly
- ☐ Other, please explain.
- ☐ I don't know

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

11. Does the intensive care unit (ICU) have a designated private conference room for family meetings (a nurse conference room or lunch room does not count)?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure

☐ Other, please explain

☐ I don't know

12. Does the ICU collect Acute Physiology and Chronic Health Evaluation (APACHE) data and provide APACHE scores to the care team within 48 hours of admission?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

☐ Keeping up with standard of care in similar-size hospitals

☐ Administrative cost-reduction initiative

☐ Administrative quality-improvement initiative

☐ Physician demand or initiative

☐ Nurse demand or initiative

☐ Case management/social work demand or initiative

☐ Patient/family/community demand

☐ Legal/regulatory pressure

☐ Other, please explain

☐ I don't know

13. Is it standard protocol for the ICU nurses to perform formal, scaled assessment and charting of patients' symptoms, such as pain, shortness of breath, anxiety, and confusion?

If yes,

Instrument used (may select more than one)

☐ Edmonton Symptom Assessment System

☐ Confusion Assessment Method (CAM-ICU)

☐ Ramsey Sedation Scale

☐ Symptom assessment instrument designed by our staff

☐ Other, please explain

Year practice started?

Reason practice started? (select single most important factor)

☐ Keeping up with standard of care in similar-size hospitals

☐ Administrative cost-reduction initiative

☐ Administrative quality-improvement initiative

☐ Physician demand or initiative

☐ Nurse demand or initiative

☐ Case management/social work demand or initiative

☐ Patient/family/community demand

☐ Legal/regulatory pressure

☐ Other, please explain

☐ I don't know

You indicated that ICU nurses perform formal, scaled assessment and charting of patients' symptoms, such as pain, shortness of breath, anxiety, and confusion. Are there clinical protocols (e.g., standing orders) for symptom management once identified?

14. Does the intensive care unit (ICU) have a clinical protocol for withholding or withdrawal of life-sustaining treatments (for any patient, not just those with brain death) ?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

☐ Keeping up with standard of care in similar-size hospitals

☐ Administrative cost-reduction initiative

☐ Administrative quality-improvement initiative

☐ Physician demand or initiative

☐ Nurse demand or initiative

☐ Case management/social work demand or initiative

☐ Patient/family/community demand

☐ Legal/regulatory pressure

☐ Other, please explain

☐ I don't know

HOSPITAL PROGRAMS, POLICIES, AND PRACTICES:
Please indicate whether your hospital has any of the programs, policies, and practices described below. If "yes," please indicate the approximate year the practice was begun. We also invite you to tell us why the practice was started if you know its history.

15. Does the hospital offer a bereavement program or service for families of patients who die in the hospital?

If yes,

Type of program or service (*select all that apply*)

- ☐ Mail a condolence card to next of kin
- ☐ Offer a regular bereavement ceremony
- ☐ Offer bereavement groups

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

16. Does your hospital have an active clinical ethics consult service?

If yes,

Year practice started?

Who can call an ethics consult?

- ☐ Anyone involved in the case, including family/patient
- ☐ Physician or nurse
- ☐ Physician only
- ☐ Other, please explain
- ☐ I don't know

Number of formal consults each year?

Most common reason for consultation?

- ☐ End-of-life decision making
- ☐ Patient autonomy
- ☐ Justice
- ☐ Conflict between parties
- ☐ Professional conduct

☐ Truth telling

☐ Religious or cultural issues

☐ Other, please explain

17. Does your hospital have clinical palliative care consults?

If yes,

Year practice started?

Who can call a palliative care consult?

☐ Anyone involved in the case, including family/patient

☐ Physician or nurse

☐ Physician only

☐ Other, please explain

☐ I don't know

Number of formal consults each year?

Which best describes these consults?

☐ Consultation service (multidisciplinary team, including MD)

☐ Individual physician

☐ Individual non-physician, please explain

☐ I don't know

Reason practice started? (select single most important factor)

☐ Keeping up with standard of care in similar-size hospitals

☐ Administrative cost-reduction initiative

☐ Administrative quality-improvement initiative

☐ Physician demand or initiative

☐ Nurse demand or initiative

☐ Case management/social work demand or initiative

☐ Patient/family/community demand

☐ Legal/regulatory pressure

☐ Other, please explain

☐ I don't know

18. If your hospital has both ethics and palliative care consults, which service is most commonly used to deal with issues related to end-of-life decision making?

☐ Ethics consult service

- ☐ Palliative care consult service
- ☐ Pastoral care
- ☐ I don't know
- ☐ Other, please explain

19. Does your hospital have a formal futility policy?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

20. Does your hospital provide educational programs on palliative and end-of-life-care to doctors?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain

☐ I don't know

21. Does your hospital provide educational programs on palliative and end-of-life-care to nurses?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

☐ Keeping up with standard of care in similar-size hospitals

☐ Administrative cost-reduction initiative

☐ Administrative quality-improvement initiative

☐ Physician demand or initiative

☐ Nurse demand or initiative

☐ Case management/social work demand or initiative

☐ Patient/family/community demand

☐ Legal/regulatory pressure

☐ Other, please explain

☐ I don't know

22. Does your hospital have a designated palliative care unit or hospital beds that can "flex" into palliative care beds for imminently dying inpatients?

If yes,

Which best describes these beds?

☐ Designated

☐ Flex

If designated, number of beds?

Year practice started?

Reason practice started? (select single most important factor)

☐ Keeping up with standard of care in similar-size hospitals

☐ Administrative cost-reduction initiative

☐ Administrative quality-improvement initiative

☐ Physician demand or initiative

☐ Nurse demand or initiative

☐ Case management/social work demand or initiative

☐ Patient/family/community demand

- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

23. Are all patients admitted to the hospital required to have their code status discussed and documented (this is distinct from documentation of an advance directive)?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

24. Does your hospital have a formal code policy or a code form for cardiopulmonary arrest?

If yes,

Which best describes the policy and/or form?

- ☐ 2-levels: 1) Full code or 2) Do not resuscitate (DNR)
- ☐ 3-levels: 1) Full code, 2) partial interventions, or 3) DNR
- ☐ Other, please explain
- ☐ I don't know

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative

- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

25. Does your emergency department comply with out-of-hospital DNR orders (e.g., hospice and nursing home DNR orders or Physician Orders for Life Sustaining Treatment (POLST) forms), including those that are verbally transmitted by a doctor or nurse?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

If no,

Please explain?

- ☐ The DNR or POLST order must be in writing and arrive with the patient.
- ☐ The DNR or POLST order must be in writing with the patient and have been written by a physician with hospital admitting privileges.
- ☐ Only DNR orders written in the hospital by physicians with admitting privileges are heeded.
- ☐ There is no policy, so it just depends on the judgment of the doctor working in the emergency department.
- ☐ Other, please explain

26. Does your hospital employ case managers whose primary purpose is to facilitate discharge and decrease length of stay?

If yes,

Year practice started?

Reason practice started? (select single most important factor)

- ☐ Keeping up with standard of care in similar-size hospitals
- ☐ Administrative cost-reduction initiative
- ☐ Administrative quality-improvement initiative
- ☐ Physician demand or initiative
- ☐ Nurse demand or initiative
- ☐ Case management/social work demand or initiative
- ☐ Patient/family/community demand
- ☐ Legal/regulatory pressure
- ☐ Other, please explain
- ☐ I don't know

27. Are doctors provided with quarterly or yearly feedback regarding resource utilization for patients they care for in the hospital, such as length of stay and spending by diagnosis related group (DRG)?

If yes,

Is performance on these measures tied to salary, a bonus or other financial incentive or penalty for the physician?

MEDICAL STAFF CHARACTERISTICS:

For the following section, you may request the information from a colleague in human resources. Please include all physicians who have admitting privileges at your hospital in these calculations. Please only include non-pediatricians in the denominator for these calculations.

28. Percent women:

29. Percent primary care (versus specialists):

Primary care physicians include general practitioners, family practitioners, and general internists.

30. Percent foreign medical graduates:

31. Mean age:

INFORMATION ABOUT YOURSELF:

32. Length of time at the current hospital, in years:

33. Length of time in current management position:

34. Did you feel confident enough about your hospital policies, practices, and procedures to answer all of the questions on this survey?

If no, please explain.

35. What is the most common concern that you hear voiced by your nursing staff regarding end-of-life care in this hospital?

- ☐ Unrealistic patient/family expectations about the effectiveness of treatment
- ☐ Physicians' unwillingness to withdraw or withhold life-sustaining treatments
- ☐ Physicians' lack of availability to meet with families
- ☐ Physicians' lack of skill in communicating with families about prognosis and goals of care
- ☐ Lack of physician orders for medication sufficient to palliate patients' symptoms
- ☐ Being asked to deliver medications for palliation that could hasten death
- ☐ Other, please explain.

36. Are you willing to be contacted for follow-up questions related to this study?

If yes, please enter your phone number.