8) Supplemental Tables and Information

TABLE S1: Palliative Performance Scale (PPSv2) Version 2

PPS Level	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
80%	Full	Normal activity & work No evidence of disease	Full	Normal or Reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or Reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or Reduced	Full Or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or Reduced	Full Or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Minimal to sips	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care		Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care		Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Supplemental Materials. List of Interview Questions for Hospice Providers

1. Can you tell me more about caring for heart failure patients at the end-of-life?

2. What are some of the unique characteristics or challenges about serving hospice patients with heart failure compared to patients with other illnesses like cancer?

3. Have you ever cared for a heart failure patient who was discharged from hospice or called 911? Our research data suggests that this is common among HF patients.

- a. If so, can you tell us more about that experience?
- b. What were some of the challenges that you faced?
- c. Did you observe anything about patients who called 911 and were hospitalized, in terms of their social, family, or cultural background?
- d. In our analysis of agency data, we observed that Hispanic and African American patients have a higher risk of being hospitalized. Do you have any thoughts about why this might be the case?
- e. We also observed that patients without a family caregiver were more likely to make the decision to leave hospice ("revoke their benefits"). Do you have any thoughts about why this might be the case?

4. What helps heart failure patients stay comfortable at home (*i.e., specific hospice services, family/caregiver support*)?

5. Are there heart failure symptoms that make it more difficult for hospice patients to stay at home?

- a. How are you able to help keep symptoms under control in the home environment?
- b. What symptom management strategies did you use to help manage the symptoms?
- c. Timing of symptoms relative to events (death or discharge)
- 6. Are there medications that make it more challenging to manage hospice patients with heart failure? *a.* Is there anything challenging about managing patients on inotrope drips specifically?

7. Tell me more about the process of setting the "goals of care" that you develop with patients and caregivers.

a. What topics are addressed? (i.e., treatments, palliative care, devices, etc....) How (and when) is the "goals of care" plan developed?

b. Who is included in that discussion (i.e., family members, caregivers, patient, providers--which ones)?

c. What are some challenges you face when setting goals of care?

d. Do you use any specific tools? If so, how do you use them to effectively talk with patients and their caregivers?

8. Is there anything that you think would improve the cardiac home hospice program?

9. Is there anything you want to tell us about the care of heart failure patients in home hospice that we did not ask you about directly?