

## GP survey on palliative care activity to gain insight into the interrelation of PPC and SPHC

### Advice for filling in the questionnaire:

- Only use a pen (no pencil).
- Clearly place a mark in the box of your answer:
- In case of a falsely marked box, fill in the box completely  and mark your right choice again:

A01	How old are you?	<input type="text"/>
A02	Select your gender:	<input type="checkbox"/> female <input type="checkbox"/> male
A03	For how long have you been working as a physician in the outpatient sector (in years)?	<input type="text"/> years (incl. further medical education)
A04	Are you working in a single practice or in a collaborative form?	<input type="checkbox"/> <sub>1</sub> single-handed practice <input type="checkbox"/> <sub>2</sub> group practice <input type="checkbox"/> <sub>3</sub> medical care centre
A05	Are you working as an employee?	<input type="checkbox"/> yes <input type="checkbox"/> no
A06	To which Association of Statutory Health Insurance Physicians (KV) do you belong?	<input type="checkbox"/> <sub>1</sub> Bavaria <input type="checkbox"/> <sub>5</sub> Saxony-Anhalt <input type="checkbox"/> <sub>2</sub> Berlin <input type="checkbox"/> <sub>6</sub> Schleswig-Holstein <input type="checkbox"/> <sub>3</sub> Hesse <input type="checkbox"/> <sub>7</sub> Thuringia <input type="checkbox"/> <sub>4</sub> Lower-Saxony <input type="checkbox"/> <sub>8</sub> Westfalia Lippe
A07	In which region is your practice located?	<input type="checkbox"/> <sub>1</sub> Rural ( $\leq 5,000$ inhabitants) <input type="checkbox"/> <sub>2</sub> Small town ( $> 5,000 - 20,000$ inhabitants) <input type="checkbox"/> <sub>3</sub> Medium-sized Town ( $> 20,000 - 100,000$ inhabitants) <input type="checkbox"/> <sub>4</sub> Big city ( $> 100,000$ inhabitants)
A08	How many hours do you work on average per week? (approximately)	<input type="text"/>
A09	How many patients do you have on average per quarter? (approximately)	<input type="text"/>
A10	How many home visits do you perform per week? (approximately)	<input type="text"/>
A11	How many palliative patients do you have per year? (approximately)	<input type="text"/>
A12	How many home visits do you perform for palliative patients in a quarter? (approximately)	<input type="text"/>

A13	<b>Contact with palliative care:</b> In which ways have you had contact with palliative care during your medical practice so far? (Multiple selection possible)	
	<input type="checkbox"/> _1 none <input type="checkbox"/> _2 previously working in a palliative care institution for at least 3 months <input type="checkbox"/> _3 40-hour course certificate <input type="checkbox"/> _4 additional qualification in palliative care	<input type="checkbox"/> _5 BQKPMV- Physician <input type="checkbox"/> _6 current participation in a specialised palliative homecare-Team (SPHC) <input type="checkbox"/> _7 settlement via selective contracts for palliative care (§73b/140a SGB V, i.e. integrated care, palliative networks, etc.) <input type="checkbox"/> _8 exclusively within the work in general practice

How much do you agree with each of the following statements? Please mark your answer.					
The care of seriously ill and dying patients...		strongly disagree		strongly agree	
B01	...should be a central part of GPs' work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B02	...is considerably facilitated by the involvement of caregivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B03	...should be coordinated by the general practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B04	...should be a multi-professional and interdisciplinary field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B05	...should be continuously supported by GPs until death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B06	...should be a field of palliative specialists (except GPs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a general practitioner, I feel secure in ...					
		never		always	
C01	...identifying palliative patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C02	...adapting the therapy to the palliative situation of the patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C03	...starting to talk with patients about their poor prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C04	...dealing with "difficult" relatives of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C05	...reducing/ending therapies in the final phase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C06	...performing technical treatment measures (e.g. flushing of port systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C07	...working together with other health care professionals (SPHC team, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C08	...accepting and supporting the preferences of the patients concerning therapeutic decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C09	...timely handing over of the patient to specialised palliative care structures when a transgression of competence threatens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	...withstand emotional and stressful situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	<b>Please assess your overall palliative competence/expertise.</b>				
		bad		good	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Palliative infrastructure: Is the healthcare provider below available in the setting of your office?</b> <b>If yes, please assess the quality of the care.</b>		Availability <sub>1</sub>			If available and used at least once, assess the quality of care. <sub>2</sub>			
		unknown	yes	no				
D01	own, non-medical employee for palliative medical home visits (“VERAH”/“NÄPA”)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D02	nursing care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D03	specialised palliative nursing care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D04	further services (outpatient hospice, “Grüne Damen”, caritative visit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D05	outpatient PKD (palliative care service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D06	specialist with additional qualification in palliative care (qualified palliative physician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D07	(other) physician with BQKPmV-qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D08	SPHC-team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D09	palliative care unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D10	inpatient hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D11	homecare companies (caregiver for adjuvants, rehabilitation and pharmaceuticals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D12	<b>Please assess the overall quality of care of the surrounding palliative infrastructure.</b>							

E01	<b>Have you ever referred to SPHC in your work as a general practitioner? Please mark your answer.</b>	<input type="checkbox"/> yes <input type="checkbox"/> no <b>(If no, please skip to page 4)</b>
E02	How many referrals of SPHC do you make <u>per year</u> (including follow-up referrals)?	<input type="text"/>
E03	How many of your patients get a referral to SPHC from other healthcare providers (hospital/medical specialists) <u>per year</u> ?	<input type="text"/>
E04	Do you stay involved in the treatment of your patients after initialising SPHC?	
E05	How often do health insurance services reject your referral to SPHC?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Which service do you usually refer to according to form no. 63 (“Muster 63”)?**

**Please mark your answer.** (Multiple selection possible)


	Consulting	
F01	a) of the treating physician	<input type="checkbox"/>
F02	b) of the treating nurse	<input type="checkbox"/>
F03	c) of the patients/relatives	<input type="checkbox"/>
F04	Coordination of palliative care	<input type="checkbox"/>
F05	(additional) partial service	<input type="checkbox"/>
F06	full service	<input type="checkbox"/>

**Which characteristics does the SPHC team you usually work with have?**

**Please mark your answer.**

		unknown	yes	no
G01	SPHC team offers full service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G02	sufficient admission capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G03	employs different professions in the team (psychologists, social worker, chaplain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G04	good material equipment (e.g. analgesics pumps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G05	availability for telephone advice at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G06	regular meetings for case reports with all healthcare professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G07	further training opportunities for cooperating colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G08	medical direction of the SPHC-Team through...	<input type="checkbox"/>		
G09	...hospital doctors		<input type="checkbox"/>	
G10	...general practitioners		<input type="checkbox"/>	
G11	...outpatient specialists (anaesthetists, oncologist, etc.)		<input type="checkbox"/>	
G12	settlement of the SPHC-Team...	<input type="checkbox"/>		
G13	...at a single practice or practice network		<input type="checkbox"/>	
G14	...at a hospital		<input type="checkbox"/>	
G15	...at a hospice or outpatient hospice service		<input type="checkbox"/>	
G16	...at a nursing care service		<input type="checkbox"/>	
G17	...at other institutions (palliative base, network, etc.)		<input type="checkbox"/>	

Palliative care involves a wide spectrum of activities. How often do you take responsibility for the following activities for your palliative patients in their homes? <sup>1</sup>						For this, how important is an SPHC team/PKD for you? <sup>2</sup>						
										not required	important	very important
<b>Assessment and care plan:</b>												
H01	perform starting assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H02	identify that SPHC is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H03	give support in the context of patient decree and power of attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H04	develop a treatment and emergency plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H05	counsel and guide patients and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H06	document/re-evaluate treatment measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Symptom management:</b>												
H07	pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H08	dyspnoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H09	nausea/vomiting, lack of appetite, obstipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H10	fatigue, depression, anxiety, delirium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Interventions:</b>												
H11	identify needs and prescribe pharmaceuticals and devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H12	prescribe medication for pain and palliative symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H13	prescribe medication, pharmaceuticals and devices which heavily burden my budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H14	identify needs and prescribe home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H15	decide on involving nursing care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H16	treat comorbidities/chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H17	palliative medical wound care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H18	artificial nutrition and replacement of fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H19	technical and invasive treatment measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H20	treatment in the final phase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H21	reduce/end therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Coordination:</b>												
H22	coordinate all diagnostic, therapeutic and nursing measures, and caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H23	psychosocial care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H24	involve outpatient hospice service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H25	organise specialist visits, transports, and admissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H26	(interdisciplinary) case conferences with other involved professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H27	perform councils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Availability:</b>												
H28	home visits by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H29	home visits by own non-medical practice employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H30	be available for visits <u>during</u> the opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H31	be available for visits <u>outside</u> the opening hours (incl. weekends/holidays/at night)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
H32	(only) telephone advice <u>outside</u> the opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

Which conditions would facilitate the palliative care of your patients? Please mark your answer.		Don't know				
			strongly disagree			strongly agree
J01	possibilities for immediate advice in palliative questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J02	remuneration according to expenses (home visits, counselling by phone, 24-hour care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J03	available (interdisciplinary) trainings for all healthcare providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J04	possibility for care coordination and transition management by special trained staff (Case Manager)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J05	involving bereavement care within the palliative care concept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J06	standardised exchange of information with all involved healthcare professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J07	reinforcement of the hospice culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J08	better perception and coverage of palliative patients' needs in nursing homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J09	better palliative qualification of outpatient nursing care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J10	reinforcement of volunteer work in palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J11	establishing "Advanced Care Planning" in palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J12	building the capacity of SPHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J13	others, namely: ..... ..... ..... ..... .....					

Thank you for your assistance!