Appendix 1

A1. What is the purpose of the care provided in your service? (please tick as many as apply)

- Symptom management
- Family and carer support
- Psychological care
- Bereavement care
- Care of the dying (last few days of life)
- Respite care
- Spiritual care
- Rehabilitation
- Others (please specify in textbox below)

A2. Does your service accept patient or family self-referrals directly (i.e., not via another service providers, e.g., primary care team)?

- Yes
- No

A3. Within which setting is your service delivered? (please tick as many as apply)

- Inpatient hospital
- Inpatient hospice
- Home based care at patient’s own home
- Aged residential care home
- Outpatient
- Day care
- Prison
- Others (please specify in textbox below)

A4. What type of care does your service provide? (please tick as many as apply)

- Direct “hands on, face-to-face” care
- Advice and support to patients and family e.g., phone advice or providing prescription to patients and families
- Consult advice and support to other professionals caring for individual patients e.g., primary care or other specialties
- Education and training to professionals (not in relation to specific individual patients)
- Other (please specify in textbox below)

B1. How many new referrals are accepted and seen annually by your service?

- <200
- 200–499
- 500–999
- 1000–3499
- 3500–5000
- >5000

B2. How many inpatient beds does your service have?

- No inpatient bed
- 1–5
- 6–10
- 11–15
- 16–20
- >20

B3. Which DHB(s) does your service catchment area come under? (please tick as many as apply)

- Auckland DHB
- Bay of Plenty DHB
- Canterbury DHB
- Capital and Coast DHB
- Counties Manukau DHB
- Hawkes Bay DHB
- Hutt Valley DHB
- Lakes District DHB
- MidCentral DHB
- Nelson–Marlborough DHB
- Northland DHB
- South Canterbury DHB
- Southern DHB
- Tairāwhiti DHB
- Taranaki DHB
- Waikato DHB
- Wairarapa DHB
- Waitāmatā DHB
- West Coast DHB
- Whanganui DHB

C1. Which of the following professionals does your service employ? (please tick as many as apply)

- Doctors
- Registered nurses
- Nurse practitioners
- Healthcare assistants
- Social workers
- Pharmacists
- Complementary practitioners e.g. music/art/lymphoedema (please specify in textbox below)
- Physiotherapists
- Occupational therapists
- Psychologists
- Counsellors
### C1. Type of Doctor(s) Emphasized

- Spiritual workers/Chaplains
- Volunteers
- Other (please specify in textbox below)

#### Display This Question:
**If C1 = Doctors**

**C2.** Which of the following types of doctors does your service employ (excluding relieving or locum staff)? (please tick as many as apply)

- Palliative medicine specialist
- Medical officers
- General practitioners
- Palliative medicine advance trainees
- Registrars
- House surgeons
- Others types of doctors (please specify in textbox below)

**C3.** How is care provided by your service? (please tick as many as apply)

- Face-to-face
- Telephone advice or support
- Telehealth other than telephone advice or support
- Others (please specify in textbox below)

**C4.** Which of the following procedures does your service provide to your patients? (please tick as many as apply)

- Syringe driver
- Ultrasound
- Ascites drainage
- Pain intervention procedures e.g., nerve block
- Intravenous fluids
- Other procedures (please specify in textbox below)
- Blood transfusions
- Biphosphonate infusions
- Other blood products
- Intravenous antibiotics
- Domiciliary management of intrathecal catheters
- None of the above

**D1.** Does your service accept afterhours referral?

- Yes

**D2.** Does your service provide any afterhours care by **medical staff** for patients already known to this service?

- Yes – direct hands-on care, face-to-face care
- Yes – telephone advice and support only
- Yes – both hands on and telephone advice/support
- No afterhours medical service
- Yes, only in exceptional circumstances (please comment in textbox below)

**D3.** Does your service provide any afterhours care by **nursing staff** for patients already known to this service?

- Yes – direct hands-on care, face-to-face care
- Yes – telephone advice and support only
- Yes – both hands on and telephone advice/support
- No afterhours nursing service
- Yes – only in exceptional circumstances (please comment in textbox below)

**D4.** When is afterhours care service available? (please tick as many as apply)

- Weekdays evenings
- Weekdays overnight
- Weekends daytime
- Weekends evenings
- Weekends overnight

**D5.** Does your service provide any afterhours spiritual care?

- Yes
- No
D6. Does your service provide any afterhours psychological care e.g., counselling?

Yes
No

E1. Does your service offer education and/or training to professionals outside your organization?

Yes
No

Display This Question:
If E1 = Yes

E2. What kind of training or education does your service provide? (please tick as many as apply)

- Specific education sessions
- On-site training
- On-site student training
- Other (please specify in textbox below)

E3. Does your service have liaison staff designated in any of the following settings? (please tick as many as apply)

- Hospital
- Primary care
- Aged residential care
- Others (please specify in textbox below)
- No liaison staff in other settings

E4. Does your service routinely have joint clinics/home visits with other specialties? (please take as many as apply)

- Primary care
- Respiratory
- Cardiology
- Geriatrics
- Renal
- Oncology
- Psychiatry
- Others (please specify in textbox below)
- No routine joint clinics/visits with other specialties

F1. Is there a standardized palliative care pathway in your region to advise other clinicians on patient care?

Yes

F2. Does this service use any patient reported outcome measures (PROMs) e.g., Palliative Care Outcome Scales (POS), Integrated Palliative Care Outcome Scale (IPOS) or Palliative Care Outcomes Collaboration symptom assessment scale (PCOC)?

Yes
No

Display This Question:
If F2 = Yes

F3. Which patient reported outcome measures (PROMs) does your service use? (please tick as many as apply)

- POS/IPOS
- PCOC
- Others (please specify in textbox below)

F4. Does your service have standardized referral criteria for acceptance of patients?

Yes
No

F5. Does your service have standard criteria for discharging patients from the service?

Yes
No

G1. What is the standard follow-up routinely offered to families after death? (please tick as many as apply)

- Letter
- Telephone
- Face to face visit/meeting
- Group support
- Others (please specify in textbox below)
- No routine follow up after death

G2. Does your service offer bereavement care?

Yes
No
G3. Does your service offer specialist bereavement care to bereaved adults at risk of complex grief?

- Yes
- Only standard (non-specialist) bereavement care is available

*Display This Question:*
*If G2 = Yes*

G4. Does your service offer bereavement care to children?

- Yes
- No

*Display This Question:*
*If G4 = Yes*

G5. Does your service offer specialist bereavement care to bereaved children at risk of complex grief?

- Yes
- No

G6. Does your service offer spiritual care?

- Yes
- No

*Display This Question:*
*If G6 = Yes*

G7. Which of the following provides spiritual care at your service? (please tick as many as apply)

- Staff spiritual carer/Chaplain
- Visiting spiritual carer/Chaplain
- Others (please specify in textbox below)

H1. What Māori Cultural Competence staff training does your service provide or facilitate, including training by external providers e.g., DHB? (please tick as many as apply)

- Te Tiriti o Waitangi (Treaty of Waitangi) with a focus on health
- Traditional Māori customs e.g., te reo Māori, rongoā (traditional healing), protocols of tapu (sacred) and noa (ordinary)
- Te Wairuatanga - Māori spirituality
- Others (please specify in textbox below)

H2. Does your service have knowledge of local Iwi and/or Māori providers?

- Yes
- No

*Display This Question:*
*If H2 = Yes*

H3. Does your service have partnership agreements with local Iwi and/or Māori providers?

- Yes
- No

*Display This Question:*
*If H2 = Yes*

H4. Does your service have regular engagement with local Iwi and/or Māori providers?

- Yes
- No

*Display This Question:*
*If H4 = Yes*

H5. What regular engagement does your service have with local Iwi and/or Māori providers? (please tick as many as apply)

- Regular hui (meetings)
- Written correspondence e.g. emails, newsletters
- Social media
- Others (please specify in textbox below)

H6. What is the total Full Time Equivalent (FTE) of Liaison or Cultural position designated for Māori? (please enter as a number e.g., 0.8 and write “0” if no FTE)

I1. What percentage (%) of patients (estimated: should add up to 100%) known to your service fall under the following primary diagnoses

- Cancer :
- Non-cancer :
- Total :

I2. Does your service offer care to:

- Adult patients only
I3. Do you know the ethnic profile of patients seen by your service? (e.g., what percentage are Māori)

- Yes
- No

Display This Question:
If I3 = Yes

I4. What is the ethnic composition of patients known to your service? (estimated percentages, should add up to 100%)

- NZ European/European
- Māori
- Pacific Islander
- Asian
- Others

I5. Does your service have cultural liaison staff other than Māori cultural support?

- Yes
- No

Display This Question:
If I5 = Yes

I6. If yes to above, please tick as many as apply:

- Pacific Island
- East Asian
- South Asian
- Muslim community
- Others (please specify in textbox below)

I7. What interpreting services do you use for patients with limited English? (please tick as many as apply)

- In person
- Telephone
- Online apps e.g., Google Translate
- Staff
- Family members
- Others (please specify in textbox below)

I8. How well do you think your service caters for patients with limited English?

- Very well
- Well
- Satisfactory
- Below satisfactory
- Poorly

I9. Does your service have a budget for interpreters?

- Yes
- No

I10. Does your service have policy specific for patients with disability?

- Yes
- No

I11. Does your service provide care to patients in rural area – i.e. more than 30-minutes travel time from the nearest base hospital? (definition according to Rural-urban Classification for NZ Health and Research policy: University of Otago)

- Yes
- No

Display This Question:
If I11 = Yes

I12. What type of care does your service provide in rural area – i.e., more than 30-minute travel time from the nearest base hospital? (Please tick as many as apply)

- Direct “hands-on, face-to-face” care
- Advisory (may include telephone advice, support and prescribing) to patients and families
- Advisory to other health care providers
- Telehealth to patients (other than telephone advice and support)
- Education and training to professionals (not in relation to specific individual patients)
- Others (please specify in textbox below)