Supplementary Material 1: Study Surveys

The following survey questions were distributed, based on program type, to participants via SurveyMonkey.

Survey Group A
Combined pediatric palliative care model (hospital-based program + dedicated pediatric hospice)

Pre-survey verification:

Filing out on behalf of (institution/program name): _____

Page 1: The Beginning

1. What year did your program launch?
    a. _____
2. Please list any key milestones in the development of your program.
    a. _____
3. Who were the initial stakeholders involved in developing your hospice?
    a. Hospital leadership
    b. Local government
    c. Community organizations
    d. Donors
    e. Other (please specify)
4. How was funding initially secured for the hospice?
    a. Government funding
    b. Fundraising/private donations
    c. Hospital budget
    d. Other (please specify)
5. How was the initial location/building secured? Has this location changed?
    a. _____

Page 2: The Present

1. How is your hospice program structured in relation to the hospital-based palliative care program? *(Select the option that best describes your program.)*
    a. Fully integrated (shared leadership, staffing, and operations)
    b. Affiliated but independent (formal collaboration, separate leadership and staffing)
    c. Informally collaborative (occasional coordination, no formal integration)
    d. Other (please specify)
2. What is your current staffing structure for the PPC team and hospice?
    a. _____ *(Please list roles and approximate full-time equivalents, e.g., physicians, nurses, social workers, etc.)*
3. What is the current primary funding source for your PPC team and hospice?

    a. Government funding
    b. Fundraising/private donations
    c. Hospital budget
    d. Other (please specify)
4. Does your program have specific criteria for hospice admission, respite care, or other services? What are these criteria?
    a. _____
5. How many beds does your hospice have? Are there separate beds for end-of-life care versus respite care?
    a. _____
6. What services does your program provide (e.g., grief groups, recreation programs).
    a. Grief support
    b. Advanced care planning
    c. Pain and symptom management
    d. Family support
    e. Respite care
    f. Recreation programs
    g. Other (please specify) _____

Page 3: The Future

1. How does your team and hospice measure success in care delivery?
    a. Patient satisfaction surveys
    b. Clinical outcomes
    c. Community feedback
    d. Staff feedback
    e. Other (please specify)
2. What are your team and hospice's goals for the next 5-10 years?
    a. _____

Survey Group B
Hospital-based program (no dedicated pediatric hospice)

Pre-survey verification:

Filing out on behalf of (institution/program name): _____

Page 1: The Beginning

6. What year did your program launch?
    a. _____
7. Please list any key milestones in the development of your program.
    a. _____

Page 2: The Present

7. What is your current staffing structure for the PPC team? *(Please list roles and approximate full-time equivalents, e.g., physicians, nurses, social workers, etc.)*
    a. _____
8. What is the current primary funding source for your PPC team and program?
    a. Government funding
    b. Fundraising/private donations
    c. Hospital budget
    d. Other (please specify)
9. Does your program have specific criteria for patients to access your program?
    a. Yes (please describe) _____
    b. No
10. How many patients does your team serve annually on average?
    a. _____
11. What services does your program provide (e.g., grief groups, recreation programs).
    a. Grief support
    b. Advanced care planning
    c. Pain and symptom management
    d. Family support
    e. Respite care
    f. Other (please specify) _____

Page 3: The Future

3. How does your team and hospice measure success in care delivery?
    a. Patient satisfaction surveys
    b. Clinical outcomes
    c. Community feedback
    d. Staff feedback
    e. Other (please specify) _____
4. What are your program's goals for the next 5-10 years?

a. _____

Closing

Thank you for completing this survey. Your responses are invaluable in helping us understand the unique dynamics of PPC programs across Canada.

We look forward to discussing with you soon!

Survey Group C
Free-standing children's hospice

Pre-survey verification:

Filing out on behalf of (institution/program name): _____

Page 1: The Beginning

8. What year did your hospice program launch?
    a. _____
9. Please list any key milestones in the development of your program.
    a. _____
10. Who were the initial stakeholders involved in developing your hospice?
    a. Hospital leadership
    b. Local government
    c. Community organizations
    d. Donors
    e. Other (please specify)
11. How was funding initially secured for the hospice?
    a. Government funding
    b. Fundraising/private donations
    c. Hospital budget
    d. Other (please specify)
12. How was the initial location/building secured? Has this location changed?
    a. _____

Page 2: The Present

12. What is your current staffing structure for the PPC team and hospice? *(Please list roles and approximate full-time equivalents, e.g., physicians, nurses, social workers, etc.)*
    a. _____
13. What is the current primary funding source for your hospice?
    a. Government funding
    b. Fundraising/private donations
    c. Hospital budget
    d. Other (please specify)
14. Does your program have specific criteria for hospice admission, respite care, or other services? What are these criteria?
    a. Yes (please describe) _____
    b. No
15. How many beds does your hospice have? Are there separate beds for end-of-life care versus respite care?
    a. _____
16. What services does your program provide (e.g., grief groups, recreation programs).
    a. Grief support

b. Advanced care planning
c. Pain and symptom management
d. Family support
e. Respite care
f. Recreation programs
f. Other (please specify) _____

Page 3: The Future

5. How does your hospice measure success in care delivery?
    a. Patient satisfaction surveys
    b. Clinical outcomes
    c. Community feedback
    d. Staff feedback
    e. Other (please specify)
6. What are your hospice's goals for the next 5-10 years?
    a. _____

Closing

Thank you for completing this survey. Your responses are invaluable in helping us understand the unique dynamics of PPC programs across Canada.

We look forward to discussing with you soon!