Checklist for Evaluating Hospice Palliative Care Programs

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Once you make the decision to seek hospice palliative care, you may want to use a checklist to find out about the services offered by your local program. Add to it as you think of items that are important to you, and cross off those items that are not useful.

You will want a copy of the checklist for each program that you plan to consider. Have the list in front of you as you ask questions of the hospice palliative care program staff, and make notes next to each item on your list.

	palliative care program:			
Address:				
Phone number:				
Where are services provided?				
	In your home			
	In a special inpatient hospice unit			
	In a facility (hospital or nursing home) where you are already a patient			
What services are	e provided? (Check all that apply.)			
	One or more doctors who can make home, hospital, or nursing home visits			
	Spiritual or religious counselling or advisors			
	Respiratory, occupational, and physiotherapists			
	Social workers			
	Home health aides			
	Shopping and errands			
	Meal preparation and nutritional counselling			
	Cleaning and household chores			
	Respite services if your primary caregiver becomes ill or needs a break			
	Prescription medicines, and medical supplies and equipment			
	Interpreters or other special services related to your culture, ethnicity, or lifestyle			
What is the plan				

Does the hospice palliative care program develop a care plan with you

and your family?

No

Yes

phone number of the su	nclude specific duties, who will perform them and ho upervisor. A good program will develop a care plan k or administrative assistant) who will:		and
	Talk with you and your family in your home (not	just over the telephone)
	Talk with your doctor or other health professions	als.	
	Write down the care plan and give copies to everyour care.	eryone who will be involv	ed in
Who provides care? (Check all that apply.)		
	Family members		
	Hospice palliative care staff only		
	Your doctor		
References			
Get the names of doctor	ors who refer patients to this program.		
•	ave used this program. If possible, talk with the famid recommend the program to others.	lies. Ask about their exp	erience
After your visit			
Does this program prov	Yes	No	
Is this program covered	d by your provincial health plan?	Yes	No

