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.

Name of hospice	palliative care program:		
Address:			
Phone number: Where are services provided?			
	In a special inpatient hospice unit		
	In a facility (hospital or nursing home) where you are already a patient		
What services are	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 o	f cours?		

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

and your family?

No

Yes

phone number of the so	nclude specific duties, who will perform them and h upervisor. A good program will develop a care plar k or administrative assistant) who will:		nd
	Talk with you and your family in your home (no	ot just over the telephone)	
	Talk with your doctor or other health profession	nals.	
	Write down the care plan and give copies to everyour care.	veryone 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 docto	ors who refer patients to this program.		
	ave used this program. If possible, talk with the famed recommend the program to others.	nilies. Ask about their expe	erience
After your visit			
Does this program provide the services you want?		Yes	No
Is this program covered by your provincial health plan? Yes		No	

