

Checklist for Evaluating Hospice 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 care, make your search easier by using this checklist to find out about different programs. Add to it as you think of items that are important to you, and cross off those items that are not useful.

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

Name of hospice program:			
Address:	City	State	Zip
Phone number:			

Where are services provided?	
<input type="checkbox"/>	In your home
<input type="checkbox"/>	In a special inpatient hospice unit
<input type="checkbox"/>	In a facility (hospital or nursing home) where you are already a patient

What services are provided? (Check all that apply.)	
<input type="checkbox"/>	One or more doctors who can make home, hospital, or nursing home visits
<input type="checkbox"/>	Spiritual or religious counseling or advisors
<input type="checkbox"/>	Respiratory, occupational, and physical therapists
<input type="checkbox"/>	Social workers
<input type="checkbox"/>	Home health aides
<input type="checkbox"/>	Shopping and errands
<input type="checkbox"/>	Meal preparation and nutritional counseling
<input type="checkbox"/>	Cleaning and household chores
<input type="checkbox"/>	Respite services if your primary caregiver becomes ill or needs a break
<input type="checkbox"/>	Prescription medications and medical supplies and equipment
<input type="checkbox"/>	Interpreters or other special services related to your culture, ethnicity, or lifestyle

What is the plan of care?	
Does the hospice program develop a care plan with you and your family?	<input type="radio"/> Yes <input type="radio"/> No

The care plan should include specific duties, who will perform them and how often, and the name and phone number of the supervisor. A good program will develop a care plan by providing a health professional (not a clerk or administrative assistant) who will:	
	<p>Talk with you and your family in your home (not just over the telephone).</p> <p>Talk with your doctor or other health professionals.</p> <p>Write down the care plan and give copies to everyone who will be involved in your care.</p>
Who provides care? (Check all that apply.)	
	<p>Family members</p> <p>Hospice staff</p> <p>Your doctor</p>
Licensing and certification	
	<p>Is the plan:</p> <p>Medicare-certified?</p> <p>State-licensed? All state health departments certify hospice programs.</p> <p>Accredited by one or more professional organizations? These may include:</p> <p>Accreditation Commission for Home Care, Inc.</p> <p>Community Health Accreditation Program.</p> <p>Joint Commission on Accreditation of Healthcare Organizations (JCAHO).</p> <p>National Committee for Quality Assurance (NCQA).</p>
Are the hospice nurses certified by the Hospice Nurses Association? <input type="radio"/> Yes <input type="radio"/> No	
Are the hospice doctors certified by the American Board of Hospice and Palliative Medicine? <input type="radio"/> Yes <input type="radio"/> No	
References	
Get the names of doctors who refer patients to this program.	
Identify families who have used this program. If possible, talk with the families. Ask about their experience and whether they would recommend the program to others.	
After your visit	
Does this program provide the services you want? <input type="radio"/> Yes <input type="radio"/> No	
Is this program covered by your insurance? <input type="radio"/> Yes <input type="radio"/> No	



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