Checklist Provided by ***GetCare.com***

Hospice Program Checklist

Use this checklist to evaluate hospice programs (simply print out one checklist per program you plan to review). The checklist is designed to help you know what to ask and to remember specific details. Use the back of the checklist to write down any additional comments. After reviewing hospice programs, use the checklists to compare one provider with another.

Hospice Name: _____

Director: _____

Address: _____

Phone: _____ **Website or E-Mail :**_____

Who is Served?

Yes	No	
❑	❑	If you aren't sure if you qualify for or even want hospice care, is the program willing to make an assessment to help clarify these issues?
❑	❑	Does the program have a written admissions policy?
❑	❑	Does the program require a designated family primary caregiver as a condition of admission? If yes, what is expected of the family caregiver? _____
❑	❑	Does the program offer in-patient care? If yes, what are the requirements for an in-patient admission? _____ How long can one stay as an in-patient? _____

Services

❑	❑	Does the program or agency have a brochure detailing its services, costs and payment procedures? If yes, ask for a copy.
❑	❑	Does a nurse, social worker or therapist conduct a preliminary evaluation of the types of services needed in the patient's home?
❑	❑	Is the evaluation conducted in the home, not on the telephone?
❑	❑	Does it highlight what the patient can do for him or herself?
❑	❑	Does the agency create a plan of care for each new patient? (Ask to see a sample care plan.)

Yes No

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- ❑ ❑ Are the doctors and/or other professionals already providing you with health and social services consulted in developing this plan?
- ❑ ❑ Does the care plan list the specific types of care that will be provided, the hours and days it will be provided, and the name and telephone number of the supervisor in charge?
- ❑ ❑ Is the care plan updated as the patient's needs change?
- ❑ ❑ Does the agency send a supervisor to the patient's home to review the care being given to the patient?
  If yes, how often? _____
- ❑ ❑ Does the hospice offer specialized services such as rehabilitation therapists, pharmacists, dietitians or family counselors?
  If yes, what are these services, and how quickly can they be initiated?
  _____
- ❑ ❑ Does the hospice provide medical equipment or other items that might enhance the patient's quality of life?
- ❑ ❑ Are home-delivered meals provided?
- ❑ ❑ Is respite care provided for families?
- ❑ ❑ Is bereavement support provided for families?
- ❑ ❑ Is patient confidentiality assured?
- ❑ ❑ Are services available twenty-four hours a day, seven days a week?
- ❑ ❑ Is there someone you can call with questions or complaints?
  If yes, who?_____

Staff

- ❑ ❑ Are all medically-related services provided by trained care aides who are supervised by a nurse or other qualified professional?
- ❑ ❑ Are volunteers trained and supervised by nurses or other qualified professionals?
- ❑ ❑ Does the agency require criminal record checks for employees?
- ❑ ❑ Does the agency have procedures for resolving problems between employees and clients?

Physical Environment (for in-patient only)

Yes No

- ❑ ❑ Are there handrails in the hallways and grab bars in the bathrooms?
- ❑ ❑ Are the hallways, bathrooms and other areas convenient for wheelchairs?
- ❑ ❑ Are there private areas for visits with family, friends or physicians?
- ❑ ❑ Is the facility clean and well-maintained?

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❑ ❑ Is there an automatic fire alarm system and sprinklers?
❑ ❑ Are the exits clearly marked and unobstructed?
❑ ❑ Is there an adequate security system?

Credentials

❑ ❑ Is the agency accredited by a nationally recognized accrediting body, such as the JCAHO?
❑ ❑ Is the program licensed by the state, if required by your state?
❑ ❑ Can the agency provide references from professionals who have used it (for example, from a hospital or from community social workers)?
❑ ❑ Does the agency have references for its staff on file?
❑ ❑ Are the caregivers licensed and bonded?

How many years has the agency been serving your community? _____

Cost

❑ ❑ Are there a minimum number of hours per day or days per week you must receive services?
What is the hourly fee?_____
❑ ❑ Are there any additional costs (for example, for medical supplies, travel or home evaluation)?
If yes, what are they?_____
_____
❑ ❑ Does the agency provide payment plan options?
❑ ❑ Does the agency accept Medicare and/or Medicaid?
❑ ❑ Are you notified in writing of changes in the fees?
❑ ❑ Will the agency help you to find financial assistance if it is needed?

Overall Quality

Rate the hospice program in the following areas on a scale from one to ten, with ten being a perfect score:

Do staff convey an attitude of caring, patience and competence? 1 2 3 4 5 6 7 8 9 10

Do they speak in plain, understandable language, not using a lot of jargon about the requirements that patients must meet? 1 2 3 4 5 6 7 8 9 10

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