

## 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 :** \_\_\_\_\_

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### 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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At

[www.GetCare.com](http://www.GetCare.com)

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## Checklist Provided by *GetCare.com*

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

### Staff

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

### Physical Environment (for in-patient only)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>Yes</b>               | <b>No</b>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there handrails in the hallways and grab bars in the bathrooms?     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the hallways, bathrooms and other areas convenient for wheelchairs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there private areas for visits with family, friends or physicians?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 Joint Commission?
- 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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