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 service	es provided?			
	In your home			
	In a special inpatient hospice unit			
	In a facility (hospital or nursing ho	me) where you are alre	ady 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 counseling or advisors Respiratory, occupational, and physical therapists Social workers Home health aides Shopping and errands Meal preparation and nutritional counseling			
	Cleaning and household chores Respite services if your primary ca Prescription medications and med Interpreters or other special services	lical supplies and equip	ment	
What is the plan o	lifestyle		- ·	

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				
	Iministrative assistant) who will:			
☐ Tal	lk with you and your family in your home (not just over the telep	hone).		
☐ Tal	lk with your doctor or other health professionals.			
Wri	ite down the care plan and give copies to everyone who will be	involved in		
	ur care.			
Who provides care? (Check	all that apply.)			
☐ Far	mily members			
☐ Hos	spice staff			
☐ You	ur doctor			
Licensing and certification				
Is the	plan:			
☐ Me	dicare-certified?			
☐ Sta	ate-licensed? All state health departments certify hospice progra	ms.		
☐ Acc	credited by one or more professional organizations? These may	y include:		
	Accreditation Commission for Home Care, Inc.			
	Community Health Accreditation Program.			
	Joint Commission on Accreditation of Healthcare Organizations	s (JCAHO).		
	National Committee for Quality Assurance (NCQA).			
Are the hospice nurses certifie	ed by the Hospice Nurses Association?	○ Yes ○ No		
Are the hospice doctors certified by the American Board of Hospice and Palliative Medicine? O Yes O 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 recon	nmend the program to others.			
After your visit				
Does this program provide the	e services you want?	○ Yes ○ No		
Is this program covered by your insurance?		○ Yes ○ No		

