



Vancouver Hospice Admission Agreement

VCH Hospice Document August 28, 2012

Client's Name: _____ PARIS # _____

Philosophy of Care Agreement

I agree to be admitted to a Vancouver funded hospice bed. Hospice/palliative care focuses on a philosophy of caring for both the hospice resident and his/her family.

I understand that my care will be focused on enhancing comfort and the quality of life so that I will be supported to die naturally. For this reason, hospice care does not include CPR (cardio-pulmonary resuscitation). My hospice care will be planned in partnership with me, my family, my family physician, the hospice care team and Vancouver Health Services home and community care teams.

I understand that if my condition stabilizes or improves, the hospice staff will assess whether hospice is still the right place for me. The reassessment will take place after admission as well as whenever my condition stabilizes for a period of time or improves. If the hospice setting is no longer appropriate, a move to an alternative setting will be planned with me, my family and the hospice care team working with Vancouver Health Services home and community care teams.

I acknowledge that during the course of my care, the information contained in my health record (paper or electronic) may be shared with authorized caregivers and to such others as may be permitted by the Freedom of Information and Protection of Privacy Act.

//Family member agree with the hospice philosophy of care as described.

Signature: _____ **Date:** _____ (dd/mm/yy)