SSM Cardinal Glennon Children's Hospital

Home Health & Hospice Agencies
COMMUNITY NEEDS ASSESSMENT

Please check/complete all appropriate information:

1). Name of organization
2). Counties you serve (please list):

3). Types of personnel employed:
   MD/DO
   RN
   LPN
   Other (please identify)
   Care Partner (Aide)
   MSW
   Pastoral Counselor

4). Services you provide:

   24 Hrs.  Limited  
   (list hours)  (list hours)

   Home Health
   Skilled Visit
   Private Duty
   Hospice
   Respite
   Bereavement
   Chaplain
   Social Service
   Infusion Services
   Medical Equipment

5). Has there been any education in your community regarding quality of life at end of life?
   Adult
   Pediatric
   Sponsoring Organization:

6). Do you currently care for pediatric patients? Yes  No

How many pediatric patients have been referred to you:
In the past year
In the past 5 years
7). Do you accept Medicaid patients?  Yes  No

8). Do you have trained pediatric staff?
MD        RN        LPN        msw       Chaplain
Other (please identify)

9). Are you currently affiliated with a Health System? Yes  No

If Yes, who?

10). Source of referral to your organization?
Hospital   MCO   Physicians   Self   Other:

11). Would you consider caring for children if you are not currently doing so? Yes  No

If no, do you believe it would be beneficial to develop/increase pediatric end of life services in your community? Yes  No
(If no, skip to question 18)  

12). What staffing resources would you need? (please list)
Pediatric RN  Pediatric LPN  Other-

13). What educational resources would be of greatest interest?

Pain Assessment and Management
Living with the Dying Child/Living Well at The End of Life
Caring for the Caregivers: Family Parent Sibling Grandparent & Support
Dying at Home: Applying 'Hospice' Principles to End of Life Care for Children
The Advance Care Planning Process
Psycho Social & Spiritual Issues in Children
Other       Bereavement       Staff       Support

14). What format would be useful?  
Away    On Site

Seminar
Day long workshop I day or 2
One-on-one training at the time of child's return to the community
15). Are you willing to participate with Cardinal Glennon Children’s Hospital in caring for the dying child and his/her family? Yes No
If no, please explain:

16). Would you be willing/able to honor Pediatric Advanced (Pediatric Advanced Directive) "care plan" established by the hospital in conjunction with the family and primary caregivers? Yes No
If no, please explain:

17). Would the patient be able to maintain his/her "continuity physician" from Cardinal Glennon in conjunction with the community physician from CGCH if cared for in your organization? Yes No
If no, please explain:

18). Would you be willing/able to allow the Glennon continuity physician in conjunction with the community physician to control pain assessment/management? Yes No
If no, please explain:

19). Are there additional resources in your community that a family could access during the terminal illness of a child? (Please list the names of these organizations):
Church Groups:

Community Mental Health Services:

School Associations: Health Providers:

Emergency Personnel:

Parish Nurses:

20). As we continue to gather information regarding available resources in the state of Missouri & Illinois, would you be interested in further participation with a network of health care providers interested in designing a "best practice" model for "End of Life Care" for pediatrics patients? Yes No

Thank you for taking the time to complete this community needs assessment.