Square of Care Organization	and	ne	History of issues, opportunities, associated expectations, eds, hopes, fears - Examination - sessment scales, physical exam, laboratory, radiology, procedures	Confidentiality limits Desire and readiness for information Process for sharing information Translation Reactions to information Understanding Desire for additional information	Capacity Goals of care Requests for withholding/ withdrawing, therapy with no potential for benefit, hastened death Issue prioritization Therapeutic priorities, options Treatment choices, consent Surrogate decision-making Advance directives Conflict resolution	 Setting of care Process to negotiate/ develop plan of care - address issues/ opportunities, delivery chosen therapies, dependents, backup coverage, respite, bereavement care, discharge planning, emergencies 	Careteam composition, leadership, education, support Consultation Setting of care Essential services Patient, family support Therapy delivery Errors	Understanding Satisfaction Complexity Stress Concerns, issues, questions			
		4	Assessment	Information- sharing	Decision-making	Care Planning	Care Delivery	Confirmation			
		_			PROCESS OF PRO	VIDING CARE					
Primary diagnosis, prognosis, evidence Secondary diagnoses - dementia, substance use, trauma Co-morbidities - delirium, seizures Adverse events - side effects, toxicity Allergies	Disease Management									Governance & Administration	Leadership - board, management Organizational structure, accountability
Pain, other symptoms Cognition, level of consciousness Function, safety, aids Function, safety, aids Fluids, nutrition	Physical									Planning	Strategic planning Business planning Business development
· Personality, behaviour · Depression, anxiety · Emotions, fears · Control, dignity, independence · Conflict, guilt, stress, coping responses · Self image, self esteem	Psychological	co								Operations	Standards of practice, policies & procedures, data collection/documentation guidelines Resource acquisition & manager Safety, security, emergency syst
Cultural values, beliefs, practices Relationships, roles Isolation, abandonment, reconciliation Safe, comforting environment Privacy, intimacy Routines, rituals, recreation, vocation Financial, legal Family caregiver protection Guardianship, custody issues	Social	OMMONIS	Patient / Family						F U N C T I O	Quality Management	Performance improvement Routine review: outcomes, resource utilization, risk management, compliance, satisfaction, needs, financial audit, accreditation,
 Meaning, value Existential, transcendental Values, beliefs, practices, affiliations Spiritual advisors, rites, rituals Symbols, icons 	Spiritual	S U E S									strategic & business plans standards, policies & procedures, data collection/ documentation guidelines
• Activities of daily living • Dependents, pets • Telephone access, transportation	Practical										
Life closure, gift giving, legacy creation Preparation for expected death Management of physiological changes in last hours of living · Rites, rituals · Death pronouncement, certification Perideath care of family, handling of body · Funerals, memorial services,										Communications/ Marketing	Communication/marketing strategies Materials Media liaison
Loss · Grief - acute, chronic, anticipatory Bereavement planning · Mourning	Loss, Grief										
					RESOUR	CES					
		Γ	Financial	Human	Informational	Physical	Commu	nity			
			· Assets · Liabilities	 Formal caregivers Consultants Staff Volunteers 	Records - health, financial, human resource, assets Resource materials, eg, books, journals, Internet, Intranet Resource directory	Environment Equipment Materials/supplies	· Host Orga · Healthcare · Partner healthca · Community or · Stakeholder	System are providers ganizations			

From: Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P. A Model to Guide Hospice Palliative Care. Ottawa, Canada: Canadian Hospice Palliative Care Association, 2002.