**CORE SERVICES**

<table>
<thead>
<tr>
<th>NHPCO Standard(s):</th>
<th>Policy #: CP214</th>
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<tr>
<td>BOD Approval/Review</td>
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<tr>
<td>Regulatory Citation(s):</td>
<td>COPs 418.64, 10 NYCRR 793.7</td>
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**POLICY**

High Peaks Hospice (HPH)’s core services are routinely provided directly by its employees and volunteers. Contracted staff may be used to provide core services only when necessary during periods of peak patient loads or under extraordinary circumstances. HPH designates an interdisciplinary team composed of individuals who provide or supervise the care and services offered by HPH. A plan of care is established and maintained for each patient admitted to the HPH program.

**PROCEDURE**

1. Core services include nursing, physician, medical social services, spiritual or pastoral, dietary, and bereavement counseling

2. Services are provided directly by qualified HPH staff which includes volunteers and are not delegated to nursing home staff or privately paid professionals.

3. Non-core services may be provided at fair market value in accordance with contracts with other providers.

4. HPH maintains professional management responsibility for all contracted services.

5. Interdisciplinary Team (IDT):
   A. Composition
      1) Medical Director
      2) Patient Care Coordinator or designee Registered Nurse
      3) Social Worker
      4) Pastoral Care Coordinator
   
   B. Responsibilities:
      1) Establish the plan of care prior to the provisions of care
      2) Provide or supervise hospice care and services
      3) Provide a comprehensive review of each patient at specified intervals, and more often if necessary, in order to continuously monitor their eligibility for hospice care
4) Review of IDT services to patients and families and level of services being provided
5) Review appropriateness of a patient’s admission to hospice
6) Regularly review patient lengths of stay
7) Monitor delays in admission or services provided

6. Plan of Care for each Patient:
A. The plan of care is established prior to providing care and is reviewed by the attending physician and members of the IDT.
B. Care provided to the patient is in accordance with the plan of care.
C. The plan of care is based on an assessment of the hospice patient’s needs and identifies the services and level of care required for the management of discomfort and symptom relief.
D. The plan of care includes, in detail, the scope and frequency of services that are needed to meet the needs of the patient and family.
E. The plan of care is reviewed and updated at intervals specified in the plan by the attending physician and the IDT.
F. Reviews and updates are properly documented.
G. HPH regularly reviews the appropriateness of IDT services and level of services being provided, patient admission to hospice, length of stay, and specific treatment modalities.
H. A registered nurse is designated to coordinate the implementation of the plan of care for each patient.

See Clinical Policies “Scope of Services, CP259”, and “Patient/Family Plan of Care, CP247” and “Interdisciplinary Team (IDT), CP286” for further information.

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