EVALUATING PROPOSED TREATMENT OF EXPANDED HOSPICE THERAPY

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<th>NHPCO Standard(s):</th>
<th>Policy #: CP226</th>
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<td>BOD Approved/Review 12/01/16</td>
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<td>Regulatory Citation:</td>
<td>COPs 42 CFR 418.24 and 25, 10 NYCRR 793.1 and .2</td>
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**POLICY**

High Peaks Hospice (HPH)'s Clinical staff will review and consider on a case-by-case basis any proposals for treatment outside the standard end-of-life comfort measures.

**PROCEDURE**

1. The HPH Primary Care Coordinator (PCC), Registered Nurse (RN) Case Manager or designee will contact the patient’s attending physician to inquire about the proposed treatment and its appropriateness to the HPH Plan of Care.

2. The HPH Medical Director (MD) or Hospice Physician (HP) will review the proposed treatment with the attending physician and the RN Case Manager or PCC. The discussion should include but not be limited to:
   A. How the proposed treatment, including risks, benefits and costs, fits with the HPH Plan of Care.
   B. Are there any alternative treatments that might accomplish the same goals?
   C. If the treatments can affect the terminal prognosis
   D. How the success of the treatment shall be measured to determine achievement of the goals of care.

4. The attending physician will clearly explain the risks as well as the benefits of the proposed treatment clearly to the patient and family and they will verbalize understanding and acceptance of these risks.

5. The RN Case Manager or designee will provide follow up information if necessary and document the understanding and acceptance in the medical record.

6. HPH Staff must have appropriate training to administer the proposed treatment protocol.

7. The Interdisciplinary Team (IDT) will evaluate the effectiveness, appropriateness and benefits of the treatment no less frequently than every 15 days. The RN Case Manager will appraise the attending physician of progress and any recommended changes made by the MD/HP present at the IDT meeting.
8. If the proposed treatment is deemed ineffective in palliating symptoms or is incompatible with the HPH Plan of Care, the patient may choose to revoke the Hospice Medicare Benefit (if applicable) to pursue the treatment, taking full responsibility for the cost, logistics, and any adverse effects of the treatment.

LAST REVIEW DATE: IDT 11/25/15, Clinical Comm 10/18/16, 11/14/16

LAST UPDATED: Comp Coord 11/16/16, 09/01/18

BOARD APPROVAL: 12/01/16