High Peaks Hospice (HPH) will establish an Interdisciplinary Team (IDT) in each Clinical Office to ensure the coordination of services for each patient brought on HPH services and prepare an individualized Plan of Care for each patient. The IDT will meet at specific intervals and document the patient’s status in the clinical record.

The IDT is a team of HPH staff consisting at a minimum of a Medical Director, a registered nurse, a social worker, and a pastoral or other counselor. These four members are referred to as the core team. Other team members are added as needed to reflect the changing care needs of the patient.

This team works together to meet the physical, medical, psychosocial, emotional and spiritual needs of the hospice patients and families facing terminal illness and bereavement.

The IDT supervises the care and services offered by HPH. The primary members of the IDT will meet on a regularly scheduled basis, at a minimum once every 15-calendar days, to review the patients’ plan of care and note the patients’ progress toward outcomes and goals specified in the plan of care.

**PROCEDURE**

1. The IDT meets no less frequently than once every 15-calendar days to review the Plan of Care (POC) for each patient.
   A. The POC must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments.
   B. The POC must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:
      1) Interventions to manage pain and symptoms
      2) Detailed documentation of patient’s decline
      3) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs
      4) Measurable outcomes anticipated from implementing and coordinating the plan of care
      5) Drugs and treatment necessary to meet the needs of the patient
6) medical supplies and appliances necessary to meet the needs of the patient
7) documentation of the patient’s or representative’s level of understanding,
involvement, and agreement with the POC in accordance with HPH’s own
policies, in the clinical record.

C. Review of the POC must include information from the patient’s updated
comprehensive assessment and must note the patient’s progress toward
outcome and goals specified in the POC

2. The IDT will review the Recertification of each patient; the Medical Director’s or
Hospice physician’s narrative must document continued hospice eligibility, including
a Face-to-Face Visit statement if applicable.

3. All IDT members will sign-in to show they participated in the IDT meeting.

4. Patients that were reviewed will be recorded on the Sign-In Sheet.

5. Documentation from the IDT meeting will be reviewed by the Patient Care
Coordinator and Office Manager for completeness.

6. The Sign-In Sheet with date of IDT, attendees, names of patients reviewed is
forwarded to the Billing Office within two weeks of the meeting.
A. The Billing Office will review the IDT information for completeness and maintain a
folder of the current year.
B. IDT Sign-In Sheets are kept for 6 years after the close of the calendar year to
which they pertain. Previous years are kept in records storage in the
Administration Office.

LAST REVIEW DATE: IDT 02/27/17, Clinical Comm 04/25/17, BOD 05/23/17

LAST UPDATED: Comp Coord 11/09/16, 04/07/17, 05/10/17, 05/24/17, 09/01/18

BOARD APPROVAL: May 23, 2017