PATIENT/ FAMILY PLAN OF CARE

<table>
<thead>
<tr>
<th>NHPCO Standard(s):</th>
<th>PFC 4.2; PFC 4.3; PFC 6; PFC 6.1; PFC 6.2; PFC 7; PFC 7.1; PFC 7.2</th>
<th>Policy #: CP247</th>
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<tr>
<td>BOD Approval/Review</td>
<td>05/23/17</td>
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<td>Regulatory Citation(s):</td>
<td>COPs 42 CFR 418.56(b); 418.56(d); 10NYCRR 793.4(c)</td>
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POLICY

High Peaks Hospice (HPH)'s Interdisciplinary Team (IDT), in collaboration with the attending physician (if any), the patient or family representative, and the primary caregiver, will establish and maintain an individualized written plan of care (POC) for each patient admitted to HPH services.

1. The POC will address the physical, psychosocial, emotional, and spiritual needs of each patient/family unit based on initial and ongoing assessments.
2. The POC will outline the services to be delivered by the IDT under the coordination of the Registered Nurse (RN) Case Manager.
3. The IDT will review, revise and document the individualized POC as frequently as the patient’s condition requires, but no less frequently than every 15 calendar days.
4. The IDT will ensure the patient and primary caregiver(s) receive education and training provided by HPH as appropriate to their responsibilities for the care and services identified in the POC.

PROCEDURE

1. An initial assessment of the patient/family will be completed by an RN. A POC will be established within 48 hours of the admission date by the HPH Patient Care Coordinator (PCC) or designee with the attending physician and reviewed by the Medical Director (MD) or designee and members of the IDT.

2. Within five (5) days of admission, the IDT will finalize the comprehensive (POC) to include:
   A. An assessment of the patient’s need for hospice care and services. Identify the need for physical, psychosocial, emotional, and spiritual care of the patient and as needed the family/primary care giver.
   B. Interventions to manage pain and symptoms.
   C. Scope and frequency of services to be provided and the discipline to deliver care.
   D. Patient and family goals and interventions based on the Initial Assessment.
   E. Measureable outcomes anticipated from implementing and coordinating the plan of care.
F. Level of understanding, involvement, and agreement with the plan of care from patient or representative
G. Patient’s prognosis and related conditions
H. Medications, supplies, equipment necessary to meet needs of the patient

3. The POC will be reviewed and updated by the MD or designee and the IDT, as needed, but no less frequently than every 15 days, in collaboration with the attending physician and patient/primary care giver.

4. Updates to the comprehensive POC will include:
   A. Any changes that have taken place since the initial assessment
   B. Information on the patient’s progress toward desired outcomes
   C. Assessment of patient’s response to care

5. The RN Case Manager will assume responsibility for the coordination of services as outlined by the POC under the direction of the PCC.

6. All care provided to the patient is in accordance with the POC.
   A. The POC will be communicated to all disciplines, contracted personnel, and other individuals providing care to ensure that services are consistent with the hospice concept of care, in accordance with the POC and that HPH maintains professional management responsibility.
   B. If the course of care or treatment is different than that outlined in the POC HPH will not be responsible for the care of the patient nor the accompanying expense.
   C. The PCC or designee will be available to all caregivers in all settings 24 hours a day, 7 days a week for evaluation regarding implementation of the POC.
   D. A copy of the POC will accompany the transfer of a patient to any setting to assure continuity of care.

Also see other Clinical Policies such as:
   Interdisciplinary Team (IDT) CP286
   Initial and Comprehensive Assessment of Patient CP233

LAST REVIEW DATE:  IDT 02/27/17, Clinical Comm 04/25/17
LAST UPDATED:  Comp Coord 10/21/16, 04/07/17, 05/15/17, 05/24/17, 09/01/18
BOARD APPROVAL:  May 23, 2017