POLICY

High Peaks Hospice (HPH) will provide physical, occupational, speech, respiratory, enterostomal therapy, and audiology services through contractual agreement. Services will be provided by licensed registered therapists under the administrative supervision of the Patient Care Coordinator (PCC) or designee.

PROCEDURE

1. HPH management will sign a written agreement for the provision of physical, occupational, speech, respiratory, enterostomal therapy, and audiology services for HPH patients that have been determined to need such services by the Interdisciplinary Team (IDT).

2. The contracting agency is responsible for ensuring the competency of the therapists providing services to HPH patients. Services will be provided in accordance with HPH's established therapy procedures and accepted standards of practice.

3. The PCC is responsible for administrative supervision of the therapists.

4. The therapist will receive a HPH orientation and will receive and abide by all HPH policies and procedures to ensure services are consistent with the hospice concept of care. At a minimum the following will be covered during orientation:
   A. The HPH Mission Statement
   B. Patients’ Bill of Rights
   C. Interdisciplinary Team (IDT) Plan of Care
   D. Relevant policies and procedures
   E. Standards of Conduct
   F. Conflicts of Interest and Whistleblower policies

4. The therapist will contact the patient or family directly to schedule a date and time for initial and subsequent visits. Services are available during regular working hours or at the convenience of the therapist.

5. The therapist will have input into the development of the plan of care relevant to their services and will maintain ongoing communication with the HPH nurse and
other members of the HPH team. The therapist will attend IDT conferences as requested.

6. When the need for therapy services is identified the PCC will contact the appropriate therapist and arrange for the service:
   A. The need for therapy services will be documented in the plan of care by the IDT
   B. A physician’s order must be obtained.
   C. For ongoing therapy, physician orders must be renewed every 60 days.

7. The therapist will advise the PCC of needed changes in the type or frequency of services to be provided.

8. The therapist will be responsible for teaching the patient, the family, and/or supporting personnel specific procedures or exercises as requested by the HPH nurse in order to maintain mobility, comfort, communication, and safety.

9. Documentation and communication:
   A. The PCC will be responsible for communication with the therapist to coordinate the patient’s plan of care.
   B. Following the first visit, the therapist will contact the PCC to communicate initial findings and plan.
   C. The initial evaluation narrative and therapy care plan should be completed and given to HPH within one week.
   D. The therapist will maintain regular contact with staff during the course of therapy services. A verbal report will be made to the PCC within 24 hours of the visit if necessary to communicate findings and recommendations that will immediately affect the patient’s comfort and quality of life.
   E. All visits will be documented and documentation submitted to HPH within one week of the visit.
   F. The therapist will document all phone calls to the physician.
   G. The therapist will document calls to patients who have cancelled or refused visits and will let the PCC know of any difficulty in scheduling visits.

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