

Integrity Hospice
Section 2 - Provision of Care, Treatment and Service

**PHYSICIAN RESPONSIBILITY
IN MANAGING HOSPICE PATIENTS**

**POLICY1-19
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EFFECTIVE DATE: JANUARY 4, 2019

PURPOSE

To specify the physician's responsibilities in managing patients requiring hospice services.

POLICY

Each physician will be notified of his/her rights and responsibilities regarding the management of hospice patients upon referral and admission of his/her first patient to services, and annually thereafter.

PROCEDURE

1. The physician, upon referring and approving a patient admission to Integrity Hospice for the first time, will receive a document that defines the physician's rights and responsibilities for managing a hospice patient.
2. The information given to the physician will include, but not be limited to, the following:

Physician Rights

The physician has the right to:

- A. Be an active participant in the development of the plan of care in the provision of hospice orders.
 - B. Be provided with timely information regarding his/her patient. Notification and contact will occur with, but will not be limited to, the following:
 1. Changes in the patient's condition
 2. Changes in the patient's psychosocial status
 3. Changes in the patient's home environment
 4. Lack of achievement of goals within the defined time frame
 5. Changes and/or lack of patient response to hospice care
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- 6. Changes needed regarding diagnoses, treatments, medications, precautions, and limitations
- C. Have hospice personnel available to respond to questions regarding patients. When the Case Manager is not available, another clinician familiar with the patient will answer questions.
- D. Information to assist in continuity of care, including ongoing updates, written summaries at a minimum every month, and phone consultation.
- E. Refer patients to specialty physicians during exacerbation of the patient's terminal illness, after consultation with hospice Medical Director, and make appropriate referrals to other organizations for supportive services and medical direction.
- F. Confidentiality of information and communication to the physician by hospice personnel.
- G. Legible, complete, and accurate information regarding the patient.
- H. Participation in the consideration and resolution of ethical issues related to hospice patients.

Physician Responsibilities (See "[Physician Services—Medical Director](#)" Policy and "Professional Services Agreement for Medical Director," Policy in the Joint Commission Human Resource Administration manual)

The physician has a responsibility to:

- A. Be an active participant in the development of the plan of care in the provision of hospice orders.
 - B. Provide hospice with timely information regarding his/her patient. Notification and contact will occur when there are changes of which the hospice may not be aware, including, but not limited to:
 - 1. Changes in the patient's condition
 - 2. Changes in the patient's psychosocial status
 - 3. Changes in the patient's home environment
 - 4. Lack of achievement of goals within the defined time frame
 - 5. Changes and/or lack of patient response to hospice care
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- 6. Changes needed regarding diagnoses, treatments, medications, precautions, and limitations
 - C. Be available to respond to questions regarding the patient. When the attending physician is not available, another physician who is familiar with the patient will be designated as the alternate coverage.
 - D. Provide legible, complete, and accurate information, including treatment orders for his/her patient.
 - E. For non-benefit patients, designate the hospital to which the patient should be sent; agree to admit patient to designated hospice-contracted facilities for Medicare/Medicaid/Private Hospice Program beneficiaries for alternate medical coverage, and for consultative referrals that relate to the patient's terminal illness.
 - F. Sign and return hospice orders and other required documentation within the time frame specified in organization policy and in accordance with applicable law and regulation.
 - G. Participate in the consideration and resolution of ethical issues related to hospice patients.
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