

**Regulation(s):** | 42 CFR 418.56(e)(1-5)  
**L-Tag(s):** | 554 - 558

**POLICY:** The IDG ensures that there is a coordinated and effective ongoing sharing of information amongst and between all disciplines, with all contracted service providers and in all settings.

**PROCEDURE:**

1. The Director of Clinical Operations assumes overall responsibility for ensuring there are effective methods of communication that allow for the coordination of the care and services provided by the hospice.
2. An RN Case Manager is assigned and is responsible for coordinating the patient’s plan of care and facilitates the ongoing sharing of information with the attending physician, contracted facilities, vendors, other members of the IDG and non-hospice healthcare providers furnishing services unrelated to the terminal illness.
3. The IDG meets regularly to provide care planning for the hospice’s patients/caregivers. Each patient/family is discussed, at a minimum, every 15 days, and more frequently if the patient’s condition warrants.
4. All members of the IDG participate in care planning and document problems, interventions, goals, observations, and outcomes based on the assessed and reassessed needs of the patient/family.
5. All members of the IDG, volunteers, and contracted personnel have access to the patient’s plan of care and are expected to provide care in accordance with it.
6. Coordination of services and continuity of care is facilitated by established formal and informal communication mechanisms between all disciplines providing care (whether directly or under contract). These communication mechanisms include, but are not limited to:
  - a. IDG meetings;
  - b. ad hoc case conferences and family meetings, when needed;
  - c. discharge and/or transfer summaries as needed;
  - d. telephone communications, voice mail, email; and
  - e. report to and from on-call staff.

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