**PHYSICIAN SERVICES** **POLICY: 1-19**
**ATTENDING PHYSICIAN'S ROLE** **PAGE 1 OF 3**

EFFECTIVE DATE: JANUARY 4, 2019

## PURPOSE

To specify the attending physician's role in the delivery of hospice services.

## POLICY

The medical care of each patient admitted to the care of Integrity Hospice will be the responsibility of the patient's attending physician. Communication between the attending physician and other members of the interdisciplinary group will be ongoing and documented in the hospice clinical record. When the attending physician is absent, the attending physician must designate another physician to oversee care for the hospice patient, according to his/her medical group's departmental procedure.

## PROCEDURE

1. The role of attending physician will include the following:

    A. The attending physician or designee will approve the referral of the patient and family/caregiver to the hospice program, and provide written initial certification of the terminal illness. Supportive documentation will be included.

    B. The attending physician will inform the patient and family/caregiver about the prognosis of six (6) months or less and about the hospice program. The physician will make known to the patient and family/caregiver that the goals of the hospice program are palliative, not curative, and that no care will be provided to artificially prolong life. The physician will explain DNR/DNI status to the patient and family/caregiver and document DNR/DNI, if chosen, status for the clinical record, if appropriate. It will also be explained that the focus of patient and family/caregiver care is in the home, and may include short-term inpatient hospital stays ore respite care as appropriate.

    C. Once the patient and family/caregiver chooses a hospice provider, the attending physician will notify the hospice program and make a referral. At a minimum, he/she will be asked to provide the following information:

1. Patient name
2. Diagnoses, recent history and physical, and physical exam
3. Symptoms
4. Current medications and treatment
5. Written certification of terminal illness
6. When appropriate, a DNR/DNI order, written and signed after discussion with patient and family/caregiver

D. The plan of care will be developed by the hospice registered nurse, the patient and family/caregiver, attending physician, and the hospice Medical Director after the initial assessment is performed and prior to start of care. If the patient is enrolled in a Medicare Part D plan and receiving medications that are not related and covered by hospice, the physician will need to document in the clinical record a brief medical explanation regarding:

1. Why each medication is unrelated to the patient's terminal illness or related conditions

E. Once the comprehensive assessment is completed and after each updated comprehensive assessment, the hospice interdisciplinary group, in collaboration with the attending physician (or other authorized independent practitioner) will update the plan of care as often as needed but no less often than every 15 days.

F. The attending physician will be invited to attend the interdisciplinary group meeting (patient care conferences). Plan of care updates will be communicated to the attending physician via telephone or written documentation mailed, faxed or emailed to the attending physician.

G. The attending physician will agree to comply with conditions for Medicare, Medicaid, and private insurance hospice benefit requirements, as applicable to his/her patients.

2. Interdisciplinary group coordination of patient and family/caregiver care

A. The attending physician will be invited to the initial presentation of the patient at the interdisciplinary group meeting.

B. The attending physician will make changes in the plan of care, in consultation with the interdisciplinary group. Team members will communicate with the attending physician about any changes in the patient's status, changes in the care or service being

C. provided, changes in the patient's physical or psychosocial condition, the patient's response to care or service, the patient's outcome related to care or service, and changes in diagnosis, treatment, or equipment.

D. When the patient dies, the attending physician will be promptly notified.

E. Withdrawal from the hospice program (not due to death) will be mutually agreed upon by the attending physician, patient and family/caregiver, and interdisciplinary group.

3. Admission/discharge for hospice inpatient care:

A. The attending physician (or other authorized licensed independent practitioner) or designee will provide orders to admit the patient for inpatient hospice care.

B. The attending physician (or other authorized licensed independent practitioner) will provide medical care and orders during the patient's inpatient stay.

C. When the patient is ready for discharge from inpatient care, a discharge order and new hospice home care orders will be written by attending physician (or other authorized licensed independent practitioner).

D. A discharge summary from the inpatient unit will be sent to the hospice program for the clinical record.