

<b>SECTION 2: SCOPE OF SERVICES</b>	<b>POLICY: 2.20</b>
<b>POLICY: PLAN OF TREATMENT</b>	<b>PAGE: 1 OF: 5</b>

**PURPOSE:**

- To plan and provide individualized care, treatment and/or services appropriate to the goals and needs of patients serviced by Helms Home Care.
- To facilitate appropriate coordination and continuity of care, to promote positive patient outcomes, and to ensure compliance with regulatory requirements.
- To ensure patient/legal guardian involvement, whenever possible, in decisions about the patient's care, treatment and/or services.

**POLICY:**

- All infusion nursing services shall be supervised and performed by a Registered Nurse in accordance with an individualized Plan of Treatment for each patient.
- The Plan of Treatment is developed and documented by a Registered Nurse in accordance with a physician's written order.
  - The patient has the right, and should be encouraged, to participate in the development of the Plan of Treatment at the initiation of care and when changes in the established plan are implemented.
- A Plan of Treatment is established at each start of care period and annually thereafter.
  - The Plan of Treatment certifies a one-year care period and is re-established and re-signed by the following provider no less than annually.
  - A Plan of Treatment is discontinued and voided upon the date of discharge.
- **Minimally**, the Plan of Treatment shall include:
  - Demographics, including the primary address in which services will be rendered.
  - Start Date
  - Diagnosis
  - Allergies
  - Activities Permitted

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- Functional Limitation(s)
- Nutrition
- Prognosis
- Mental Status
- Provider Contact Information
- Nursing Orders, Interventions, & Education
- Frequency & Duration of nursing care
- Goals & Discharge Plans
- RN Signature & Date
- **As applicable**, the Plan of Treatment shall additionally include:
  - Medications being taught, monitored and/or administered by the RN:
    - Medication name, dose, frequency, and route
    - Medication end date (if applicable)
    - Delivery method
  - Pre, Post, and PRN medications ordered in conjunction with the primary therapy.
  - ANA kit
  - Lab draw(s)
  - Any applicable instruction(s) or clarifying information related to infusion therapy care that is not otherwise defined in the above
- Helms Home Care provides care, treatment and/or services consistent with the frequency identified on the Plan of Treatment.
  - Helms Home Care, LLC will make every effort to provide nursing visits on time as scheduled and in accordance with the Plan of Treatment, however, it does not guarantee services or nursing availability.
  - Helms Home Care is not an emergency nursing services provider.

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- The Plan of Treatment is authorized by the following provider and signature verification is obtained in accordance with this policy.
- The patient's provider is contacted as necessary and appropriate with reports of changes in the patient's clinical status and/or needs, and for necessary orders.
- The Plan of Treatment is made available to all members of the healthcare team who provide care, treatment and/or services to the patient.

### **RECERTIFICATION & RENEWAL**

- The Plan of Treatment shall be recertified by a Registered Nurse at least every 90 days, or more often as needed for the specific care needs of the patient and/or as required by specific state regulations.
- The POT Recertification shall be signed by the Registered Nurse and sent to the following provider.
  - POT recertification shall consist of a comprehensive review of the patient's clinical chart for the previous period (30 - 90 days) of service including, but not limited to review of:
    - orders,
    - clinical notes,
    - care plan elements,
    - nursing schedule,
    - care coordination notes / communication.
  - The POT Recertification shall include:
    - a written summary of the previous period (30 - 90 days), including but not limited to:
      - changes in patient status and care needs,
      - changes in the care plan,
      - deviations from or absence of care plan elements,
      - adverse event(s), hospitalization(s), and other pertinent information related to the delivery of infusion therapy.

Policies & Procedures



*Reference: PDN Policies 10004, 10019, 10020*

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- Medications being taught, monitored and/or administered by the RN:
    - Medication name, dose, frequency, and route
    - Medication end date (if applicable)
    - Delivery method
  - Pre, Post, and PRN medications ordered in conjunction with the primary therapy.
  - ANA kit
  - Lab draw(s)
- A new Plan of Treatment shall be developed, documented, and signed by the provider:
    - Annually, for active patients continuing services (POT renewal); and
    - At the start of each new service period

**SIGNATURE VERIFICATION:**

- The Plan of Treatment is faxed to the attending / following provider for signature verification within 5 days of initiation of care and the original copy is maintained in the medical record.
  - If the Plan of Treatment is not returned signed within 14 days, the Agency will act in accordance with this policy to obtain a signature in a timely manner without disruption to patient care.
  - The Agency will maintain a record of each occurrence in which the Plan of Treatment was faxed to the physician.
  - Fax failures will be tracked, and appropriate actions will be taken to confirm the correct fax number and re-send as needed.
- In the event a Plan of Treatment is not signed and returned within 14 days the Agency shall:
  - Confirm the 1<sup>st</sup> fax attempt was successful.
  - Confirm provider information and re-send the fax.

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- In the event a Plan of Treatment is not signed within 30 days of the certification start date and/or after two (2) successful fax attempts, the Agency shall:
  - Call the provider to request the signed document (once minimally every 30 days for active patients)
  - Re-fax the Plan of Treatment for signature verification (once minimally every 30 days for active patients)
  - Contact the referring pharmacy provider as needed to confirm information for the appropriate following provider.
- For patients actively receiving nursing services from the Agency, efforts to obtain signature on the Plan of Treatment shall be ongoing and continuous.
  - If requested, the Agency shall mail or securely email the Plan of Treatment for signature.
  - A Plan of Treatment shall not be renewed / continued for another **annual** certification period if the previous annual certification period has not been signed.
- For patients discharged from the Agency, efforts to obtain signature on the Plan of Treatment may be discontinued once the following conditions are met:
  - The patient has been discharged for a minimum of 30 days, and
  - The Plan of Treatment has been successfully faxed to the provider no less than twice, and
  - The Agency has made at least 1 attempt to reach the provider by phone, or
  - In the event faxes and/or phone calls have been unsuccessful, the Agency has made at least 1 attempt to confirm provider information with the referring pharmacy vendor.