

**MONITORING PATIENT'S RESPONSE/  
REPORTING TO PHYSICIAN**

**POLICY: 2-053  
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EFFECTIVE DATE: JUNE 14, 2016

**PURPOSE**

To provide guidelines for monitoring the patient's response to hospice care and for reporting to the patient's physician.

**POLICY**

Clinicians will monitor, document, and report the patient's response to care and treatment provided on each hospice visit. Progress toward goals will be measured at regular intervals.

Clinicians will establish and maintain ongoing communication with the patient's physician and the hospice Medical Director to ensure safe and appropriate care for the patient.

**PROCEDURE**

1. During each hospice visit, the clinician will monitor the patient's response to care against established goals, including, but not limited to:
  - A. Care interventions for pain and symptom management
  - B. Medications
  - C. Teaching
2. During interdisciplinary group meetings, as well as during the recertification process, the care will be evaluated to determine achievement of hospice goals.
3. The patient's physician and/or the hospice Medical Director will be contacted on the same day when any of the following occur:
  - A. Unanticipated changes in the patient's condition
  - B. Unanticipated changes in the patient's psychosocial status
  - C. Changes in family/caregiver support or home environment that has not been arranged for or anticipated.
  - D. Inability to achieve goals within the specified time frame
  - E. Changes in the patient's expected response to hospice care or medications

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- F. Changes occur regarding diagnoses, prognosis, or treatment (including procedures, medications, precautions, and limitations)
  - G. When results are received for relevant laboratory tests ordered. All critical test results will be phoned to the physician within an agency designated time frame and will be read back and confirmed.  
  
**Note:** Critical values will not be faxed
  - H. There is any problem implementing the plan of care
  - I. With interdisciplinary group recommendations for changes in the plan of care and care plan updates
  - J. Patient is to be discharged from hospice, or a specific service is to be discontinued
  - K. Death occurs
4. All conferences or attempts to communicate with the attending physician and/or hospice Medical Director will be documented in the clinical record.
- A. Documentation of physician notification will include:
    - 1. Date and time contacted
    - 2. Patient name
    - 3. Name of physician notified or his/her representative
    - 4. Reason for notification
    - 5. Physician's response
    - 6. Action taken or orders obtained
  - B. Documentation of attempted physician notification will include:
    - 1. Date and time
    - 2. Patient name
    - 3. Name of physician attempting to notify
    - 4. Reason for notification
    - 5. Name of person taking message

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6. Professional's signature and title
5. When unable to contact the patient's physician for medical consultation warranted by a change in patient's condition, the following procedures will be followed:
  - A. The nurse will immediately notify the Clinical Supervisor/Nursing Supervisor or designee regarding the need for medical consultation and problems encountered.
  - B. An attempt will be made by the Clinical Supervisor/Nursing Supervisor or designee to contact the patient's physician.
  - C. If the Clinical Supervisor/Nursing Supervisor or designee is unable to contact the patient's physician, the Clinical Supervisor/Nursing Supervisor or designee will notify the hospice's Medical Director of the change in patient condition and the inability to contact the patient's physician to request medical consultation.
6. Based on communication with the physician (or other authorized licensed independent practitioner), a verbal order will be obtained for any change in the plan of care and communicated to all interdisciplinary group members to ensure that care is provided according to the revised plan of care.
7. The plan of care will be updated according to hospice policies and procedures.

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**ADDENDUM 2-053.A**

**IDENTIFICATION OF CRITICAL LAB TESTS AND CRITICAL  
RESULTS/VALUES**

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**(LIST OF IDEFINED CRITICAL TESTS AND RESULTS/VALUES)**

1. Nurses will notify the Medical Director of blood glucose levels of > 400 or < 40.
2. INR values goal range set by the Medical Director or Attending Physician.

**Goal of 2.0 - 3.0**

Nurse notifies Medical Director if < 2.0 or > 3.0

**Goal of 2.5 - 3.5**

Nurse notifies Medical Director if < 2.5 or > 3.5

3. All other critical lab values (as defined by Quest Laboratories) will be reported to Hospice of San Joaquin Medical Director or ordering physician when received.