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Ohio Administrative Code

Rule 3701-19-11 Interdisciplinary team and interdisciplinary plan of care.

Effective: January 23, 2020

(A) Each hospice care program shall have an interdisciplinary team or teams that provides or supervises the provision of hospice care and services. The registered nurse designated to coordinate each interdisciplinary team shall ensure all of the following for that team:

(1) There is ongoing assessment of the hospice patient's and family's needs;

(2) That all components of the plan of care are addressed by the interdisciplinary team; and

(3) The plan of care is implemented in accordance with its terms.

(B) If the hospice care program has more than one interdisciplinary team, it shall designate which team is to be responsible for establishing the policies and procedures or it shall specify particular areas for which each team is to establish policies and procedures.

(C) The interdisciplinary team or teams shall perform the following functions:

(1) Establish policies and procedures governing the provision of care;

(2) Ensure that all of its policies and procedures are available and accessible to all personnel;

(3) Establish an interdisciplinary plan of care for each patient and family;

(4) Review the interdisciplinary plan of care on a periodic basis no less frequently than every fifteen days;

(5) Encourage and foster active involvement of the patient and family in the development and implementation of the interdisciplinary plan of care; and

(6) Evaluate the hospice care and services provided and monitor the continuity of care across all settings for the hospice care program's patients and their families.

(D) As part of a hospice patient's interdisciplinary plan of care required by paragraph (A) of rule 3701-19-07 of the Administrative Code, each hospice care program that provides hospice care and services in the patient's home shall do all of the following:

(1) Before providing hospice care and services:

(a) Distribute a copy of the written policy established under division (A) of section 3712.062 of the Revised Code and paragraph (C) of rule 3701-19-21 of the Administrative Code, to the patient and patient's family and discuss the procedures included in the policy with the patient and patient's family; and

(b) Inform the patient and the patient's family that the hospice care program will dispose of any controlled substances containing opioids that are no longer needed by the patient and were included in the patient's interdisciplinary plan of care.

(2) Assess the patient, the patient's family, and the care environment for any risk factors associated with diversion;

(3) Maintain records of controlled substances containing opioids prescribed to the patient and included in the patient's interdisciplinary plan of care, including accurate counts of the numbers dispensed and used;

(4) Monitor the use and consumption of controlled substances containing opioids prescribed to the patient and included in the patient's interdisciplinary plan of care, including prescription refills, for signs of diversion; and

(5) After the patient's death or when no longer needed by the patient, request, in writing, that the patient or patient's family relinquish any remaining controlled substances containing opioids that were included in the patient's interdisciplinary plan of care to the hospice care program for disposal.

(E) A hospice care program shall ensure that each patient's attending physician, if any, is periodically sent a copy of the patient's plan of care. The hospice care program shall document the date that the copy of the patient's plan of care is sent to the attending physician in the patient's clinical record.