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| **Interdisciplinary Team (IDT) Plan of Care** | **Last Revision:** | April 2013  |
| **Last Reviewed:** | June 2018 |
| **Applies to the following THA Group of Companies:** | Island Hospice |
| **Included in the following manual:** | Administrative Policies and Procedures Provision of Care, Treatment & Service |

**POLICY:**

The Interdisciplinary Team (IDT) Plan of Care promotes coordination of all aspects of patient/patient care through team planning, implementation, evaluation, and revision of the plan of care. Data gathered from discipline-specific assessments and from patient/patient and family input is integrated into the IDT Plan of Care. The IDT Plan of Care is initiated within 24 hours of admission and reviewed at least every 15 days. The initial plan of care is signed by both the attending physician and the medical director.

**PURPOSE:**

To outline the process for developing and updating the IDT Plan of Care.

**PROCEDURE:**

# IDT assesses the patient/family and their needs at the patient care conference and develops a Plan of Care in accordance with the desires of the patient and family.

# The IDT Plan of Care focuses on:

## Scope and frequency of services

## Optimization of comfort and dignity

## Management of pain and other symptoms

## Medication review and medication management

## Prevention of symptoms to the extent possible

## Psychosocial and spiritual concerns

## Expression of sadness or grief, as appropriate

# Documentation on the Plan of Care includes:

## Identified problems of patient

## Prioritized problems and needs

## Interventions planned

## Designation of discipline(s) responsible for providing specific services

# The Plan's contents are available to all persons involved in the care of the patient/patient.

# The Plan of Care is reviewed and updated at the IDT meetings or at the request of any member of the team.

# Documentation of the review is shown on the IDT Plan of Care.

# When possible, the patient/family is assigned a consistent team of identified staff.