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| Resumption of Care and Recertification | **Last Revision:** | April 2017 |
| **Last Reviewed:** | April 2019 |
| **Applies to the following THA Group of Companies:** | * Island Health Care |
| **Included in the following THA Manual:** | Administrative Policies & Procedures  Provision of Care, Treatment & Services |

**PURPOSE**

Outline the process for resumption of care or recertification for continued care.

#### POLICY

When a patient’s needs change due to hospitalization or when a patient requires continued care after the initial episode, it is necessary to reassess and update the plan of care. It is the policy to perform a reassessment of the patient within 48 hours of discharge from the hospital or as requested by the patient/client for resumption of care. For recertification, it is the policy to perform a reassessment of the patient within 5 days of the end of the current episode (days 56-60).

#### DEFINITIONS

Recert = Recertification of the plan of care

Recert criteria: Patient requires continued care past the current period of certification.

#### ROC = Resumption of Care

ROC criteria: Resumption of care following a hospitalization (inpatient stay 24 hours or longer) which occurs during an active episode with MD orders to resume home care services.

# PROCEDURE

For ROC, the clinician assigned is responsible for completion of a comprehensive assessment of the physical, psycho-social, environmental factors and an OASIS (Outcome and Assessment Information Set) within 48 hours of discharge from the hospital or as ordered by the physician. The patient must also be weighed at resumption of care per protocol. Documentation must support the patient’s inability to stand (See Assessment & Reassessment Policy).

For Recert, the assigned clinician is responsible for completion of a comprehensive assessment of the physical, psycho-social and environmental factors, an OASIS, and summary of care within 5 days of the end of the current episode.

Updated physician orders are obtained. The plan of care is updated to reflect changes in physician orders, and medications are reconciled.

Verbal/Additional orders for changes to the plan of care are forwarded to the physician for signature.