### PURPOSE

To ensure continuity of care for patient while receiving home care services.

### POLICY

Consideration will be made at all times to fostering continuity of care by assigning consistent personnel to the patient, whenever possible. This includes limiting the number of identified organization personnel, whenever possible, that are caring for the patient. The exception is for on-call visits and weekend and holiday coverage.

Continuity of care will be ensured by communication between team members concerning the patient’s progress and special needs as evidenced in case conference reports and clinical documentation.

### PROCEDURE

1. The clinician will be responsible for:
   1. Communicating with all personnel caring for the patient including all physicians involved in the plan of care
   2. Updating physicians’ orders and obtaining lab test results as needed
   3. Updating the patient’s plan of care
   4. Developing and updating his/her own discipline’s plan of care
   5. Updating the Home Health Aide plan of care
   6. Communicating changes in orders and findings to the Clinical Supervisor or designee, or other team members as necessary
   7. Communicating between multiple disciplines to optimize visit schedules for the benefit of the patient and the care to be provided
   8. Discharge planning
   9. Conducting supervisory visits
   10. Ensuring that the patient receives written visit schedules for all disciplines involved in care.
   11. Ensuring that the patient and caregiver are provided with a written copy of all treatment instructions to be administered by the home health agency including therapy services.
2. If the patient is not receiving skilled nursing care and is receiving rehabilitation services, the rehab professional in cooperation with the Clinical Supervisor will be responsible for section 1A – 1J of this policy.
3. The patient census and staffing levels will be reviewed frequently and changes in patient assignments will be considered on:
   1. Geographic area
   2. Patient needs and skills required
   3. The skill, education, training, and availability of personnel
   4. Language and communication requirements
   5. Patient acuity
   6. The clinician’s caseload
   7. Previous organization personnel assigned to case
   8. Patient request for personnel
4. The Clinical Supervisor or designee will consult the Executive Director/Administrator regarding any daily staffing issues that cannot be resolved.