Discharge Planning
Give the patient what they need to succeed at home!

DISCHARGE PILLARS

I. Patient Activation
   a. Make sure patient understands the diagnosis
   b. Educate about diet, activity, smoking, wound care, driving
   c. Make the patient responsible & self-sufficient in their own medical care-Personal Health Record

II. Medication Self Management/Reconciliation
   d. Every prescription should have an indication/diagnosis
   e. Identify: New, Changed, Discontinued, Unchanged
   f. Ensure medication access (cost, weekends)

III. Red Flags
   g. What does the patient need to seek help for? Disease/diagnosis specific
   h. What should they do if these things happen?

IV. Follow-up
   i. When does patient need follow-up?
   j. Who does the patient need to follow-up with? (PCP, anti-coagulation, specialists, tests)
   k. Visiting Nurse orders for wounds (be specific), injections, med changes
   l. Enlist interdisciplinary services prior to discharge (RN to train on injections, wound care, etc; RT to teach about oxygen; pharmacist to discuss meds)

1 Coleman et al 2006 Supported by the Hartford Center of Excellence
Discharge Location/Services

I. Home with Home Health Care
- Must be homebound (only goes to medical appts and religious services)
- Medicare A pays, attending must sign paperwork
- RN/PT/ST primary, can add OT/SW if needed. Wounds, disease assessment, medication adjustment, home safety eval, infusions, new disease education (CHF, DM)
- Does not cover personal care unless it is short term and associated with a skilled need

II. Assisted Living Facility
- Needs help with IADLs (instrumental) [cooking, cleaning, shopping, driving, meds, phone, finances]
- Personal care is minimal (costs extra)
- Private pay (Go to www.seniorsresourceguide.com)
- Needs CXR/PPD

III. Skilled Nursing Facility
- Requires a 3-overnight hospital stay
- Continuing to get better, motivated, has additional goals
- Must have skilled need: Gait instability, ADL deficiencies, IV antibiotics, wound care, respiratory care, dysphagia, TF. Might not take TPN or wound vac. No chest tubes, IV heparin.
- Medically stable, patient agrees to plan
- Medicare A pays 100% for 20 days, then 80% for 80 days

IV. Nursing Home (custodial care)
- Private pay or Medicaid
- For patients unable to make additional gains in function, no skilled need

V. Hospice
- 6 month prognosis and pt/family agreement with goals of care
- Medicare A pays for hospice team, does NOT pay for room and board

VI. Shelter/Respite
- Can get medical respite for some, contact SW

VII. Acute Rehab
- Specific diagnoses: stroke, brain injury, SCI, congenital deformity, neurological diseases, hip/femur fracture, major multiple trauma, amputation of limb, burns
- Must participate in 3 hours of therapy per day