

**Patient Discharge Planning For
Successful Transition into Community
Living: Planning For the Eventualities**

Discharge planning

With Case Managers

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Discharge Planning

- There are no **EASY** rehab patients
- It takes a **TEAM** to discharge a patient
- No Patient gets from rehab to home **ALONE**.

**Basic Rehab Admission
Criteria**

Be able to **tolerate 3 hours of therapy daily** of 2 or 3 therapies; Occupational (ot)
Physical (pt) or Speech (st) Therapies

- Have a **discharge plan to the community**.
- Have a **rehab diagnosis**.

General rehab diagnosis

- Stroke
- Multiple Trauma
- Brain injury ICH, aneurism, tumor removal
- Spinal Cord Injuries
- Neurological diseases-Multiple Sclerosis, Parkinsons,Gillian Barre,
- Ortho; amputation, TKA, fx,
- Cardio Pulmonary Rehab
- General weakness, critical illness

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Common BI Behaviors

- Risk for falls, wandering, disoriented
- Agitation, poor-no sleep
- Motor restlessness, poor initiation
- Disinhibition, perseveration
- Poor judgment, impulsivity
- Emotional lability

Frequent BI Discharge Needs

- Supervision or Assist 24 hrs a day.
- Family and care giver training; family/caregiver training.
- Special BI outpatient or home health program or brain injury facility
- Special equipment: Home or w/c alarms, safety bed or side rails, custom w/c, hooyer lift.
- Transportation and or accessible vehicle.
- Follow up Neuropsychology and/or psychiatry.
- Caregiver relief and support.

Discharge Places

- Home with family and /or caregivers
- Assisted Living
- Board and Care
- Brain Injury Facility/ Residential Care
- Skilled Nursing Facility
- Later
- Group or Community Home
- Independent living with resources

BI Therapy after D/C

- **Outpatient Brain Injury Program**
- Home health **Brain Injury Program:**
Gentiva Rehab Without Walls: Ph. 888-299-3868
- **Home Health:** Physical, occupational and speech therapy.
- **Brain injury facility.**

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Outpatient Brain Injury Programs

- **Rehabilitation Center-Scripps Hospital**
- Ph. 760-633-6507
- **Learning Services Escondido**
- Ph. 760-746-3223
- **Sharp Memorial Hospital Outpatient**
RehabPh.858-939-3097

Measuring Progress

- The standard Rehab measurement tool for progress is the **FIM** – (Functional Independent Measurement Scale).
- The standard Brain Injury tool is **Rancho Los Amigos Scale**.
- The standard Spinal Cord injury tool is the **ASIA scale**.
- **Find these At end of document**

Have a Process-1

- **Rehab Liaison:** Prior to admit evaluates patient, confirms meets rehab criteria, discharge plan, funding and speaks with pt and family/support people. Gets admission approval from medical director, staffing and funding authorization.
- **Admission: Pt assigned team for consistent therapist and nurses.** Intradisciplinary evaluations by team members: nursing, case management, dietary, MD, social work, recreational, occupational, physical and speech therapy.

Process-2

- **Safety First:** BI patients have a Private Rm. & unit wandergaurd alarms. If Needed; bed/w/c alarm, safety bed, Family or 1:1 coach.
- **Weekly Team Conference.** First one within 3 days of admit. Evaluate progress toward Pt & family goals
- **All disciplines report & discuss.** Set d/c goals, identify d/c place, caregivers, d/c needs & set d/c date. Make weekly goals e Psychology, neuropsychology and/or psychiatry **evaluations initiated.**

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Process-3

CM meet with pt & family, report on conference, set up calendar with d/c date & weekly goals, Give information re anticipated d/c needs and resources.

Speech give memory book if needed.

Rehab counselor (social worker) meet with pt & family for support, assist with communication with pt and staff & family. Set date for **first family conference**.

Process-4

- **Hope for the best & plan for the worst.**
- **First Family Conference;** Get everyone on the same page, Identify barriers to learning & d/c barriers, discuss solutions & family concerns, BI teaching & d/c care.
- **Social work** meet frequently with family and patient for psychological support and community resources, give book "Dealing with Brain Injury.
- **CM** imitate insurance authorization d/c needs.

Process- 5

- CM Continue **weekly conferences** and updating Insurance CM's . Set up as needed; Hm evaluation, care givers, community outings, authorization for BI out patient program or f/u therapy, medical equipment, supplies & follow up appointments.
- **Social work** meet regularly with patient and family, to help them apply/set up eligible programs ,transportation & handicap placards.

Criteria for Brain Injury outpatient Programs

- **Usual criteria for insurance reimbursement:**
- **Have benefits or \$**
- **Actively working** and planning to return to work or caring for children.
- **Younger** or a student.
- **Transportation and support** to attend program.

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Insurance & Acute Rehab

- **Reimbursement for rehab is a flat rate-by the day.**
- **This means** that patients may need to be transferred to acute care for surgery or a procedure.
- **If pt not able to tolerate or progress** in therapy or they no longer have a viable community d/c plan they need to be d/c ASAP-no longer meet insurance criteria. (usually to SNF)

Working with health insurance companies

- **Keep case managers updated.**
- **Ask for authorization/needs ASAP** especially BI program & custom w/c.
- **Know the rules.**
- **Brain and spinal cord injuries** have the longest lengths of stay.

Types of Insurance in Relation to BI Rehab

Medicare

- For 62-65 yr old or disabled
- Only medicare requires NO updates**
- Just follow the guidelines & pt progress**
- Does not pay for special “BI Programs”,** just regular outpatient or home health.

Private Insurance

- **HMO** often cover outpatient and home health BI programs & occasionally other BI facilities.
- Proposal and authorization needed – maybe able to get benefits flexed.
- **PPO** usually cover outpatient and home health BI programs and sometimes BI facilities.
- Proposal and letter of request needed, patient may need to sign for flex and benefits

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Medi-cal

- **No coverage** for outpatient or home health **special BI programs**.
- **Will “manage” patients** with home health.
- Patient needs to **discharge**
- **Have SSI program** for caregivers at home if patient qualifies (may take 3-4 months).
- **For patients with low income** (considered a child till age 21-use children's services.)

Military, Tricare/Triwest

- **Usually cover** outpatient and home health BI programs.
- Will need authorization and may need proposal.
- **For active duty,**
 - **Usually generous with inpatient and outpatient coverage.**
 - **May cover caregiver at home.**
 - **Will need to see military doctors right after discharge.**

Other Insurance

- **Workman's Compensation:** Sometimes covers special outpatient and home health BI programs.
- Generous with equipment needs.
- **Veterans or their widows:** may qualify for in-home caregivers.

County Medical Services (CMS)

- Cover minimal discharge needs.
- **For low income San Diego County residents** that do not qualify for other insurance (Medicare/Medi-Cal).
- Patient needs to apply for Medi-Cal coverage if any chance will be eligible.
- **Many other counties & cities have similar programs.**

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No Insurance

- ASAP apply for any insurance the patient may be eligible for (Medical/CMS).
- We take care of our own. Have special fund set up for DME, outpatient, Scripps Home Health and Board and Care if necessary.
- From other hospitals or facilities usually have contract set up to cover after care at discharge.

Finalize D/C

- **Acute Rehab D/C is the end of the beginning**
- **Family D/C conference:** All resources and f/u therapy in place, family & caregivers trained & in place, answer questions about future needs, prognosis.
- **Special issues;** Coumadin, IVAB, Tube feedings, wound vac, IMC (intermittent catheterization) and cancer follow up.

Brain Injury Facilities

- **Learning Services** Ph.888-419-9955
www.Learningservices.com
- **Rancho Los Amigos** Ph. 562-401-6554
www.rancho.org
- **Casa Colina** Ph 909-596-7733 ext 4100
www.casacolina.org
- **Center for Neuro skills** Ph.949-587-1514
www.neuroskills.com
- Rehabilitation center at Scripps Hospital Encinitas
- Ph 760-633-6518
- **Sharp Memorial Acute Rehab** Ph.858-939-3066
- **CareMeridian** Ph.800-852-1256
www.caremeridian.com

Community resources

- **San Diego Brain Injury Foundation.**
Ph. 619-294-6541 www.sdbif.org
- **Department of Rehabilitation**
Ph.619-767-2100 www.rehab.ca.gov
- **San Diego Community College**
District Continuing Education
Acquired Brain Injury Programs Ph 619-388-4881 www.sdce.edu

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Rancho Los Amigos-Revised Levels of Cognitive Functioning

Level I –No Response:

Total Assistance behavior when presented stimuli.

Level II–Generalized Response: Total Assistance

- Demonstrates generalized reflex response to painful stimuli.

Level III-Localized Response: Total Assistance

- Demonstrates withdrawal or vocalization to painful stimuli.

Level IV-Confused/Agitated: Maximal Assistance

- Alert in heightened state of activity.
- Unable to cooperate with treatment efforts.

Ranchos Los Amigos Levels Continued

Level V-Confused, Inappropriate Non-Agitated: Maximal Assistance

- Alert, not oriented to person, time or place.
- May become agitated in response to external stimulation, and/or lack of environmental structure.

Level VI-Confused, Appropriate: Moderate Assistance

- Able to attend to highly familiar tasks in non-distracting environment with moderate redirection.
- Emerging awareness of appropriate response to self, family and basic needs.

Rancho Los Amigos Levels Continued

Level VII-Purposeful, Appropriate: Standby Assistance

- Consistently oriented to person and place, within highly familiar environments.
- Unable to think about consequences of a decision or action.

Level VIII-Purposeful, Appropriate: Standby Assistance

- Uses assistive memory devices to recall daily schedule, "to do" lists and record critical information.
- Aware of and acknowledges impairments and disabilities when they interfere with task completion.

Rancho Los Amigos Levels Continued

Level IX-Purposeful, Appropriate: Standby Assistance on Request

- Initiates and carries out steps to complete familiar personal, household, work and leisure tasks independently.
- Accurately estimates abilities but requires standby assistance to adjust to task demands.

Level X-Purposeful, Appropriate: Modified Independent

- Able to handle multiple tasks simultaneously in all environments but may require periodic breaks.
- Social interaction behavior is consistently appropriate.

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Functional Independent Measure
“FIM SCORE”

- **I - Independent:** Complete independence: Requires no physical or verbal assist.
- **Mod I, - Modified Independence:** Requires use of assistive device or extra time to complete or safety considerations.
- **S - Supervision: Supervised** or setup: verbal cueing only, no physical contact.

Functional Independent Measure
“FIM SCORE”

- **Min – Minimal Assist:** Patient expends 75% or more of the effort of the activity _ **Moderate Assist:** Patient expends 50 – 74% of the effort of the activity.
- **Max – Maximal Assist:** Patient expends 25 – 49% of the effort of the activity.

Functional Independence Measure
“FIM SCORE”

- **TA – Total Assist:** Patient expends less than 25% of the effort of the activity
- **NT – Not Tested**

Asia scale for SCI

- Standard for Spinal Cord Injuries.
- **Measures:**
- Complete, incomplete or mixed cord Injury.
- Level of injury.
- Areas with or without sensation
- Muscles with or without paresis and movement.