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, hoyer 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
  - Rehab Ph. 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 w/hurdle 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 up dating 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.
### 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 (Medi-cal/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 RehabPh.858-939-3066
• CareMeridian Ph.8oo-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.

Rancho 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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<thead>
<tr>
<th>Functional Independence Measure</th>
<th>“FIM SCORE”</th>
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<tbody>
<tr>
<td>• I - Independent: Complete independence: Requires no physical or verbal assist.</td>
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<td>• Mod I, Modified Independence: Requires use of assistive device or extra time to complete or safety considerations.</td>
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<td>• S - Supervision: Supervised or setup: verbal cueing only, no physical contact</td>
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<td>• Min – Minimal Assist: Patient expends 75% or more of the effort of the activity</td>
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<tr>
<td>• Moderate Assist: Patient expends 50 – 74% of the effort of the activity</td>
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<tr>
<td>• Max – Maximal Assist: Patient expends 25 – 49% of the effort of the activity</td>
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<td>• TA – Total Assist: Patient expends less than 25% of the effort of the activity</td>
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<tr>
<td>• NT – Not Tested</td>
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<th>Asia scale for SCI</th>
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<td>• Standard for Spinal Cord Injuries.</td>
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<td>Measures:</td>
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<tr>
<td>• Complete, incomplete or mixed cord Injury.</td>
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<tr>
<td>• Level of injury.</td>
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<tr>
<td>• Areas with or without sensation</td>
</tr>
<tr>
<td>• Muscles with or without paresis and movement.</td>
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