OPTUM®

Discharge planning

for workers' compensation and auto no-fault claims

April 7, 2021 | 2:00-3:00 p.m. ET

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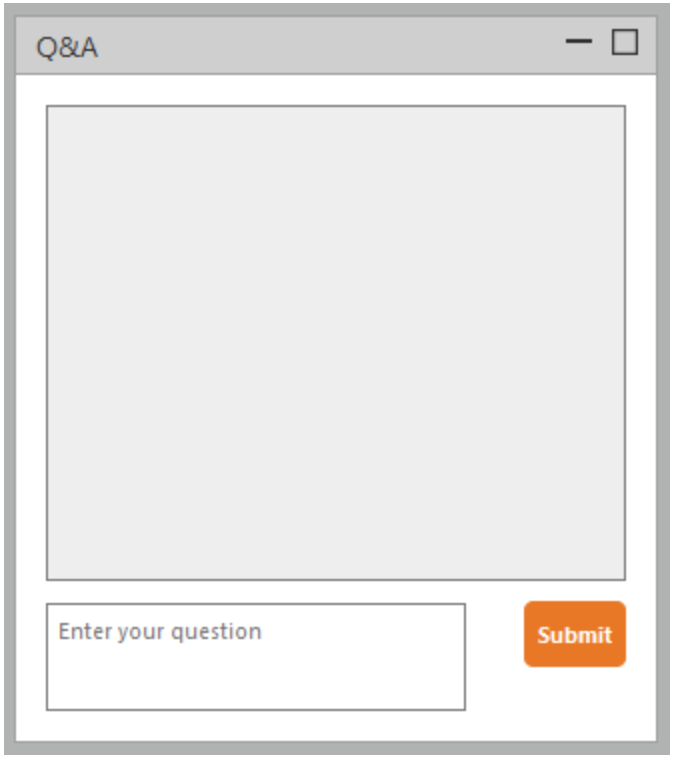

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Discharge Planning Wednesday, April 07, 2021

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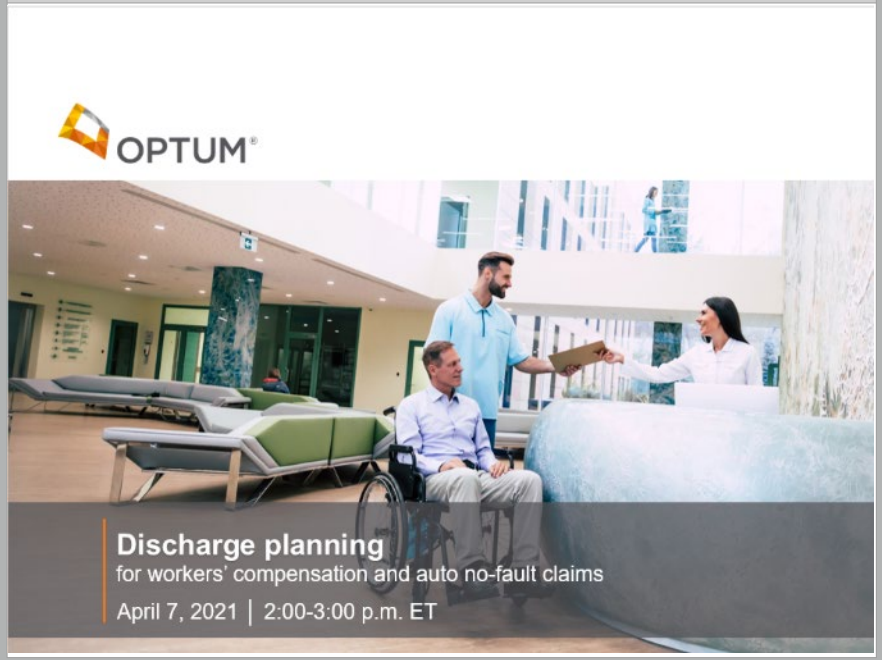

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Presenters

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Medical Director

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Objectives

- Understand discharge planning, when it begins and what it may involve for an injured person
- Review what to watch for and ask regarding possible medications, services and durable medical equipment (DME) for claimants recovering from injuries
- Understand factors that may influence an injured person's recovery and outcomes

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What is discharge planning?

- Prepares an injured person to leave a healthcare setting and continue progressing towards the plan of care goals after discharge
- Can be completed by a social worker, nurse, case manager or other person
- Completed with a team approach for complicated medical conditions

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Key points of discharge planning

Should begin within 24-48 hours of admission

Injured person, family members and multidisciplinary team should participate

Bridges the gap between hospital and place of discharge

Gather information, anticipate potential problems and provide early resolution

Can be an inconsistent process and varies from facility to facility

Discharge planning involves

- Determining the appropriate post hospital destination for the injured person
- Identifying what the injured person requires for a smooth and safe transition from the facility to the discharge destination
- Locating appropriate community-based services, supports or facilities where the injured person can be transferred or referred
- Coordination of the discharge planning evaluation among the various disciplines responsible for injured person's care

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Discharge options

- Hospital rehabilitation center
- Acute rehabilitation facility/skilled nursing facility
  - Traumatic brain injury
  - Spinal cord injury
- Long-term care facility
- Hospice
- Home (with or without home health services)

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Timing of hospital discharge and planning

- Planning begins as early as possible
- Days leading up to discharge
- Days to avoid a discharge (if possible)
- Day of discharge

Centers for Medicare and Medicaid Services (CMS) Face-to-Face (F2F)

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Face-to-Face (F2F) is a requirement of CMS and a condition of payment

- Meet face-to-face patient to provider
- Agency can be denied payment even if all other conditions are met
- Ensures orders and certifications for home health services are based on a physician's knowledge of the injured person's current clinical condition
- Must be performed by:
  - The certifying physician
  - A physician who cares for the injured person in an acute or post acute facility directly being admitted to home health care
  - A qualified non-physician (NPP) working in conjunction with the certified provider

Face-to-Face (F2F) timing

If the F2F encounter occurs within **90 days** of start of care (SOC) but is **NOT** related to the primary reason for home health, there must be another F2F encounter within **30 days SOC**.

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F2F DME Requirement

- Oxygen Therapy
- PAP Therapy
- Ventilators
- Airway Clearance Devices
- Hospital Beds
- Manual Wheelchairs
- Walkers
- Canes Crutches
- Bedside Commodes

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F2F Documentation

- The name of the physician who saw the injured person and the date of the encounter
- Clinical condition that supports homebound status
- Need for skilled services
- Supports primary reason the injured person required home health
- Reason for home health referral
- Physician name, signature and date

- Items must come directly from physician
- Additional items may be located throughout the medical record, but must be clearly identifiable
- F2F information must be based on physician medical records and/or acute/post-acute care facility's medical records

F2F Documentation

- Physician or facility medical record must include the actual clinical note for the F2F encounter visit that supports the required components
- Information from the home health records can be incorporated into the certifying physician's medical record and be used to support homebound status and need for skilled care
- Cannot be used as the sole basis to support home health and must corroborate other physician or facility records

Who Can Sign?*

- Certifying physician
- Physician who cared for patient in acute/post-acute facility
- Nurse practitioner
- Clinical Nurse Specialist § Certified nurse-midwife
- Physician Assistant

*Only a physician (doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license) can order home health and sign the Plan of Care

Meet Joe

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Meet Joe

- Active 45-year-old male with comorbid heart valve (aortic valve) disease
- Admitted from a fall causing traumatic brain injury

Meet Joe

During his hospital course, Joe experienced:

- Pneumonia
- Renal insufficiency
- Severe aortic valve regurgitation
- Joe underwent aortic valve replacement was medically stabilized and then transferred to an acute rehab unit

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Discharge Planning coordination

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Significant discharge coordination is required due to the complex and acute nature of the case

- Maintain hospital's standard of care for the injured person
- Become familiar with daily needs/routine of injured person from the hospital staff
- Establish early rapport with injured person and family and the home health care providers
- Obtain critical training on DME

The Discharge Planner should

- Contact the attending physician to optimize discharge orders and begin to coordinate authorization with the insurance company
- Coordinate the family, home health provider and durable medical equipment (DME) suppliers to discuss discharge treatment plan (home evaluations to ensure DME and supplies

Preparing to discharge home

- Arrange hospital training sessions or home team including RN, LPN and HHA
- Request and arrange for the Home Health Case manager to meet the family, discuss treatment plan and view the claimant's living environment
- Discuss expectations and questions with the family
- Immediately prior to discharge – consult with the Physician and DCP to review the discharge orders and address any last minute discharge needs

Examples of discharge services, DME and supplies

SERVICES

RN	Oversees case
LPN	Provides 24-hour care
Home Health Aide	Provides 24-hour care
Physical Therapy	Functional training
Occupational Therapy	Assist with Activities of Daily Living
Speech Therapy	Evaluate for education, language, secretion management and assist with modalities and oral intake
Respiratory therapist	Set-up oxygen supplies and provide education to care givers and family
Transportation	Transport to and from medical appointments

DME/SUPPLIES

- Home oxygen equipment (trach)
- Portable oxygen device
- Supplies for oxygen and respiratory devices
- Feeding supplies of osmolytes and all supplies
- Trach care kits and disposable inner canulas
- Personal care supplies/toiletries
- Hospital bed

Injury types

MAJOR MULTIPLE TRAUMA INJURY

- Occurs when there is more than one simultaneous injury
- Multiple broken bones, damage to internal organs (liver, spleen, kidney etc.)
- Medical treatment is usually longer – more ventilator days, ICU days, overall hospital stay
- Common features include: closed head injuries, blunt penetrating chest/abdominal injury, multiple long bone/pelvic fractures
- Comprehensive examination and emergency management takes place within the first hour
- Multiple interdisciplinary specialists

Traumatic injury types

- Traumatic brain injury
- Spinal cord injury
- Spine fractures
- Amputation-traumatic
- Facial trauma
- Acoustic trauma
- Crush injury
- Concussion
- Broken bone
- Jaw – broken or dislocated
- Skull fracture
- Cuts and puncture wounds
- Collapsed lung
- Myocardial contusion
- Burns
- Electrical injury
- Hypovolemic shock
- Subarachnoid hemorrhage
- Subdural hematoma

What to watch for and ask about

POSSIBLE SERVICES

- Transfer to inpatient rehabilitation, skilled nursing facility
- Outpatient rehab, physical therapy, occupational therapy
- Home health skilled nursing for IV antibiotics, wound care, medication management
- Home health aid to assist with activities of daily living
- Home physical therapy and occupational therapy
- Transportation

POSSIBLE DME/SUPPLIES

- Wheelchair with elevated leg rests
- Walker
- Commode
- Hospital bed
- Tub transfer bench
- Handheld shower
- Home modifications including ramp for accessibility and/or grab bars
- Hospital bed
- Oxygen therapy/CPAP
- Ventilator

CRUSH INJURIES

- An injury by an object that causes compression of the body
- Most often occurs when body part is squeezed between two heavy objects
- Issues related to crush injuries include: bleeding, bruising, compartment syndrome
- Common in car accidents, falls and collapsed structures
- Varying degrees based on time involved

What to watch for and ask about

POSSIBLE SERVICES

- Home health skilled nursing visits for IV antibiotics, wound care, medication management
- Home health aide visits for assistance with activities for daily living and meal preparation
- Home physical therapy and occupational therapy

POSSIBLE DME/SUPPLIES

- Wheelchair with elevated leg rests
- Commode
- Hospital bed
- Tub transfer bench
- Handheld shower
- Walker
- Home modifications including ramp for accessibility and/or grab bars
- Prosthetics

SPINAL CORD INJURY

- Damage to the spinal cord that results in a loss of function below the level of injury/lesion including paralysis, sensory loss, bowel/bladder/sexual dysfunction
- The higher the cervical spinal cord injury (i.e., at the C1-C2 level), the more complications for the respiratory and cardiac systems
- Injured persons can require mechanical assistance with major bodily functions, and are managed per system failures such as respiratory and cardiac

What to watch for and ask about

POSSIBLE SERVICES

- Inpatient rehab
- Outpatient rehab
- Assisted living
- Home health skilled nursing for respiratory, nutritional, wound care, medication management, bowel and bladder program
- Home health aids for assistance with activities of daily living
- Home/vehicle modifications
- Transportation

POSSIBLE DME/SUPPLIES

- Hospital bed
- Wheelchair – custom motorized
- Lift (mechanical or electric)
- Tub bench or shower chair
- Sliding board
- Feeding supplies (pumps and tube feedings)
- Respiratory supplies (suction machines, suction catheters and tracheostomy supplies)
- Wound care supplies
- Bowel and bladder supplies (urinary catheters, incontinence pads)

TRAUMATIC BRAIN INJURY

- Main causes of head injury are falls, motor vehicle accidents and assaults
- Trauma to the head can lead to several types of injuries:
  - Skull fractures
  - Concussions
  - Cerebral contusions
- Hematomas – epidural, subdural, intracerebral

Category and outcomes

MILD TBI

- LOC or dazed feeling for up to a few minutes
- Complaints of headache, nausea and vomiting, fatigue or sleepiness and loss of balance
- May be memory, concentration and mood changes

What to watch for and ask about

POSSIBLE SERVICES

- Transfer to inpatient rehab, skilled nursing facility, assisted living, residential brain injury program
- Outpatient therapy for physical therapy, occupational therapy or speech therapy
- Day treatment program
- Home health nursing for physical therapy, occupational therapy or speech therapy
- Home health aid for activities of daily living, safety
- Vocational rehab
- Home/vehicle modifications
- Transportation

POSSIBLE DME/SUPPLIES

- Custom wheelchair
- Home or wheelchair alarms
- Safety bed or side rails
- Hospital bed
- Lift (mechanical or electric)
- Tub bench or shower chair
- Sliding board
- Feeding supplies (pumps and tub feedings)
- Respiratory supplies (suction machines, suction catheters and tracheostomy supplies)
- Wound care supplies
- Bowel and bladder supplies (urinary catheters, incontinence pads)

AMPUTATIONS

- In traumatic amputation, the level of amputation is determined by the level of injury or parts of the body that were affected by the injury
- Surgeons attempt to preserve maximum limb length and maximum joint function
- Because the energy required to use a limb increases as the limb becomes shorter, limb preservation is of utmost importance for the claimant to maximize fit and use of a prosthesis

Post-amputation discharge management

- Wound care
- Pain management
- Nutrition
- Psychological/supportive therapy
- Physical therapy
- Prosthetic education, fitting and care
- Exercise and activity

What to watch for and ask about

POSSIBLE SERVICES

- Prosthetic evaluation
- Transfer to rehab facility
- Inpatient rehab for strengthening and mobility
- Outpatient physical therapy for prosthetic training
- Home health skilled nursing for wound care, medication management
- Home health aid for assistance with activities of daily living

POSSIBLE DME/SUPPLIES

- Compression/shrinker socks
- Walker
- Wheelchair
- Transfer bench/sliding board
- Tub bench or shower chair
- Bedside commode
- Residual limb/skin care supplies
- Bed alarm

ORTHOPEDIC INJURY: FRACTURES AND JOINT REPLACEMENTS

- Upper limb fractures
- Spinal fractures
- Lower limb fractures
- Hip replacement
- Knee replacement
- Shoulder replacement

What to watch for and ask about

POSSIBLE SERVICES

- Transfer to rehab facility if bilateral knee replacement
- Inpatient rehab for strengthening and mobility
- Outpatient physical therapy for strengthening and gait training
- Home health skilled nursing for wound care, medication management
- Home health aid for assistance with activities of daily living

POSSIBLE DME/SUPPLIES

- Walker
- Braces (spine or limb)
- Wheelchair (rental)
- Tub bench or shower chair
- Commode
- Continuous passive motion (CPM)
- Cold compression therapy vs. ice packs

BODY SYSTEM APPROACH TO COVID-19

- Lungs
- Heart and blood vessels
- Bone and joints
- Skin
- Kidneys
- Psychological

What to watch for and ask about

POSSIBLE SERVICES

- Transfer to rehab facility strengthening and medical management
- Outpatient physical therapy for strengthening and endurance
- Home health skilled nursing for respiratory and medication management
- Home health aid for assistance with activities of daily living

POSSIBLE DME/SUPPLIES

- Oxygen and supplies
- Walker
- Wheelchair (severely decreased endurance)
- Tub bench or shower chair
- Commode

Challenges and opportunities in discharge planning

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Medications

MEDICATIONS

DURABLE MEDICAL EQUIPMENT

HOME HEALTH SERVICES

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

HOME MODIFICATIONS

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Factors influencing recovery and outcomes

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Factors influencing recovery and outcomes

PREMORBID

- Hypertension, diabetes, obesity
- Alcohol, tobacco or substance abuse
- Mental health disorder – anxiety, depression

SPECIALIZED SERVICES

- Communication devices
- Memory devices
- Service animals
- Electronic assistive devices

SPECIALIZED PROGRAMS

- Vocational program
- Driving program
- Spasticity clinics
- Wheelchair seating clinic

Additional discharge considerations

- Fall prevention and safety
- Patient and family education
- Bowel and bladder management
- Skin management
- Nutritional management
- Vision and hearing assessment
- Counseling and psychological therapy

Discharge planning summary

- Evaluation by multidisciplinary team early in the process to assess claimant's needs and identify whether simple or complex discharge
- Discussion with claimant/significant other and insurance representative
- Planning for homecoming or transfer to another care facility
- Determine if care giver training or other support is needed
- Referrals to home health care agency, physical, occupational, speech therapy
- Arrange all durable medical equipment, supplies, specialty items, home evaluations, home/vehicle modifications, transportation, education, etc.

Thank you!

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