New Avenues for Discharge Challenges

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Objectives

1. Identify potentially challenging patients upon admission.

2. Explain the key role of utilization management.

3. Develop key strategies in team communications.

4. Explain new and revised case management standards, regulations, and laws put forth by CMS, TJC and the federal government.

5. Evaluate case management protocols and penalties.
There is a discharge plan for every patient

- Problem solving
- Creative thinking
- Willing to ask questions
- Critical thinking
- Do something you haven’t done before
- Understand hospital revenues
- Recognizing the difficult patient
Recognizing the Difficult Patient

• Medical issues
  • Devastating diagnosis
  • Co-morbidities impact the diagnosis
  • Functional abilities impacted
  • Skilled needs outweigh the insurance coverage

• Social issues
  • No support or unsupporting family
  • No financial resources or adequate insurance coverage
  • Unable to cope with diagnosis
  • Psychiatric diagnosis
  • End of life – unable to face these issues
Best Practices

- Thorough assessment
- Planning ahead – some difficult plans take time
  - Conservatorship
  - Medicaid application
  - Out of the country discharge
- Anticipating barriers
- Pulling together unusual resources
- Patients are not ‘non-compliant’ – it is their choice
The Patient Assessment

• Complete as early as possible
• May be family only if patient cannot participate
• Be open: “What are your goals?” “How can I help you?”
• Most family can anticipate when it’s really bad – be an active listener
• Understanding the whole picture of the patient allows you to develop the appropriate plan
• Developing a relationship with the patient & family allows relationship building for the difficult conversations
Utilization Management

• Not just utilization review and sending it to the insurance
• Reviewing the medical story daily
• Anticipating outcomes
• Conferring with the physician(s) about the treatment plan
• Suggesting referrals for services (therapy evals)
• Incorporating Social Work services as early as possible
• Moving the patient to the next level of care as soon as possible – don’t miss the window of opportunity
Utilize the Care Conference

• Family Care Conference

  • Find out what the goals are for the patient and family (if there is any)
  • What can the patient or family afford (if the patient flew to the U.S. for a visit or trip – what are the resources to get them back)
  • Family can be a great resource to help with available services in the receiving country
  • Is the patient able to fly commercial back? Can family assist
  • Don’t forget the patient’s employer – sometimes they can be remarkably helpful
  • Use only medically certified translators when speaking to the family or translating documents that are faxed back and forth – prevents misunderstandings of key medical information
Single issues that tip that patient into the impossible category

- Psychiatric disorders with medical issues
- Obesity (greater than 400 lbs.)
- Undocumented (unable to get funding) + significant medical issues (equipment, care, meds)
- Ventilator patients without funding
- Significantly limiting insurance (California has Emergency Medi-Cal – won’t cover any post acute need)
Post Acute Resources beyond the norm

- May need to pull from different resources
- Transportation needs
- Community resources patched together
- Combination of insurance and private pay resources
- Life changing plan
- Patient/family must have buy-in
The Stroke Patient

• Recovery or not? – may take a long time to find out
• Becomes full care
• Will therapy make a difference?
• How family will cope with this patient at home
• Stepping stones to recovery – SNF before Acute Rehab
• Insurance plays a major role – without aggressive rehab, what you see now is how it’s going to be
The Homeless patient

• Has generally burned their bridges with family & the community
• If medically able can use Recuperative Care facilities
• May need long term placement
• Conservatorship
• If legal in the U.S. can get Medicaid
• May have hidden assets
The Medically Complex Psych Patient

- Placement in facility to meet rehab needs doesn’t accept psych issues and vice versa
- Patient cannot fully understand and participate in difficult decision-making
- Not willing to participate in recommended care needs
- Look at long range picture – utilize county facilities
- Conservatorship may be required – can be lengthy process
The Traveler

- Learn everything you can about the patient’s country of origin
- Can the needs be meet in that country? Services may need to be adjusted
- Utilize Ambassador/diplomatic agency in your area
- Negotiate rates
- Is there a company that moves patients back to their country of origin?
- Key element: patient must agree to the transfer. We cannot expatriate a patient back to a country against their will
Getting a patient home to another country

- Charity funds provide an opportunity to get a patient safely home to another country and their family
- Use vendors in the community that specialize moving patients to another country
- The cost is much less than you would think
  - Transportation costs will be the largest
  - Many countries have a health care system that is all inclusive – you may not pay for services once the patient gets there
  - If is there is a cost – it is much less that the U.S.
    - Example – daily care in a Mexican hospital can be $300/day
Travel Stories

• Gerald – back to Scotland with equipment
• Joe – back to Japan with a new heart transplant
• Bila – back to Fiji with dialysis
• Miguel – unable (and refuses) to return to Mexico – hospital provides long term support
Calculating the value of the charity care

- Important to know the cost of an additional hospital day
- How to figure it out:
  - Ask the Finance Department to take a *medical* DRG and review the costs per day – average it/front load the first 2 days due to tests in the workup
  - This should give a daily rate that is fairly close to the actual cost of an additional day
- Use this figure as a financial guide to determine the additional *real out-of-pocket* costs for the hospital
- This will serve as a guide on how & when to utilize charity care
Resources

- Hospital charity funds
  - Pay for services outside the hospital if legally allowed
  - Pay services to move patients to country of origin
- ACMA or CMSA list servs – put the story out there
- Community resources to assist the discharge plan
- Patient’s church or religious affiliation
- There are Medicaid programs in some states that will use the funding to pay for complex services in the home – check the Medicaid website
- Apply to expand limited Medicaid services
Points to remember

- Spending money for post-acute services can save the hospital money
- Costs can be managed in a variety of effective ways
- Utilize partners in the community as well as your own post-acute providers
- Always spend the money for the maximum recovery possible = prevents recurrent ER visits and readmissions
- Connect the patient in the community with a medical home
- Keep track of money spent to measure your success in decreasing LOS
- Even if the hospital is paying the bill, the patient always has choice (can chose not to return to their country of origin)
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Thank you!
Questions?

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