SENIOR LIVING FOUNDATION
OF THE AMERICAN FOREIGN SERVICE

"Taking Care of Our Own"

Panel Discussion: Care Management A-Z

Planning for Change Seminar:
September 27, 2018

Discharge Planning

- Advantages:
  - Can decrease changes for patient to be readmitted to hospital
  - Ensure medications are prescribed and given correctly
  - Ensure homecare is in place

Discharge Planning

- Individual tasks:
  - Who handles meal preparation?
  - Who handles routine chores?
  - Who pays for services?
  - Who handles transportation?
- Discharge planning can be managed by social worker, nurse, case manager or other person

Care Management

- Nurse reaches out to patient
  - What are needs during hospital stay and after hospital stay
  - Is there support at home?
  - Is home healthcare needed?
  - Is there special equipment needed
    - Walker?
    - Cane?

Care Management

- Care Manager communicates shortly after hospital stay and after home arrival
- Chronic Illness support
  - Aetna provides education regarding chronic illness while working with the same nurse
- Social workers and dieticians are available resources to members, team approach to start discharge planning

Care Management

- Communication:
  - Who is working on discharge planning from hospital side?
  - What is the situation at home?
  - Has patient been admitted fully? Or under observation?

Care Management

- Care Managers will get the scope of situation
  - Will you require homecare?
  - Will a family member provide assistance?
  - Supplemental assistance, cost associated with additional staff or agency

Resources

- www.CMS.gov
  – search for Nursing Home Compare
- www.AgingLifeCare.org
  - private care managers nationwide
- www.Caregiver.org
  - Family Caregiver Alliance

What is medically Necessary?

- A skilled nurse visit is defined for medically necessary events
  - Is an IV Needed?
  - Is wound care needed? evaluate dressing, evaluate wound

Questions?

Thank you!