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](http://www.CMS.gov) - search for Nursing Home Compare
- [www.AgingLifeCare.org](http://www.AgingLifeCare.org) - private care managers nationwide
- [www.Caregiver.org](http://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!