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Addressing the Gap in Discharge Planning from a Skilled Nursing Facility

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Addressing the Gap in Discharge Planning from a Skilled Nursing Facility

Yaqui Del Rio, OTS, Amy Lyons-Brown, OTD, OTR/L



UNIVERSITY *of* **ST. AUGUSTINE** *for* **HEALTH SCIENCES**

BACKGROUND

- Effective discharge planning is one of the most critical stages of rehabilitation impacting the standard of inpatient care and readmissions (Harding et al., 2022).
- Patients and caregivers encounter significant challenges during the transition home, with reported instances of unmet discharge needs (Toles et al., 2022).
- During the transition from a SNF to home, individuals encounter a critical period marked by the challenges of adapting to new environments, routines, and potential limitations, as highlighted by Schreiner & Daly, (2018).
- Patient Driven Payment Model (PDPM) implemented an adjustment factor that reduces daily payments by 2% every 6 days if the SNF stay exceeds 20 days (Zhang et al., 2022).

PROBLEM

The absence of a comprehensive discharge plan in a skilled nursing facility hinders patient readiness for a successful discharge, increasing the risk for poor patient outcomes and readmissions.

PURPOSE

The purpose of this project was to aid the discharge planning process to increase patient readiness for discharge by

- Creating and implementing a comprehensive evaluation of the patient's readiness for discharge.
- Identify areas where patients lack confidence to increase patient outcomes.

This project does not involve human subjects and does not require IRB approval

Acknowledgment: Special thanks to Daniel Casas, OTR/L and Teodoro Munoz, OTR/L

METHODS

Literature Review:

- Poor Discharge Planning
- Readmissions
- Health Literacy

Needs Assessment:

• Interview the rehabilitation team, director of rehabilitation, social service director, and patients to identify facility needs.

<u>Questionnaire</u>

- . How confident are you in meal preparation and maintaining proper nutrition, including adherence to dietary restrictions and nutritional guidelines?
- 2. How confident are you in managing your medications and adhering to prescribed medication regimens, including proper dosage, timing, and adherence to instructions?
- 3. How confident are you in accurately monitoring your vital signs, such as blood pressure, heart rate, and temperature?
- 4. How confident are you in recognizing and responding to changes in your health condition(s)?

Product Evaluation:

- Adjust based on pertinent professional's feedback.
- Readminister assessment tool.
- Knowledge check and skill carry over with patients.

PRODUCT DEVELOPMENT

Occupational Therapy Home Discharge Confidence Assessment Tool

- **Purpose:** evaluate a patient's readiness for discharge based on their confidence levels.
- Area of Assessment: Activities of Daily Living (ADL's), Meal Preparation and Health Management
- Assessment Type: Self Report
- Population: Non-Specific Patient Population
- Diagnosis/ Conditions: Any
- Age range: 18 and older
- **Key Descriptions:**
- ✓ Administered verbally or self-administered.
- $\checkmark\,$ Identifies specific areas where the patient lacks confidence.
- ✓ Items are on a four-point scale that ranges from 1(Not at all confident) to 4(Extremely confident).
- ✓ Total score ranging from 0-100.

III. Health Management:

Symptom and Condition Management, Health Indicators

- Confidence in recognizing and managing symptoms related to their condition(s
 - Lonfidence in understanding symptoms progr

advice: __/4

DELIVERABLES

Levels of Care for Loved Ones

| Long- Term Care 🛛 🗕 | Memory Care | Outpatient Services |
|--|---|--|
| A long-term care fortility offens 24/7 core ends support for medioducids with complex medical meetids or distributies. Services include ongelerg medical care, costatance with activess of daty living (ACLs), and personalized support followed to the includual's specific evends in its designed to positive at the includual's specific evends in its designed to positivity and require company supports with control live independently and require company supports and medical | A memory care footby provides a source environment-with speculated care for individuals with cognitive importunitor or dements Servicia include structured add/teals, memory enhancing programs, and supervision termine steffu, cottening specificially to patients with Allademistry discouts, dementa_cr other memory- related carditrios. | Outpatient services provide medical traditioner, therapy, and specialized ace or an an opticalient basis. This includes medical committees, downside interface and account of the service of the occupational speech for individual with an ministry the activities independently but require regular medical care or therapy. |
| Assisted Living Facility | | Independent Living with |
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Interventions on Increasing Discharge Confidence



DISCUSSION

- The product evaluates several critical aspects for a successful discharge.
- The tool assesses areas impacting patient outcomes and readmission rates.
- Fills a gap in comprehensive assessments currently unavailable.
- Identifies needs for training, education, or adaptations.

NEXT STEPS

- Create a suitable environment in an inpatient setting for patients to carry out occupations.
- Create an assessment instrument based on patient performance.
- Publish the tool to improve discharge readiness in the healthcare field.

REFERENCES

