

Case Management Review

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ASSISTANT DIRECTOR OF CASE MANAGEMENT

Components of Case Management

Intake

Needs assessment

Service planning

Monitoring and evaluation

Interdisciplinary communication




ROLES

Each unit has a social worker and nurse case manager assigned and they are often assigned to multiple units.

Provide all discharge planning for post acute services including Visiting nurse services, DME, Hospice, Rehabilitation, Long term acute care, tube feedings, wound care, and home/outpatient IV infusion.

Assists in linking patient to resources such as insurance, medication discounts, housing, food, doctor's appointments, and care giver resources.


Social worker assists in establishing new dialysis patient's at a dialysis center and communicates with an existing patient's center to prepare for DC.



Goals of Case Management

Maintain length of stay (LOS) within our budgeted target.

Focus on decreasing length of stay:

- Ensure ordering of testing and consultants in a timely manner.
 - Timely follow up on test results and consulting Dr.'s recommendations .
 - Early (day1-3 of admission) palliative care consults when applicable.
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Reducing Managed Care Denials

Ensure appropriate patient status order(inpatient VS observation)

- Resources
 - -Secure Chat MSC ED HURC to question status and they will inform you of appropriate status based off interqual criteria.
- Case Managers- we can always assist in helping with appropriate status
- When in doubt , admit patient under observation and then we can change to inpatient if patient meets criteria.
- Lap appy/lap chole are to be admitted as outpatients.
- Do not change from inpatient to observation without talking to a case manager first.
- Documentation of results, interventions and plans need to be specific for coding.

COMMUNICATION

EPIC Secure Chat is the easiest way for staff to contact doctors.

Communicate progress and plans for DC with case manager, nurse, and patient daily.

Please tell the patient /family/ caregivers they are discharged prior to placing DC orders. It is a dissatisfier if they are told by nursing or case management first.




Durable Medical Equipment (DME)

Please see attached sheets for verbiage that must be included for insurance approval of equipment.

It can take several hours or even days to get insurance approval on equipment so planning ahead is essential to avoid delays on the day of discharge.

Home Oxygen-Progress or discharge note must state that patient needs oxygen and include the resting and ambulatory saturations documented in MD note.

CMS and insurance guidelines change almost yearly- you can always ask a case manager how to document for DME or question if something will be approved.



DISCHARGE

Discharge orders must be placed no more than 24 hours prior to a home discharge and 48 hours for a rehab discharge.

Consulting doctors should document “stable for discharge”.

Please be mindful when e-scribing medications that you do not send to an out of state/mail order pharmacy.

Contact Info

Case Management Department

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HOSPITAL BEDS AND ACCESSORIES

Secure Chat Short Cuts | Copy & Paste templates

Hbed Note

Patient will require hospital bed for home use as patient is max assist in bed mobility requiring frequent changes in body positioning to alleviate pain. Use of a standard home bed has been ruled out as not feasible due to patient's condition. Patient would also benefit from a gel mattress due to limited bed mobility.

Hbed Note Alternate

Patient requires hospital bed as patient is at risk for aspiration and must sleep with head of bed elevated greater than 30 degrees. The use of pillows has been tried and ruled out. Use of a standard home bed has been ruled out as not feasible due to patient's condition. Patient would also benefit from a gel mattress due to limited bed mobility.

Bariatric Hospital Bed | For patients 351 lbs+

Patient will require a bariatric hospital bed for home use as patient is max assist in bed mobility requiring frequent changes in body positioning to alleviate pain. Use of a standard home bed has been ruled out as not feasible due to patient's condition. Patient would also benefit from a gel mattress due to limited bed mobility. Bariatric hospital bed is needed due to patients (insert height) height and (insert weight) weight.

Hoyer Lift

Patient requires a Hoyer lift for transfers into and out of hospital bed to wheelchair and/or commode. Without the use of a Hoyer lift patient will be confined to bed.

Low Air Loss Mattress

We would need a note with the following for the LAL Mattress...

1. Stage, location, and size - must have Length x Width x Depth
2. Note regarding tunneling/undermining if present
3. Detailed plan of care - mentioning what gauze and ointment is being used
4. Name & contact info of nursing agency

*To qualify patient would need either two or more stage 2 pressure ulcers, one stage 3 or one stage 4 OR an **unstageable pressure ulcer** and they would have to be documented as mentioned above.

If the patient's primary insurance is one that requires PRIOR Auth we will have to wait for Auth before we can deliver the LAL Mattress. This Auth process can take anywhere from 7-30 days depending on the insurance. In these cases, we advise that the family/ MD Team reach out to the insurance one day after we have submitted the order to push the process along from your end. Best contact number to call would be the one listed on the back of the patient's Insurance card.

App Note

Patient would benefit from an APP (ALTERNATING PRESSURE PAD) Overlay due to limited bed mobility

Geri Chair | Replaces a Wheelchair

Patient requires positioning in a chair throughout the day. Patient has a family member or aide able to adjust the chairs back for the patient safely. Without a Geri Chair, patient would remain in bed, further complicating their health. Use of a Geri Chair is needed for meals and periods of time outside of bed.

Commode | Requirement for Medicare orders

Patient will require commode for home as patient is currently confined to a single room and is unable to navigate to the location where the current toileting facilities in the home are located as well as due to the height restriction of the existing toilet setup.

Drop-Arm Commode

Patient will require commode for home as patient is currently confined to a single room and is unable to navigate to the location where the current toileting facilities in the home are located as well as due to the height restriction of the existing toilet setup. Drop-Arm feature is needed for the patient to safely transfer from the wheelchair or other assistive device to the commode.

Walkers, Rollators, Wheelchairs & Transport Chairs

Secure Chat Short Cuts | Copy & Paste templates

Walker

The patient will use a walker in the home and outside daily. A walker will provide greater stability and safe ambulation to complete MRADLs.

Rollator

The patient will utilize rollator in the home and outside daily. A rollator will provide greater stability and safe ambulation to complete MRADLs.

Standard Wheelchair

A wheelchair is being ordered for home use as patient cannot accomplish MRADLs in a reasonable timeframe and is at greater risk of morbidity or mortality. A cane or walker will not sufficiently resolve the issue. Patient is unable to safely ambulate 100ft with assistive device. The patient can use the w/c in the home safely. The w/c will improve the patient's ability to perform the MRADLs. The patient can and will use wheelchair in home and community daily. Patients' home provides adequate space to allow them to maneuver between rooms to complete ADLs.

Polyfly Wheelchair

A Polyfly Lightweight wheelchair is being ordered for home use as patient is unable to ambulate long distances and is max assist in all MRADLs. Patient is unable to safely ambulate 100ft with assistive device. Patient cannot propel standard but can propel lightweight wheelchair. The patient can safely self-propel a wheelchair but the patient cannot safely operate a wheelchair that weighs greater than 36 pounds. The patient can and will use wheelchair in home and community daily. Patients' home provides adequate space to allow them to maneuver between rooms to complete ADLs.

Lightweight Wheelchair

A lightweight wheelchair is being ordered as the patient is unable to ambulate long distances and is max assist in all MRADLs. Patient cannot propel standard but can propel lightweight wheelchair. Patient is unable to safely ambulate 100ft with assistive device. The patient can safely self-propel a wheelchair, but the patient cannot safely operate a wheelchair that weighs > 36 pounds. The patient can and will use wheelchair in home and community daily. Patients' home provides adequate space to allow them to maneuver between rooms to complete ADLs.

High Strength Lightweight Wheelchair

Patient requires High Strength lightweight wheelchair for home use as patient is unable to ambulate long distances and is max assist in all ADLs. Patient cannot propel standard nor lightweight but can propel High strength lightweight wheelchair. Patient is heavily dependent on the wheelchair and will be within the wheelchair for periods of time longer than 2 hours. The patient can and will use wheelchair in home and community daily. Patients' home provides adequate space to allow them to maneuver between rooms to complete ADLs.

Heavy Duty Wheelchair | For patients 250-300 lbs

Patient requires heavy duty wheelchair for home use as patient is max assist in MRADLs and is unable to ambulate long distances. Patient can safely propel wheelchair. Heavy duty is required due to patients (**insert height**) height and (**insert weight**) weight. The patient can and will use wheelchair in home and community daily. Patients' home provides adequate space to allow them to maneuver between rooms to complete ADLs.

Extra Heavy Duty Wheelchair | For patients 301 lbs+

Patient requires extra heavy-duty wheelchair for home use as patient is max assist in MRADLs and is unable to ambulate long distances. Patient can safely propel wheelchair. Extra Heavy duty is required due to patients (**insert height**) height and (**insert weight**) weight. The patient can and will use wheelchair in home and community daily. Patients' home provides adequate space to allow them to maneuver between rooms to complete ADLs.

Transport Wheelchair | Not covered by managed Medicaid Plans

Patient will require Transport/ Companion wheelchair for home use as patient is max assist in all MRADLs and is unable to propel a wheelchair. Patient will be transported in wheelchair with the assistance of family/aides.

Reclining Wheelchair | Must be noted in the same note whether **Standard** or **High strength Lightweight**

A wheelchair is being ordered for home use as patient cannot accomplish MRADLs in a reasonable timeframe and is at greater risk of morbidity or mortality. A cane or walker will not sufficiently resolve the issue. The patient can use the w/c in the home safely. The w/c will improve the patient's ability to perform the MRADLs. The patient will use the w/c and the patient can propel the w/c. The reclining function is needed due to inability to maintain upright alignment without pain and discomfort. The patient is heavily dependent on the wheelchair and will be within the wheelchair for periods of time longer than 2 hours. The patient can and will use wheelchair in home and community daily. Patients' home provides adequate space to allow them to maneuver between rooms to complete ADLs.

Adjustable Air Cushion

An adjustable air cushion should be covered if the patient has any pelvic area pressure ulcer, specifically a sacral ulcer should be covered. These may also need authorization from the insurance.

Oxygen Documentation 2024

-Facesheet

-H&p

-6 min walk test/sats

___% at rest on room air (if 88% or below stop here)

___% on exertion on room air

___% on exertion on ___ LPM O2

6 minute walk test **must be signed off on by the ordering doctor or testing must be acknowledged within the chart note.**

ie: ordering doctor can co-sign rn note, physically sign the 6 min walk test form, **or doctor can include in their note:** Pt requires home oxygen as walk test was completed and Pt desaturates to ___%.

-Progress note including diagnosis, that home o2 is being ordered, and that patient is mobile within the home (if ordering portability). If diagnosis is chronic, the doctor must document this for patients who will need long term oxygen. Acute conditions need to be requalified in 90 days.

-Rx example:

___LPM VIA NC (Continuous, with ambulation, or hours of sleep)

Stationary concentrator

POC with setting ___

(If portability is for tanks then-home fill with conserving device)

Dx: _____ LON: 99 months