

**THE CARE
FORUM AT
AVENIDAS
PRESENTS**

DISCHARGE PLANNING

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OBJECTIVES

- 1. Learn how discharge planning changed during the pandemic.**
- 2. Learn how to ensure integration of caregivers into discharge planning.**
- 3. Understand decision making around hospitalization and whether alternate care is possible.**
- 4. Understand strategies for communication with health systems during the pandemic.**

HOW DISCHARGE PLANNING CHANGED DURING THE PANDEMIC

- **Definition of discharge.**
- **Involving the caregiver is traditionally a component of discharge planning. Even more important now! But may be harder to achieve during the pandemic.**
- **Discharging home as soon as possible is now a greater priority.**

HOSPITALIZATION AND DISCHARGE PLANNING DURING THE PANDEMIC

- 1. Field of care for older adults is still crisis driven.**
- 2. Health systems do not recognize the unit of care.**
- 3. The need for proactive strategies for good outcomes.**

SHIFT IN PERSPECTIVE IN THE PANDEMIC

- **Prioritizing discharge instructions, integrating the caregiver into the discharge process.**
- **Shift from “Should we discharge this person to home?” to “How can we make a discharge to home possible?”**

PRIORITIZING INTEGRATION OF CAREGIVERS INTO DISCHARGE PLANNING.

- **Caregiver involvement and shared decision-making at discharge remains a critical issue.**
- **Safe and cost-effective transitions of care.**

CAREGIVER'S CHANGING ROLE

- **Many caregivers are now more willing to provide care at home following hospital discharge.**
- **Caregivers need help creating appropriate care “at home”, making the necessary environmental modifications & hiring paid caregivers.**

CAREGIVER CONCERNS AT DC

- **Inpatient communication difficulties.**
- **Timing of discharge (unresolved matters).**
- **Lack of preparedness.**
- **Poor handoffs, communication gaps.**

IS THERE A NEED FOR HOSPITALIZATION?

- **Prompts for hospitalizations: Changes in appearance, falls, weight loss, missed appts, medication mistakes.**
- **Increase in chronic conditions (heart failure, COPD), acute medical events.**
- **Avoidance of emergency care for fear of COVID-19. increased threshold for hospitalization by clinicians.**
- **Referral to Hospice/Palliative Care. Use of Telehealth.**

COMPLICATED DISCHARGE ISSUES

Times when discharge is complicated:

- 1. Lack of preparedness.**
- 2. Complexity of care (wound care, IVs,etc.).**
- 3. Home is not set up for care.**

Information Points:

Medicare Discharge Appeal.

Observation Status, 3-day stay.

DIFFERENT TYPES OF DISCHARGE

- **Skilled Nursing Facility (Short Term Vs Long Term) Assisted Living, Memory Care.**
- **Tour, best fit, accommodate vulnerabilities.**
- **All facilities have introduced new measures.**

CAREGIVER DISCHARGE TIPS - 1

- Understand all elements of discharge (IDEAL)
- **I.** Includes the CR and family.
- **D.** Discusses key areas related to CR going home.
- **E.** Education of CR and caregiver.
- **A.** Assess how well medical team teaches information.
- **L.** Listen to and honor CR's goals, preferences, concerns..

CAREGIVER DISCHARGE TIPS - 2

- **Learn about planning around 'life span vs costs'.
Legal/financial.**
- **Build resources, network of care.**

UNDERSTAND STRATEGIES FOR COMMUNICATION WITH HEALTH SYSTEMS DURING THE PANDEMIC.

- **Caregiver involvement in medical team/ethics meeting.**
- **Families unprepared for comfort and treatment debate, active decision making, hospice, palliative care.**
- **Health systems need to recognize caregiver stress.**

SUMMARY

- **1. Discharge planning has changed during the pandemic, many resources and tips are available.**
- **2. Continuous integration of caregivers into discharge planning is key.**
- **3. Proactive planning is essential and is important to learn strategies for communication with health systems, care coordination.**



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QUESTIONS?

