


Name of Policy:	Home Infusion Care	 <p>THE UNIVERSITY OF TOLEDO 1872</p>
Policy Number:	3364-131-05	
Department:	Outcome Management	
Approving Officer:	Associate Vice President/ Associate Executive Director	
Responsible Agent:	Outcome Management Nursing Supervisor Outcome Management Social Work Supervisor	
Scope:	The University of Toledo Medical Center	
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		Effective Date: September 5, 1997
<input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

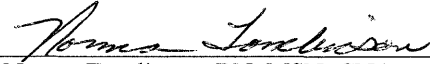
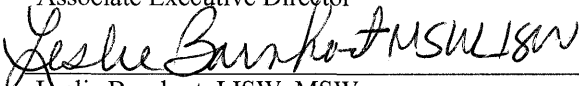

Arrangements for post-discharge home infusion services will be set up when determined to be necessary for discharge home.

(B) Purpose of Policy

To coordinate the discharge planning process and arrange for home infusion services for the patient's continuation of medical care.

(C) Procedure

1. The Care Coordinator Needs Assessment form will be completed to determine base line information for discharge planning purposes. Collaboration will occur with the Resource Utilization Nurse, Lead RN and other medical staff to identify the patient's post discharge needs.
2. Once home infusion needs are identified, the patient's insurance benefits will be reviewed to determine if insurance coverage is available. Home Health Care service will be simultaneously arranged with the Infusion Company. A list of Home Health Care and Infusion companies will be provided to the patient and or family to determine preferences.
3. Completion of the Physician Continuity of Care/Doctor's Discharge Order Form will be requested to identify the patient's infusion therapy needs.
4. The Care Coordinator will secure necessary prescriptions and make a referral to the Home Health Care Agency and Infusion Company. Discharge Orders for Care and pertinent information needed will be faxed to the companies. When the discharge is set by the physician, the patient's hospital departure time will be conveyed to the home care agency and infusion agency to coordinate start time of home care services.
5. The Care Coordinator will convey all arrangements to the patient, family and staff.
6. The Care Coordinator will document all pertinent information in the patient's medical record and document discharge services on the Discharge Instruction form.

Approved by:  _____ Norma Tomlinson, RN, MSN, CNA Associate Vice President Associate Executive Director  _____ Leslie Barnhart, LISW, MSW Outcome Management Social Work Supervisor  _____ Karen Niner, RN, BSN Outcome Management Nursing Supervisor <i>Review/Revision Completed By:</i> <i>Leslie Barnhart MSW, LISW</i>	Review/Revision Date: 8/99 8/02 4/05 4/08 Next Review Date 4/1/2011
Policies Superseded by This Policy: 17-05 Home Infusion Care	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.