Name of Policy: Post Acute Placement **Policy Number**: 3364-131-02 **Approving Officer**: Chief Operating Officer **Responsible Agent**: Administrative Director, Outcome Management **Scope**: University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** **Original effective date**: 9/5/1997
Key words: Post Acute, Placement, Next level of Care, Medical Needs, Documentation	

☐	New policy proposal	☐	Minor/technical revision of existing policy
☒	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy Statement

Patients will be transferred to aa ~~n~~ Post Acute ~~Extended Care~~ Facility ~~(ECF)~~ when determined to be the most appropriate next level of care to meet the patient needs.

(B) Purpose of Policy

The purpose of this policy is to provide a structured approach for the placement of patients into an post acute ~~extended care~~ facility ~~(ECF)~~ ensuring that the decision is made with assessment of the patient s medical needs. The policy aims to ensure safe, appropriate and timely placement of patients who require additional ~~long term~~ care in a skilled nursing or similar facility based on criteria, after hospitalization or following decline in health that necessitates ongoing care. This policy applies to all healthcare professionals involved in the placement of patients. ~~To coordinate the discharge planning process and arrange for the patients continuation of care at an Extended Care Facility.~~

(C) Procedure

1. The placement for a patient into a post acute~~the extended care~~ facility will be based on the following factors:
    a. Medical Necessity: the patient requires a level of care that cannot be provided at home or a less intensive setting
    b. Functional Impairment: the patient has difficulty performing the activities of daily living (ADLs) (ex: bathing, dressing, eating, toileting, mobility) and needs assistance from trained staff
    c. Psychosocial needs: the patient may require emotional or psychological support that cannot be managed at home, or they may have coginitive impairments that require 24 hours supervision (ex., Dementia, alzheimer's)
    d. Safety Concerns: the patient may be unable to live safely at home due to risk of falls, medication management, or other hazards.
    e. Support at home: the patient does not have sufficient family or community support to assist in daily living needs, or the caregivers are no longer able to manage the patients health care needs.

~~1.~~2.Outcome Management will provide a thorough ~~The~~ Admission Assessment/Discharge Planning Assessment within the electronic medical record~~section will be completed~~ to determine base line information for discharge planning purposes. Collaboration will occur with the multidisciplinary

team including the provider, the Social Worker, Resource Utilization Coordinator, Lead RN and other medical staff to identify the patient's post discharge need's that support's the need for ~~ECF~~ post-acute placement.

~~2.~~3. The patient and or family will be given a list of available post acute placement options along with Post Acute Welcome Letter ~~ECF"s~~ based on the assessment of the patients criteria, financial situation and patient preference~~county location~~. Three placement options will be requested. The Outcome Management Staff will make referrals to the preferred post acute placement options ~~ECF's~~ and strive to secure the placement based on preferred choices identified.

~~3.~~4. Insurance benefits will be reviewed to determine what financial coverage is available and the in-network options within the patient plan coverage. Outcome Management staff will determine if a referral is needed for a Medicaid application and contact the ~~Chamberland Edmonds~~Financial counselor Program Team ~~and/or if insurance per certification~~ to meet with patient and assist in completing and submitting the Medicaid application ~~is~~as needed. The necessary steps to secure the needed funding and approval for placement will be taken promptly by Outcome Management staff.

~~4. Completion of the Discharge Instructions (printed and signed)will be requested to identify the patient's clinical needs for ECF placement~~.

5. Outcome Management staff will make referrals to the chosen post acute placement options or if not compliant with Post Acute Welcome letter request your post-acute care will be transferred to the first available, medically appropriate provider option located closest to your residence on file with us that is in-network with your insurance ~~ECF's~~ and ~~fax~~ provide pertinent referral information needed for the post acute company~~ECF t~~o determine if the patient is appropriate for admission and verify insurance coverage.

6. When post-acute ~~ECF~~ placement has been secured Outcome Management staff will notify the patient and or the patient's representative~~family~~, multidisciplinary team, the physician, and other medical staff that placement has been determined.

~~6.~~7. Outcome Management will place approved post acute facility on completed discharge instructions and request electronic signature from attending to be sent to post acute facility.

~~7.~~ 9. When the discharge date is set by the physician, a transfer packet will be compiled, medical necessary transportation will be determined and the patient's provider preference will be identified. The patient's departure time will be coordinated with the patient, ~~family~~patient representative, medical staff, and receiving facility.

~~8.~~ 10. Outcome Management staff will document a final entry in the patient's medical record progress notes addressing all pertinent information. Documented information will include: transfer destination, time of transfer, mode of transportation, completion of updated referral information ~~faxing~~ and transfer packet information and patient/~~family~~representative notification. Referral information will also be documented in the final discharge order, electronic medical record After Visit Summary. ~~Outcome Management Referrals section on the Discharge Instructions~~

Approved by: _____ Christine Stesney-Ridenour Chief Operating Officer _____ Date _____ Angela Ackerman Administrative Director, Outcome Management _____ Date *Review/Revision Completed by:* *Administrative Director, Outcome Management*	**Policies Superseded by This Policy:** • *17-02 Extended Care Facility Placement* Initial effective date: 9/5/1997 Review/Revision Date: 8/99 8/01 8/02 1/05 4/08 10/14 10/1/2017 Next review date: