


<b>Name of Policy:</b> Home Infusion Care  <b>Policy Number:</b> 3364-131-05  <b>Approving Officer:</b> Chief Medical Information Officer  <b>Responsible Agent:</b> Administrative Director, Outcome Management  <b>Scope:</b> University of Toledo Medical Center		  <b>Effective date:</b>  <b>Original effective date:</b> 10/30/2014	
Key words: Home Infusion, Discharge, Continuity of Care, Criteria, Discharge Planning			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input checked="" 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 to home.

### (B) Purpose of Policy

The purpose of this policy is to provide a standardized approach for the coordination of discharging patients on Home Infusion Therapy, ensuring continuity of care. The policy aims to ensure safe, appropriate, and timely coordination of post-acute care based on criteria, after hospitalization. The policy applies to all healthcare professionals involved in the discharge planning of patients. Coordinate the discharge planning process and arrange for home infusion services for the patient's continuation of medical care.

### (C) Procedure

1. The Discharge Planning Admission Assessment ~~form~~ will be completed in the electronic medical record (EMR) by the Outcome Management Staff to determine base line information for discharge planning purposes. Collaboration will occur with the multidisciplinary team including the provider, the Social Worker, the Resource Utilization Coordinator , Lead RN, and other medical staff to identify the patient's post discharge needs.
  2. The patient and or patient representative will be given a list of available Home Infusion Company options and Home Health Care Options
  3. based on the assessment of the patient criteria, financial situation, and patient preference. Outcome Management staff will make referral based on the patient/representatives preferred choices.
  4. Insurance benefits will be reviewed to determine the financial coverage that is available and the in-network options within the patient plan coverage. Outcome Management staff will determine if a referral is needed for Medicaid application and contact the Financial Counselor Program to meet with the patient/representative to assist in completing and submitting the Medicaid application if needed.
- ~~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.~~

~~3.5.~~ Completion of the Discharge Instructions (printed and signed by the attending) -will be requested to identify the patient's infusion therapy needs.

~~6.~~ Outcome Management staff will confirm primary care physician for post hospital management, discharge paperwork and secure necessary prescriptions. ~~and Outcome Management will~~ -make a referral to the Home Health Care Agency and Infusion Company via electronic medical record based on the patient and/or patient representative preferred choices. ~~Discharge Orders for Care and pertinent information needed will be faxed to the companies.~~

~~4.7.~~ 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 the start time of home care services. The patients departure time will be coordinated with the patient, patient representative and medical staff.

~~5.8.~~ Outcome Management staff will convey all arrangements to the patient, family and staff.

~~6.9.~~ Outcome Management staff will document all pertinent information in the patient's progress notes and final discharge order (After Visit Summary) in the electronic medical record. The documented information will include Home Infusion Company, Home Care Company, Primary Care Physician managing post discharge, notification of the above-mentioned. ~~in the Care Organizer system) and document discharge services in the Outcome Management Referrals Section of the Discharge Instructions located in the Care Organizer form (on the clinical portal system).~~

<p>Approved by:</p> <p>_____ Ryan Sadeghian, MD Chief Medical Information Officer</p> <p>_____ Date</p> <p>_____ Angela Ackerman, RN, BSN, MBA Administrative Director, Outcome Management</p> <p>_____ Date</p> <p><i>Review/Revision Completed by: Administrative Director, Outcome Management</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"> <li>• 17-05 Home Infusion Care</li> </ul> <p>Initial effective date: 10/30/2014</p> <p>Review/Revision Date:</p> <p>8/99 8/02 1/05 4/08 4/11 10/14 10/17 3/2021</p> <p>Next review date:</p>
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