

**DISCHARGE PLANNING IN  
ACUTE CARE  
PHYSICAL THERAPY**

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**Objectives**

- Following this presentation, the learner will:
  - Understand the role that a physical therapist has in the discharge planning team and the discharge planning process.
  - Recognize the variety of insurance models available for patients and understand how these models affect discharge options.
  - Become familiar with common outcome measures used in the acute care setting and understand how they can be useful.
  - Be more prepared to recommend an appropriate discharge destination for a patient by considering all factors involved.

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**Overview**

- The Changing Healthcare System
- Hospital Readmissions
- Discharge Planning
- Factors that affect discharge planning
- Outcome measures for acute care
- Discharge Destinations
- Case Examples

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### The Changing Healthcare System<sup>1,2</sup>

- Affordable Care Act (ACA) enacted in 2010
  - Expanded coverage
  - Improved access to healthcare
  - Better care delivery models
  - Broader access to community-based, long-term care
  - Programs to control health care costs

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### The Changing Healthcare System<sup>1,3,4</sup>

- ACA and Medicare:
  - Expands prevention benefits
  - Expands prescription drug coverage
  - Spending reductions
    - Payments to Medicare Advantage Plans, providers
    - Delivery system reforms

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### The Changing Healthcare System

- Medicare
  - Covered 47 million persons in 2010<sup>3</sup>
  - 12% of federal budget<sup>5</sup>
  - More than 1/5 of national health care expenditures in 2010<sup>6</sup>
  - Number of covered individuals to rise from 47 to 79 million from 2010 to 2030<sup>7</sup>



Image: [http://www.rntexas.com/Portals/17119/images/medical\\_symbol.jpg](http://www.rntexas.com/Portals/17119/images/medical_symbol.jpg)

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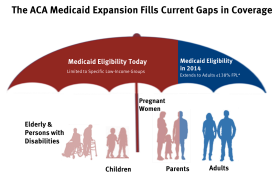
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## The Changing Healthcare System

- Medicaid<sup>4,8</sup>
  - Covers 1 in 5 Americans
  - Largest health insurance program in US
- ACA = expansion of coverage
  - Adults under 65 at or below 133% of federal poverty level
- State decision to expand; NC is not at this time



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## Hospital Readmissions

- Hospital Readmissions Reduction Program
  - Implemented through ACA<sup>9,10</sup>
  - \$12 billion spent in 2005 on preventable readmissions<sup>10</sup>
  - Projected to save \$188 billion from 2013 to 2018 through reimbursement cuts to hospitals with high readmissions<sup>11</sup>

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## Hospital Readmissions

- Patient 2.9 times more likely to be readmitted when PT discharge recommendations not implemented<sup>12</sup>
- PT's role in discharge planning in acute care supported<sup>13</sup>
- PTs make accurate and appropriate recommendations for acutely ill patients<sup>12</sup>

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# DISCHARGE PLANNING

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## Discharge Planning

- Discharge planning
  - Complex<sup>10</sup>
  - Interdisciplinary<sup>14,15</sup>
  - Comprehensive
  - Should focus on functional ability<sup>16</sup>
  - PT is an important part of the team!
    - \*Guide to PT practice<sup>13</sup>




Image: Source 34

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## Discharge Planning<sup>17</sup>

- Examine patient and collect information about:
  - Functioning
  - Disability
  - Wants and needs
  - Ability to participate
  - Context in which they live their lives
- Synthesize to form initial impression
- Consider effects of regulations imposed by health care system.
- Share opinions with other team members

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### Discharge destination options

- Home
- Home with Outpatient PT
- Home with Home Health PT
- Home with 24 hour Supervision/Assistance
- Inpatient rehab
- Assisted Living Facility
- Long Term Acute Care (LTAC)
- Skilled Nursing Facility (SNF)
- Hospice – inpatient or in home

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### Factors that affect discharge planning

- Patient characteristics
- Function
- Home environment/social support
- Financial resources
- Outcome measures

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### Factors that affect discharge planning

- Patient characteristics<sup>12,17-19</sup>
  - Cognitive status
  - Prior level of function
  - Medical diagnosis
  - Race/ethnicity

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### Factors that affect discharge planning

- Race/ethnicity<sup>19</sup>
  - Racial disparities in discharge disposition
  - Hispanic patients regardless of insurance d/c at lower rates to all posthospitalization care facilities vs privately insured white patients.
  - Black patients less likely to d/c to rehab facilities regardless of insurance vs privately insured white patients.
  - Uninsured Hispanic and black patients d/c to IP rehab 1/5 as often as privately insured whites

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### Factors that affect discharge planning

- Function<sup>12,17</sup>
  - Transfers and ambulation
  - ADLs
  - Ability to participate



Image: Source 35

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### Factors that affect discharge planning

- Home Environment<sup>12,17,18</sup>
  - Social support/assistance available
  - Home accessibility
  - Access to services
  - Community resources



Image: Source 36

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## Factors that affect discharge planning

- Financial Resources <sup>12,17-21</sup>
  - Socioeconomic status
  - Insurance



Image: Source 37

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## Factors that affect discharge planning

TABLE 1. Patient Demographics

	Insurance Coverage					Total
	Commercial	MCO	Medicaid	Medicare	Uninsured	
Disposition*						
SNF	4.32	4.34	5.38	32.84	1.68	11
Home health	3.89	3.80	3.56	4.66	1.70	3.47
Rehab	9.96	8.77	8.51	16.40	3.60	9.55
Home	70.51	72.58	67.89	35.54	81.44	65.02
Other	11.33	10.51	14.66	10.56	11.58	11.45
Mean age (yr)	41.92	43.01	37.63	74.92	35.26	43.73
Male (%)	68.07	64.54	62.32	39.85	79.24	63.46
ISS						
<8	44.40	46.97	45.92	35.98	53.39	45.16
8-15	32.30	31.82	30.49	46.91	28.42	34.57
>15	23.30	21.20	23.59	17.12	18.20	20.27
Race/ethnicity						
White	73.18	75.87	52.57	83.34	48.01	67.79
Black	9.95	10.40	26.96	7.61	23.74	14.77
Hispanic	8.10	8.45	11.36	2.14	20.79	10.34
Other	8.78	5.28	9.11	4.90	7.46	7.10
Injury type						
Blunt	92.12	89.27	78.87	95.96	76.51	87.29
Sharp	1.76	1.88	2.37	1.18	1.48	1.63
Penetrating	6.13	8.85	18.76	2.86	22.02	11.08

MCO, Managed Care Organization.  
 \* Percentages have been rounded and may not total 100.

Image: Source 20

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## Factors that affect discharge planning

- Medicare<sup>3,4</sup>
  - Medicare Part A
    - Inpatient hospital stays
    - Skilled nursing facility stays
    - Home health visits
    - Hospice care
  - Medicare Part B
    - Physician visits
    - Outpatient services
    - Preventative services
    - Home health visits
- Medicaid<sup>4,8,22</sup>

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### Factors that affect discharge planning

- Outcome measures<sup>23-25</sup>
  - Assist in discharge decision making
  - Optimizes hospital LOS
  - Improve patient outcomes
  - Enhanced communication

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### Outcome Measures

- Barriers to implementation<sup>24-26</sup>
  - Too time consuming (administration, interpretation)
  - Low level or constantly fluctuating patients
  - Hospital policies, productivity expectations
  - Often not completed at discharge, so not useful to determine a patient/client's response to treatment
  - Do not contain items relevant to patient population
- Direct clinical evidence for outcome measures in acute care is lacking<sup>23</sup>

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### Outcome Measures

- Help predict discharge destination<sup>16,25-32</sup>
  - FIM
  - AlphaFIM
  - Barthel Index (BI)
  - Acute Care Index of Function (ACIF)
  - Functional Status Score in the ICU (FSS-ICU)
  - Physical Function ICU Test (PFIT)
  - Gait Speed

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### Outcome Measures<sup>16,38</sup>

**TABLE 1. SCORES ON THE THREE TOOLS ACCORDING TO DISCHARGE DESTINATION**

Discharge destination	n (%)	FIM			Alpha FIM			BI
		m (sSD)	Range	n	m (sSD)	Range	n	
Home	211 (88.3)	95 (±24)	20-126	n=211	36 (±7)	6-42	n=211	13 (±5) 3-20 n=17
Community hospital or other rehabilitation	101 (18.3)	58 (±19)	18-124	n=101	25 (±8)	6-42	n=101	7 (±5) 1-17 n=17
Home with care package	98 (17.8)	73 (±22)	18-118	n=98	30 (±8)	6-42	n=98	9 (±6) 0-17 n=18
Death	79 (14.3)	42 (±28)	18-118	n=79	17 (±11)	6-42	n=79	5 (±5) 0-13 n=13
Further care	54 (9.8)	54 (±25)	18-99	n=54	22 (±10)	6-39	n=54	10 (±5) 1-18 n=9
Transfer to other hospitals	8 (1.5)	48 (±29)	18-97	n=8	18 (±10)	6-37	n=8	1 (±0) 1-1 n=2
<b>Total</b>	<b>551 (100)</b>	<b>72 (±31)</b>	<b>18-126</b>	<b>n=551</b>	<b>29 (±11)</b>	<b>6-42</b>	<b>n=551</b>	<b>9 (±6) 0-20 n=76</b>

Image: Source 16

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### Acute Care Index of Function<sup>23,26,28</sup>

- Designed to measure:
  - Functional status at levels of function required in acute care
  - Prediction of discharge placement
- Ease of administration
- Reflects change in functional status
- Strong psychometric properties overall

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### Acute Care Index of Function

**Table 1. Subscale Items of the Acute Care Index of Function**

Mental Status	Bed Mobility	Transfers	Mobility
1. verbal commands	1. roll supine to right	1. wheelchair to mat	1. gait with device
2. commands	2. roll supine to left	2. mat to wheelchair	2. gait without device
3. learning	3. supine to sit	3. sit to stand	3. ascend stairs
4. safety awareness	4. sit to supine	4. stand to sit	4. descend stairs
		5. sitting balance	5. propel wheelchair
		6. standing balance	6. set-up wheelchair

Adapted from: Roach KE, Van Dillen LR. Development of an Acute Care Index of functional Status for patients with neurologic impairment. Phys Ther. 1988;68:1102-1108.

Image: Source 23

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### Physical Function ICU Test (PFIT)<sup>26,29</sup>

ICU-based endurance measure

- Sit to stand
- Marching cadence
- Shoulder strength
- Knee strength.
- Safe, inexpensive
- Valid, responsive to change
- Predictive
  - Higher ICU admission PFIT scores = associated with d/c home, reduced likelihood of d/c to IP rehab, reduced acute care hospital LOS, and improved quality of life at 3, 6, and 12 month follow up.

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### Gait Speed<sup>26,30-32</sup>

- Quick, easy measure
- Reliable, valid, sensitive, specific
- Comprehensive geriatric measure in all clinical settings
- Self-selected walking speed
- Discharge disposition for stroke patients
  - 0.3 m/s or less = inpatient rehab
  - 0.6 m/s or faster = return home



Image: Source 30

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### Case Example

- Anne – 71 y/o F
- Admitted to hospital with R CVA
- PMH: HTN, GERD, DM, past smoker
- Lives with older, frail husband. Husband able to provide supervision 24/7. Family in area can provide intermittent min assist. 3 steps to enter home with 1 rail on R.
- L hemiparesis, L neglect
- Transfers with max A of 1
- Tolerates therapy well
- Medicare part A and B

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## Case Example

- Chris – 37 y/o M
- Admitted to hospital s/p MVA, + EToH, + cocaine
- Initial GCS 5
- Pt in medically induced coma for 21 days
- Pt s/p hip disarticulation on R
- Mechanically ventilated
- Stage II wound at surgical site
- Stage II L sacral wound
- Uninsured
- Elderly parents, unable to care for patient

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