

DISCHARGE BASICS

**All orders for patients going home must be on a Doctors script, DME order form, or Respiratory order form, you can not order discharge items on the inpatient MD order section.

**MD orders in the inpatient chart are only for inpatient items.

**Discharge by 1100 to avoid issues, discharge planning and social services are available 8-4:30 Monday-Saturday. All other times we are on-call.

**Any questions please call us or better yet come down at 10:30 for our daily meeting.

MEDICATIONS FOR DISCHARGE:

First of all, TRY TO AVOID DISCHARGES THAT ARE LATE IN THE DAY OR AFTER-HOURS. Life is much easier for everyone if the stuff below is anticipated and ordered ASAP in the patient's hospitalization, and that everything is ready to go for the patient early on the day of discharge.

Second, when ordering for meds, supplies, etc. on discharge, **KNOW YOUR PATIENT'S INSURANCE STATUS**. This can be found under "Patient Demographics" in Meditech, or on their face sheet in the chart.

- FOR ALL PATIENTS, consider the \$4 formularies (see below).
- If they have Medi-cal, see the Medi-cal section below.
- If they have ACE, see the ACE and PAP sections below.
- If they are self bill or "pending" insurance, see the "Pending" and MIA sections below.
- or call Discharge Planning to discuss the insurance status

\$4 FORMULARIES:

- When prescribing meds, consider the \$4 formularies at Target, Walmart, & Ralph's - Over 300 drugs are available! Links to the formularies are all on the resident website.

ACE:

- Many of our patients have this, which is considered an "access program," NOT an insurance... which is useful because PAPs (see below) aren't available for patients with "insurance," but you can still do them with ACE patients.
- Check the ACE formulary. Tier 2 and 3 meds require an "OVERRIDE FORM," which is on the resident website under the ACE formulary.
- Tier 2 & 3 meds are NOT processed same day!
- Only some pharmacies accept ACE, please check with the discharge planner.

MEDI-CAL PRESCRIPTION ISSUES:

- SOC = Share of Cost (a q-month deductible that the patient must pay)
- Some medications require prior authorization, please contact Social Services for information.
- To assist the outside pharmacy in obtaining a prior authorization, write the reason for the off-formulary use ON the Rx (like failed therapy/dx/etc.)

MIA PRESCRIPTIONS:

- MIA = "Medically Indigent Adult" program: Available to patients who have no way to pay for their meds.
- The MIA formulary is on the residency website.
- If off formulary, you need to get an "override" approved prior to D/C (call ext. 6071 or 5758)... otherwise the MIA program will not cover it!

- Pt must be ACTIVATED in the MIA system on the day of D/C. You have to write all your prescriptions EARLY, and you can also write an order to remind the MOA to send them to social services (i.e. "MIA for prescriptions").

PAP (Patient Assistance Program):

- Helps pts apply for BRAND name drugs.
 - BUT, pts cannot have insurance (except ACE) and must be under 200% FPL.
 - Talk to the Discharge Nurse.
 - There are also PAP enrollment forms in clinic... but the pt needs to bring proof of income for everyone in the household.
- PENDING Medi-Cal, Disability, etc., the pt must purchase the Rx... UNLESS completely unable AND Rx is needed to recover & prevent readmission. Then it MIGHT be covered by MIA. Please review it with the discharge RN or Social Services.
- SELF-BILL: Same as "PENDING" status above.

OTHER HELPFUL DISCHARGE INFORMATION:

- BIPAP/CPAP for home: Medi-Cal, self pay and ACE=
- Requires a sleep study or for Medi-Cal at least a sleep study appointment, and as this is only done out-pt, pt must go home, get studied, and THEN might qualify for home Bipap/Cpap.
- Sleep studies are available for ACE and Self Pay now

DURABLE MEDICAL EQUIPMENT (DME):

- I.e. commode, walker, bed, wheelchair, etc.
 - CONSULT PT!! -- They can see the patient and will fill out the special DME order form. Then they will put it on the front of the chart and you just need to sign it. Both PT and MD must sign before it can be processed.
 - If VCHCP or CCS, needs to be signed by the attending!
 - ORDER AS EARLY AS POSSIBLE! Ideal is the day before!
- Include the Dx and expected duration of use.
- SPICA CAR SEATS (i.e. for peds in spica casts) are especially problematic. Order them on Day #1!! Must have CCS attending signature.

HOME HEALTH:

- Must have ability to pay, through insurance coverage or by cash (rare).
- The good news: Most insurance carriers cover home health.
- Dr's order needed in the chart: "Home health consult".
- Includes:
 - RN for skilled care only (med compliance/education, wound care, safety assessment, etc.)
 - PT for assess/Tx, home safety eval, caregiver training, etc.
 - Home Infusion - Nsg for PICC line care, in conjunction with a home infusion company for drug and supplies
 - The patient must be considered "homebound."

LOVENOX –Insurances are OK to order, it is generic now

ARIXTRA- Use for self pay and ACE, initial supply from Pharmacy then PAP (i.e. via the D/C RN or Social Services).

PUBLIC HEALTH NURSE:

- Referrals can be made for many reasons
- PHNs perform assessments, no hands-on care, no dressing changes, etc.
- Refer to the Discharge RN.

RESPIRATORY CARE for home:

- Requires a Dr's order with diagnosis
- *Use the Respiratory Care Order Form*

- ABG is no longer required for ACE, Medi-Cal, or Medicare
- For ACE or Medi-Cal pt O2 needs, get an O2 sat or ABG on room air on the day of discharge (making them walk beforehand helps). Sat must be <88% or PaO2 <55. For secondary complicating diagnosis please call D/C planning, they may qualify without o2 sats.
- If parameters aren't met, the patient must be able to self-pay
- Includes home O2, nebs, trach mist, etc. (for nebs, a diagnosis alone is fine, you don't need the O2 sat or ABG)

SUPPLIES & OTHER EQUIPMENT:

- Ostomy supplies, tube feed supplies, wound care supplies, DM stuff, etc.
- *Write on Rx*, MAY be covered, or the patient may have to purchase. Review with the Discharge Nurse (Grace... or Yvonne)
- If the pt is indigent, MIGHT be able to get approved if you can say it is necessary to be able to discharge the pt. Requires an MIA Rx, then they are filled from our Central Supply at the time of discharge.
- Must be "activated" on the day of discharge (i.e. write Rx's and an order: "soc svcs consult for supplies").
- Review with the Discharge RN or Social Services.

Tuberculosis DISCHARGE PLAN:

- If the patient is being ruled out for M. tuberculosis, regardless of degree of suspicion, a TB Discharge Plan form MUST be completed and faxed to public health as soon as possible on admission!!! Even prior to AFB/Cx results!
- Forms are on each unit, fax # is on the form.

TRANSPORTATION:

- Encourage the patient/family to plan, give them an estimate of discharge time in advance if possible.
- Ambulance - If medically indicated. Ambulance form required!
- If the patient has a transportation problem, request assistance from Social Services

NAMES AND NUMBERS:

All SW issues will run through the social worker first. All medical issues will run through the Discharge Planning RN first. The Discharge Planning RN will also be the lead in the transfer of patients to other hospitals.

DISCHARGE PLANNING

Grace Marra, Charge Nurse
Yvonne, Lead MOA, 652-3280
Laura -Medical Office Assistant

SOCIAL WORKERS

652-3280 or 652-5720 fax 652-6119

Jason: 2W, 3N, back-up ER

Rosario: OB, NICU, SPH

Janet: Peds, 3W, ER

Margritte: ICU/DOU, SPH

Charles Ray- Alcohol and Drug Counselor, please write order for him to see a patient and fax to 652-6119

Monica Vera-Eligibility

Utilization Review/Case Management- 652-5720 or 652-3303

UR/CM NURSES review to make sure insurances will pay for services at VCMC/SPH

Veronica: UR, Medical Office Assistant

PRE-ADMITTING 652-6024 Fax 648-9817

Geneveve- Registered Nurse- Lead Pre-Admitting

Rose-Registered Nurse

Claudia-Pre-Admitting MOA

Susy-Pre-Admitting MOA
Maria-Pre-Admitting MOA

Yvonne Lead MOA: Various assignments, including assisting with placements & assisting with financial class/insurance problems

Claudia/Laura: Ordering DME. Keeping all records for DME, Taxi log, Bus passes, Topper receipts, Greyhound.

Matthew Tufte- Manager of Pre-Admitting, Social Services, Utilization Review, and Discharge Planning

652-6567 or call paging for cell phone number