2023

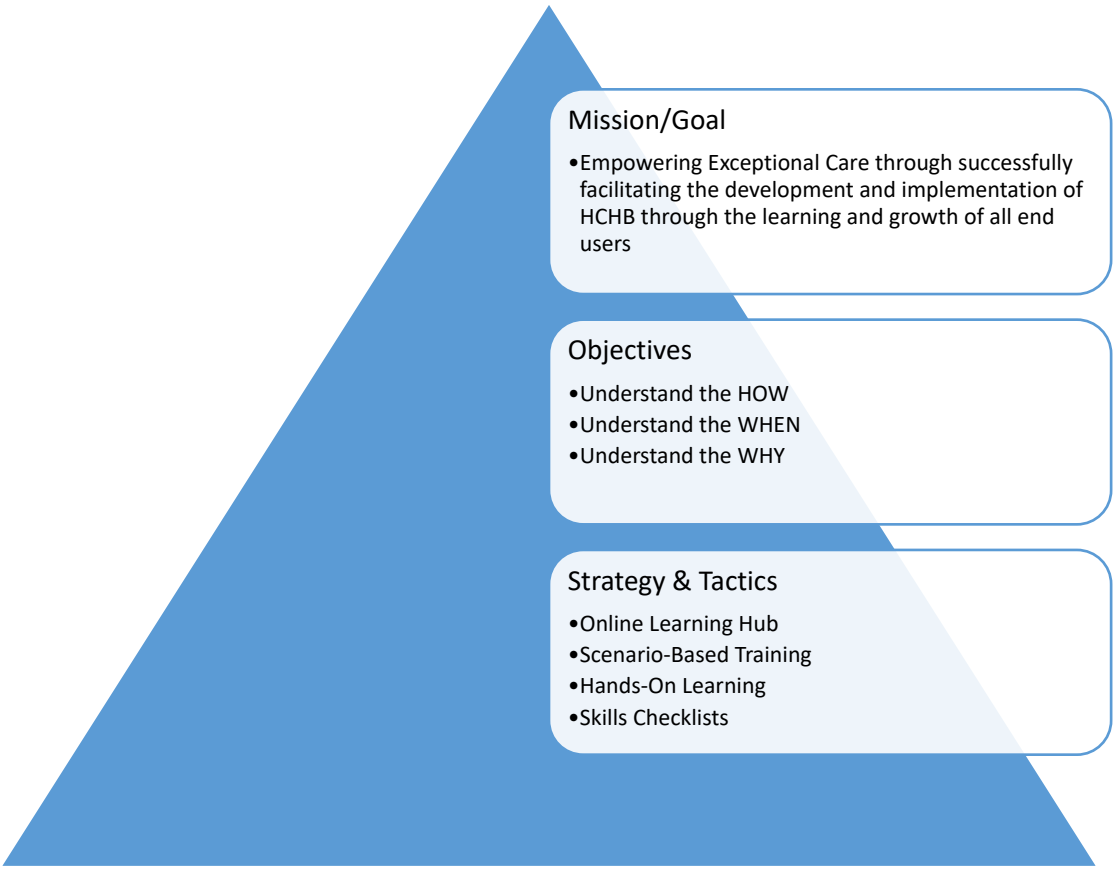
OT Discharge Visit

Homecare Homebase

OT DISCHARGE VISIT

OBJECTIVES OF LEARNING

Your Company and Homecare Homebase are invested in your learning experience. Therefore, it is necessary we follow a set of strategies & tactics to achieve our objectives, which ultimately lead us to our overall goal through Empowering Exceptional Care.



1. **Mission / Goal:** Successfully facilitate the development and implementation of HCHB through the learning and growth of all end users

    1.1. **Objective:** User to understand HOW, WHEN, & WHY in using the system

        1.1.1. The HCHB new user should understand the basic functionality of the PointCare application upon completion of the Online Learning Hub curriculum.

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1.1.2. The HCHB new user will understand how to properly complete a discipline discharge visit given a pre-designed scenario of a patient by the end of this course.

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AGENDA ITEMS

Introduction • Who is my patient? • How do I start my day?	15 min
Visit Actions • Unexpected Events / Therapy Reassessment Warning • Vital Signs • Physical Assessment • New Order • Interventions / Goals • Therapy Assess / Plan • Therapy Goals / Status	30 min
INCOMPLETE YOUR VISIT	
Visit Actions • Mileage / Drive Time	5 min
Notes Agency Specific Note(s)?	10 min
COMPLETE YOUR VISIT	

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PATIENT CASE STUDY

DISCHARGE SUMMARY

HISTORY OF PRESENT ILLNESS

Patient is a woman being admitted for home care due to St. II Pressure Ulcer to left heel and need for wound management. Patient has past medical history significant for type 2 diabetes, hypertension, and nicotine dependence. According to patient's husband, John Smith (contact), she has exhibited no cognitive issues or functional deficits prior to this episode of care. The patient has been noted to have a good appetite and denies problems with sleeping or weight changes. She also denies any suicidal ideations and visual/ auditory issues.

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Patient's caregiver expresses that the patient has exhibited a decline in functional endurance within the last 2 to 3 days, and she wishes to sleep for additional time. We will review progress and the potential issue of plateauing with treatment goals with caregiver. We will educate regarding future options of hospice as an alternative service and review access to medical intervention, including weekly blood draws. We will review the patient's benefits of continuing with upper extremity home exercise program as long as the patient can tolerate. Patient's progress towards treatment goals are satisfactory, regarding education of co-morbid conditions being reported to physician for interventions in a timely manner and patient demonstrating maintenance / slowing further deterioration of functional ADL/IADL performance, gait distance, muscle strength, and decreased pain. Patient has not experienced any injuries from falls throughout their time on services. Patient has not become independent with bed mobility and requires minimum assistance for rolling to side for good skin integrity. We will discharge patient due to maximum potential reached with all skilled interventions and goals. Patient and family will follow up with the physician as needed.

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NOTES & QUESTIONS

Helpful Hint – Our Quick Reference Guides are available from any computer or tablet via the Online Learning Hub website using your internet browser at:

https://www.hchb-olh.com/page/resources