2023

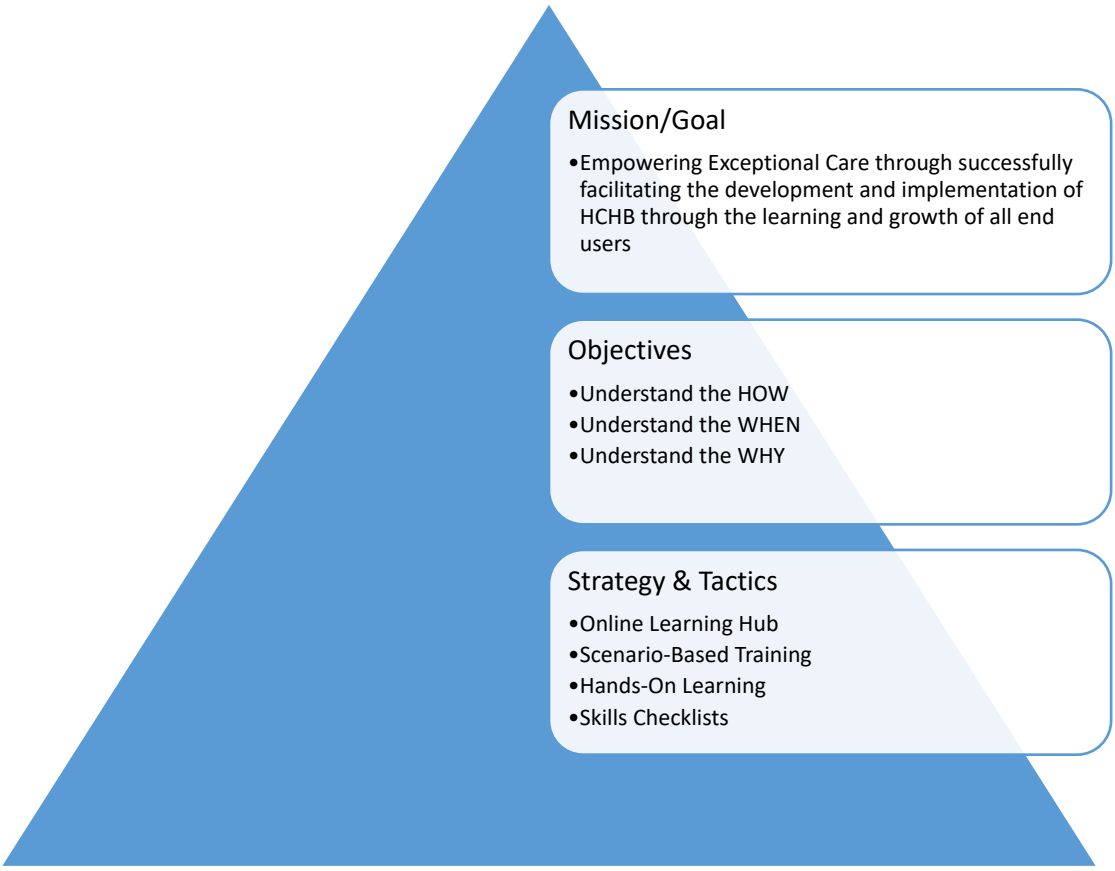
PT Discharge Visit

Homecare Homebase

PT 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 document a discharge OASIS and how to properly interpret outcomes & measures that generate upon completion of the visit.

1.1.3. 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 • Mileage / Drive Time • Vital Signs • Physical Assessment • Interventions / Goals • Therapy Assess / Plan • Therapy Goals / Status	30 min
Notes Agency Specific Note(s)?	15 min

COMPLETE YOUR VISIT

PT DISCHARGE VISIT

PATIENT CASE STUDY

DISCHARGE SUMMARY

Patient is active, restive ex to LES x10-15 reps, cuing for technique and breath control. Patient will practice bed mobility activities, especially rolling onto side and back. We will review safety with patient and caregiver. Caregiver understands safety in transfers and wheelchair mobility. We will instruct patient/caregiver positioning to prevent skin breakdown. Patient exhibits increased strength in lower extremities from 3 to 3+/5 and static sitting is now 3+. Caregiver is able to safely transfer the patient from bed to wheelchair and to shower safely. Patient is still unable to roll in bed without assistance, but caregiver will assist. Patient continues to be wheelchair dependent and unable to progress to ambulation due to her fear of falling. We will contact husband to notify him of the discharge from the agency. Patient remains at risk for falls and poses a moderate nutritional risk.

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.

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