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2023

# ST Discharge Visit

Homecare Homebase

# ST 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.

# ST DISCHARGE VISIT

- 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.

# ST DISCHARGE VISIT

## 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
- New Order
- Interventions / Goals
- Therapy Assess / Plan
- Therapy Goals / Status

30 min

### Notes

Agency Specific Note(s)?

5 min

## COMPLETE YOUR VISIT

# ST DISCHARGE VISIT

## PATIENT CASE STUDY

### DISCHARGE SUMMARY

*Patient and caregiver demonstrate the ability to feed patient and self with recommended strategies. Patient is accomplished in alternate sip and puree bite, cue chewing visually, oral hygiene with toothettes due to patient's inability to expectorate. We notice this visit that patient may benefit from a cushion for her wheelchair. We will contact husband to notify him of the discharge from the agency and note our cushion request. 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.

# ST DISCHARGE VISIT

## 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>

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