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2023

ST Start of Care Visit

Homecare Homebase

ST START OF CARE 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 START OF CARE VISIT

- 1.1.2. The HCHB new user will understand how to properly begin their day and prepare before visits provided by the instructor by the end of this course.
- 1.1.3. The HCHB new user should understand how to properly develop a 485 order that drives future visits for the patient by the end of this course.
- 1.1.4. The HCHB new user will be able to identify the different components of a visit that will contribute to that patient's SOAP note by the end of this course.

ST START OF CARE VISIT

AGENDA ITEMS

Introduction

- Who is my patient?
- How do I start my day?

15 min

Visit Actions

- Signature Forms
- Entitlement
- Demographics
- Vital Signs
- Diagnoses
- Client Medications
 - Allergies
 - Vaccination History
 - Medication Understanding
- Physical Assessment
- Pathways
- Integumentary Command Center
- Client Calendar
- Interventions / Goals
- Therapy Assess / Plan
- Therapy Goals / Status

180 min

INCOMPLETE YOUR VISIT

Visit Actions

- Mileage / Drive Time
- Supplies / DME
- Aide Care Plan
- Claim Codes

30 min

Notes

Agency Specific Note(s)?

15 min

COMPLETE YOUR VISIT

ST START OF CARE VISIT

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PATIENT CASE STUDY

ASSESSMENT AND PLAN OF CURRENT VISIT

Pain: *She complains of pain in LLE and foot with a subjective score of 7 out of 10 on a numeric scale. She states her pain is constant. We discuss pain control measures and how to take pain medications before pain gets intolerable. We also discuss importance of offloading and elevating foot when sitting in order to decrease pain and promote healing.*

Endocrine: *Diabetes Management is discussed, including diet and nutrition related to diabetes and wound healing.*

Nutritional: *We discuss the importance of eating protein in patient's diet. Patient states fair appetite and good hydration.*

Functional: *Patient is referred to us for a speech and language evaluation regarding her dysphagia. Patient has a good appetite, but she "pockets her food". Patient is alert with flat affect, consistent eye contact, but she is non-responsive to verbal stimuli. Patient did not resist, but required total assistance with transfer from bed to wheelchair. Patient should be seen due to a decline in safety and functional mobility. Therefore, patient could benefit from OT services. Patient needs to continue to improve strength, balance, endurance, transfer, and gait status. Patient exhibited vegetative response to food and liquid presentation. She is currently on a mechanical soft diet with this liquids, and she has her own teeth, but they are in poor condition (thick, white saliva noted). Patient is unable to follow command and will only open her mouth to eat. Caregiver indicates that he regularly feeds the patient and she is able to sip thin liquids through a straw adequately when the straw touches her lips. Patient exhibited no signs and symptoms of aspiration. Her oral phase is greater than 30 seconds with incomplete oral clearing. Patient will benefit from oral hygiene as well as a probe for swallowing strategies in order to decrease her oral residue.*

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 START OF CARE VISIT

SERVICES NEEDED

Patient states she would prefer not to be seen on Wednesdays due to wound clinic visits.

- SKILLED NURSING
- PHYSICAL THERAPY
- OCCUPATIONAL THERAPY 1 evaluation visit needed
- SPEECH THERAPY 1 visit per week needed
- MEDICAL SOCIAL WORKER
- HOME HEALTH AIDE

DIAGNOSES

R13.11 DYSPHAGIA, ORAL PHASE

G30.0 ALZHEIMER'S DISEASE WITH EARLY ONSET

F02.80 DEMENTIA IN OTH DISEASES CLASSD ELSWHR W/O BEHAVRL DISTURB

M81.0 AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE

I10 ESSENTIAL (PRIMARY) HYPERTENSION

Z79.01 LONG TERM (CURRENT) USE OF ANTICOAGULANTS

ST START OF CARE VISIT

MEDICATIONS

Medications are reviewed and reconciled.

	DOSAGE	AMOUNT	FREQUENCY
BENEFIBER SUGAR FREE (DESTRIN) ORAL	1 Tbsp	1 Tbsp	Daily as needed
CALCIUM 500 + D ORAL	500 mg(1,250 mg) – 400 units	1 tablet	Daily
DILTIAZEM ORAL	240 mg	1 tablet	Daily
MAGNESIUM ORAL	250 mg	1 tablet	Daily
PRAVASTATIN ORAL	20 mg	1 tablet	Daily
VALSARTAN ORAL	160 mg	1 tablet	Daily
VITAMIN B COMPLEX 100 COMBO NO. 2 ORAL	100 mg	1 tablet	Daily
WARFARIN ORAL	5 mg	1 tablet	Tuesday, Thursday, Saturday
WARFARIN ORAL	7.5 mg	1 tablet	Sunday, Monday, Wednesday, Friday
HYDROCODONE-ACETAMINOPHEN ORAL	10 – 325 mg	1 tablet	Every 6 hours PRN

SUPPLIES

DME – CANE

DME – GLUCOMETER

DME – WHEELCHAIR

THErapy GOALS/STATUS

Cognition			
Pragmatics	Status	STG	LTG
<i>Topic Maintenance</i>	<i>Moderate</i>	<i>Mild</i>	<i>WNL</i>
<i>Repair of Communication Breakdown</i>	<i>Moderate</i>	<i>Mild</i>	<i>WNL</i>
Communication			
Auditory Comprehension	Status	STG	LTG
<i>Auditory Comprehension of Words</i>	<i>Moderate</i>	<i>Mild</i>	<i>WNL</i>
<i>Auditory Comprehension of Sentences</i>	<i>Moderate</i>	<i>Mild</i>	<i>WNL</i>
<i>Auditory Comprehension of Conversion</i>	<i>Moderate</i>	<i>Mild</i>	<i>WNL</i>
Verbal Expression			
<i>Verbal Expression of Words</i>	<i>Moderate</i>	<i>Mild</i>	<i>WNL</i>
<i>Verbal Expression of Sentences</i>	<i>Moderate</i>	<i>Mild</i>	<i>WNL</i>
Dysphagia			

ST START OF CARE VISIT

Oral Phase (ST)	Status	STG	LTG
<i>Labial</i>	<i>Moderate</i>	<i>Mild</i>	<i>WFL</i>
<i>Lingual</i>	<i>Moderate</i>	<i>Mild</i>	<i>WFL</i>
<i>Velar</i>	<i>Severe</i>	<i>Moderate</i>	<i>Mild</i>
<i>Jaw Control</i>	<i>Severe</i>	<i>Moderate</i>	<i>Mild</i>
<i>Mastication</i>	<i>Severe</i>	<i>Moderate</i>	<i>Mild</i>
<i>Dentition</i>	<i>Severe</i>	<i>Moderate</i>	<i>Mild</i>
Voice			
Voice	Status	STG	LTG
<i>Voice Quality</i>	<i>Moderate</i>	<i>Mild</i>	<i>WNL</i>

COORDINATION NOTES

NARRATIVE

CLINICAL

SCHEDULER NOTIFICATION

