Questions from Discharge Planner Webinar

Is it worth always coming in with a gift/sweets, etc? Or does that get old and you just want to have the rep come in & out?

A: *Food is always a social thing – people enjoy food and it helps build relationships. How frequent really depends on the individual you’re connecting with.*

If I want to connect with a discharge planner and I’m with an assisted living facility, is there one department in particular that I should go to first?

A: *Try general medical or med-surg first, but all departments may discharge to assisted living communities.*

When do the discharge planners in the main hospital go beyond setting up Home Health and offer Home Care as well? Often we hear that the discharge planner only sets up Home Health since Medicare pays for it and the family doesn’t want to pay privately? I am concerned that the discharge planner is not aware that Home Care can be affordable and flexible to ensure the care is affordable and doesn’t press further to set up or recommend a consultation with a home care company. Any insights on this?

A: *Let your local discharge planner know how you’re different. If you offer less than a 3 hour minimum, for example, let them know. If you have other ways you’re flexible, be sure your discharge manners/case managers know about it.*

Can you speak to time frames when discharging from inpatient needing home care?

A: *Generally, even in general hospital discharges, the need is emergent – within the same or next day. Be prepared for a 1-3 day need to set up care.*
How do you feel about working with individual Assisted Living communities? Do you prefer to use an agent who would refer to multiple agencies?

_A: From the discharge planner perspective it is nice to have an agent who works with many communities. Individual communities should still work to have a direct relationship – this discharge planner would be open to it._

How and why do discharge planners differentiate between Medicare certified home care agencies and those that are very experienced private duty agencies, not Medicare certified?

_A: If the patient has a skilled need, certified home health would be most appropriate. If not, home care would be most appropriate. Physicians, therapists and others are generally involved in these decisions as well._

If she is very busy, how do we develop the relationship? Should we stop by to say hello on a regular basis?

_A: Set up an appointment and set up a meeting first. If that first meeting goes well, it sets the stage for future meetings where we can build the relationship. With the one home care agency with which I have the best relationship, we hit it off in the first meeting, and then she has proved herself by bending over backward with the first referral. The ongoing relationship has proven that she will always be available and always responsive._

Do you find yourself referring to assisted living communities straight from the ER, or are you encouraged to suggest a Skilled Nursing Facility because of the need to keep hospital readmissions rates lower?

_A: We work hard to make the most appropriate referral. Skilled nursing can generally admit within a 2-hour window, where assisted living rarely can. Other than that, we look for the most appropriate care setting. We rely on PT/OT assessments in this determination, too._

Will you as a discharge planner work with small assisted living/adult family homes for placing a patient?

_A: Absolutely!_

What would be the best time of the day, week, or after hours to meet and get to know the DC Planners?

_A: Work flow is pretty steady, although early in the morning seems quietest. Maybe lunchtime works – check with your local discharge planner._
Would it be helpful if an agency was willing to talk to patients before discharge about specific services in detail, including cost?

A: This could be helpful. Some agencies do this – my top referral source usually comes in to meet with families ahead of discharge.

What is the best way to provide information to you that is useful (as opposed to being "noise")?

A: Phone calls are still best for me.

Is there a length in time that a Home Care Agency must be operating before you will give them a try? How can a newer agency earn your confidence?

A: There’s no real parameter, although a little track record is useful. Need to have caregivers to fill needs if we do make a referral.

In the event a provider is able to schedule an appointment, what tools/resources would be beneficial to take to that meeting that would be helpful to the discharge planner?

A: Price list is important; how quickly your response time would be to set up home care.

How long does a D/C planner have to provide the D/C summary and medical documentation to the referring agency?

A: Typically, we can get this info to you within an hour.

Would she use a printed directory of homecare agencies? Would that be helpful?

A: Yes, although the hospital maintains their own list.

How do you decide what home care company to refer patients to? Do you work exclusively with only a handful of agencies?
A: We give patients and families a list and encourage them to choose, unless we’re really in a hurry and need to refer to our go-to agencies. We may also tell families that certain agencies on the list have been really helpful in the past, too.

Is it true that all hospitals and discharge planners have their own recommended list of agencies, limited to a few?

A: Probably true, in real life.

We are soon to open, Assisted Living and Memory Care. Does it benefit hospital discharge planners to know of the Assisted Living and Memory Care communities, or is that more of a rehab conversation?

A: Important for us to know about you, too.

Is there any way to appeal to hospitals that have their own home care agencies?

A: We have our own home care agency and we treat it the same as outside agencies. Our own agency isn’t always available.

Is it ok to bring her lunch?

A: Yes – I would like that!

Do you refer to private individual caregivers?

A: We do not.

What’s the best promotional item/gift you’ve ever received?

A: Lunch!

Would you like the home care agency to be at the discharge planning meeting?

A: We no longer have discharge planning meetings at our hospital. “Bedside rounding” is now the norm.
how many nonmedical homecare companies call and visit each day?

A: Very few ever make an in-person visit to our hospital.