MSRC Best Practice: Discharge Planning for Complex Respiratory Patients

STEP 1: Identify Patient Needs

If patient has needs in more than one area, default to higher needs level

*Differentiate between Bi-level and Non-Invasive Ventilator (NIV) use

**Barriers to care may include: language, learning disabilities, insufficient support system, financial restrictions, multiple patients with medical needs in home, rural home address

LOW	MEDIUM	HIGH
• No home nursing needs • 1-2 pieces of DME • No significant barriers to care**	• < 8 hrs/day home nursing • > 2 pieces of DME • Trach without ventilator support • Bi-level use or < 8 hrs/day NIV* • No significant barriers to care**	• ≥ 8 hrs/day home nursing • Multiple home care providers • Significant trach needs • Invasive ventilator or ≥ 8 hrs/day NIV* • Significant barriers to care**

STEP 2: Plan for Discharge

LOW	MEDIUM	HIGH
☐ **Notify DME:** **1-2 days** (preferred) ☐ Communicate needs/changes as soon as they are identified	☐ **Notify Home Nursing/DME:** **1-2 weeks** (preferred) ☐ Establish "touch point" contact(s) in all areas of care (Home nursing/ DME/ Acute care) ☐ 1-2 "touch point" communications prior to discharge ☐ Communicate needs/changes as soon as they are identified ☐ Arrange care conference prior to discharge and invite all areas of care ☐ Ensure home education is completed with all caregivers prior to discharge ☐ Ensure DME home assessment is completed prior to discharge	☐ **Notify Home Nursing/DME:** **> 3 weeks** (preferred) ☐ Establish "touch point" contact(s) in all area of care (Home nursing/ DME/ Acute care) ☐ Weekly "touch point" communications prior to discharge ☐ Communicate needs/changes as soon as they are identified ☐ Arrange care conference prior to discharge and invite all areas of care ☐ Ensure home education is completed with all caregivers prior to discharge ☐ Ensure DME home assessment is completed prior to discharge

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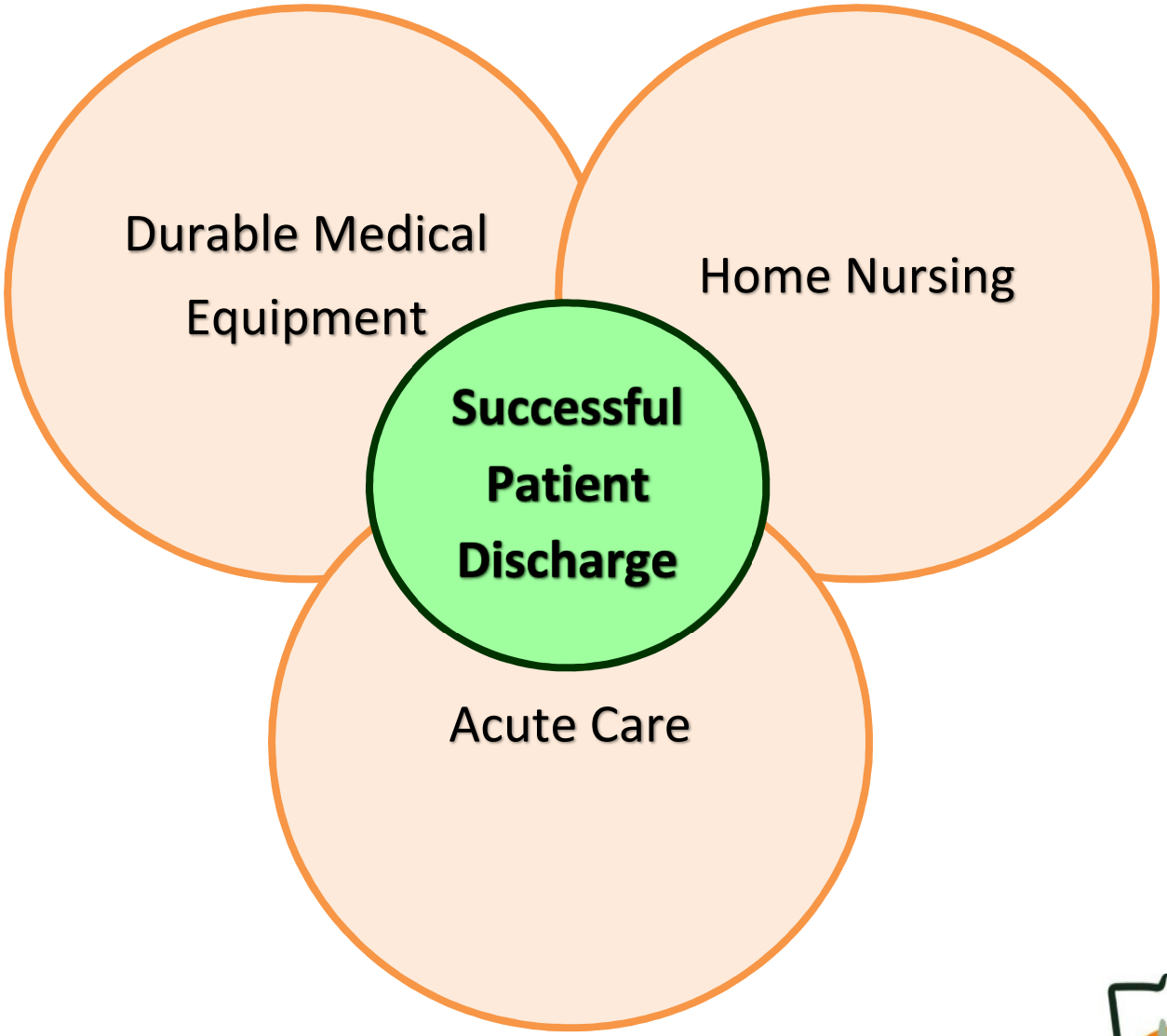
Working together we can succeed!



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