#### **Transitioning From Hospital to Home**

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## Inpatient Rehabilitation-Multidisciplinary team

#### **Patient and Family**

#### CARF International Commission on Accreditation of Rehabilitation Facilities http://www.carf.org/hom



#### **Inpatient Rehabilitation**

Short Term Goals Developmentally appropriate functional independence Use of compensatory devices

Long Term Goals Recovery of Function Mitigation of long term consequences

Provide Psychosocial support Education to Patient, Caregiver and Family



Medical Stability Management of symptoms

**Transition to Home and Community** 



## **Transition To Home**

- Discharge Planning
  - Preparation begins shortly after admission to rehabilitation
  - Likely will not even know what questions to ask
- Facilitated by discharge planner (s) at the facility
  - Nurse case manager
  - Social worker
- This is only the beginning of recovery
- Don't be discouraged by your function at discharge
  - Recovery will continue following discharge



# **Topics to Consider**

- Ongoing medical care
- Ongoing rehabilitation
- Resource management
- Psychosocial support /mental health/ cognitive support
  - Coping and adjustment
  - Parent/spouse
- Supervision or assistance needed at home
- Funding Resources
- Home modification and equipment needs
- Transportation
- Plan to return to daily activities and previous roles
  - School
  - Work



# **Ongoing Medical Care**

- Build your team-find a team leader
  - Primary Care Provider
  - Specialists
- Identify a pharmacy and pick up medications
- Order nursing supplies



# **Ongoing Rehabilitation**

- · Physical, occupational, vision specialists and speech and language pathology
- Written plan for home rehabilitation
- Locate appropriate therapy in home community
  - Outpatient, home, personal training
- · Order or make recommendation for home equipment and assist with identifying a supplier
- If available identify loan closets for equipment
  - Ramp
  - Wheelchair
  - Standing frame
  - Bath and toileting equipment
  - Electrical stimulation unit
  - Transfer board
  - Patient lifter



#### **Psychosocial Support/Mental Health**

- Social work, rehabilitation psychology, neuropsychology, Psychiatry
  - Coping and adjustment
  - Role disruption
  - Evaluation of cognitive function
    - Strategies for managing loss of function
  - Evaluation of mood
    - Medications if needed
- Family support
- Peer mentorship



### **Assistance Needed**

#### **Family Care**

- Skilled Nursing Care
  - Medication management,
  - Bowel and bladder management,
  - Ventilator management
- Personal Care Assistant or Nurses Aid
  - Physical Assistance
  - Activities of daily living, transfers, meals, eating, cleaning,
- Family or aid care
  - Supervision
  - Age (young child or older adult)
  - Cognitive issues
- Independent living
  - Centers for independent living
  - <u>https://acl.gov/programs/aging-and-disability-networks/centers-independent-living</u>
  - Designed and operated by individuals living with disability
  - Resources for independent living



### **Home Modifications**

- Ramps for getting in and out of the house
  - Must have 2 exits
  - Evacuation plan
  - Emergency preparedness plan
- Hospital bed
  - Elevate bed with bed risers
- Multistory home
  - First floor set up
  - Stair glide/elevator
- Bathroom access
  - Toilet access with elevated seat and grab bars
    - Bed side commode
  - Shower bench with grab bars
    - Bed bath
- Widen doorways for wheelchair access



#### **Transportation**

**Medicaid Transportation** 

Emergency transport and medical appointments

Public transportation

Private vehicles

Will need evaluation and training for adaptive equipment

Vocational rehabilitation programs may help with funding

School bus

Be sure that wheelchair can tie down



#### **Funding Resources**

- Commercial insurance
- Public insurance/health care exchanges
- Social security disability Insurance (SSDI)
  - Based on work history
- SSI and Medicaid
  - Based on need
- Medicare Disability
  - 65 and older
  - Severe disability greater than 2 years
- Waiver programs



## **Return to School**

Getting back to school can be normalizing for the family

Age appropriate development through peer interaction in an educational and social setting.

Assist school professional and family to develop an IEP or 504 plan

- Modifications for school environment.
  - Length of school day
  - Assistance that the child will need
- Preparation educators and school nurses
  - Equipment and supplies for nursing care
  - Adaptive equipment and assistive technology
    - Mobile arm support
    - Standers
    - Cervical support
- Preparation of Peers
  - Help child develop a "social story"
  - Age appropriate presentation to class



# **Return to Employment**

- Vocational Rehabilitation
  - Every state has a federally funded agency
- Family and Medical Leave Act (FMLA)
  - Individual
  - Caregivers
- ADA
  - Employers must provide reasonable accommodations to qualified applicants or employees. A reasonable accommodation is
  - any modification or adjustment to a job or the work environment that will enable an applicant or employee with a disability to participate in the application process or to perform essential job functions



## **The First Year**

Happy to be home

- Begin the process of figuring out a new normal at home
- Maintaining hope for ongoing improvement in function
- Am I doing enough
- Challenges
  - Coordination of care –
  - Difficult to find and maintain qualified home nursing care
    - Scheduling and attending follow-up appointments and therapy
    - Ordering equipment and supplies
    - Dealing with all the insurance company issues
    - Finding and maintaining good therapy-travel
  - Peer support is very important for patient and caregivers
- Positives
  - Individuals are amazingly resilient

