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PATH – Post Acute Transition Home

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Overview

- The PATH Tool was designed in collaboration with the MA Senior Care Steering Committee and Home Care Alliance of Massachusetts
- PATH was designed to insure the “warm handoff” contains the highest quality of clinical information between the SNF and Home Care setting
- It insures that receiving care givers are provided with the most comprehensive picture of the patient in real time



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Transitions Issues Impact Patient Care

- Home Care agencies are seeing rise in re-hospitalizations
- IMPACT Act – Penalties to SNF if Re-admitted within 30 days of Admission to SNF
- Home Care Agencies will be facing penalties in the near future for Avoidable Re-hospitalizations



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Shared Expectations

- Standardized set of administrative and clinical practices for referring providers and accepting agencies
- Collectively recognize as independent and interdependent processes that can help define high-performance and reflect evolving models of integrated and accountable care



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Reducing Readmissions

- Employ Targeted Discharge Planning
- Improve Patient Education
- Improve Coordination of Care post Discharge
- Reconcile Provider Medical Records
- Identify Patients with Readmission Risk Factors
 - Chronic Conditions prone to exacerbations
 - Multiple Chronic Conditions and Comorbidities
 - Patients with longer than average lengths of stay
 - Patients with excess Readmissions
 - Patients with Psychosocial Issues



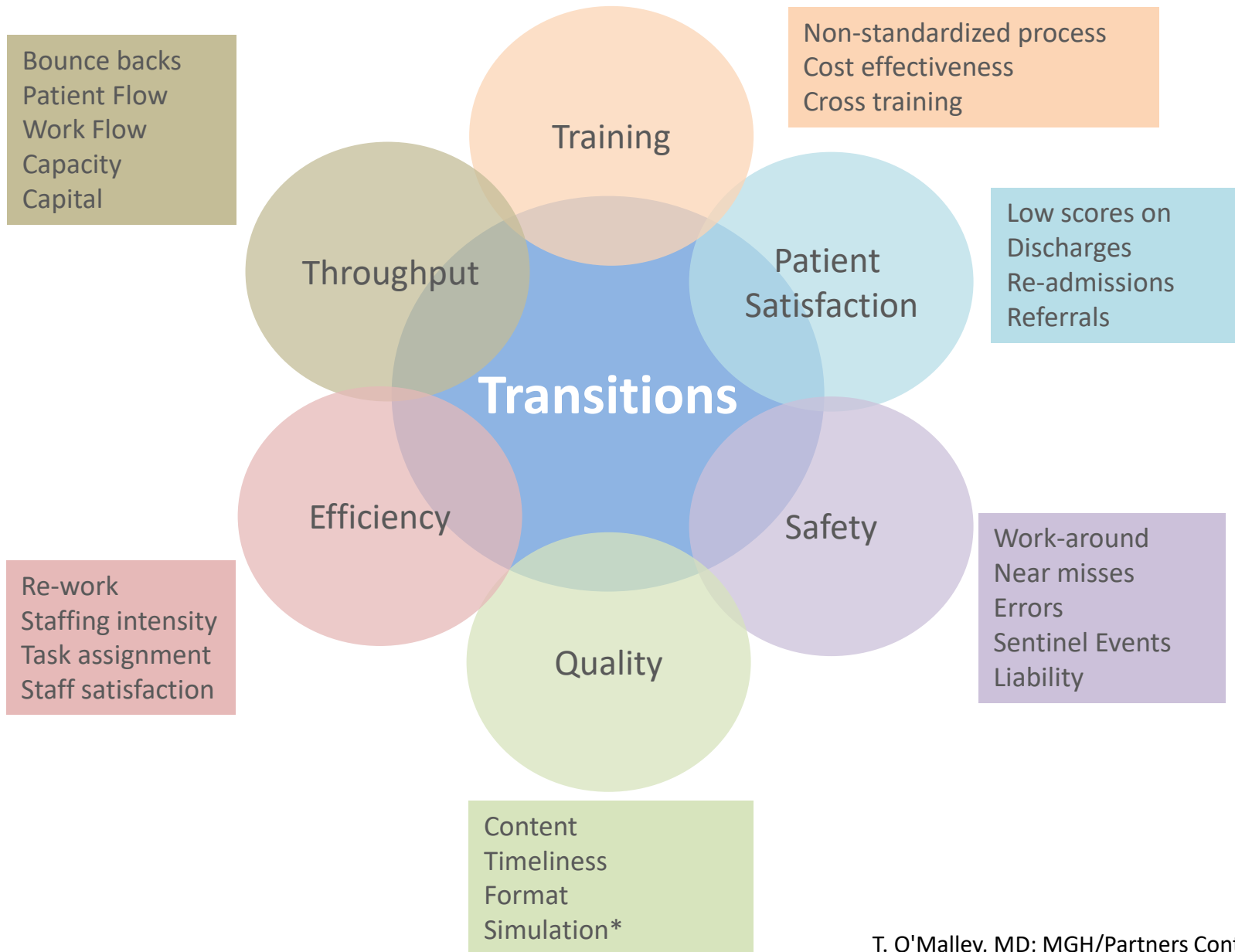
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Overview

More significant information on the PATH Tool

- Number of days of treatment supplies provided upon discharge
- When last treatment was done
- Medications missing from the patient's supply upon transfer
- Whether a hard copy prescription was sent for controlled substances
- Whether goals of advanced care planning were discussed
- When last dosage of Pain Medication was given
- Whether patient needs an initial visit within the first 24 hours
- Identification of High Risk Issues
- If DME/IV/Medical Supplies have been ordered and will be in the home upon arrival
- Contact information of Supplier
- Current ADL Status

Transitions Touch Everything





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Post-Acute Transition Home

Discharge Date: ___/___/___

SECTION A: Patient Information:

Name: _____ Gender: M ___ F ___ DOB: ___/___/___
mm dd year

Language: English Y N Other _____

Tel. #: (1) (____) _____ - _____ Tel#: (2) (____) _____ - _____

Address: _____ Apt.: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship to Patient: _____ Tel.: #(____) _____ - _____

Healthcare Proxy/Guardian (if different): _____ Tel.# (____) _____ - _____

SECTION B: Discharge Information

Discharging RN: _____ Tel.: # (____) _____ - _____ Unit: _____ Ext.: _____

Discharging Physician: _____ Tel.#: (____) _____ - _____ Date of Admission SNF: _____

Home Health Agency: _____ Tel.# (____) _____ - _____

SECTION C: Advance Directives

Were goals of Advanced Care Planning discussed? Y N (specify) _____

Full Code DNR DNH DNI No Artificial Feeding Palliative Care Hospice MOLST

Is patient capable of making decisions? Y N Does patient have a HCP? Y N



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SECTION D: Patient Follow-Up Appointment

Patient follow-up appointment date: ___/___/___ PCP?: Y N Specialist?: Y N
mm dd year

Physician assuming care: _____ Tel.#: #: (____) ____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Specialist: _____ Tel.#: #: (____) ____ - _____
Specialist: _____ Tel.#: #: (____) ____ - _____

SECTION E: Clinical Information

Diagnoses Primary Discharge Diagnosis: _____
Other Diagnoses: _____
Mental Health Diagnoses: _____

Vital Signs Time Taken? _____ Temp: _____ BP: _____ HR: _____ RR: _____ O2 Sat: _____

Height _____ Ft _____ Inches

Weight _____ Pounds

Pain Y N Pain Site: _____ Pain Rating: _____

Pain Medication: Y N Name(s): _____

Last dose given: _____ AM/PM

Mental Status: Alert Disoriented, cannot follow commands Disoriented, can follow commands Not Alert



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SECTION F: High Risk Information

Does patient need an initial visit within 24 hours (i.e. same day admit/IVs)? Y N (specify) _____

Has Home Care Provider been contacted if initial visit within 24 hours is needed? Y N

Check all that apply:

Fall Risk Delirium Agitation Aggression Aspiration Precautions Sun Downing Precautions _____

(Specify other Precautions) _____

SECTION G: Medication Information & Allergies

Medication list attached: Y N Allergies: Y N Type: _____

Patient Teaching: Y N Nurse Initials: _____

Hard copy prescription Controlled Substances: Y N

Number of Days of medication supplied to patient at discharge _____

Are all Medications being provided upon discharge? Y N

If Patient is missing Medications upon Discharge, please clarify which Medications: _____

SECTION H: Treatments & Therapeutic Devices

Has all DME/IV/Medical Supplies been ordered and will it be in the patient's home upon discharge?: Y N If No, specify: _____

Please provide contact information of Supplier: Name: _____ Tel.#: #: (____) ____ - _____

PICC IV PluerX Wound Vac G or J Tube JP Drain Catheter

Skin Breakdown: Y N

Pressure Ulcers > Stage 2 (require detailed location & measurements) Treatment list attached?: Y N

Last Treatment: _____

Number of days treatment supplies being supplied at discharge _____

Is the Patient aware of Discharge Teaching: Y N Nurse Initials: _____



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SECTION I: Nursing Care

Bed-Chair Transfer:	Independent	Assistance	Unable	Stairs:	Independent	Assistance	Unable
Bath Self:	Independent	Assistance	Unable	Dress Self:	Independent	Assistance	Unable
Feed Self:	Independent	Assistance	Unable	Grooming:	Independent	Assistance	Unable
Mobility:	Independent	Assistance	Unable	Toileting:	Independent	Assistance	Unable

Bowel & Bladder Program: Y N Incontinence: (please circle) – Bowel Bladder Catheter?: Y N

Type: _____ Last Changed: _____

Impairments: Speech Hearing Vision Other: _____

Disabilities: Amputations Paralysis Contractures Decubitus

Communication: Can Write Talks Non-Verbal

Behavior: Alert Forgetful Confused Withdrawn Wanders

Requires **"S"** if Sent: **"N"** if needed

Colostomy Care []	Dentures []	Cane []	Crutches []	Walker []	Wheelchair []
Eye Glasses []	Hearing Aid []	Prosthesis []	Bedpan []	Urinal []	Commode []

Therapies (please attach assessments/recommendations)

PT OT Speech Respiratory Dialysis

SECTION J: Additional Information



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Review

- PATH is more comprehensive report of the patient in real time
- Path does not replace the Page 2
- Decreases the likelihood of Readmissions



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PATH Pilot

- Volunteers
- Facilities & Home Care Agencies
 - Strengthen Relationship
 - Decrease Readmission Rates
- Please contact lcasale@maseniorcare.org



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Questions