Integrated Solutions for Transitioning Patients with Medical and Psychiatric Conditions

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Chief Executive Officer
College Medical Center

Amanda Alcodia
Soaring Stronger Consulting Services

“Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day saying, ‘I will try again tomorrow.’”
Mary Anne Radmacher

NIGHTINGALE.COM

OBJECTIVES
1. Identifying the challenges of placement of a behavioral health patient
2. The Missing Link: Post-Acute Care Coordinator
3. The Gears to Link Acute to Post-Acute
4. Identifying resources for the behavioral health patient
5. Preparation in referring the behavioral health patient
6. Discuss strategies for the homeless patient (including SB 1152)
7. Building an alliance with the local police department
8. Care for the med-psych patient
9. Analyzing the financial reimbursement of the med-psych patient
Post-Acute Care Coordinator

Job Description
Post-Acute Care Coordinator
Community Brochure

Physician and Post-Acute Care Facility Matrix Alignment
Gears Linking Acute to Post-Acute

Element One
Acute Facilities

Element Two
Physicians

Element Three
Long Term Acute

Element Four
Sub Acute and Nursing Homes

Element Five
Home Health/Hospice

Element Six
Recoup Care, Assisted Living, Congregate Living, and Shelters
The Relevance of a Physician-to-Physician Hand Off

Communication when referring a med-psych patient

Transfer Agreement with Other Referral Source

Preparing a Check-Off List to Transfer Behavioral Health Referral
SBR Documentation Forms

ER Transfer SBAR Form

ICU FAX # 562 4261503        Med Surg Fax # 2N 562 997 2493// 2 W  562-490-9668
Unit B 562 997 2284              Perinatal 562 997 2455

BHU:  1 W# 562 997 2519    1 S# 562 997 9859  SC # 5622568445

Your job is not to judge. Your job is not to figure out if someone deserves something. Your job is to lift the fallen, to restore the broken, and to heal the hurting.

Patient Safety Zone
“Skid Row”
Transport to "Patient Safety Zone"

The Patient Safety Zone is an area in Los Angeles that is generally known as "Skid Row".

It is the practice of the Hospital to not transport patients to the "Patient Safety Zone".

Provider agrees to NOT transport any of the Hospital's patients to the Patient Safety Zone.

ADDENDUM TO MEDICAL TRANSPORTATION AGREEMENT BETWEEN FACILITY AND AMBULANCE SERVICES

The Medical Transportation Agreement between CHLB, LLC dba Medical Center and Ambulance Services, Inc. ("Provider") effective ____, shall be amended as follows:

1.5 Ambulance Assignment.

Provider shall assign two (2) 2013 Ford E-350 ambulances to service Hospital. The said ambulances shall, at Hospital's discretion, be customized with the Hospital's insignia to promote and identify the Hospital and its services. Hospital retains the right to have its insignia removed from the ambulances at any time, with or without cause. To the extent Hospital desires to have its insignia removed from the ambulances, Hospital will provide written notice to Provider requesting that the insignia be removed. Within seven (7) days from receipt of the written notice, Provider shall have Hospital's insignia removed from all ambulances and Provider shall provide Hospital with confirmation of the same.

1.5(a) Transports to "Patient Safety Zone"

The Patient Safety Zone is an area in Los Angeles that is generally known as "Skid Row" and is more specifically described as the geographic area encompassed by the Central and Newton Divisions of the Los Angeles Police Departments, bounded by the Pasadena freeway and the Los Angeles River to the North; by the Harbor freeway to the West; by the Los Angeles River to the East; and by Florence Avenue to the South. A map of the Patient Safety Zone is attached hereto and incorporated herein.

It is the practice of the Hospital to not transport patients to the "Patient Safety Zone" unless certain exceptions exist, such as the patient having a fixed permanent residence in the Patient Safety Zone; the patient is being discharged to a family member with a fixed permanent residence in the Patient Safety Zone; or the patient is being transferred to another health care facility that is located in the Patient Safety Zone.

By executing this Addendum, Provider agrees to abide by and comply with Hospital's Best Practices on Psychiatric Homeless Patient Discharge Planning, a copy of which is attached and incorporated herein. Unless an exception applies, Provider agrees to not transport any of the Hospital's patients to the Patient Safety Zone. If Provider is requested to transport a Hospital patient to the Patient Safety Zone pursuant to one of the exceptions identified above, Provider agrees to first consult with the Hospital's Chief Executive Officer and Director of Corporate Risk Management prior to making the transport.

Provider further agrees to keep all ambulances that contain Hospital's insignia away from the Patient Safety Zone unless there is an emergency medical need for the ambulances to be present in the Patient Safety Zone or Provider is making a permitted transport to the Patient Safety Zone pursuant to the provisions above.

HOMELESS PATIENT INFORMED CONSENT DISCHARGE FORM

Informed Consent for Homeless Patient Discharge

Patient's Name:_____________________________ Patient's ID #:__________________________

PLEASE READ THIS DOCUMENT CAREFULLY, IF YOU CANNOT READ OR DO NOT UNDERSTAND THIS FORM PLEASE ASK FOR HELP. YOUR SIGNATURE IS REQUIRED WHETHER YOU ACCEPT OR REFUSE THE DISCHARGE RECOMMENDATIONS. YOU WILL BE GIVEN A FULLY COMPLETED AND SIGNED COPY OF THIS CONSENT FORM.

Patient's Rights: You, as a patient, have numerous rights guaranteed by law which include the right to compassionate and respectful care, the right to participate in your care and to ask for and to be provided with all the information you need to make an informed decision about your care, the right to request or to refuse appropriate and medically necessary treatment, service or medical staff except in certain situations involving an emergency or legal detention. A disclosure of your rights is attached.

Recommended post-Hospital care:

The attached Discharged Plan recommends that you be referred to _________________________________________________________
be transported to_______________________________________________________
be transferred to ________________________________________________________
other: _________________________________________________________________

Reasons for the Recommendations:

Due to your medical/psychological/other condition: _____________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
________________________________________________________________________
Mental Evaluation Team (MET) and Mobile Response TEAM (MRT)

Care of the Med–Psych Patient Population

“We generally change ourselves for one of two reasons: inspiration or desperation.” — Jim Rohn

SUCCESS.com
Transferring a Medical/Psych Patient

Please contact our House Supervisor.

If you do not reach them directly, and instead reach the voicemail, please leave a detailed message which includes:

- Your Name
- Your Number (where they can reach you directly at your facility)
- The Patient’s Medical Diagnosis

After speaking with our House Supervisor, please fax the following to (Phone Number):

- Face Sheet
- EKGs
- History and Physical
- X-Rays
- Last 24 Hour Vital Signs
- Physician Consultations
- Physician Progress Notes
- Last 24 Hour Medication Sheet
- Lab Work, Including UA/UDS
- Emergency Department Records
- Any Legal Hold Paperwork (5150, 5250, etc.)

Upon receipt and review of these records, and if there is a bed available, our House Supervisor will contact you with the name and number of the on-call physician.

In order to complete this transfer, the physician must accept the patient from your physician.

If the patient is not on a hold, and once they are accepted by the PET team, they will be sent to your facility prior to transfer. Results of PET assessment will not change acceptance.

Analyzing the Financial Reimbursement

Med-Psych Patient
What is an MS-DRG?

“Medicare Severity Diagnoses Related Groups (MS-DRG)” codes designed to represent patient severity of illness & hospital resource utilization.

Each MS-DRG can be split into three different tiers of severity:

- With Major Complication or Comorbidity (MCC)
- With Complication or Comorbidity (CC)
- Without Complication or Comorbidity (WO CC/MCC)

Congestive Heart Failure

The type of heart failure MUST be specified in order for an MCC or CC to be assigned.

<table>
<thead>
<tr>
<th>DX Code</th>
<th>DX Code Description</th>
<th>Status</th>
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<tbody>
<tr>
<td>428.1</td>
<td>Left heart failure</td>
<td>CC</td>
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<tr>
<td>428.20</td>
<td>Systolic heart failure, unspecified</td>
<td>CC</td>
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<tr>
<td>428.22</td>
<td>Chronic systolic heart failure</td>
<td>CC</td>
</tr>
<tr>
<td>428.30</td>
<td>Unspecified diastolic heart failure</td>
<td>CC</td>
</tr>
<tr>
<td>428.32</td>
<td>Chronic diastolic heart failure</td>
<td>CC</td>
</tr>
<tr>
<td>428.40</td>
<td>Combined diastolic/systolic HF</td>
<td>CC</td>
</tr>
<tr>
<td>428.42</td>
<td>Chronic combined diastolic/systolic HF</td>
<td>CC</td>
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</tbody>
</table>

Congestive Heart Failure (cont.)

The type of Heart Failure MUST be specified in order for an MMC or CC to be assigned MCC – Specify an acute exacerbation of CHF.

<table>
<thead>
<tr>
<th>DX Code</th>
<th>DX Code Description</th>
<th>Status</th>
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<tbody>
<tr>
<td>428.21</td>
<td>Acute systolic heart failure</td>
<td>MCC</td>
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<tr>
<td>428.23</td>
<td>Acute on chronic systolic heart failure</td>
<td>MCC</td>
</tr>
<tr>
<td>428.31</td>
<td>Acute diastolic heart failure</td>
<td>MCC</td>
</tr>
<tr>
<td>428.33</td>
<td>Acute on chronic diastolic heart failure</td>
<td>MCC</td>
</tr>
<tr>
<td>428.41</td>
<td>Acute combined systolic &amp; diastolic heart failure</td>
<td>MCC</td>
</tr>
<tr>
<td>428.43</td>
<td>Acute on chronic combined systolic and diastolic heart failure</td>
<td>MCC</td>
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Heart Failure and Shock

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<tr>
<th>MS - DRG</th>
<th>MS - DRG Title</th>
<th>FY 2018 Average Reimbursement</th>
<th>GLOS</th>
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<tbody>
<tr>
<td>291</td>
<td>Heart Failure &amp; Shock w/MCC 1.4796</td>
<td>$13,041</td>
<td>4.5</td>
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<td>292</td>
<td>Heart Failure &amp; Shock w/CC 0.9574</td>
<td>$8,438</td>
<td>3.5</td>
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<td>293</td>
<td>Heart Failure &amp; Shock w/o MCC or CC 0.6618</td>
<td>$5,833</td>
<td>2.6</td>
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Psychosis

<table>
<thead>
<tr>
<th>MS - DRG</th>
<th>MS - DRG Title</th>
<th>FY 2018 Average Reimbursement</th>
<th>GLOS</th>
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<tr>
<td>885</td>
<td>Psychosis</td>
<td>$10,500</td>
<td>5.8</td>
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Psychosis is not considered CC or MCC and doesn’t affect DRG.

Action Items

1) The Post – Acute Care Coordinator
2) Physician and Post-Acute Care Facility Matrix Alignment
3) The Gears to Link Acute to Post Acute
4) Identifying Resources for the Behavioral Health Patient
5) Preparation; transfer agreement, check off-list, SBAR (or patient hand off process)
6) Managing the homeless patient (SB 1152); patient safety zone, informed consent, homeless shelter contact checklist
7) Building an Alliance with the Police Department
8) Care of the Med-Psych Patient: flowchart and transfer checklist
9) Analysis of the Financial Reimbursement of a Med-Psych Patient
“IDEATION WITHOUT EXECUTION IS DELUSION.”

Let your Voice be Heard
Any questions or comments?

Questions
Raise your hand or submit questions at www.menti.com and enter code 36 75 60
Thank You

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