HM Home & Community SERVICES

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Successful Discharge Planning in Skilled Nursing Facilities

Why do skilled nursing facilities (SNFs) need to do discharge planning? After all, SNFs are nursing homes, not hospitals. Patients come to stay, not leave.

Actually, in today's changing health care environment, many patients are now using SNFs for short-stay, not long-term, care. This means the SNFs interdisciplinary team (IDT) needs to function more like a hospital's IDT.

With the introduction of bundled payments, accountable care organizations, and managed care, each patient admitted to an SNF needs to be evaluated as early as possible to determine their specific discharge planning goals.

It's also important to include everyone in the process. Along with the patient and his or her family, successful discharge planning needs to include the nursing, therapy, social service, and dietary departments, and sometimes even the billing office.

Overall benefits to early discharge planning include:

- Identifying the most appropriate partner to transition the patient to once the skilled stay has been completed.
- Determining any barriers to a safe transition of care.
- Decreasing readmissions and emergency room usage.
- Establishing trust between the SNF team, the patient, and their family.
- Improving communications between the patient and the facility's departments.

A 2013 Office of the Inspector General (OIG) survey reported that in 2009, 31 percent of SNF stays did not meet CMS discharge planning requirements. Please make sure your facility is in compliance.

If your facility is looking for assistance with developing an effective process, please contact your HM Home and Community Services Network Performance Manager.

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