**Homecare Expectations**

**Post op patients post SNF discharge (s/p 10 days post op or later ( generally 9 days or more in SNF))**

**Total Hip (7- 10 visits or less all disciplines)**

**Outcomes**

Patient/Caregiver verbalizes, demonstrates understanding and is independent in wound management including S/S of wound infection, healing and plan for staple removal

Patient/Caregiver verbalizes and demonstrates understanding and is independent in edema management including

icing & positioning

Patient/Caregiver understands and is independent in use of pain management techniques including pharmacological

and non pharmacological methods

Patient/Caregiver verbalizes, demonstrates understanding and is independent in use of anti-coagulant medication prescribed, need to continue monitoring if required, and which MD to follow up with if issues

Patient maintains prescribed Hip precautions with all positioning and mobility

Patient modified independent in all transfers (Bed to Stand, Sit to Stand to Sit, Shower, Commode, Car)

Patient modified independent in dressing, bathing, and personal care. May use assistive device or aid

Patient has already purchased or has written information to purchase needed assistive or adaptive devices/equipment

Patient modified independent in community ambulation with appropriate assistive device 300’

Patient modified independent in stair mobility with assistive device if needed for home or accessing the community

Patient/Caregiver demonstrates understanding of and independent in performance of written HEP/activity program including AROM, Stretching, Strengthening, and Balance/proprioceptive activities to improve body awareness and safety during functional activities

Patient/Caregiver has scheduled follow-up appointment with ortho MD as indicated by post-acute discharge plan or by 3 weeks post op

Patient/Caregiver has scheduled outpatient therapy services if indicated. (Patient should be referred to outpatient services approx. 3 weeks post op or sooner if outcome criteria are met)

**Recommended Visit Frequency and Duration:**

These patients will have come from a SNF/ECF/Inpt Rehab and will not require intensive home services. Each patient’s plan of care is determined based on the initial assessment.If it is determined patient has met homecare outcomes sooner than anticipated patient should be transitioned to outpatient sooner. If there is delay in obtaining outpatient appointment patients should continue to be seen 2x1 until transition to outpatient is complete.  **Should the patient’s plan of care deviate from this recommendation please obtain approval for change by contacting the office ortho coordinator.**

For patients without anticoag management RN; 1 x 1 **or** No RN services - PT only,

For patients needing anticoag management RN 2x1,1x1; should transition to outpatient Lab by start week 2

PT; 2x2, 1x1; (NOTE-Pt should be transitioning to Outpatient care by 3 weeks post op. If additional care is needed must be supported by documentation. Additional care beyond 4 weeks post op must be approved by ortho coordinator)

OT (only if needed); 1x1 (Additional care beyond 1 visit must be approved by Ortho coordinator)

**Recommended RN scheduling no anti coag management (1 visits only) or may consider PT only if no skilled need.**

|  |  |
| --- | --- |
| **SOC by RN on** | **Anticipated schedule** |
| Monday | 1 x 1 |
| Tuesday | 1 x 1 |
| Wednesday | 1 x 1 |
| Thursday | 1 x 1 |
| Friday | 1 x 1 |
| Saturday | 1 x 1 |
| Sunday | 1 x 1 |

**Recommended RN scheduling –anti coag management up to 3 visits only :** RN schedule determined by MD orders for anti coag management but anticipated not to exceed 3 visits total prior to transition to outpatient services

**Recommended scheduling PT (4-5 Visits)**

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| --- | --- | --- | --- | --- |
| **SOC and** **First PT visit on** | **Anticipated schedule** | **Week 1** |  **Week 2** | **Week 3 only if needed to transition to outpt** |
| Monday  | 2x2, (1x1 if needed) | Mon, Thur  | Mon, Thur | Any day |
| Tuesday | 2x2, (1x1 if needed) | Tue, Fri | Tue, Fri | Any day |
| Wednesday | 2x2, (1x1 if needed) | Wed, Fri | Mon, Thur | Any day |
| Thursday | 1x1,2x1, (1x1 if needed) | Thur | Mon, Thur | Any day |
| Friday | 1x1,2x1, (1w1 if needed) | Fri,  | Tue, Fri | Any day |
| NO PT on weekends if patient has been in SNF 8 days or more unless there is a documented safety issue |

**Recommended scheduling OT (1 visit)**

|  |  |  |
| --- | --- | --- |
| **SOC and** **First PT visit on** | **OT First visit on** | **Anticipated schedule** |
| Monday  | Tuesday | 1W1 |
| Tuesday | Wednesday | 1W1 |
| Wednesday | Thursday | 1W1 |
| Thursday | Friday | 1W1 |
| Friday | Monday | 1W1 |

**RN CARE PLAN**

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| --- | --- |
| **Visit Number** | **Intervention/Objective/Goals** |
| RN Visit 1 SOC –to visit 3 | 1. Comprehensive Assessment performed
2. Med reconciliation and education performed including prevention of constipation with pain meds.
3. Patient/Caregiver verbalizes and understands wound management including S/S of wound infection, healing. Wound care performed as ordered
4. Determine plan for staple removal if not already completed.
5. Order supplies if needed (staple remover, wound care supplies)
6. Patient/Caregiver verbalizes and demonstrates understanding of edema management including icing & positioning
7. Patient/Caregiver understands and is indep in use of pain management techniques including pharmacological and non pharmacological methods
8. Patient/Caregiver verbalizes understanding of bowel management including diet, medication and activity and prevention of constipation with pain meds.
9. Patient/Caregiver verbalizes and demonstrates understanding/use of anti-coagulant medication prescribed.
10. Anti-coag monitoring schedule in place if needed; Anti coag monitoring performed per process
11. Patient maintains prescribed Hip precautions with all positioning and mobility
12. Patient/Caregiver verbalizes understanding of appropriate medical emergency plan

11. Confirm follow up appointments with Ortho and other doctors are scheduled |

**PHYSICAL THERAPY CARE PLAN**

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| **Visit Number** | **Intervention/Objective/Goals** |
| Visit 1 – PT Evaluation and Initial treatment  | 1. Complete PT assessment including vital signs, ROM and strength of involved and uninvolved limbs, functional mobility, balance, home safety, and other indicated assessments using objective measures.
2. Assess for OT need. If OT needed obtain MD order for service and notify office to schedule
3. Patient/Caregiver verbalizes and understands management including S/S of wound infection, healing.
4. Patient/Caregiver verbalizes and demonstrates understanding of edema management including icing & positioning
5. Patient/Caregiver understands and demonstrates use of pain management techniques including pharmacological and non pharmacological methods
6. Patient maintains prescribed Hip precautions with all positioning and mobility
7. Patient modified independent in all transfers (Bed to Stand, Sit to Stand to Sit, Shower, Car) or caregiver independent in assisting patient with all transfers
8. Patient modified independent in home ambulation with appropriate assistive device household distances and stairs if needed to access bathroom and bedroom or Caregiver independent in assisting patient with assistive device and all ambulation needs
9. Patient/Caregiver given or has from SNF written initial HEP/activity program including basic AROM, Joint mobility, AROM, Stretching, Strengthening, and if indicated Balance/proprioceptive activities to improve body awareness and safety during functional activities
10. Patient/Caregiver has scheduled follow-up appointment with ortho MD as indicated in post SNF discharge plan.
11. Visit before MD appointment complete “MD progress report” for patient to give to MD
12. Patient has information on how to schedule appointment for outpatient therapy
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| PT visit 2-5 | 1. Complete PT assessment including vital signs, ROM and strength of involved and uninvolved limbs, functional mobility, balance, home safety, and other indicated assessments using objective measures.
2. Patient/Caregiver verbalizes and understands management including S/S of wound infection, healing.
3. Patient/Caregiver verbalizes, understanding and is independent in edema management including icing & positioning
4. Patient/Caregiver understands and is independent in use of pain management techniques including pharmacological and non pharmacological methods
5. Med Reconciliation performed
6. Patient maintains prescribed Hip precautions with all positioning and mobility
7. Patient modified independent in all transfers (Bed to Stand, Sit to Stand to Sit, Shower, Car)
8. Patient modified independent in home and community ambulation including stairs if needed with appropriate assistive device 300’
9. Patient/Caregiver indep in performing written HEP/activity program including appropriate level exercises for Tissue Healing, Joint mobility, AROM, Stretching, Strengthening, and if indicated Balance/proprioceptive activities to improve body awareness and safety during functional activities
10. HEP program updated to include progressive skilled exercises/activities
11. Confirm arrival of any patient supplies needed
12. Staple removal if ordered and RN discharged
13. Confirm Patient/Caregiver has/completed follow-up appointment with ortho MD by 3 weeks post op
14. Visit before MD appointment complete “MD progress report” for patient to give to MD
15. Patient/Caregiver has scheduled outpatient therapy services if indicated.(must be scheduled by visit number 2 or earlier)
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**Occupational Therapy (if indicated)**

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| **Visit Number** | **Intervention/Objective/Goals** |
| Visit 1 – OT Evaluation and Treatment (if indicated) | 1. Complete OT assessment including vital signs, ROM and strength of involved and uninvolved limbs, functional mobility, balance, home safety, and other indicated assessments using objective measures.
2. Patient/Caregiver understands use of pain management techniques including pharmacological and non pharmacological methods
3. Patient maintains prescribed Hip precautions with all positioning and mobility
4. Patient has all needed assist/adaptive equipment or has information on how to order
5. Patient modified independent in all bathroom transfers (Shower, Commode)
6. Patient modified independent in dressing, bathing, personal care. May use assistive device or aid
7. Patient/Caregiver has equipment or written information for equipment recommendations and purchasing options
8. Patient/Caregiver given written HEP/activity program if appropriate for UE AROM, Stretching, Strengthening
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