

## Overcoming Barriers to Discharge for Home Infusion

Successful home infusion therapy relies on timely and effective transitions to home. Early identification of any actual or potential barriers can help minimize discharge delays, allow for safe and effective discharge to home, enhance clinical and economic outcomes, and support patient satisfaction.

This continuing education program reviews the transition from hospital to home for patients requiring home infusion. It addresses some of the requirements of and strategies for effective discharge planning, as well as some of the common challenges to discharge and potential interventions for overcoming them.

### Qualifications for Discharge to Home Infusion

The foundation of a patient-centered discharge-to-home plan for home infusion includes patient candidacy assessment, patient/caregiver education, and ongoing monitoring and follow-up. It also requires identification of any patient-specific impediments to care. The patient must be clinically appropriate, and must be willing and able to manage the requirements of home infusion or have a caregiver who is. Typically, a patient is ready for discharge to home infusion when:

1. The goals of the hospitalization are met,

2. The patient's medical needs can be safely met at an alternate level of care,
3. Referrals for continuing care have been made, and
4. The patient (and/or caregiver) is willing and able to comply with the home infusion requirements.

### Strategies for Effective Discharge Planning

Discharge planning for home infusion begins when the patient is admitted, particularly if the admission is for one of the disease states commonly flagged for home infusion (see Table 1). Certain disease states present clear opportunities for home infusion consideration. Other diagnoses, however, should also be considered, given the increasing focus on total cost of care, the home care setting's potential to prevent other hospital-acquired infections or conditions, and the proven positive impact of home infusion on cost, clinical outcomes and patient satisfaction.

Table 1

#### Common Diagnoses Flagged for Home Infusion

- Cellulitis
- Community-acquired pneumonia
- Endocarditis
- Osteomyelitis
- Pancreatitis

The following measures, best applied within 24 to 48 hours of admission, support effective discharge planning and on-time discharge:

- Early assessment of potential candidates for home infusion therapy
- Assessment for targeted disease states/ICD-9 codes for which home infusion therapy typically offers a cost-effective option
- Assessment during admission for a high level of risk for discharge challenges

With the potential need for home infusion determined, the Discharge Planner should contact the home infusion provider to assess for clinical appropriateness for home infusion. The home infusion clinician will conduct a patient interview to:

- Confirm that the patient and caregiver are willing and able to learn their therapy, as well as understand and accept all of the associated responsibilities. It is mandatory for patients to fully comprehend concepts such as when to call the physician or home infusion team, when to call 911, how to manage the equipment and administration sites, and the need to be compliant with all of their responsibilities, including ensuring that someone will be home to accept deliveries as needed.

- Verify that the home environment is conducive to home care.
- Confirm the address, phone number, and emergency contact number(s).
- Obtain insurance information and work with the payer as needed to help ensure that discharge is not delayed by coverage issues.
- Determine the need for other home health services such as physical therapy, oxygen, or wound care.

## Identifying and Addressing Potential Barriers to On-time Discharge

Numerous factors, such as those listed in Table 2, are potential obstacles to discharge. It is essential to identify patient-specific barriers as early in the discharge process as possible and then to design and implement interventions that can help mitigate their impact.

### Patient Residence

Where the patient lives can be an issue for several reasons, and it is important to conduct an initial assessment of the patient's home environment with questions such as:

- Where/with whom is the patient staying?
- Does the home have running water, electricity, and telephone service?
- Does the patient have access to Emergency Medical Services (911)?
- Does the patient live in a high-crime neighborhood, which could make home deliveries or nursing visits unsafe?
- Are there pets in the home?

A patient who resides a significant distance from the treating hospital may have transportation challenges. Potential consequences, in addition to patient stress, include missed appointments and compromised response to therapy.

Also, depending on where the patient lives (and/or the complexity of the prescribed therapy), locating a home health agency or other community resource capable of meeting the patient's needs can be an issue, particularly if a discharge planner is unfamiliar with the services that are provided in the community. The home infusion team can help the discharge planner address these issues — they may be contracted with or aware of numerous community resources that may be called upon to help address the patient's unique situation.

Distance can also cause other problems. For instance, if the distant patient requires a same-day home care nursing visit, long-distance travel times can influence nursing availability and can prevent last-minute or late discharges. With insufficient planning, the result may be an additional day of hospitalization. In another example, if the prescribed drug is dosed every four hours and the patient has a six-hour drive home, what contingencies need to be put into place prior to discharge? Will the physician

approve a delay in treatment? Can a dose of medication be sent along with the patient? Is there a pharmacy branch and ambulatory infusion suite along the route where the patient can stop for a dose? These are typically not insurmountable problems, but addressing them takes advance notice and planning.

### Psychosocial Issues

Psychosocial problems such as substance abuse, mental illness, limited family support, and educational level can require interventions to support a patient's safe discharge to home. Issues that may need to be addressed when dealing with a patient confronting these problems include:

- **Noncompliance:** Patients with psychosocial challenges may have difficulty following their prescribed therapy. While the home care nurse cannot specifically "enforce" compliance, he or she can assess and report on the patient's compliance and re-educate as necessary.
- **Substance abuse:** Home infusion providers are often asked, "Can a patient with a history of IV drug abuse be discharged on home infusion therapy?" Critical issues to evaluate include the patient's history of relapse and where he or she is in the recovery process. The goal is to

Table 2

Potential Barriers to Discharge to Home Infusion	
<ul style="list-style-type: none"> <li>• Residence in a location that is distant from the treating hospital or is otherwise problematic</li> <li>• Difficulty locating a home health agency or other community resource</li> <li>• Psychosocial challenges</li> </ul>	<ul style="list-style-type: none"> <li>• Patient's inability to manage their financial responsibility (such as copay or out-of-pocket expenses)</li> <li>• Therapy complexity</li> <li>• Lack of appropriate venous access</li> </ul>

assess the patient's risk of relapse while on IV therapy. A behavioral contract may be indicated, and ongoing monitoring is essential.

- **Anxiety:** It is not uncommon for patients and families to have some anxiety surrounding their ability to administer IV therapy. Thorough patient education with return demonstration (having the patient “teach back” what he or she has learned), follow-up visits, reinforcement, and the availability of home infusion pharmacists and nurses to answer questions and discuss concerns, can help allay patient fears and enhance confidence and ability.
- **Lack of patient/caregiver willingness and/or ability to administer therapy:** The patient must be willing and able to learn how to infuse the medication and care for the vascular access site and pump or other equipment, or have a caregiver who is willing and able to do so. It is essential that the patient and caregiver(s) fully appreciate their responsibilities and those of the home infusion staff.
- **Impaired cognitive abilities:** Visual impairment, learning disabilities, illiteracy, a language barrier, or impaired motor skills can present challenges for patients needing home infusion therapy. Each of these challenges requires patient-specific problem-solving.

### Financial Responsibilities

Insurance verification, regarding both the patients' covered benefits and their financial responsibility for the prescribed therapy and/or services, is an important part of the home infusion discharge process. Insufficient coverage for home infusion can be a barrier

to discharge, as can be the patient's inability to meet their deductibles and/or copayments. For patients who are uninsured or underinsured, creative strategies can be considered. For example, the hospital may be able to play the role of payer for the home infusion therapy, which would enable home care instead of a continued hospital stay. Also, negotiations with the payer case manager and/or medical director of the health plan may be possible to enable an exception, given the lesser cost of home infusion versus hospitalization.

Determining preferred providers from the patient's insurance companies can be difficult and time-consuming for discharge planners. In addition, the inability to connect with the payer case manager may result in an additional otherwise unnecessary inpatient day. Again, the home infusion provider can be the primary communicator with the payer case manager from the outset, helping to solidify resources prior to the time of discharge.

### Clinical Complexity

Many home infusion candidates are prescribed multiple therapies or medications with significant potential for adverse effects. A home infusion pharmacist can assist the discharge planner in identifying ways to deliver therapy that best meet all of the patient's home infusion needs. Also, if the patient has care needs in addition to infusion, the home infusion provider can coordinate with the home health agency to help ensure that those care needs are met as well.

Home infusion providers should have an interdisciplinary team approach to patient care. This includes close communication between the infusion provider's nurse, pharmacist, and dietitian,

and the prescribing physician. This approach can help ensure a coordinated plan of care, which in turn can result in patient satisfaction as well as positive clinical outcomes for patients, including those with complex therapies.

In addition, home infusion providers can provide pre- and post-discharge patient education to help ensure that a patient with a complex therapy plan can manage their home infusion therapy. Home infusion nurses can provide training including hands-on teaching, leave-behind materials, and references for relevant patient resources such as support groups. This comprehensive patient education can enable patients with complex infusion therapy plans to manage their therapy with comfort and independence.

## Conclusion

Many strategies can be employed to help ensure safe, effective discharge to home infusion therapy. Early assessment for home infusion candidacy, as well as for indicators of a high level of risk for discharge challenges, is essential. Also important are developing systems for effective communication between all members of the healthcare team — at the hospital, with the home infusion team and the payer case manager — and consulting with the home infusion provider to help address patient-specific challenges.

Employing these strategies can help avoid delays in discharge, which reduces the total cost of care and the risk of hospital-acquired conditions, and increases patient satisfaction. At the same time, using these strategies can help provide patients with the resources, education and ongoing monitoring that support safe, effective treatment in the home. ♦

# Healthline Self-Assessment Quiz

## Overcoming Barriers to Discharge Self-Assessment

### LEARNING GOAL

To have a basic understanding of:  
1) potential barriers to discharge to home infusion care, and 2) potential strategies to address and/or overcome these barriers to allow an on-time discharge and sustainable transition to home.

### LEARNING OBJECTIVES

*After reviewing this publication, each participant should be able to:*

1. Identify patients at risk for challenges that may delay discharge if not addressed early. (for discharge planners and social workers)
2. List three strategies for planning early discharges.
3. Discuss patient selection criteria for home infusion therapy.
4. Identify strategies for overcoming barriers to on-time discharge.

### SELF-ASSESSMENT QUESTIONS

**In the Quiz Answers section on the next page, circle the correct answer for each question. To obtain two (2.0) contact hours toward CE credit, the passing score is 100%.** Return your Self-Assessment Quiz to Coram via email, fax or mail. See the next page for details on how to return to your quiz. Please allow approximately seven days to process your test and receive your certificate upon achieving a passing score.

1. The foundation of a patient-centered discharge-to-home-infusion plan includes:
  - a. Patient candidacy assessment
  - b. Patient/caregiver education
  - c. Ongoing monitoring and follow-up
  - d. Care customization specific to each patient's unique clinical, psychosocial, and environmental situations
  - e. All of the above
2. Early identification of any actual or potential barriers can help the team to:
  - a. Minimize discharge delays
  - b. Allow for safe and effective discharge to home infusion
  - c. Enhance clinical and economic outcomes
  - d. Support patient satisfaction
  - e. a, b, and d
  - f. All of the above
3. The home infusion candidate must be clinically appropriate for home infusion therapy, and be willing and able to manage home infusion requirements or have a caregiver who is.
  - a. True
  - b. False
4. Many diagnoses may be appropriate for discharge to home infusion.
  - a. True
  - b. False
5. Key psychosocial factors to consider include all of the following EXCEPT:
  - a. Home environment
  - b. History of compliance
  - c. Ethnicity
  - d. Cognitive abilities
6. Examples of patients at high risk for discharge challenges include:
  - a. A patient who lives two counties away from the treating hospital
  - b. A patient with a known history of compliance.
  - c. A patient who needs a home health aide and physical therapy in addition to home infusion
  - d. A and C
  - e. All of the above
7. Return demonstration, or "teach back," by the patient or caregiver is never necessary given the nursing follow-up that will occur in the home.
  - a. True
  - b. False
8. The home infusion provider should have an interdisciplinary team approach to patient care.
  - a. True
  - b. False
9. With effective assessment and intervention, even patients with complex illnesses can experience timely discharge.
  - a. True
  - b. False
10. The following are important strategies to help avoid delays in discharge:
  - a. Developing systems for effective communication between all members of the healthcare team
  - b. Consulting with the home infusion provider to help address patient-specific challenges
  - c. Conducting early assessment for high-risk indicators for discharge.
  - d. A and B
  - e. A, B, and C

## Overcoming Barriers to Discharge for Home Infusion

### QUIZ ANSWERS

Circle the correct answers below to receive 2.0 Continuing Education credits.

1. a b c d e
2. a b c d e f
3. a b
4. a b
5. a b c d
6. a b c d e
7. a b
8. a b
9. a b
10. a b c d e

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Comprehensive enough?     Yes     No

Well organized?     Yes     No

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