

IMPACT ACT: Connecting Post-Acute Care Across the Care Continuum

Standardized Assessment Comparison of Child with Medical Complexity Through SNF, IRF, and HHA Measurements

Admission Assessment: 13 year old female with a diagnosis of Lennox-Gastaut Syndrome with intractable epilepsy, intermittent hypoxia, spastic quadriplegia, severe intellectual disability that is fed via a gastrostomy tube (ketogenic diet) and totally dependent for all aspects of care. She was admitted to the Skilled Nursing unit from home following multiple hospitalizations for upper respiratory infections and pneumonia. Requires ongoing preventative respiratory therapy treatments, seizures are controlled by medication, and attends middle school in community on a regular basis. Patient has had one acute illness requiring transfer since admission in 2012.

1. OASIS Score: Not Scored – Patient under 18 years of age
2. RUG Case Mix Group: HD1 Special Care High
3. Therapy Received: OT and PT exercises—no active therapy plan
4. Discharge Plan: Parents request continued placement at this time

SNF - MDS	IRF – IRF-PAI	HHA – Oasis	PCCA - Patient Assessment (Facility Interventions)
<p><u>Section O – Special Treatments, Procedures/Programs</u> Check all...performed during the last 14 days</p> <p>O0100D – Suctioning within 14 days</p> <p>O0400D – Respiratory Therapy Total Minutes 28 Number of Days 7</p>	<p><u>Section M – Special Treatment, Procedures, and Programs</u> O0100 Check if treatment applies at admission and Discharge. Admission: N. Total Parenteral Nutrition Discharge: O0250 Influenza Vaccine</p> <p>N/A</p> <p>O0250A – Yes patient received influenza vaccine in this facility</p>	<p><u>Respiratory Status</u> M1400 When is patient dyspneic or noticeably short of breath</p> <p>M1400 – 0 Patient is not short of breath</p> <p>M1410 Respiratory treatments utilized at home—Oxygen, Ventilator, Continuous/Bi-level positive airway pressure</p> <p>M1410 – 4 None of the above</p>	<p><u>Special Services, Tx and Interventions</u> Respiratory Therapy -preventative treatments and current orders</p> <p>Chest Wall Vest Treatment (CPT) x2/day</p> <p>Oxygen therapy to maintain Sats >93</p> <p>Albuterol 2 Puffs 3 x per day QVAR 2 x day Respiratory Therapist Assessment x2 day Increase CPT and Nebulizer treatments prn based on Respiratory Therapist Assessment</p> <p>Additional Items for all Pediatric Patients: Immunization schedule/status per CDC guidelines: Child immunizations provided in accordance with CDC guidelines to reduce the risk of infection or childhood diseases above and beyond periodic influenza and pneumococcal vaccination.</p>

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<p><u>Section G – Functional Status</u> Activities of Daily Living (ADL) Assistance – Bed mobility, Transfer, Walk in room, Walk in corridor, Locomotion on unit, Locomotion off unit, Dressing, Eating, Toilet use, Personal hygiene.</p> <p>G0120-G0600 – Bathing, Balance During Transitions and Walking, Functional Limitation in Range of Motion and Mobility Devices.</p> <p>G0110A through J – ADL Assistance Self-Performance 4 Full staff performance every time during entire 7-day period Most provided Support 2 One person physical assistance 4 Total dependence G0600 – Mobility Devices C. Wheelchair</p>	<p><u>Section GG – Functioning Abilities and Goals</u> Indicate the patient’s usual ability with everyday activities prior to the current illness, exacerbation, or injury.</p> <p>GG0110 – Prior Device Use GG0130 – Functional Abilities and Goals: Eating; Oral hygiene; Toileting hygiene; Shower/bathe self; Upper/Lower body dressing; Putting on/taking off footwear. GG0170 – Mobility: Rolling; Sitting; Transferring; Standing; Walking; Picking up objects.</p> <p>GG0100 1A-D – Dependent – A helper completed the activities for the patient.</p> <p>GG0110A – Wheelchair</p> <p>GG0130-G0170A-S – Dependent Helper does all of the effort.</p>	<p><u>ADL/IADL</u> Grooming, Dressing Upper/Lower body, Bathing, Toileting Transfer, Toileting Hygiene, Transferring, Ambulation/Locomotion, Feeding/Eating, Ability to plan/prepare light meals, ability to use Telephone.</p> <p>Prior functioning ADL/IADL: Indicate the patient’s usual ability with everyday activities...Check only one box in each row.</p> <p>M1800 through M1900 – Patient is unable to do any of the above and remains totally dependent for all ADL/IADLs</p>	<p><u>Functional Status</u> Ability to perform Activities of Daily Living with the assistance of staff.</p> <p>Totally dependent for all ADLs and Medication Management</p> <p>Ability to assess child’s physical as well as developmental growth including use of devices and educational interventions:</p> <p>Positioning devices such as body jacket to reduce risk of scoliosis or provide upper body support; ankle/foot orthotics for positioning to support standing and reduce risk of foot drop; hand splints used to reduce contractures and support for independent mobility i.e. using adaptive switches or a communication device.</p> <p>Educational and Developmental Assessment to determine child’s ability to participate in ongoing developmental play and education programs in the facility or at a community based school.</p>