

Webinar on

The CMS Discharge Planning Rules And Regulations For 2018

Learning Objectives

- *Understand what the CMS Conditions of Participation are and how they guide the practice of the RN case manager and social worker*
- *Review the current Conditions of Participation Discharge Planning rules*
- *Learn the CMS proposed rules for discharge planning*
- *Be able to identify any gaps in your discharge planning process related to the current versus the proposed rules*
- *Ensure that you are current and compliant with the current rules for discharge planning*
- *Understand any misconceptions that are in the field related to discharge planning, especially related to the 'choice list'*



Areas Covered

- *Transitional planning as a process, not a destination*
- *The current discharge planning requirements under the Conditions of Participation for discharge planning*
- *The new CMS changes related to transitional and discharge planning and how they will impact your practice*
- *How to engage providers and patients across the continuum in the discharge planning process*





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- *The best ways to transition patients across the continuum of care*

- *How to evaluate the effectiveness of your discharge planning program*

- *Ways that you can ensure that your department is ready and able to meet the changes related to discharge planning*

This webinar will discuss the positive impact that effective discharge planning processes can have on hospitals, post-acute providers, and patients.

PRESENTED BY:

Toni G. Cesta, Ph.D., RN, FAAN is Partner and Health Care Consultant in Case Management Concepts, LLC, a consulting company which assists institutions in designing, implementing and evaluating acute care and community case management models, educating case management professionals and assisting in the implementation of case management departmental changes.

On-Demand Webinar

Duration : 60 Minutes

Price: \$200

Webinar Description

This program will review the current rules and regulations from the Conditions of Participation for discharge planning. We will then discuss the most recent changes to the Medicare program and how they will impact the roles of the RN case manager and the social worker. We will review strategies for safely transitioning your patients across the continuum of care. In addition, we will review how to engage other members of the interdisciplinary care team in the process of planning for the patient's movement across the continuum including verbal and written hand-off communication. We will also discuss the positive impact that effective discharge planning processes can have on hospitals, post-acute providers, and patients.

The proposed changes to the Conditions of Participation for Discharge Planning will likely have profound effects on how case management departments organize their work. It will also affect the workloads of RN case managers and social workers. Patients in ambulatory settings such as outpatient surgery, outpatient procedures, and emergency departments will all need to be assessed for the purpose of creating a discharge plan. Family caregivers and physicians will be expected to be much more involved than they have in the past. Case management departments will be expected to follow patients via phone calls as they transition out into the community.



With the proposed changes to the CMS Conditions of Participation for discharge planning, it is important that RN case managers and social workers understand the differences between the current rules and the proposed rules regarding discharge planning. As a social worker or RN case manager, you should learn how to ensure that your processes address the complexities of the new healthcare environment regarding discharge planning and that your role as a case manager or social worker is designed and staffed to meet the changes ahead

In order to remain compliant, you need to understand how to evaluate your current discharge planning process and make any needed changes to remain compliant. There are many myths surrounding the Conditions of Participation for discharge planning. These myths will be discussed and corrected so that you can improve your daily practice.



Who Should Attend ?

Hospital Director of Case Management

Hospital Director of Finance

Case Managers Across the Continuum

Social Workers Across the Continuum

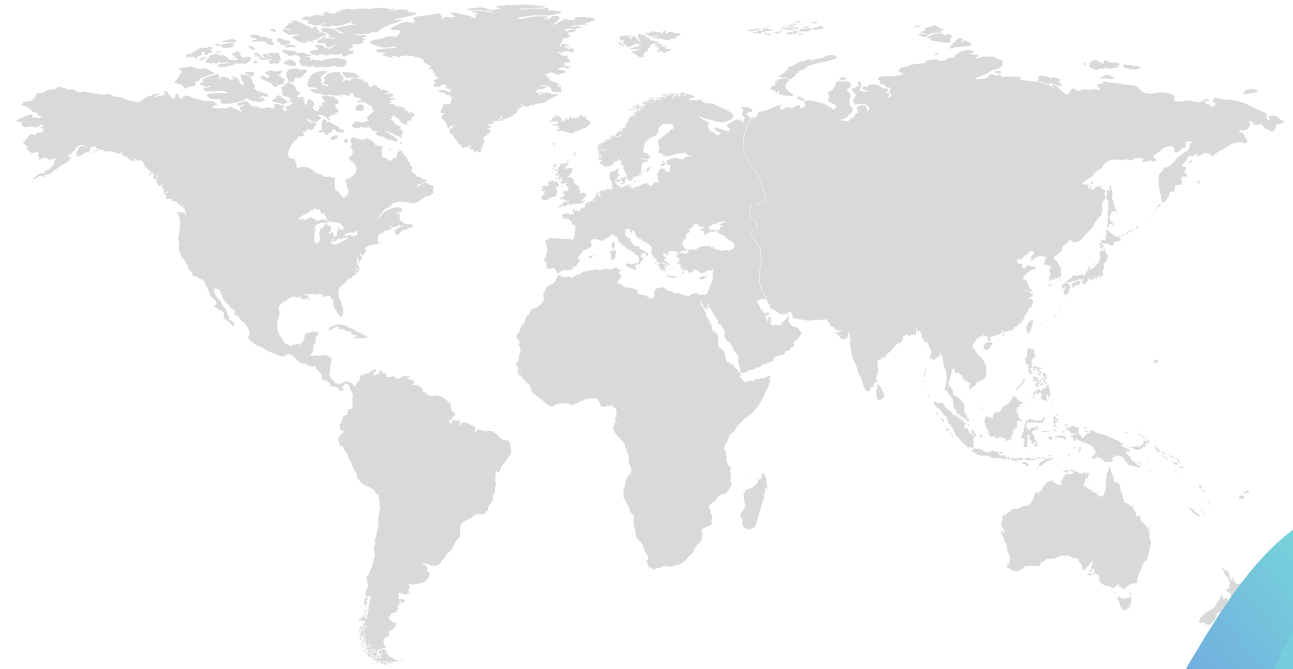
Vice President of Case Management

Directors of Patient-Centered Medical Homes

Home Care Directors and Managers

Home Care Case Managers , Community-Based Providers

Directors of Nursing , Directors of Ambulatory Programs



To register please visit:

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