



# Skilled Nursing Facility 3-day Waiver

---

Philip Chan, MD, MPH, Assoc. Med. Director, Population Health  
Michele Despreaux, MD, Med. Director, Senior Care Clinic  
Judith Puzon, RN, MSN, Director, Care Management  
7-13-2022

# Skilled Nursing Facility Admission

- 3-day Waiver
  - No requirement for 3-day hospital stay

# SNF 3-day Waiver

- Qualifiers for Waiver
  - Requires a short-term **intensive** stay for skilled care
  - Must be in VMC's ACO (noted by "MSSP")

# SNF vs Home Health

- SNF

- Patient with acute event causing changes in their general state, not rising to the need for hospital admission, requiring skilled therapy to improve functional capability and/or return to baseline.
- Patient would need
  - intensive nursing care such as complex wound care, catheter care, and neuro assessment, and/or
  - PT/OT/speech daily or > 3 days per week.

- HH

- Intermittent nursing services, PT/OT < 3 days per week (Depends on family training)

# SNF 3-day Waiver

## Workflow

- Admission Orders:
  - “Communications”
    - > “New Communication”
    - > “Other Templates”
  - type “SNF” >> *AMB SNF Transfer Letter VMG*
  - “Search all contacts” for *RN care manager & route*

The screenshot displays a medical software interface. The main window is titled 'Communications' and contains a search bar with the text '«Search all contacts»' and a '+ Add' button. Below the search bar are several filter buttons: '1 PCP', '2 Referring', '3 Patient', '4 Print For Patient', '5 Care Team', '6 All Referring', and '7 OB Providers'. There are also buttons for '8 Previous', '9 Last', and 'Free Text'. A 'To:' field shows 'No recipient selected'. Below this are buttons for 'To Referring Provider', 'Copy Letter', 'Other Templates', 'Work Excuse', and 'School Excuse'. A 'Letter: No letter selected' message is visible. A '+ Attach File' button and an 'Attachments' section are also present. A 'Wait for results' checkbox and a 'Route draft' checkbox are visible. A '+ New Communication' button is at the bottom left. A 'Letter Templates' pop-up window is overlaid on the right side of the main window. It has a 'Match:' field with the text 'snf'. Below this is a table with two columns: 'ID' and 'Template'. The table contains one row with the ID '54134' and the template name 'AMB SNF TRANSFER LETTER VMG'.

ID	Template
54134	AMB SNF TRANSFER LETTER VMG

# SNF Admission Orders

## Skilled Nursing Facility Admission

Patient: Karyn Elyse Yeager  
DOB: XXXXXXXXXX

☐ SNF Attending

### Diet:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> ADAT         | <input type="checkbox"/> High fiber             |
| <input type="checkbox"/> General      | <input type="checkbox"/> Fluid restriction      |
| <input type="checkbox"/> Cardiac      | <input type="checkbox"/> Tube feeding           |
| <input type="checkbox"/> Diabetic     | <input type="checkbox"/> Dysphagia              |
| <input type="checkbox"/> Low sodium   | <input type="checkbox"/> TPN                    |
| <input type="checkbox"/> Clear liquid | <input type="checkbox"/> Renal with dialysis    |
| <input type="checkbox"/> Full liquid  | <input type="checkbox"/> Renal without dialysis |
| <input type="checkbox"/> Other:       |   |

### Nursing Assessments:

- ☐ Vital signs per facility protocol
- ☐ Weights per facility protocol

### Code Status:

- ☐ Full Code
- ☐ DNR - Comfort measures only
- ☐ DNR - Selective treatments
- ☐ DNR - Full treatment

### Rehab Potential:

- ☐ Independent
- ☐ Partial assist
- ☐ Maximum assist

# SNF Admission Orders

## Treatment Orders:

- |   |  |
|---|--|
| <input type="checkbox"/> Wound/Ostomy Care                    | <input type="checkbox"/> Respiratory Therapy                 |
| <input type="checkbox"/> Physical Therapy: Eval and Treat     | <input type="checkbox"/> Palliative Care/Hospice             |
| <input type="checkbox"/> Occupational Therapy: Eval and Treat | <input type="checkbox"/> Psychologist as needed per facility |
| <input type="checkbox"/> Speech Therapy: Eval and Treat       | <input type="checkbox"/> Dentistry as needed per facility    |
| <input type="checkbox"/> Social Work Services                 | <input type="checkbox"/> Podiatry as needed per facility     |
| <input type="checkbox"/> Nutritionist                         | <input type="checkbox"/> Optometry as needed per facility    |
| <input type="checkbox"/> Other:                               |  |

## Dressing:

- ☐ Leave dressing on - keep it clean, dry, and intact until clinic visit
- ☐ Change dressing (specify):
- ☐ Change dressing as needed, contact LIP if drainage/bleeding persists
- ☐ Remove staples
- ☐ Remove sutures

## Patient's Condition:

- ☐ Improving
- ☐ Stabilized
- ☐ Declining
- ☐ Terminal

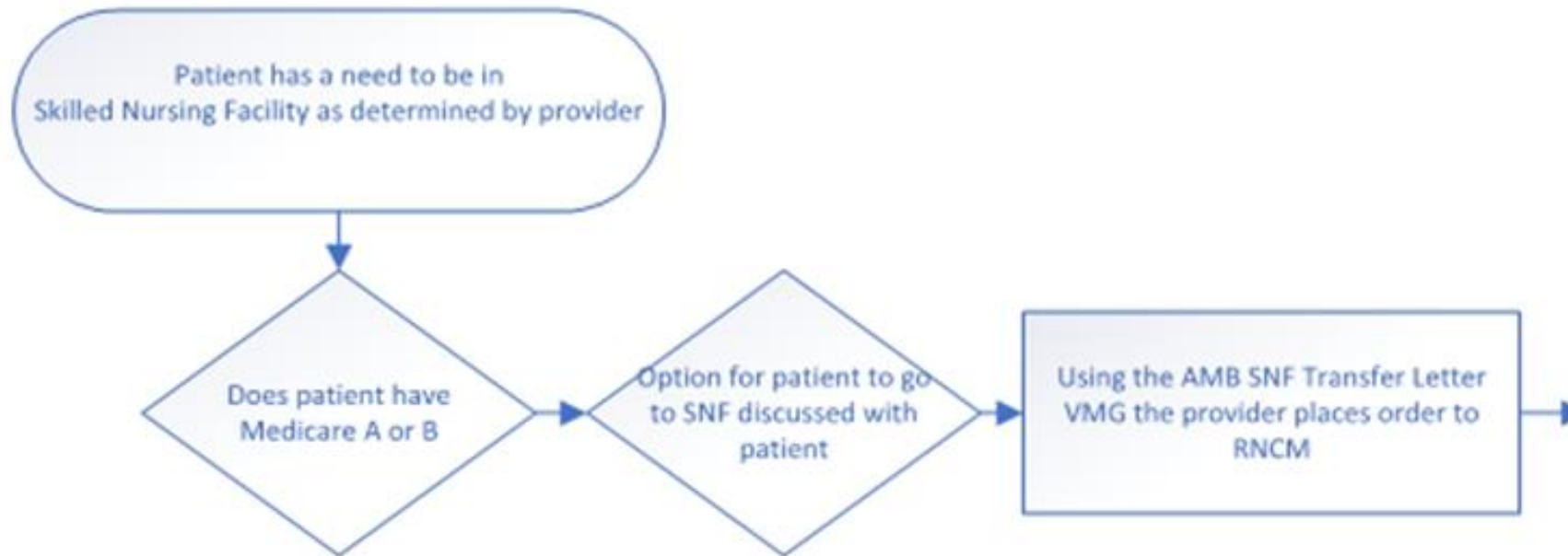
## Activity:

- |  |  |
|--|--|
| <input type="checkbox"/> Activity as tolerated           | <input type="checkbox"/> Weight bearing as tolerated       |
| <input type="checkbox"/> Bedrest                         | <input type="checkbox"/> Non-weight bearing                |
| <input type="checkbox"/> Up with mobility device         | <input type="checkbox"/> Other (per PT/OT recommendation): |
| <input type="checkbox"/> Shower/Bath: Patient may shower | <input type="checkbox"/> Other restrictions (specify):     |
| <input type="checkbox"/> No heavy lifting                |  |

## Follow Up:

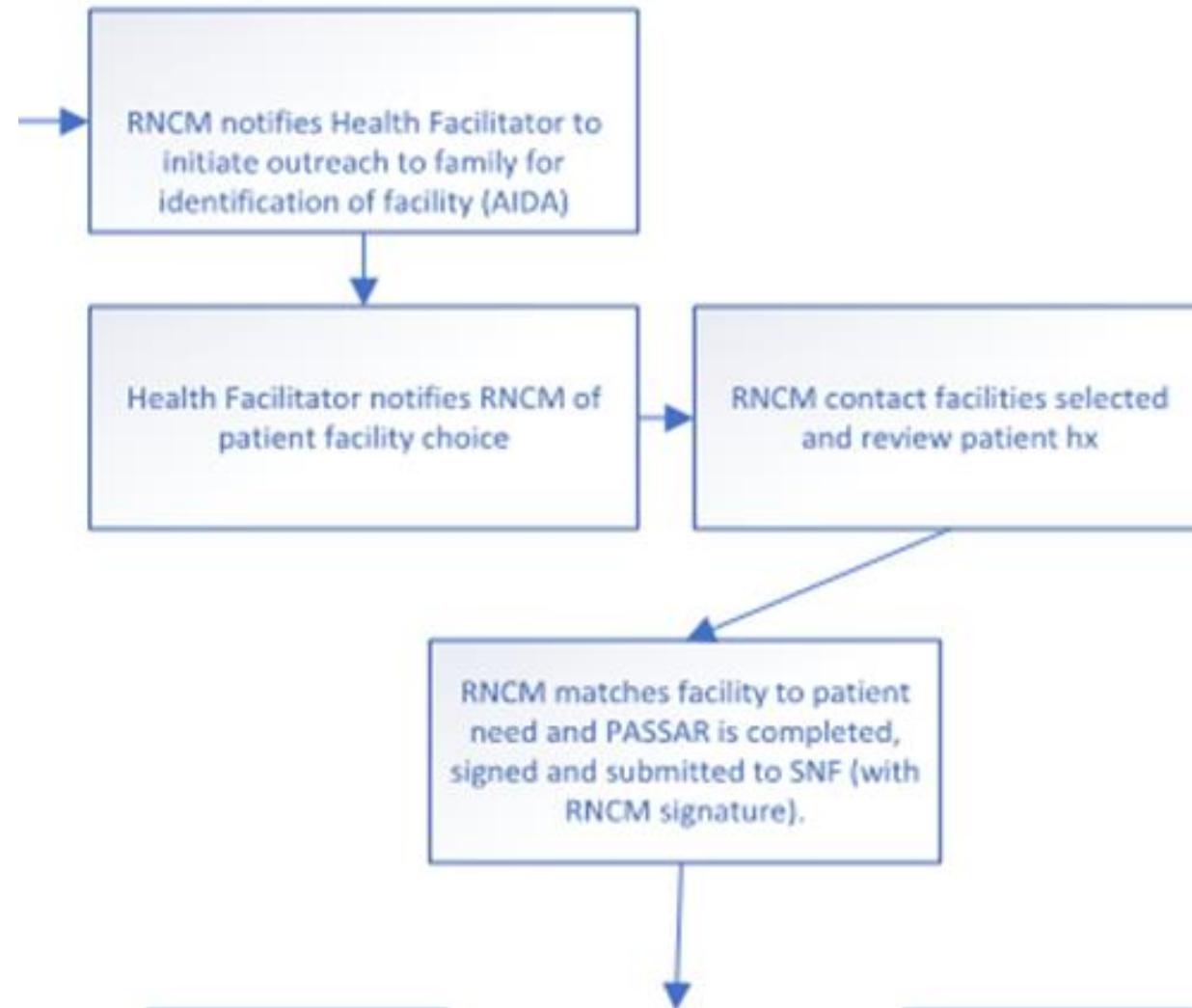
- ☐ Follow up with { :27020 } after discharge in \*\*\* weeks
- ☐ Other:

# SNF 3-day Waiver





# SNF 3-day Waiver



# SNF 3-day Waiver

