

## Rehab Optima Discharge Reasons- Descriptions

**Against Medical Advice:** Patient/family signed against medical advice form and requested to dc from facility

**All goals met:** All disciplines/all goals met

**Change in payor source:** Payor source change is reason for discharge

**Discharged to hospital:** Patient in hospital over midnight, and/or over 24 hours

**Discharge per physician or care manager:** D/C date determined by MD/insurance case manager/ACO/PAN/Bundle representative, therapy team would recommend a longer length of stay.

**Exhausted benefits:** 100 days of Medicare, exhausted insurance benefits

**Family Request:** Family requesting to dc sooner than recommended, IDT/therapy team recommending longer length of stay, however not AMA

**Highest Practical level achieved:** Most goals achieved/Maximal level of patient ability for current site of care

**Holiday:** D/c per patient/family request due to holiday.

**Maximum potential achieved referred for RNP/ FMP:** Long term care resident referred to Restorative nursing program/ Functional Maintenance program

**No payer source after 20 days:** No insurance/Medicare co-Insurance coverage beyond 21 days

**Other:** Must be a reason that is not listed in optima

**Patient and or RSP declines further treatment:** Patient or responsible party request discharge due to declining further treatment.

**Patient exhibits change in medical status:** Patient not safe to continue therapy, however not dc to hospital (Change in weightbearing status, etc....)

**Patient expired:** Patient death

**Patient refuses treatment:** Patient refusing treatment, refusal process followed and documented.

**Patient request:** Patient requesting an earlier dc than recommended by IDT/therapy team, not AMA.

**Patient transferred to Hospice care:** Transition to hospice care

**Patient transferred to another facility:** Reason for dc is transition to another facility