

## FLOW CHART

**Elderly Person**  
**( After major medical event has occurred)**



**Hospital ← →**

**Home Health Care**



**Stay in Hospital**

**Person either improves**

**3-5 days for qualify for Medicare**

**Or**

**All patients leave hospital in a  
wheelchair**



**Case manager arranges for home care→**

**Or**

**Case manager arranges for  
Nursing home placement**



**←Moves to nursing home**



**Discharged to nursing home in  
a wheelchair that has been paid  
for by Medicare and/or Medicaid**



**MDS Assessment begins up arrival  
in wheelchair- takes a picture of person  
as they are today, in a wheelchair**



**Section G. Physical Functioning  
and Structural Problems**

**Ability to transfer**

**Walk in Room**

**Walk in corridor**

**Locomotion in unit**



**Within 7-14 days MDS is completed**

**( Resident has now been in wheelchair for up to eight days or more) Physical decline has already begun notwithstanding the original major medical occurrence**



**Care plan meeting within three weeks comprehensive assessment from MDS determines the care resident will receive**



**Major decline has already occurred (when a resident is kept in a wheelchair for up to three weeks without direct physical therapy being administered, resident will never walk again without concentrated physical therapy**



**Negative outcomes**

- 1. Increases in cost of care**
- 2. Increases in Medicare/Medicaid Expenditures**
- 3. Surveyors don't see wheelchairs as negative outcomes and they are not at present required to cite wheelchair use.**
- 4. Quality of care decreases**
- 5. RUGS- Medicare paying for negative care**
- 6. Loss of ADL functions**