

WARM HANDOFF

Why and how to implement it and successful approaches for CCOs

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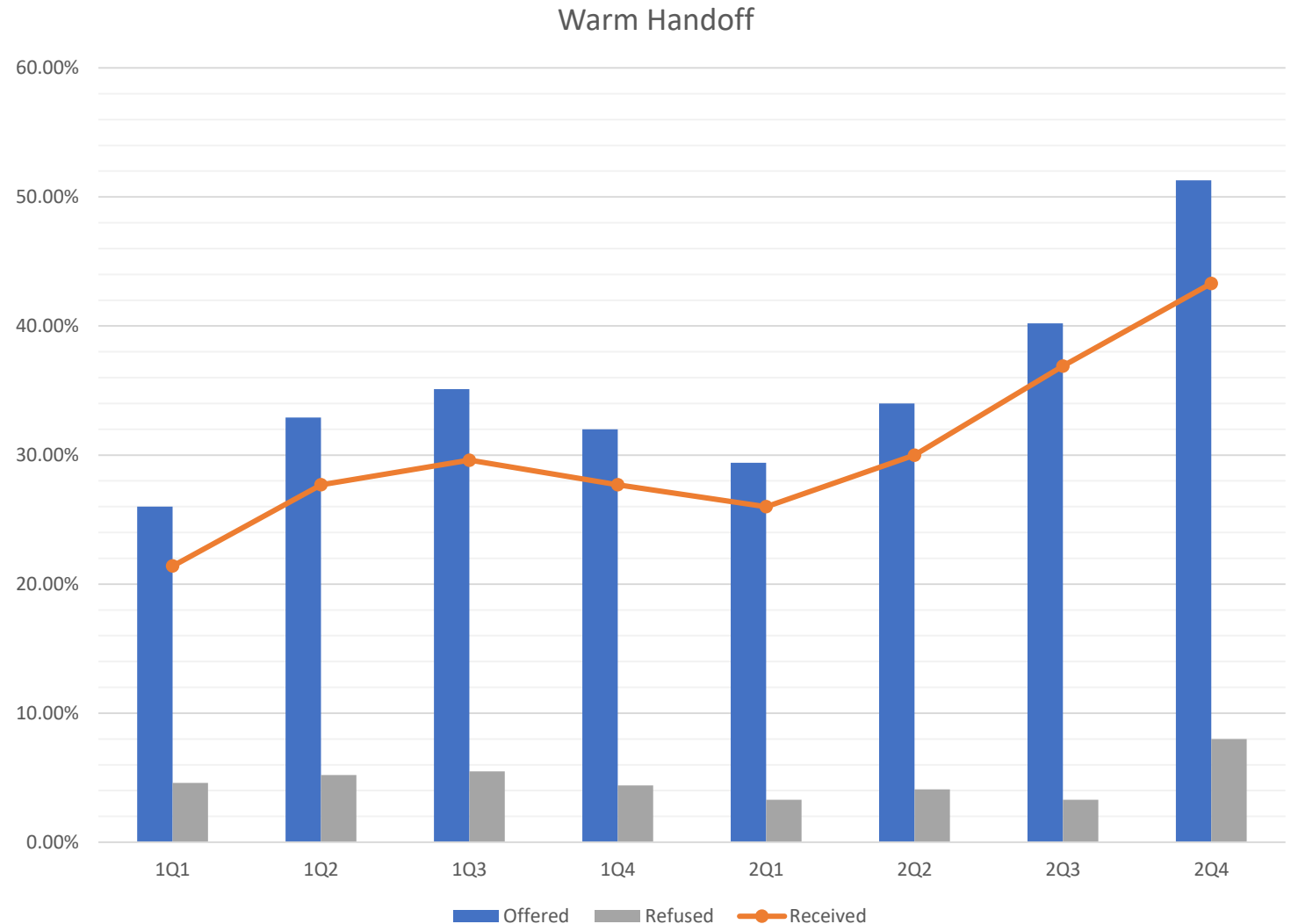
Warm handoff: definition

- ❖ “Warm Handoff” means the process of transferring a patient from an acute care psychiatric hospital to a community provider at discharge, that involves face-to-face meetings with the patient, either in person or through the use of telehealth, and coordinates the transfer of responsibility for the patient’s ongoing care and continuing treatment and services.

- ❖ A warm handoff shall either
 - ❖ (a) include a face-to-face meeting with the community provider and the client, and if possible, the hospital staff, or
 - ❖ (b) provide a transitional team to support the client as a bridge between the hospital and the community provider, and ensure that the client connects with the community provider.

Why the focus on Warm handoff

- Increase successful community integration following hospitalization in an acute care psychiatric facility.
- 21.9 percentage point increase (July 2017-April 2019): Nearly doubled in the two years but still more work to do
- Successful warm handoff requires coordination between the acute care psychiatric facility, CCOs, and community partners.



OAR 309-032-0850

- OAR 309-032-0850 through OAR 309-032-0890: OHA requires a warm handoff to be offered as part of the discharge planning process from an acute care psychiatric facility for individuals (18 and older) with Serious Persistent Mental Illness (SPMI).

CCO's responsibility

Exhibit M: 17 (e)

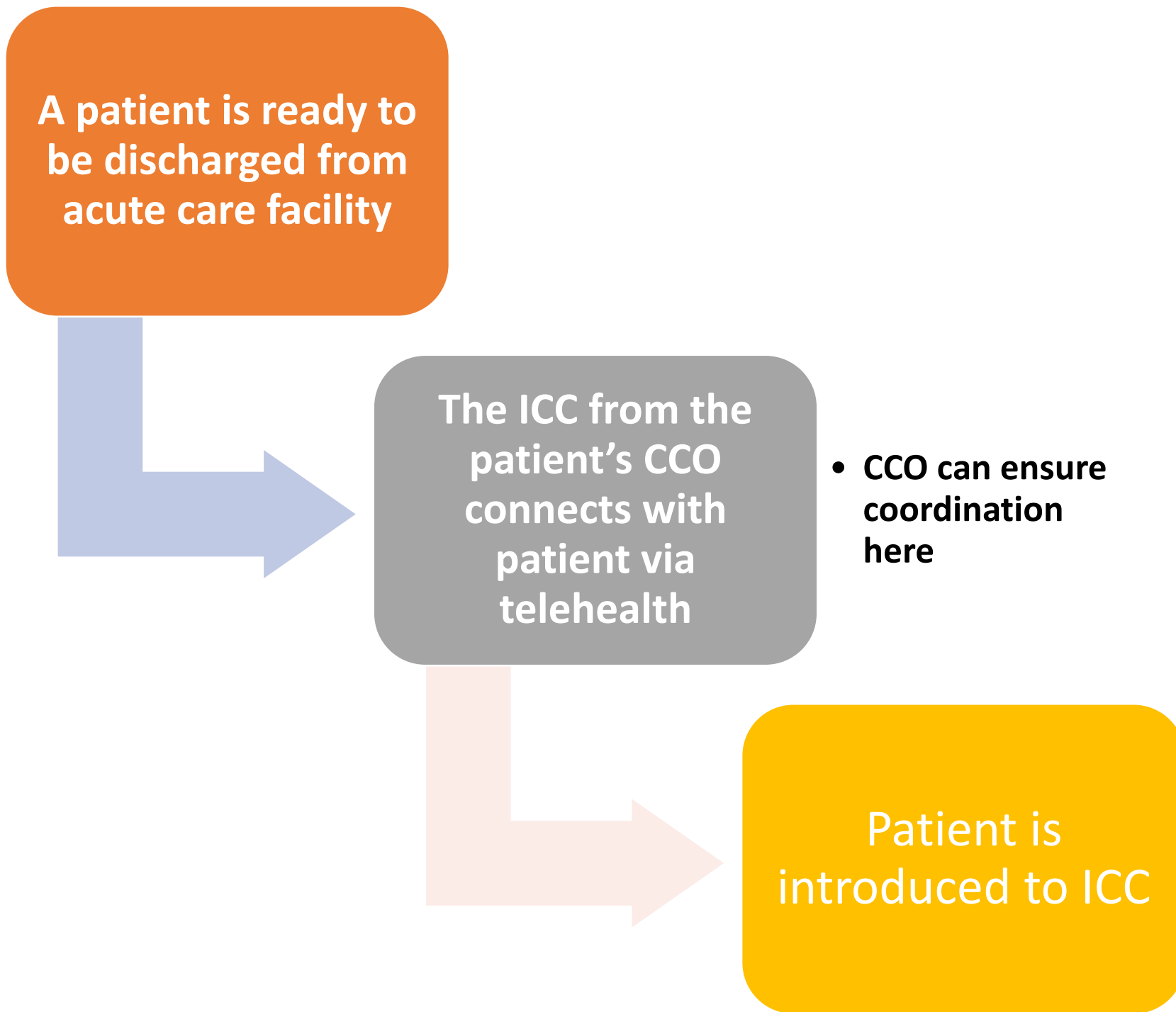
Contractor shall ensure all Members discharge from Acute Care Psychiatric Hospitals are provided a Warm Handoff to a Community case manager, Peer, or other Community Provider prior to discharge, and that all such Warm Handoffs are documented

Warm handoff criteria

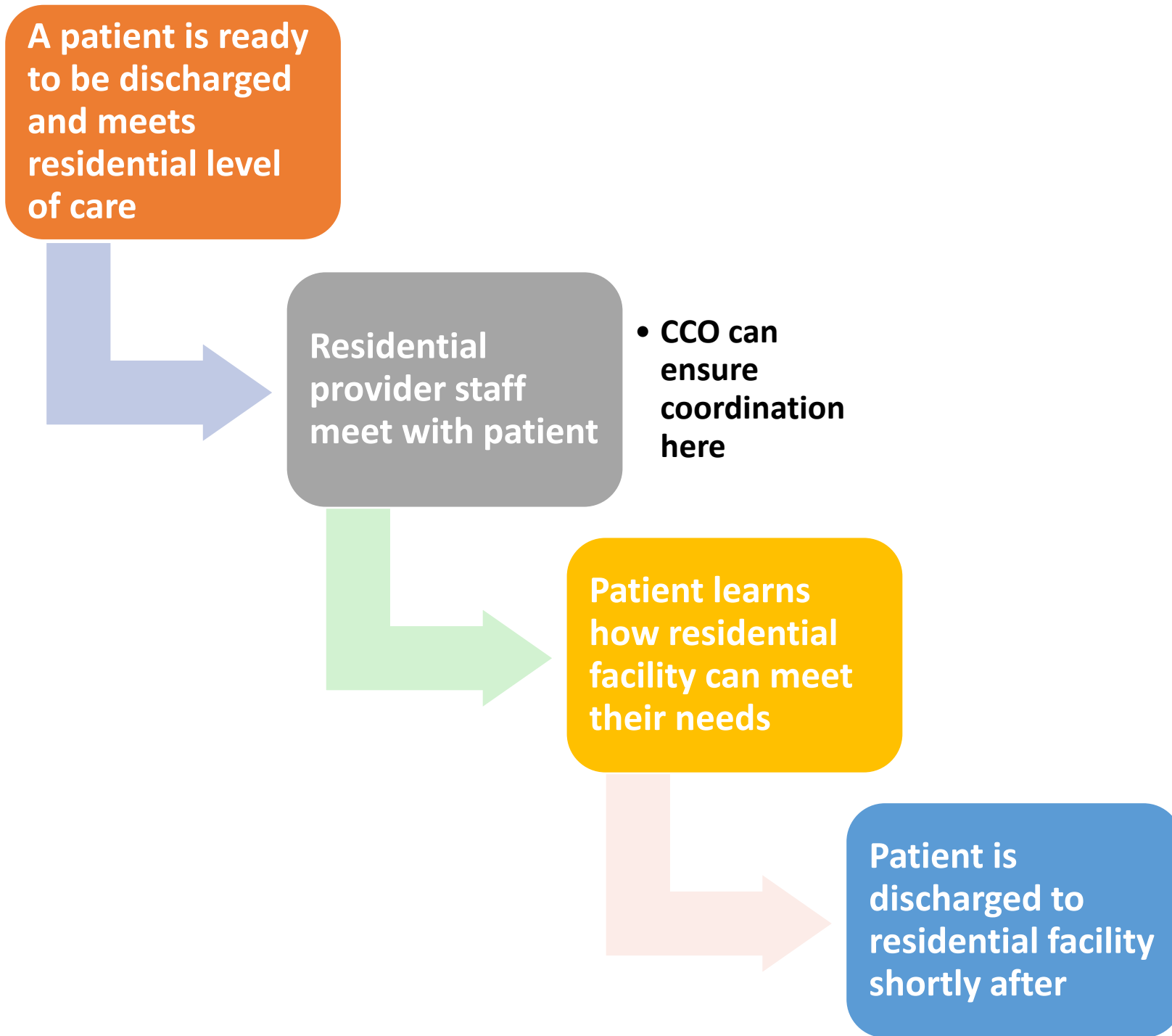
- Must occur prior to discharge – which means it can occur within any of the days leading up to discharge
- Must be face-to-face (in-person or via telehealth)
- Must involve the client and a community provider or a transition team

Successful approaches CCOs can take to ensure warm handoff

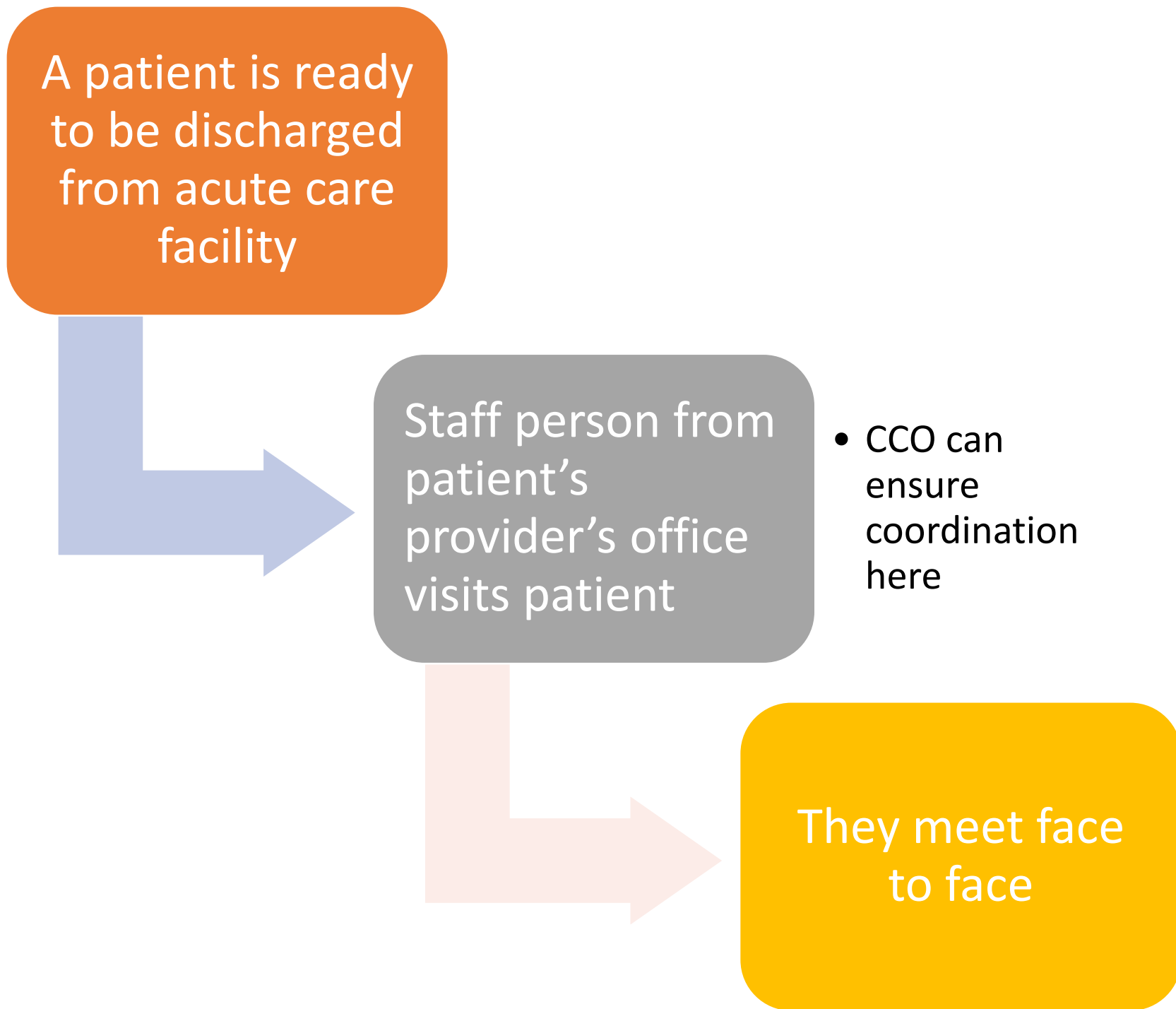
Example 1



Example 2



Example 3



Warm handoff data collection

Was a warm handoff offered as part of the discharge planning process?

Did the warm handoff occur in person or face-to-face via telehealth and who was involved?

If patient declined warm handoff what efforts were made to engage the patient?

Warm handoff data collection

Did staff/provider's contact with the individual meet the criteria and purpose of a warm handoff?

Is there information that needs to be clarified or concerns that need to be addressed prior to discharge?

If patient declined warm handoff what efforts were made to engage the patient?

Other recommendations

- ✓ Include warm handoff on your team's transition planning list
- ✓ Identify responsible staff from CCO who will coordinate with the acute care psychiatric facility.
- ✓ Document barriers to achieving a warm handoff
- ✓ Document instances including efforts to engage the patient in discussion of housing options

Other recommendations

- ✓ Educate agency and program staff regarding warm handoff requirements.
- ✓ Develop procedures for connecting CCO staff with the acute care staff and community provider to engage in the warm handoff
- ✓ Inform/coordinate with hospital staff how and when the CCO will engage with process and the individual.
- ✓ Include warm handoff requirement in their subcontract

Questions?

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