


<b>Name of Policy:</b> Discharge Assessment of Acute Care Inpatients  <b>Policy Number:</b> 3364-131-28  <b>Approving Officer:</b> Chief Operating Officer  <b>Responsible Agent:</b> Administrative Director, Outcome Management  <b>Scope:</b> University of Toledo Medical Center		  <b>Effective date:</b>  <b>Original effective date:</b> 1/10/2007	
Key words: Discharge, Assessment, Acute Care, Inpatients, Procedure			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

#### (A) Policy Statement

High risk patients will be screened prior to discharge to determine potential discharge planning needs.

#### (B) Purpose of Policy

The policy outlines the procedure for conducting the discharge planning assessment in the electronic medical record to ensure safe, effective, and appropriate discharge planning for patients. The assessment will identify patient needs, resources, and barriers to a successful discharge, ensuring continuity of care, and promoting a smooth transition to the next stage of care. ~~To identify cases in need of discharge planning services prior to the actual discharge dates. Early discharge planning will promote reasonable planning time, will be positive for customer service, and will reduce avoidable in patient hospital days.~~

#### (C) Procedure

1. High risk screening guidelines for patients admitted into the hospital is as follows:

- ✓ 80 years and older
- ✓ Readmissions
- ✓ 105\_ day stay or more
- ✓ Self Pay Patients
- ✓ Non USA citizens
- ✓ Change in **level of care**, disease process/patient condition
- ✓ Diagnosis (examples, not mutually exclusive) CHF, AMI, PN, Oncology, COPD, CVA, Complex Wounds, Hospice, Diabetes, Trauma, Assault/Abuse, Hip/Knee Replacement, Sickle Cell, Pancreatitis

2. The assessment should be completed as early as possible during the patient hospital stay, within 48-72 hours of admission. Ongoing reassessment should occur throughout the hospitalization particularly if the patients condition changes or new concerns arise.
3. ~~Each unit~~The multidisciplinary team (social work, resource utilization coordinator and lead nurse ~~when available~~) will review the daily unit census, admitting RN history assessment and the consult list to identify patients that meet the high-risk screening assessment guidelines. Clinical judgment and prioritization of individual unit needs will guide high risk screening.
4. ~~The Outcome Management Team will assess cases and document needs using the standardized AdmissionAssessment/Discharge Planning Assessment and Readmission Assessment within the EMR system. . The Outcome Management Team will assess cases and document needs using the standardized AdmissionInitial-Assessment/Discharge Planning Assessment and Readmission Assessment-online format within the EMR system. under the Discharge Planning tab in the Care Organizer system.~~
- 4.5.
- 5.6. The Outcome Management Team will continue to evaluate the ~~high-risk~~high-risk patient population and address changes in needs throughout their hospital stay.

<p>Approved by:</p> <p>_____ Christine Stesney-Ridenour Chief Operating Officer</p> <p>_____ Date</p> <p>_____ Angela Ackerman Administrative Director, Outcome Management</p> <p>_____ Date</p> <p><i>Review/Revision Completed by: Administrative Director, Outcome Management</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"> <li>• 17-28 High Risk Screening of Inpatient Cases</li> </ul> <p>Initial effective date: 1/10/2007</p> <p>Review/Revision Date: 4/2008 4/15/2011 7/10/13 7/1/2016</p> <p>Next review date:</p>
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