NURSING SERVICES GUIDELINE
GENERAL

Guideline: **Discharge Planning for the Heart Failure Patient**

Policy Number Superseded:

Responsibility: Outcome Management

Effective Date:
November 2025

Initial Effective Date:
May 15, 2015

Purpose of Guideline: The Outcome Management team will forward After Visit Summary of Care/Discharge Instructions to the accepting agency to communicate transitions in care.

Procedure:

(1) Resource Utilization Coordinator (RUC) will do an admission assessment on each heart failure patient.

(2) The Resource Utilization Coordinator/Social worker/Nursing team will discuss patient plan of care during multidisciplinary meeting.

(3) Social Worker will discuss discharge planning with each patient and/or patient representative and will determine if the patient will have a need upon discharge.

(4) The patient and/or patient representative will be given a list to provide the patient with a choice of the agency that they will choose for follow up care if indicated.

   (a) The Social Worker will communicate the acceptance of referral and arrangements to the patient and/or patient representative, the physician, the bedside RN, and all other multidisciplinary staff involved in patient care.

   (b) The Social Worker will provide all appropriate paperwork, including the After Visit Summary of Care/Discharge Instructions to the agency that the patient has chosen for post-acute care services.

   (c) The Social Worker will document the post-acute provider information on the discharge instructions.

(5) The Social Worker will communicate the discharge plan regarding the patient in

the morning multidisciplinary meeting and document this information in the patient chart.

(6) Follow up/discharge appointments will be made by clinic staff. The appointment will be placed on the discharge instructions.

(7) All follow up appointments will be made within seven days of discharge.

(8) The Outcome Management phone number is listed on the discharge paperwork for the patient and/or patient representative for any questions or concerns regarding post-acute care arrangements.

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