


Name of Policy: <u>Criteria for Discharge from Rehabilitation Services</u> Policy Number: 3364-137-IPG-04 Department: Rehabilitation Services Approving Officer: Chief Operating Officer - UTMC Responsible Agent: Director Therapy Services Scope: Rehabilitation Services	 Effective Date: 12/1/2022 Initial Effective Date: 2/1994		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy </td> </tr> </table>		<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

Discharge planning will be a continuous interdisciplinary effort requiring early and active involvement of patient, family, and referral source. A patient will be discharged from rehabilitation services treatment when he/she meets any of the pre-determined exit criteria or can no longer benefit from the services offered.

(B) Purpose of Policy

To provide all disciplines, patients, and family with criteria for determining discharge from treatment to assure that patients are receiving appropriate rehabilitation care.

To provide a linkage to outside agencies as needed for provision of continued and/or additional services.

To provide families an appeal process if they do not agree with the discharge recommendations.

(C) Procedure

1. The patient and family will be involved in discharge planning beginning upon initiation of service. Outside agencies that are or will be providing services will be involved in discharge planning. Exit criteria will be communicated to patient and family. They include:
 - Accomplishment of pre-established treatment objectives.
 - The patient's medical status precludes active participation in treatment regime.
 - The patient's therapy needs best met in the community with an alternate provider.
 - The patient/family no longer choose to participate in treatment or does not meet departmental requirements for attendance
 - The patient has not demonstrated functional gains within a reasonable time frame.
 - The treatment is discontinued by the patient's physician.

2. In the event that a patient/patient's family is not in agreement with the discharge recommendation, the following measures will be pursued in an effort to mediate the concerns:
 - Physician Intervention
 - Family Conference
 - Patient Representative Involvement

Approved by:		Review/Revision Date:	
/s/	12/01/2022	2/95	7/2013
Alison Matson PT, DPT, NCS	Date	2/96	11/1/2016
Director of Therapy Services		3/98	11/2019
		9/98	12/2022
		9/99	
		9/2000	
		5/2002	
/s/	12/01/2022	7/2003	
Christine Stesney-Ridenour, COO	Date	9/2003	
		8/2006	
		9/2009	
		7/2012	
		Next Review Date: 12/1/2025	
Policies Superseded by This Policy: 23-IPG-04			

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.