

## HEALTH & SAFETY: HOSPITALIZATION

### “Preparing for Discharge”

*BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual’s health and safety and to improving their quality of life. This is the second of three Fact Sheets regarding Hospitalization.*

#### Objectives

Reader will understand actions necessary to facilitate successful discharge planning in cooperation with hospital personnel.

#### Definitions

**Discharge Planning:** Medicare defines discharge planning as, “A process used to decide what a patient needs for a smooth move from one level of care to another.”

#### Facts

- Spending time with a person during their hospitalization will enhance communication, build rapport with facility staff and minimize errors in following the person’s plan of care.
- It is best practice for an assigned person (healthcare coordinator, nurse, QDDP), to maintain routine contact with the hospital.
- For planned admissions begin discharge planning during admission.
- For unplanned admissions begin the discharge planning process as soon as the person’s outcome becomes more clear.
- Most hospitals now have staff specifically assigned to discharge planning or case management.
- Discharge planners can be nurses, case managers, social workers or others.
- Discharge planning is a process—not a single event.
- Discharge from a hospital does not mean that the person is fully recovered. It simply means that a physician has determined that their condition is stable and that he/she does not need hospital-level care.
- Recent studies have shown that careful discharge planning, along with good follow-up contact, can significantly improve patients’ health upon discharge while decreasing healthcare and social costs. “A Simple Plan – Discharge planning improves the odds” by Jane Erwin Nurseweek, see link on page three.

## Recommended Actions and Prevention Strategies

1. During admission establish a contact person who can give an update on the person's status while at the hospital. This may be a nurse, case manager, or social worker.
2. Discuss who the discharge planner will be and set up contact or meeting time.
3. Inform the provider contact person/healthcare coordinator (HCC) and guardian/healthcare representative of the hospital contact person and discharge planner's information.
4. Designated provider contact person (HCC) to:
  - Discuss with the contact person the best time of day to call for information and visit the person. Explain that someone will be calling or visiting periodically to follow the person's progress and treatment course. Encourage the hospital staff to call for any problems, questions or concerns.
  - Share with the discharge planner the person's current living situation and supports such as nursing presence, direct support staff or family caregiver presence, house mates, and available transportation.
  - Discuss the need for a verbal report to be provided to the HCC prior to formal discharge.
  - Share information with the discharge planner as needed regarding the person's home physical environment such as shared bedroom, no shower, presence of stairs, bathroom set up and location etc.
  - Alert the discharge planner of the need for the HCC to be informed in a timely manner of any new orders or treatments that may continue after discharge.
  - Discuss the need to receive **detailed written instructions** for any new medications or treatments on the discharge instructions.
  - Discuss the need to receive **detailed written instructions** regarding what to watch for, what to expect, any restrictions and any other recommendations for the management of the health issue on the discharge instructions.
  - Discuss the need for prescriptions for new medication and/or treatment orders.
  - Discuss the reason for any new medications and whether there are any special instructions related to the use of the medication including times to administer, methods of administration and anticipated side effects.
  - Discuss when any new medications should begin.
  - Ensure any medications that are to be discontinued have specific orders for the discontinuation.
  - Discuss whether any monitoring/observation is necessary and what would prompt a call or follow up appointment to the healthcare provider.
  - Discuss who to call for problems and what numbers to call.
  - Discuss whether any specific training and/or equipment are necessary.
  - Discuss the need for any new equipment (oxygen, adaptive equipment etc) or transportation (ambulance) to be arranged/obtained prior to the day of discharge.
  - Discuss whether any follow up procedures or appointments are necessary.
  - Inquire how the results of any tests and any physician dictations will be obtained and/or communicated. Encourage hospital staff to provide copies of anything available at time of discharge.

5. Person escorting individual home:
  - Read all discharge orders and recommendations back to the healthcare provider to ensure they are legible and understood.
  - Prior to leaving discuss when last food and fluid intake occurred, last urine void, last BM and if any medications or treatments were given that day including time of administration and ensure this information is written on the discharge instruction.
6. **If there are concerns regarding the status of the person and you are uncomfortable taking the person home, communicate your concerns to hospital personnel and explain the reasons why. Contact the guardian/healthcare representative and/or provider contact person if you have concerns. Do not take the person home until concerns are resolved.**

## Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. The following information may be useful to a discharge planner:
  - A. Whether the person's home has stairs
  - B. If the person has a nurse to follow his care
  - C. If the person likes television
  - D. A & B
  - E. B & C
2. If the person is discharged from the hospital but does not look OK to you:
  - A. Just bring them home and call your supervisor.
  - B. Try and perk them up before you go
  - C. Alert the Hospital personnel and your supervisor /nurse and voice your concerns
  - D. Alert the nurses supervisor and complain about the care
3. True or False: Most hospitals have someone that is responsible for discharge planning.

## References

- "A Family Caregivers Guide to Discharge Planning"  
[www.caregiving.org/pubs/brochures/familydischargeplanning.pdf](http://www.caregiving.org/pubs/brochures/familydischargeplanning.pdf)
- "A Simple Plan – Discharge planning improves the odds" by Jane Erwin  
[www.nurseweek.com/features/99-6/discharg.html](http://www.nurseweek.com/features/99-6/discharg.html)

## Related Resources

National Alliance for Caregiving [www.caregiving.org](http://www.caregiving.org)

United Hospital Fund [www.uhfnyc.org](http://www.uhfnyc.org)

"Hospital Discharge Checklist" by Paul Lehnert [www.cigna.com/healthinfo/pdf/form\\_ug5162.pdf](http://www.cigna.com/healthinfo/pdf/form_ug5162.pdf)

Hospitalization Series Fact Sheets: "Preparing for Discharge" and "After Discharge"

Hospitalization Series Checklists: “Admission to and Duration of Hospitalization”, “Preparing for Discharge”, and “After Discharge”

Outreach Services Form: “Hospital Contact Record”

## Learning Assessment Answers

1. D
2. C
3. True

## Outreach Services

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As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov).



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OR-FS-HS-MA-59(04-30-10)