



Feb. 12, 2013 ■ Issue 40

Discharge Planning Checklist

The Centers for Medicare and Medicaid Services will be focusing even more on reducing readmissions in 2013, as will the NJHEN. One of the most important tools for reducing readmissions is a discharge planning list.

A checklist re-emphasizes the importance of talking to patients about where they're going following care in a particular healthcare setting, as well as the need to consider how, and by whom, care will be provided after such transitions.

CMS has developed a generic discharge planning list to help providers make sure that the following questions and concerns are considered:

- Where care will be provided and who will help after discharge;
- Whether the patient understands his or her health condition, what problems to watch out for and how to handle them;
- The patient's level of knowledge about the drugs that have been prescribed for what conditions, including how and when to take them;
- Whether patient will need medical equipment (like a walker);
- Whether – and for how long – the patient will need help with bathing, dressing, grooming, using the bathroom, shopping for food, making meals, doing housework, paying bills, getting to doctors' appointments and picking up prescription drugs;
- The patient's comfort level with performing care tasks such as using medical equipment, changing a bandage, or giving a shot;
- Whether family members or other caregivers understand the help the patient will need from them;
- Concerns about how well family members are coping with patient's illness; Whether the patient knows which doctor or other healthcare provider to call if there are questions or problems;
- Does the patient understand what appointments and tests will be needed in the next several weeks after discharge;
- Whether the patient has received understandable written discharge instructions, including instructions for medications and a current health status summary;
- Whether the patient understands the need for home health, nursing, or hospice services and how to go about obtaining them;

- Knowledge of available community resources; and
- The patient's level of understanding of what insurance will cover for prescription drugs, equipment, and services that will be needed and what the beneficiary will have to pay.

CMS also is developing more specific checklists for patients who are transferring to a skilled nursing facility, hospice, or home healthcare. For more information, [click here](#). A [Discharge Planning Guide](#) also is available for patients and their care givers.

Save the Date

Feb. 20, 21	TeamSTEPPS™ Master Trainer Certification Program
March 11	Institute for Quality and Patient Safety Leadership Summit
March 22	Eliminating HAIs Learning Session
March 27, 28	IHO – Patient Throughput Collaborative
April 17	Behavioral Health Summit April 26 Adverse Drug Events Learning Session
May 9	Transforming Care at the Bedside Learning Session
May 22	Caring for our Most Vulnerable Population Learning Session
June 12	Eliminating Inappropriate Readmissions Learning Session
June 25-27	IHO – Patient Throughput Collaborative
June 28	Pressure Ulcers Learning Session
Sept. 9	CUSP ESRD Learning Session
Sept. 11	ICU Learning Session
Sept. 23, 24	TeamSTEPPS™ Master Trainer Certification Program
Sept. 25	Eliminating SSIs Learning Session
Oct. 14	Patient & Family Engagement / Changing Culture Learning Session
Oct. 24, 25	IHO – Patient Throughput Collaborative
Nov. 6	TeamSTEPPS™ Master Trainer Refresher Course
Nov. 12	Adverse Drug Events Learning Session
Nov. 20	Writing for Publishing
Dec. 19	Eliminating HAIs Learning Session

[Click here to register.](#)

Plan to Attend!

June 21	HQPNJ Annual Meeting featuring NJ HAI LAN/NJHA HEN Reducing HAIs Educational Session
---------	--

Registration information coming soon.