

UConn HEALTH

CLINICAL POLICY

Discharge Planning Screening, Discharge Needs Assessment, and Long Stay Assessments

A. EFFECTIVE DATE :

April 7, 2021

B. PURPOSE :

This policy focuses on the process of assessment and reassessment to identify the need for comprehensive and coordinated discharge planning.

1. To identify at an early stage of the hospitalization all patients who are likely to suffer adverse health events upon discharge if there is no adequate discharge planning (at risk patients).
2. To perform a more detailed discharge needs assessment of identified at-risk patients or upon the request of the patient, their designated representative(s), or a member of their care team.
3. To develop and supervise the initial implementation of a discharge plan of care, which has been developed in conjunction with the patient and/or their designated representative(s), and modify the plan as needed based upon on-going reassessment of patient's clinical condition and anticipated needs.
4. To ensure that the patient and/or their designated representative(s) are informed of the options available to them for post-acute care services, aware of those facilities/agencies/services for which the hospital has a financial interest, and are free to make informed decisions. [Refer also to Policy CM-DP 03]

C. POLICY :

1. All admissions should undergo initial screening within 24 hours (up to 48 hours for weekends and holidays) of admission. Case Manager is available 7 days a week should an assessment be needed as a priority. The provider should consult with the case manager assigned to the case. If the initial screening is positive for discharge needs, then the staff member completing the screening must meet with the patient and family and complete a needs assessment.
2. Patients admitted to receive outpatient observation services shall be initially evaluated by a member of the Care Coordination Department with a focus on appropriate level of care assignment and optimal utilization of resources; however, they must also consider the potential discharge needs to facilitate a transfer to the most appropriate setting of care. If the patient is felt to need post discharge services, then an initial screening assessment and, if appropriate, a discharge needs assessment shall then be performed and documented as would be done for an inpatient visit.
3. Patients in the hospital for 'same day surgery' or an overnight as extend stay (yet 'outpatient') following a procedure shall not undergo formal screening; however, the Care Coordination Department staff shall remain available and willing to perform an initial screening assessment and, if appropriate, a discharge needs assessment upon the request of the patient, their designated representative(s), or a member of their care team.
4. All patients in the hospital 5 days or more shall undergo a full Discharge Needs Assessment (even if initial screening did not appear to identify an 'at risk patient') and be proactively followed by the Care Coordination Department until discharge. These patients are felt to be at risk for needing a discharge plan of care given the duration of their hospitalization.

5. All documentation related to discharge planning assessments and ongoing notes shall be maintained within the Care Coordination Departmental section of current software application in use.
6. Care Coordination Departmental nursing staff (RN) and Social Work Staff, may be supported periodically by non-RN staff in their efforts to ensure all appropriate patients are screened and have discharge plans developed; however, all such activities must be supervised by a registered nurse or licensed clinical social worker (LCSW).
7. Development and/or revisions to these policies and procedures shall continuously strive, to the extent possible and reasonable, to standardize workflow processes and the content of documented information to improve the value and attainability of Care Coordination Departmental activities related to discharge planning as well as facilitate staff training.
8. Assessments shall routinely include multiple evaluation domains to ensure that the assessments are comprehensive.
9. A closure note at discharge is required.

D. SCOPE :

This policy applies to Case Managers and Licensed Clinical Social Workers

E. DEFINITIONS:

None

F. MATERIALS NEEDED:

None

G. PROCEDURE :

None

H. ATTACHMENTS :

None

I. SEARCH WORDS :

Assessment, needs assessment, length of stay

J. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

K. STAKEHOLDER APPROVALS :

On File

L. COMMITTEE APPROVALS :

None

M. FINAL APPROVAL :

- | | |
|---|---------------------------|
| 1. <u>Andrew Agwunobi (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer | <u>04/16/2021</u>
Date |
| 2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>04/16/2021</u>
Date |
| 3. <u>Scott Allen (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>04/15/2021</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
VP Quality and Patient Service & Chief Nursing Officer | <u>04/14/2021</u>
Date |

N. REVISION HISTORY :

Date Issued: 12/14

Date Reviewed: 09/18

Date Revised: 04/21