**Does your hospital’s discharge planning process strategy include:**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | Early identification and assessment of patient’s medical, functional, psychosocial, and environmental needs? |
|  |  | Coordination with the multidisciplinary team involved in the patient’s care and identification and addressing of any potential barriers or challenges to the discharge process? |
|  |  | The patient and family as full partners in the discharge planning process? |
|  |  | Education for the patient and family in plain language about the patient’s condition, the discharge process, and next steps at every opportunity throughout their hospital stay? |
|  |  | Assessment of how well doctors and nurses explain the diagnosis, condition, and next steps in the patient’s care to the patient and family and use teach back? (HCAHPS Hospital Survey)? |
|  |  | Listening to and honoring the patient and family’s goals, preferences, observations, and concerns? |
|  |  | Communication with follow-up providers? |

|  |
| --- |
| **Does your discharge plan include the following information as outlined in CMS' QSO 23-16-Memo:** |

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | Patient’s current course of illness and treatment (including past medical history and code status, assessment (vitals, labs, neurological status, behavior/mental health status, substance use disorder (SUD), skin/pressure ulcers)? |
|  |  | Post discharge goals of care? |
|  |  | Discharge plan? |
|  |  | Pending tests/consults? |
|  |  | Follow-up appointments scheduled? |
|  |  | Education – patient/family using teach back? |
|  |  | Case management/social service needs? |
|  |  | Social Determinants of Health (SDOH) indicators (i.e., homelessness, food insecurity, transportation)? |
|  |  | Durable Medical Equipment Needs (DME)? |
|  |  | Risk Assessment/Prevention (infection, risk of falls)? |
|  |  | Medication Reconciliation/Management? |
|  |  | Patient’s treatment preferences (advance directives, EOL care) at the time of discharge? |

**Sources:** [Code of Federal Regulations/Part 482-Conditions of Participation for Hospitals:](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482) [https](file:///C:\Users\tjacobellis\Downloads\https)[://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482)

[QSO-23-16-Hospitals Memorandum Summary – Requirements for Hospital Discharges to Post-Acute Care Providers](https://www.cms.gov/files/document/qso-23-16-hospitals.pdf)

**Your IPRO QIN-QIO Quality Improvement Specialists are here to provide assistance with any of the requirements listed herein. Please contact us @ klasher@ipro.org.**