

## DISCHARGE PLANNING

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<b>The discharge planning process and the discharge plan must be consistent with the patient's goals for care and his or her treatment preferences, ensure an effective transition of the patient from hospital to post-discharge care, and reduce the factors leading to a preventable hospital readmission.</b>					
<b>DISCHARGE PLANNING PROCESS</b>					
Does your discharge planning process: a. identify at an early stage of hospitalization those patients who are likely to suffer adverse health consequences in absence of adequate discharge planning and must provide a discharge planning evaluation? A-0800 COP §482.43(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital's discharge planning process include these four stages: a. screening all inpatients to determine who is at risk for adverse outcomes post-discharge if they do not receive discharge planning? b. evaluating the post-discharge needs of all inpatients identified in the first stage, or when patients/patient's representative and/or physicians requests one? c. developing a discharge plan if indicated by the evaluation or at the request of the patient's physicians? d. initiating implementation of the discharge plan prior to discharge of an inpatient? A-0799 COP §482.43 A-0800 COP §482.43(a)	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    		
Does the hospitals discharge planning process require regular re-evaluation of the patient's condition? Is there evidence plans are updated to reflect changes?  A-0802 COP §482.43(a)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are staff educated on the discharge planning process, policies and procedures? A-0800 COP §482.43(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are discharge plans developed for patients at the request of the patient's physician, even if the needs assessments have determined them to be unnecessary? A-0801 COP §482.43(a)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can both the discharge planning and unit nursing staff personnel describe the process for a patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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or the patient's representative or the patient's physician to request a discharge planning evaluation? A-0806 COP §482.43(b)(1)					
Does the hospital have a standard process for notifying patients (or their representative) that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request? A-0806 COP §482.43(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital assess its process by completing a periodic review of a representative sample of discharge plans (including those admitted within 30 days of a previous discharge) to ensure plans are responsive to discharge needs? A-0803 COP §482.43(a)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital use shared data for HHA, SNF, IRF, or LTCH on quality and resource use measures that is relevant and applicable to the patient's goals and treatment preferences? A-0804 COP §482.43(a)(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>DISCHARGE EVALUATION AND PLAN</b>					
Does the discharge planning evaluation occur in a timely manner to prevent unnecessary delays in discharge? A-0805 COP §482.43(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the evaluation in the medical record and used to establish a plan? A-0808 §482.43(a)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there evidence the results of the evaluation have been discussed with the patient or representative? A-0808 §482.43(a)(3) A-0811 §482.43(b)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the discharge planning evaluation (needs assessment) evaluate: a. psychosocial needs post discharge? b. patient's ability to perform activities of daily living, including the availability, ability and willingness for self-care or care provided by family/caregivers and the availability of post-hospital resources?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

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c. possibly the patient's needs will be met in their pre-hospital environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. need for specialized medical equipment or home and physical environment modifications and whether the equipment is available and if modifications can be made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. availability of additional community-based services if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. whether the prior facility, if applicable, has the capability to provide necessary post-hospital services to the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. patient's insurance coverage, if applicable, and how coverage might not provide for necessary post-acute services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0807 COP §482.43(a)(2)					
A-0806 COP §482.43(b)(3)&(b)(4)					
Does the discharge planning evaluation (needs assessment) include:					
a. information gathered from the clinical record and clinical observation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. information provided by the patient including patient preferences and/or caregivers into both the needs assessment and decision-making process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. discussion of the results of the evaluation with the patient or individual acting on his or her behalf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. education and consultation to patient and family members or interested persons to prepare them for post-hospital care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0806 COP §482.43(b)(3)&(b)(4)					
Was the discharge planning evaluation and, as applicable, the discharge plan developed by an RN, social worker or other qualified personnel, as defined in the hospital discharge planning policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0809 COP §482.43 (a)(5) A-0818 COP §482.43 (c)(1)					
Was the discharge planning evaluation completed in a timely basis to allow for appropriate arrangements to be made for post-hospital care and to avoid delays in discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0810 COP §482.43(b)(5)					
Does the hospital include in discharge planning process:					

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a. a list of HHA, SNF, IRF or LTCH, as appropriate, that are available, that participate in Medicare, and serve the geographic area where the patient resides or is requested? b. the need for the patient to verify coverage within their MCO? c. the patient's freedom to choose among participating Medicare providers/suppliers? d. any HHA or SNF where the hospital has a disclosable financial interest?  A-0814 COP §482.43 (c) A-0815 COP §482.43 (c)(1) A-0816 COP §482.43(c)(2) A-0817 COP §482.43 (c)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are discharge plans updated when significant changes in the patient's condition change discharge needs? A-0821 COP §482.43(c)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>DOCUMENTATION</b>					
Does the patient's medical record contain documentation of: a. evidence of timely screening if discharge evaluation not done on all patients? b. needs assessment as needed? c. the initial implementation of discharge plans, including arrangements for post-hospital services and care? d. educating the patient, family, caregivers, and/or community providers about post-hospital plans? e. evidence of an ongoing evaluation and reassessment of the discharge planning? f. discussion of the evaluation with the patient if possible and/or interested persons and caregivers? g. patient refusal, if any, of post-acute care services, transfer or to comply with the discharge plan? h. discharge planning notes signed by registered nurses, social worker or other designated qualified personnel? i. evidence of education on post-hospital care? (i.e., medication administration and effects,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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j. changes in medications, treatments, therapy regimens, dressing changes, cast care etc.) assessment for the need of post-hospital hospice, home health or skilled nursing facility services, including evidence that the patient received a list of area facilities noting any financial relationship to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. legible, non-technical discharge instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. discharge medications list and instructions given to patient on changes from patient's pre-admission medications clearly indicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. referrals made to primary care physician or health center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. referrals, if applicable, to specialized ambulatory services such as PY, OT, ST, HHA hospice, mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. referrals, if applicable, to community-based resources such as elder and transportation services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0800 COP §482.43(a) A-0806 COP §482.43(b)(3) A-0811 COP §482.43(b)(6) A-0818 COP §482.43(c) A-0820 COP §482.43(c)(3) A-0821 COP §482.43(c)(4) A-0820 COP §482.43(c)(5) A-0823 COP §482.43(c)(6)					
Is there documentation the list of post-acute providers, appropriate to the patient, was provided? A-0815 COP §482.43(c)(1)(i)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>QAPI</b>					
Does the hospital review the discharge planning process in an ongoing basis (at least quarterly) through QAPI activities? A-0843 COP §482.43(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital track and evaluate potentially preventable readmissions as part of its review of the discharge planning process and make changes in the discharge planning process as needed? A-0843 COP §482.43(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital: a. use community resources with or without family support whenever necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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b. maintain a complete and accurate file on community-based services and facilities, including long-term care, sub-acute care, home care or other appropriate levels of care to which patients can be referred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. transfer or refer patients, along with necessary medical information, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. provide a list of all available Medicare hospice, home health or SNF providers in the geographic area served if the patient is in need of any of these services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. identify those post-hospital providers with which the hospital has a financial interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. provide a list to patients enrolled in managed care organizations of home health and other post-acute services that have a contract with that managed care organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. arrange for necessary durable medical equipment as needed? A-0820 COP §482.43(c)(3)(5) A-0823 COP §482.43(c)(6)(7)(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the release of medical information to post-hospital providers:					
a. only to authorized individuals according to provision §482.24(b)(3)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. done with consideration of the patient's rights for confidentiality, refusal and preference considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TRANSFERS AND DISCHARGES</b>					
For discharges, transfers and referrals, does the hospital have a process to ensure medical information pertaining to the current course illness and treatment, post-discharge goals of care, and treatment preferences are sent to the appropriate post-acute care providers and suppliers, facilities, agencies and other outpatient service providers and practitioners responsible for follow-up or ancillary care? A-0813 COP §482.42(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
For patients discharged home, was the necessary information sent to the patient's established physician prior to the first post-discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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appointment or within 7 days, whichever comes first? A-0837 COP §482.43(d)					
For transfers and referrals, did the information include the following: a. a reason for hospitalization? b. description of hospital course of treatment? c. patient's condition at discharge, including cognitive and functional status and social supports needed? d. medication list (reconciled to identify changes made during the patients hospitalization) including prescription and over-the-counter medications and herbal? e. list of allergies (including food as well as drug allergies) and drug interactions? f. pending laboratory work and test results, if applicable, including information on how the results will be furnished? g. for transfer to another facilities, a copy of the patient's advance directive, if the patient has one? A-0837 COP §482.43(d)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
For patients discharged home, did the information include the following a. description of care instructions reflecting training provided to patient and/or family or other informal caregiver(s)? b. if applicable, list of all follow-up appointments with practitioners with which the patient has an established relationship? c. referrals to potential primary care providers, such as health clinics, if available, for patients with no established relationship with a practitioner? A-0837 COP §482.43(d)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
For patients without an established physician, does the hospital have up to date information that can be provided regarding potential primary care providers that may be accepting new patients? A-0837 COP §482.43(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can the hospital demonstrate, for patients who are transferred or discharged to another facility that necessary medical information, that was ready at the time of transfer, was sent to the receiving facility with the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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A-0837 COP §482.43(d)					
When applicable, is their documentation in the medical record of providing the results of tests pending at time of discharge to the patient and/or post-hospital provider of care? A-0837 COP §482.43(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The following questions pertain to the <a href="#">hospital discharge appeal</a> notice required to be provided to all Medicare inpatients.					
Is the hospital discharge appeal notice ( <a href="#">Important Message from Medicare</a> ) given to the Medicare patient or patient's representative no later than two calendar days following admission? A-0117 COP §482.13(a)(1) 42 CFR §405.1205(b)(1),(b)(2),(b)(2)(i-v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the notice required to be signed and dated by the patient or patient's representative to indicate that he or she has received the notice and can comprehend its contents? A-0117 COP §482.13(a)(1) 42 CFR §405.1205(b)(3)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the beneficiary refuses to sign the notice, a note is added to its notice to indicate the refusal, and the date of refusal is considered the date of the receipt of the notice? 42 CFR §405.1205(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is a copy of the signed and dated notice given to the patient or patient's representative within 2 days of discharge? (Not required if initial notice delivered within 2 days of discharge.) A-0117 COP §482.13(a)(1) 42 CFR §405.1205(c)&(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the facility's policies assure that if the beneficiary appeals the notice of discharge, the hospitals will provide a detailed notice to the beneficiary no later than noon of the day after the QIO notifies the hospital of the appeal? 42 CFR §405.1206(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the facility's policies assure the hospital provides documentation requested by the QIO by close of business of the first day after the material is requested? 42 CFR §405.1206(e)(1)&(e)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



**Helpful Hints**

- CMS' hospital [discharge planning worksheet](#)
- [Livanta](#)QIO is now handling all Medicare beneficiary appeals.
- There are several resources available that hospitals can use to improve their discharge policies and procedures, such as the Agency for Healthcare Research and Quality (AHRQ) [Re-Engineered Discharge \(RED\) Toolkit](#).
- Collaborate with PAC providers, such as agreeing on standardized processes, information, or forms that are used during discharges, such as the InterACT [Hospital to Post Acute Care Transfer Form](#).

**Key Resources and Links**

- [COP §482.43](#)
- [COP §482.24](#)
- [42 CFR §405.1205](#)