| Facility Name [Title]Date of Assessment       |
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| DISCHARGE PROCESS | MET/UNMET | RECOMMENDATIONS FOR IMPROVEMENT |
| EMERGENCY SERVICES |
| 1. | An RN is available to care for patients experiencing emergencies.  | Choose an item. |       |
| 2. | A physician is available in person or for oversight of the emergency.  | Choose an item. |       |
| 3. | Hospital arranges for transfer for patients when higher level of care is needed and ensures that medical information accompanies the patient. | Choose an item. |       |
| 4. | A communication system/alarm is present between treatment areas and the nurse’s station.  | Choose an item. |       |
| 5. | Rapid communication exists between the ED and other hospital services in the event assistance is needed.  | Choose an item. |       |
| 6. | Measures are taken to ensure patient privacy and confidentiality.  | Choose an item. |       |
| 7. | A space is designated for private communication/counseling with families.  | Choose an item. |       |
| 8. | A space is designated for confidential hand off of patient information.  | Choose an item. |       |
| 9. | ED is open 24-7 including availability of ancillary services.  | Choose an item. |       |
| 10. | If ED is not open 24-7, the fact is easily apparent to the public.  | Choose an item. |       |
| 11. | Lab services are continually available to process and result lab values.  | Choose an item. |       |
| 12. | A process is in place to communicate critical lab values/tests to the ED. | Choose an item. |       |
| 13. | A process is in place to communicate critical lab/test results after patient has been transferred to next level of care or home.  | Choose an item. |       |
| 14. | The communication of critical results is documented in both cases (from ancillary dept to ED and from hospital to patient or next level of care) | Choose an item. |       |
| 15. | A process is in place for communication of discrepancies with radiology over reads of tests.  | Choose an item. |       |
| 16. | Social workers, pastoral care, or patient advocates are available to patient’s families or others accompanying patient to ED.  | Choose an item. |       |
| 17. | EMTALA signage present in a conspicuous place.  | Choose an item. |       |
| 18. | Physicians have been educated on EMTALA.  | Choose an item. |       |
| 19. | Staff members have been educated on EMTALA.  | Choose an item. |       |
| 20. | A process is in place to track and trend lengths of stay in the ED.  | Choose an item. |       |
| 21. | Triage strategy is in place to identify patients who are in need of emergent care.  | Choose an item. |       |
| 22. | Accurate narcotic logs are in place. | Choose an item. |       |
| 23. | The ED physician documents the initial reading of xrays.  | Choose an item. |       |
| 24. | A process is in place for diagnostic radiology tests initially read by physicians to be confirmed and documented by a radiologist within 24 hours.  | Choose an item. |       |
| 25. | Radiology over read results have been incorporated into quality improvement process.  | Choose an item. |       |
| 26. | An effective communication method is in place for shift handoff. | Choose an item. |       |
| 27. | A form is in place for patient’s to sign who choose to leave AMA.  | Choose an item. |       |
| 28. | A process is in place to communicate discharge instructions in other languages or to patients with communication barriers.  | Choose an item. |       |
| 29. | A process is in place to follow up after discharge with patient’s to review questions and concerns.  | Choose an item. |       |
| 30. | Documentation of the ED f/u call is present. | Choose an item. |       |
| 31. | At least 2 sets of vital signs were taken during the patient’s stay. One set is within 30 minutes of discharge. | Choose an item. |       |
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| 1. | A risk assessment is in place to determine the likelihood of readmission. | Choose an item. |       |
| 2. | A process is in place to identify patients who may experience adverse outcomes after discharge. | Choose an item. |       |
| 3. | Patients identified as in need of a discharge evaluation have documentation that the evaluation was done. | Choose an item. |       |
| 4. | An appropriately qualified staff member develops or oversees the discharge evaluation or plan.  | Choose an item. |       |
| 5. | The discharge evaluation addresses likelihood and availability of the need for post discharge services. | Choose an item. |       |
| 6. | The discharge evaluation addresses the patient’s ability to be cared for in the environment from which they came. | Choose an item. |       |
| 7. | Discharge needs are identified in enough time to make post discharge arrangements. | Choose an item. |       |
| 8. | Discharge evaluation includes discussion with the patient/family.  | Choose an item. |       |
| 9. | A discharge plan is developed when the evaluation deems it necessary or one is requested by the patient/family/physician. | Choose an item. |       |
| 10. | The discharge planning process is multi disciplinary. | Choose an item. |       |
| 11. | A medication reconciliation process is in place and matches what is listed on the patient discharge instructions. | Choose an item. |       |
| 12. | A process is in place to communicate critical lab values/test results to the inpatient departments. | Choose an item. |       |
| 13. | A process is in place to communicate critical lab values/test results to the next provider of care. | Choose an item. |       |
| 14. | Documentation is present to support communication of results. | Choose an item. |       |
| 15. | A standard transfer form has been developed for transfer to alternate levels of care. | Choose an item. |       |
| 16. | The standardized forms are utilized for discharge/transfer of patients to alternate levels of care. | Choose an item. |       |
| 17. | Discharge instructions are written in simple language and provided to the patient/family at discharge. | Choose an item. |       |
| 18. | A signed copy of the written discharge instructions are on the medical record. | Choose an item. |       |
| 19. | A comprehensive discharge instruction sheet is provided to the patient which includes at least: 1. A list of current medications with appropriate dosing and scheduling information.
 | Choose an item. |       |
| 20. | A comprehensive discharge instruction sheet is provided to the patient which includes at least: 1. A list of upcoming appointments, including times, dates, and provider contact information. First f/u is within 7-14 days of discharge.
 | Choose an item. |       |
| 21. | A comprehensive discharge instruction sheet is provided to the patient which includes at least: 1. Pertinent information on diagnosis
 | Choose an item. |       |
| 22. | A comprehensive discharge instruction sheet is provided to the patient which includes at least: 1. Dietary modifications, if applicable
 | Choose an item. |       |
| 23. | A comprehensive discharge instruction sheet is provided to the patient which includes at least: 1. When to call the doctor or how to identify an emergent situation
 | Choose an item. |       |
| 24. | An After Hospital Care Plan been developed by the discharge planner. | Choose an item. |       |
| 25. | A follow up phone call is made within 3 post discharge days to patients who are high risk for readmission. | Choose an item. |       |
| 26. | A process is in place to communicate discharge instructions in other languages or to patients with communication barriers.  | Choose an item. |       |
| 27. | An effective communication method is in place for shift handoff. | Choose an item. |       |
| 28. | An effective communication method is in place when the patient moves through-out the hospital service areas/departments. | Choose an item. |       |
| 29. | Transcription services are in-house. | Choose an item. |       |
| 30. | Discharge summaries are faxed or emailed to the PCP within 48 hours of discharge.  | Choose an item. |       |
| 31. | Issues identified in the medical record, which will affect d/c, are reflected and addressed in the discharge plan. | Choose an item. |       |
| 32. | Appropriate implementation of the discharge plan is evident. | Choose an item. |       |
| 33. | Direct communication with a clinician is required when critical test results are being handed off. | Choose an item. |       |