WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: DISCHARGE PROCESS No. 809.00

EFFECTIVE DATE: 12/2/97 Page 1 of 3
REVIEWED/REVISED: 04/23/03, 11/22/04, 12/04/05, 1/9/06, 01/08/07, 01/24/08, 01/25/09, 7/10, 8/11, 8/12, 3/15, 1/2018, 5/2018, 1/21,12/23

PURPOSE: To ensure efficient, successful discharge, as well as ensuring appropriate post-discharge services/plan(s) and community resources are in place to meet all identified patient needs prior to discharge from the outpatient program.

POLICY: Discharge from the Outpatient Program is based on established discharge criteria/guidelines. All appropriate members of the Outpatient Program team (i.e. therapists, scheduler, insurance coordinator), as indicated, participate in the coordinated discharge planning of each patient receiving services.

PROCEDURE:

1. Discharge Criteria: Specific discharge criteria may vary with patient's age, impairment, and, prognosis for improvement. However, general guidelines include:

   a. Determination that the patient has reached his/her maximum potential and/or rehabilitation services are no longer warranted.

   b. Safe and appropriate transition plan is indicated and established.

   c. Cancellation of 4 or 50% of patient visits over a 60-day period.

   d. 2 No Show appointments over a 60-day period.

   e. As funding source dictates.

2. Discharge Planning:

a. Discharge planning as indicated by all appropriate members of the interdisciplinary team, begins at the time of the initial evaluation and is modified on an ongoing basis. Prior to discharge, the patient may be evaluated for and provided with the following:

i) Family instruction
ii) Food/Diet recommendations
iii) Assistive equipment
iv) Written home program
v) Referral to outside agencies/community service

b. Patient/family training shall be ongoing throughout the treatment period, with education and home instruction completed prior to discharge. This training shall be done by appropriate therapist(s), and coordinated as patient/family needs dictate. Written information will be provided, as indicated, on an individual basis.

c. Training shall be conducted in the patient/family's primary language, with appropriate interpreter services utilized as indicated.

d. Therapist(s) shall communicate specific post-discharge needs and identify community services/resources to the patient/family prior to discharge .

3. Discharge Documentation: Written discharge summary(s) shall be completed with 1 copy sent to the PCP/referring physician and 1 copy sent to the family within 72 hrs. of discharge from outpatient service(s).

4. Continuing Care Service:

a. At discharge, it may be recommended that the patient return for another episode of care following either a specified time frame and/or when the patient demonstrates a given set of functional skills.

b. At that time, the family will contact the Intake department and begin the intake process as a new patient.

c. WCRH will remain as an available patient/family resource for any discharge-related follow-up issues.

5. On Hold Status

Patients waiting for insurance authorization, reauthorization, or any other lapse in service, shall be classified as" on hold":

a. Patients will be considered "on hold" if treatment is detained due to insurance issues. The patient's treatment slot will be held for 4 weeks. Service(s) may resume after 4 weeks without re-evaluation if there is no significant change in patient medical/functional status. All "on hold" requests greater than 4 weeks must be reviewed and approved by the Director of Outpatient Services.

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Director of Outpatient Services Date Administrator Date