ADMINISTRATIVE MANUAL

Subject	**Day Pass**
Policy NO:	**AM 6.26.1**
Department:	**Administrative Manual – Interdisciplinary Patient Care**
Effective Date	**12/2014**
Reviewed/Revised	1/15, 5/16; 1/18; 1/21;1/24, 5/26
Replaces policies	D 406, M 1314, AM 6.6, AM 6.26

PURPOSE:

To establish a standardized process for approving, planning, and implementing Day Passes that allow patients to temporarily leave the hospital with a trained parent, legal guardian or designated caregiver while supporting rehabilitation goals, caregiver training, and assessment of the patient's ability to function safely outside the hospital environment.

DEFINITIONS:

Day Pass: Leave from the WCRH Marlton Campus with a trained caregiver for an extended duration between the hours of 8am and 8pm.

Trained Caregiver: A parent, guardian, or designated caregiver who has completed patient-specific education and competency validation by the interdisciplinary team and has demonstrated the ability to safely perform all required care activities identified on the Interdisciplinary Teaching Checklist.

POLICY:

A Day Pass must be coordinated by Social Work in collaboration with the patient's parent, guardian, or designated caregiver and must be authorized by a physician order.

The interdisciplinary team shall determine whether a Day Pass is appropriate based on the patient's medical condition, rehabilitation goals, safety needs, equipment requirements, and caregiver readiness.

The patient may only leave on a Day Pass with a fully trained primary caregiver or designated backup caregiver. Required caregiver education and competency validation shall be individualized based on the patient's care needs and documented on the Interdisciplinary Teaching Checklist.

Day Pass shall only occur between the hours of 8:00 a.m. and 8:00 p.m. and only after the patient's scheduled therapy sessions and treatment activities for the day have been completed.

The caregiver shall receive education and instructions regarding medications, treatments, equipment, emergency procedures, and hospital contact information prior to departure.

The caregiver accepting responsibility for the patient during the Day Pass shall be instructed to call 911 or proceed to the nearest Emergency Department in the event of a medical emergency.

Nursing shall complete a Day Pass Instruction Sheet and ensure all required medications, supplies, equipment, and patient-specific care instructions are provided prior to departure.

A patient shall not be permitted to leave on Day Pass unless all required equipment, medications, supplies, and caregiver training requirements have been completed**.**

If any issue, malfunction, damage, or concern arises with the patient's durable medical equipment (DME) during the Day Pass, the parent, guardian, or caregiver shall contact the designated DME company immediately for troubleshooting, technical support, replacement equipment, or other assistance. The DME company contact information shall be provided to the caregiver prior to departure and included on the Day Pass Instruction Sheet.

PROCEDURE:

1. Patients and families may request a Day Pass through the Social Worker.
2. A Day Pass shall not be granted until all required training has been completed and documented by the parent, legal guardian or designated caregiver.
3. The Day Pass readiness of the planned care provider will be discussed by the interdisciplinary team.
4. Upon receipt of a Day Pass request, the Social Worker shall notify the physician, nursing, respiratory therapy, rehabilitation therapists, and other applicable team members.
5. Social Work will complete a “Day Pass Planning Request” to include the date, time and duration of the pass, which will be distributed to the physician, respiratory therapist, nursing, rehab therapists and DME provider.
6. Prior to the scheduled Day Pass: A home assessment may be required based on the patient's clinical needs, equipment requirements, or discharge planning considerations.
7. Whenever possible, a minimum of three (3) to five (5) days' notice shall be provided to allow adequate preparation of medications, equipment, supplies, and caregiver education.
8. The physician order shall include the date, departure time, anticipated return time, duration of the Day Pass, and any applicable restrictions or special instructions.
9. The assigned nurse shall complete the Day Pass Instruction Sheet and include all medications with the medication name, dose, administration schedule, indication, and special instructions, as applicable.
10. Social Work or Care Coordinator shall notify the DME provider, as applicable, to facilitate equipment procurement, delivery, and billing arrangements.
11. The assigned nurse and respiratory therapist shall ensure all equipment, medications and supplies needed are available prior to Day Pass. A patient will not be permitted on Day Pass unless all equipment is available to the patient for the duration of the pass.
12. On the day of departure:
    - The assigned nurse will review all medications and the medication administration schedule with the caregiver.
    - Verify that all medications required for the duration of the Day Pass have been dispensed, appropriately labeled, and packaged by Pharmacy, and reconcile the medications provided with the physician orders and Day Pass medication schedule.

- The nurse shall provide the caregiver an opportunity to ask questions and shall verify the caregiver's understanding of medication administration, treatments, equipment operation, safety precautions, emergency procedures, activity limitations, and all other instructions necessary for the safe care of the patient during the Day Pass.
- The nurse and respiratory therapist must conduct an assessment prior to departure. If the patient is found to be acutely ill or has a change in status the nurse or respiratory therapist can cancel the Day Pass and must notify the physician.
- The nurse and when indicated, respiratory therapist is responsible to review the "Day Pass Instruction Sheet" with the trained caregiver and obtain parent signature. A copy of the Day Pass Instruction sheet will be scanned into the EHR.

13. Upon return to WCRH:
    - The assigned nurse and, when applicable, the respiratory therapist shall assess the patient and document findings in the medical record.
    - Nursing shall reconcile all medications dispensed for the Day Pass with medications returned by the caregiver.
    - Any unused medications returned by the caregiver shall be accounted for and handled in accordance with hospital policy.
    - The nurse shall notify the physician of any medication discrepancies, medication errors, adverse medication events, or other concerns.
    - Equipment, supplies, and caregiver-reported concerns shall be reviewed and documented upon the patient's return.

Appendix A: Day Pass Instruction Sheet

Appendix B: Parent Notification and Acknowledgment of Day Pass Procedures

Appendix C: Day Pass Planning Request

_____

Administrator

Appendix A- Day Pass Instruction Sheet

Day Pass Instruction Sheet

Date: _____

Time Out: _____

Mode of Transportation: □ **Privately owned car w/ appropriate car seat/booster seat**

Patient Label

A. Medication/s:

MEDICATION	DOSE	ROUTE	FREQUENCY	TIME TO BE GIVEN	NUMBER OF SYRINGES/TABLETS DISPENSED	MEDICATION RETURNED

B. Treatment/s:

_____

_____

C. Medical Equipment/Splints/Orthotics

_____

_____

D. Diet/Feeding Instructions

_____

_____

E. Other Instructions

_____

_____

IF YOU HAVE ANY QUESTION WHILE OUT ON PASS, PLEASE CALL THE NURSING STATION @ (856) 489-4520 EXT. 210.

RN/LPN SIGNATURE: _____

F. PARENT/LEGAL GUARDIAN SIGNATURE

I assume responsibility for the above patient while off the hospital property. I have received training and understand the care required as outlined above, for this pass. I understand that this "DAY PASS" permits us to be out of the building between the hours of 8am -8pm. In the event of an emergency I am to go to the closest Emergency Room or call 911.

_____

Parent/Legal Guardian Name (Print) **Signature** **Date** **Time**

Appendix B: Parent Notification and Acknowledgment of Day Pass Procedures

Parent Acknowledgment of Day Pass Policy & Procedures

A Day Pass is required when trained caregivers desire to take the patient out of the facility for a extending duration. Day passes are permitted between the hours of 8am-8pm. The patient can only leave with a fully trained caregiver. Necessary training is individualized for each patient based on care and needs, and is fully outlined and discussed with the identified caregivers. Day Passes are only permitted after therapy sessions for the day are completed.

Procedure: For Day Pass

1. **Patient and families may request a Day Pass by notifying the Social Worker. A Day Pass WILL NOT be granted until all training has been completed by the primary and back up caregivers. Any patient requiring the use of controlled substances are inappropriate for a Day Pass. In some cases a home assessment is required prior to issuing a Day Pass.**

2. **THREE to FIVE days' notice is required for adequate preparation for delivery of required equipment.**

3. **A patient will not be permitted on a Day Pass unless all equipment is available. On the day of your scheduled outing your child will receive an assessment conducted by the nurse and respiratory therapist. If your child is found to be acutely ill or has a change in status the Day Pass will be canceled and physician notified.**

4. **Day Passes will be canceled if staff feel that the caregiver is compromised in any way and the physician will be notified**

It is the responsibility of the parent to provide transportation for all of these outings.

____ Yes, I am aware of the policy and procedures regarding Day Passes, I also understand that any violation of the policies and procedures outlined above will result in suspension of Day Pass privileges.

_____ _____

Name **Signature/Date**

S; (Admissions packet)

Appendix C: Day Pass Planning Request

Weisman Children's
Rehabilitation Hospital · Outpatient · Medical Day Care

DAY PASS PLANNING REQUEST

Date: _____

Patient's Name: _____ Room #:_____

Date of Day Pass:_____

Time of Departure: _____ Time of Return:_____

Mode of Transport:

____Car ____Public Transportation ____Invalid Coach ____Other _____(Please specify)

___Car seat _____ Wheelchair _____Other _____(Please Specify)

Day Pass Arranged by:_____

Patient signed out to: Name:_____

Address:_____

_____

Phone:_____

Items to request from Team:

Physician:_____

Nursing:_____

Respiratory:_____

Rehab:_____

Other:_____

Comments:_____

_____

_____