

The Ideal Hospital Discharge: Teaching Triggers

Catherine DuBeau, M.D. and Don Scott, M.D.

Teaching Trigger 1: Person over age 65 is admitted to the hospital

Teaching Points:

1. The Ideal Hospital Discharge is the responsibility of the patient's primary medical team, and involves anticipation, communication,
2. Discharge planning begins at admission AND involves more than case managers and physical therapy
3. Determination of patient's pre-hospital residence, home support, and functional status are essential parts of admission evaluation, particularly to anticipate discharge destination.

Links to other CHAMP modules

1. If patient comes from home, need to factor in cognitive and functional status, any changes in them during hospital stay, and home supports
 - a. See Functional and Cognitive Status evaluation
 - b. See Delirium
2. If patient comes from an assisted living facility, will very likely will need skilled nursing facility (SNF) for subacute rehab following hospitalization if:
 - a. the patient:needs any skilled nursing and/or medical monitoring
 - b. the patient develops functional decline while in hospital, especially if now needs assistance with ambulation
3. If patient comes from a nursing home, will return there 99% of the time if the patient survives to discharge

Teaching Trigger 2: Discharge expected within 48 hr (based on resolution of problems requiring admission or medical stabilization)

Teaching Points

1. Ensure anticipated site of discharge known
2. Involve following team members
 - a. Team physicians: if patient develops delirium, consider SNF or increased home supports with close medical follow-up
 - b. Physical and occupational therapy, and discuss patient with them *prior* to their evaluation

- c. Case manager: make arrangement for transfer and home care needs (as appropriate)
- d. PCP: notification and discussion
- e. Family: notification and discussion
- f. Nursing: notification and discussion

Teaching Trigger 3: Discharge expected next day

Teaching Points

- 1. Communication
 - 1. With Family
 - 2. With PCP
 - 3. With receiving physician (at SNF or acute rehab)
- 2. Hospital summary
 - 1. A few lines on discharge transfer form are very helpful to the receiving physician

Teaching Trigger 4: Patient over 65 years with hospital stay extending \geq 4-5 days

Teaching Points

- 1. Consider need for acute rehab; consider Physical Medicine and Rehabilitation consult if available
- 2. Re-evaluation by PT/OT if there has been change in functional and/or cognitive status (positive or negative)