Discharge Summary







OBJECTIVES

Participants will:

- Review the Federal regulation at 483.21(c)(2) and Guidance to Surveyors for Discharge Summary
- Identify definitions from the Federal Requirements
- Describe the contents required in the Discharge Summary
- Identify how the Discharge Summary will be appropriately released with resident consent in order to communicate resident condition and needs for continuity of quality care







Introduction

- The nursing home Requirements of Participation (RoP) are the regulations that set minimum standards for nursing homes.
- The RoP were rewritten in October 2016.
- The changes in regulations go into effect over the next three years, in phases.







Facility Response

- Understand
- Inform
- Limitations
- Monitor





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Understand-Overview of the Regulation

Discharge Summary:

When a facility anticipates that a resident will be discharged, the facility must complete a discharge summary







§483.21(c)(2) –The discharge summary must include:

 (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.







Continued

(ii) A final summary of the resident's status to include items in paragraph (b)(1) of § 483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.







Continued-

(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-thecounter).







• Continued

(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment.

 The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.





Inform - Facility Policy

 It is the policy of this facility that residents who have a planned discharge from the facility will have a completed discharge plan and recapitulation of stay completed to facilitate continuity of care after discharge.







Facility Policy

 A comprehensive discharge summary will describe for the next provider the resident's course of stay, medical conditions and diagnoses, the results of relevant laboratory and other diagnostic testing completed in the facility, consultations completed in the facility and medications prescribed at discharge







Facility Policy

• The objective of the discharge summary policy and procedure is to provide a framework for the completion of relevant documents to be shared with post-discharge care providers, the resident and the care givers at home.







Inform - Procedure

- 1. Discharge Decided
- 2. Interdisciplinary team (IDT)
- 3. Communication







2. Discharge goals:

The IDT will gather the information needed for post-discharge care and complete a discharge summary. Each member of the IDT involved in the resident's care will contribute to the summary.





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Discharge Summary

- Document the reason for transfer or discharge and disposition location
- If the entity to which the resident is being discharged is another skilled nursing facility, evaluate the extent to which the discharge summary and the resident's physician verify the discharge







Discharge Summary

- Recapitulation of stay which that includes, but is not limited to, the following:
 - The resident's diagnoses and conditions
 - The course of their illness and treatment in the facility
 - Identify follow-up care and post-discharge medical and nonmedical services as identified in the Discharge Plan
 - Pertinent lab
 - Other diagnostic test and results
 - Documented consultations
 - Physician verification for discharge and/or transfer
 - If a return to the community, identify if the resident trigged the CAA for return to community referral
 - Other pertinent information for continuing care, which includes:







3. Medication reconciliation will be completed comparing pre-discharge and post-discharge medications, including over the counter and prescribed medications.







 (Include steps to instruct staff how to use the facility's electronic health record software as part of the discharge summary)







5. The final discharge summary will be completed and ready to release to postdischarge care providers and the resident before the day of discharge. Share the discharge summary with the community physician who will be caring for the resident after discharge as well as agencies and other providers as needed.





5. Retain the discharge summary in the resident's medical record.





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Facility Response

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Conclusion

- Facilities are required to follow the regulatory requirements for Discharge Summary
- The items required to be included in the Discharge Summary are outlined in the regulations
- A complete and comprehensive discharge summary is part of a quality transition of care for success





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Questions?







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THANK YOU FOR PARTICIPATING IN THIS EDUCATION SESSION!



