Discharge planning is not only important to ensure compliance with the CMS standards but also for reimbursement. Optimal discharge planning can help prevent unnecessary readmissions. Hospitals that have a higher readmission rate can be financially penalized. In fact, 2610 hospitals will forfeit $428 million in 2015.

This program will discuss the final surveyor worksheet for assessing compliance with the CMS hospital Conditions of Participation (CoPs) for discharge planning. This worksheet is used by State and Federal surveyors on all survey activity in hospitals assessing compliance with the discharge planning standards. Is your hospital familiar with the interpretive guidelines and the worksheet information? Come learn what other important things CMS has in their final worksheet which addresses preventing hospital readmissions.

Webinar Objectives
- Discuss the final published CMS worksheet on discharge planning
- Recall that CMS has revised discharge planning standards that every hospital must follow
- Discuss that one in every five Medicare patients is readmitted within 30 days of discharge and many suffer adverse events

Target Audience
Discharge planners, transitional care nurses, social workers, chief nursing officer, compliance officer, chief operation officer, chief medical officers, physicians, all nurses with direct patient care, risk managers, social workers, regulatory officer, physician advisor, UR nurses, compliance officer, Joint Commission coordinator, nurse educators, chief operating officer, chief executive officer, staff nurses, physicians, nurse managers, PI director, health information director, billing office director, patient safety officer, and anyone else involved with the discharge planning. Any person serving on a hospital committee to redesign the discharge process to prevent unnecessary readmissions should also attend.

Webinar Outline
- CMS issues Discharge Planning memo issued May 17, 2013
- Transmittal issued July 19, 2013
- CMS Deficiency Memo shows this is a problematic area
- Introduction
- Blue box or advisory boxes
- Consolidation of 24 standards into 13 tags
- CMS crosswalk to old tags
- Discharge planning
  - Discharge planning process
  - Discharge planning P&P required
  - Transition planning or community care transitions
Reducing number of hospital readmission
- Causes of preventable readmissions
- Inpatients versus outpatients
- Four stage discharge planning process
- Discharge planning evaluation

- Identification of patients in need of discharge planning
  - Discharge plan for every patient; optional or mandatory?
  - Important four factors in discharge planning
  - P&P must include criteria and screening process
  - Identification at early stage for discharge planning
  - 48 hour rule
  - Patient transfers

- Discharge planning evaluation
  - Evaluation of likelihood of needing post hospital services
  - Self-care assessment
  - Screening versus evaluation
  - Evaluation requirements
  - Returns to the LTC facility
  - Developing collaborative partnerships with post hospital providers
  - Ability to pay out of pocket expenses must be discussed
  - Right to participate in the development of their plan of care
  - Interviews of patients to show awareness of right to request discharge planning

- RN, social worker or qualified person to develop evaluation
- Timely evaluation
- Discussion of evaluation with patient or individual acting on their behalf
- Discharge evaluation must be in the medical record
- Discharge plan
- Physician request for discharge planning
- Implementation of the patient’s discharge plan
- Reassessment of the discharge plan
- Freedom of choice for LTC or home health agencies
- Transfer or referral
- Crosswalk

**Final Discharge Planning Worksheet**
- Completion of intake form; name, CCN number, deemed status
- Complete form in advance of survey
- Discharge planning policies for all inpatients
- Discharge planning for certain outpatients
- Preparation of discharge plan for all inpatients
- Discharge planning policy requirements
- Process to notify patients and doctors can request an evaluation
- Interview of patients and questions asked
- Interview questions for physicians
- Reassessment of the discharge plan
- Feedback process from post-acute hospital providers (LTC, home health)
• Criteria and screening process for discharge planning evaluations
• Qualified social workers and discharge planners
• Self-care evaluation
• Assessment of ADL
• Medical equipment for home
• Patient representative involvement
• Medication reconciliation
• Written and legible discharge instructions
• Referrals and transfers
• Readmissions within 30 days
• Any tests pending when patient discharged and process

About the Speaker
Sue Dill Calloway, R.N., M.S.N, J.D. is a nurse attorney and President of Patient Safety and Healthcare Consulting and Education. She was the past VP of Legal Services at a community hospital in addition to being the Privacy Officer and the Compliance Officer. She worked for over 8 years as the Director of Risk Management and Health Policy for the Ohio Hospital Association. She was also the immediate past director of hospital patient safety and risk management for The Doctors Insurance Company in Columbus area for five years. She does frequent lectures on legal and risk management issues and writes numerous publications.

Ms. Calloway has given many presentations locally and nationally to nurses, physicians and attorneys on medical and legal issues. She has authored numerous articles and over 1000 articles and 100 books, including the 2009 Joint Commission Leadership Standard (HCPro), Nursing and the Law (PESI, 1986 and 1987), Ohio Nursing Law (West Publishing), Nursing Ethics and the Law (PESI, 1986), Legal Issues in Supervising Nurses (PESI, 1988), Medicine Made Easy (PESI, 1992) and The Law for Nurses Who Supervise/Manage Others (PESI, 1993), Legal Issues in Obstetrics (PESI, 1997) and JC Leadership Standards (HCPro, 2004), and the Compliance Guide to the CMS and the Joint Commission Patient Rights Standards (HCPro, 2005), and the 2009 book on the Joint Commission Leadership Standards (HCPro). She often writes articles called the “CMS Corner” in Briefings on the Joint Commission. Ms Calloway is a 1996 recipient of PESI's Excellence in Education Award.

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