HOSPITAL PATIENT SAFETY INITIATIVE (PSI)

DRAFT RISK EVALUATION TOOL

Discharge Planning

Name of State Agency: _____

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the Discharge Planning Condition of Participation. Items are to be assessed by a combination of observation, review of the hospital's discharge planning program documentation, including policies and procedures, interviews, and review of medical records.

The interviews should be performed with the most appropriate hospital staff person(s) for the items of interest, as well as with patients, family members, and support persons.

Please submit completed form by clicking the Submit Form button at the top of the page or by attaching the form to an email to Hospital_DC@AcumenLLC.com.

Section 1 Hospital Characteristics

1. Hospital name: _____
2. Address, State, Zip Code: _____

   City _____ State _____ Zipcode _____
3. CMS Certification Number (CCN): _____

4. Date of site visit:

		/			/					to			/			/			
m	m		d	d		y	y	y	y		m	m		d	d		y	y	y	y

5. Number of State Agency surveyors who participated in this survey: ☐☐

6. Approximate time spent on site performing this survey (hours): ☐☐

7. Does the hospital participate in Medicare via accredited "deemed" status?
   - ○ Yes
   - ○ No

   a. If YES, which Accrediting Organization(s)?

      i. ○ American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP)

      ii. ○ Det Norske Veritas Healthcare (DNV)

      iii. ○ The Joint Commission (TJC)

   b. If YES, according to the hospital, what was the end date of the most recent accreditation survey:

		/			/				
m	m		d	d		y	y	y	y

Section 2 Discharge Planning – Policies and Procedures

Elements to be assessed		Manner of Assessment Code (list all that apply) & Surveyor Notes
2.1 Are discharge planning policies and procedures in effect for all inpatients? Specifically:		
2.1a For every inpatient unit surveyed is there evidence of applicable discharge planning activities?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
2.1b Are staff members responsible for discharge planning activities correctly following the hospital's discharge planning policies and procedures?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If no for either 2.1a or 2.1b the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to identification of patients needing discharge planning, 42 CFR 482.43(a)(Tag A-0800) ; discharge planning evaluation, 42 CFR 482.43(b) (Tag A-0806) ; and/or developing and implementing the discharge plan, 42 CFR 482.43(c) (Tag A-0817)		
2.2 Does the discharge planning process apply to certain categories of outpatients?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
If yes, check all that apply: ◯ Same day surgery patients ◯ Observation patients who are not subsequently admitted ◯ ED patients who are not subsequently admitted ◯ Other		
2.3 Is a discharge plan prepared for each inpatient?	◯ Yes, skip to question 2.8 ◯ No, go to question 2.4	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: No citation risk related to responses to questions 2.2 and 2.3; for information only.		

Interview = 1 Observation = 2 Discharge Planning Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Elements to be assessed		Manner of Assessment Code (list all that apply) & Surveyor Notes	
2.4 For patients not initially identified as in need of a discharge plan, is there a process for updating this determination based on changes in the patient's condition or circumstances? Specifically,			
2.4a Does the discharge planning policy address changes in patient condition that would call for the development of a discharge plan in patients not previously identified as in need of one?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
2.4b Are inpatient unit staff aware of how, when, and whom to notify of such changes in patient condition?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
NOTE: If no to either 2.4a or 2.4b, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(a)(Tag A-0800)			
2.5 Is there a process for patients, or their representatives, and physicians to request a discharge planning evaluation? Specifically,			
2.5a Does the hospital have a standard process for notifying patients (or their representative if applicable) that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
2.5b Does the hospital have a standard process for notifying physicians that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
2.5c Can both discharge planning and unit nursing staff personnel describe the process for a patient or the patient's representative to request a discharge planning evaluation?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	

Elements to be assessed		Manner of Assessment Code (list all that apply) & Surveyor Notes	
2.5d Interview patients (or their representatives if applicable). If they say they were not aware they could request a discharge planning evaluation, can the hospital provide evidence the patient or representative received notice they could request an evaluation?	◯ Yes ◯ No ◯ N/A	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
2.5e Interview attending physicians. If they are not aware they can request a discharge planning evaluation, can the hospital provide evidence of how it informs the medical staff about this?	◯ Yes ◯ No ◯ N/A	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
NOTE: If no to any part of question 2.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(1) (Tag A-0806)			
2.6 Interview attending physicians. If they are not aware they can request a discharge plan regardless of the outcome of the completed evaluation, can the hospital provide evidence of how it informs the medical staff about this?	◯ Yes ◯ No ◯ N/A	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
NOTE: If no to 2.6, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(2) (Tag A-0819)			
2.7 Can discharge planning personnel describe a process for physicians to order a discharge plan to be completed on a patient, regardless of the outcome of the patient's evaluation?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
NOTE: If no to 2.7, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(2) (Tag A-0819)			
2.8 Does the hospital discharge planning policy include a process for ongoing reassessment of the discharge plan based on changes in patient condition, changes in available support, and/or changes in post-hospital care requirements?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
NOTE: If no to 2.8, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(4) (Tag A-0821)			

Section 3 Discharge Planning – Reassessment and QAPI

Elements to be assessed		Manner of Assessment Code (list all that apply) & Surveyor Notes	
3.1 Does the hospital review the discharge planning process in an ongoing manner, e.g., through QAPI activities?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
3.2 Does the hospital track its readmissions as part of its review of the discharge planning process?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
3.2a Does the assessment of readmissions include an evaluation of whether the readmissions were potentially preventable?	◯ Yes ◯ No ◯ N/A	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
3.3 If the hospital identified preventable readmissions where problems in the discharge planning process were identified as a possible cause, did it make changes to its discharge planning process to address the problems?	◯ Yes ◯ No ◯ N/A	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
NOTE: If no to any one of 3.1 through 3.3, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(e) (Tag A-0843) and possibly QAPI 42 CFR 482.21(c) (Tag A-0283)			
3.4 Does the hospital have a process for collecting and considering feedback from post-acute providers in the community about the effectiveness of the hospital's discharge planning process?	◯ Yes ◯ No	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	
NOTE: No citation risk related to responses to question 3.4; for information only.			

Interview = 1 Observation = 2 Discharge Planning Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Section 4 Discharge Planning Tracers

In this section, survey 1-2 current inpatients and review the closed medical records of 2-3 patients who were discharged to home or transferred to a post-acute care setting. When possible, include one inpatient who was readmitted within 30 days of a previous admission. For closed records, be sure to select a record that includes a discharge planning evaluation and a discharge plan, and do not choose N/A instead of a Yes or No response. Note key at bottom of page for Manner of Assessment code.

DCP = Discharge Planning

	Patient/Record #1 ○ Open ○ Closed	**Patient/Record #2** ○ Open ○ Closed	**Patient/Record #3** ○ Open ○ Closed	**Patient/Record #4** ○ Open ○ Closed
4.1 When was the screening done to identify whether the inpatient needed a discharge planning evaluation? a. Before or at time of admission b. After admission but at least 48 hours prior to discharge c. N/A – all admitted patients receive a discharge plan d. None of the above	a.○ b.○ c.○ d.○	a.○ b.○ c.○ d.○	a.○ b.○ c.○ d.○	a.○ b.○ c.○ d.○
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If response 4.1d is selected, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(a) (Tag A-0800)				
4.2 Can hospital staff demonstrate that the hospital's criteria and screening process for a discharge planning evaluation were correctly applied?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.2, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(a) (Tag A-0800)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.3 If the patient did not meet the hospital's criteria for an evaluation, were the patient (or patient's representative if applicable) and the patient's physician made aware they could still request a discharge planning evaluation?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If no to 4.3, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(1) (Tag A-0806)				
4.4 Was the discharge planning evaluation and, as applicable, the discharge plan developed by an RN, Social Worker, or other qualified personnel, as defined in the hospital discharge planning policies and procedures, or someone they supervise?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If no to 4.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(2) (Tag A-0807 - evaluation) and/or 42 CFR 482.43 (c)(1)(Tag A-0818 - plan),				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.5 Are the results of the discharge planning evaluation documented in the medical record?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If no to 4.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(6) (Tag A-0812)				
4.6 Did the evaluation include an assessment of the patient's post-discharge care needs being met in the environment from which he/she entered the hospital?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
For patients admitted from home, answer questions 4.7 through 4.11a. For patients admitted from a nursing home, skilled nursing facility, or assisted living, skip to question 4.12.				
4.7 Did the evaluation include an assessment of the patient's ability to perform activities of daily living (e.g. personal hygiene and grooming, dressing and undressing, feeding, voluntary control over bowel and bladder, ambulation, etc.)?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4.8 Did the evaluation include an assessment of the patient's or family/support person's ability to provide self-care/care?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.9 Did the evaluation include an assessment of whether the patient will require specialized medical equipment or home and physical environment modifications?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
4.9a If the assessment determined the patient required specialized medical equipment or environment modifications, did the evaluation include an assessment of whether the equipment is available or if the modifications can be made to safely discharge the patient to that setting?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.10 If the assessment determined that the patient or family/support person is unable to meet care needs or there are additional care needs above their capabilities, did the evaluation include an assessment of available community-based services to meet post-hospital needs?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If any no answer to questions 4.6 – 4.10, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(4) (Tag A-0806)				
4.11 If the assessment determined the patient would need HHA or SNF care, did the hospital provide the patient with lists of Medicare-participating HHAs or SNFs that provide post-hospital services that could meet the patient's medical needs?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.11a If the hospital provided lists, were they geographically appropriate for the patient?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If no to 4.11 or 4.11a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(6) (Tag A-0823)				
For patients admitted from a nursing home,skilled nursing facility, or assisted living, answer question 4.12.				
4.12 Did the evaluation assess whether the prior facility has the capability to provide necessary post-hospital services to the patient (i.e. is the same, higher, or lower level of care required and can those needs be met in that facility?)	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
For all patients				
4.13 Did the evaluation include an assessment of the patient's insurance coverage (if applicable) and how that coverage might or might not provide for necessary services post-hospitalization?	○ Yes ○ No ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 4.12 or 4.13 the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(4) (Tag A-0806)				
4.14 Was the discharge planning evaluation completed in a timely basis to allow for appropriate arrangements to be made for post-hospital care and to avoid delays in discharge? (including to a post-acute care setting)?	○ Yes ○ No ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.14, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(5) (Tag A-0810)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.15 Was the patient (or the patient's representative, if applicable) involved in a discussion of the evaluation results?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If no to 4.15, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(6) (Tag A-0811) and possibly 42 CFR 482.13(b)(1) Patients Rights (Tag A-0130)				
4.16 Did the discharge plan match the identified needs as determined by the evaluation?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If no to 4.16, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(1) (Tag A-0817)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.17 If any significant changes in the patient's condition were noted in the medical record that changed post-discharge needs, was the discharge plan updated accordingly?	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

NOTE: If no to 4.17, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(4) (Tag A-0821)

For patients discharged to home or for whom discharge home is planned, answer all part of questions 4.18 and SKIP question 4.19
For patients discharged/transferred to a post-acute care setting other than home, skip to question 4.19
Choose N/A for questions 4.18 through 4.20 only for open records of inpatients where it is premature for the questions to apply.

4.18 For patients discharged to home, did the hospital arrange for the initial implementation of the discharge plan? Specifically, look for evidence of the following, if applicable, based on the discharge plan:

4.18a Providing in-hospital training to patient and family/support persons, using recognized methods. (Examples include teach-back or repeat-back , simulation laboratories, etc. but these specific methods are not required.)	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18b Written discharge instructions that are legible and use non-technical language.	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
4.18c A list of all medications the patient should be taking after discharge, with clear indication of changes from the patient's pre-admission medications	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18d Evidence of education of patients and support persons on admission vs. discharge medications, highlighting changes.	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
4.18e Referrals to established/new primary care physician or health center.	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18f Referrals, if applicable, to specialized ambulatory services, e.g. PT, OT, HHA, hospice, mental health, etc.	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
4.18g Referrals, if applicable, to community-based resources other than health services, e.g. Depts. of Aging, elder services, transportation services, etc.	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ Yes ◯ No ◯ N/A ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18h Arranging essential durable medical equipment, e.g. oxygen, wheel chair, hospital bed, commode, etc., if applicable.	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4.18i Sending necessary medical information to providers the patient was referred to prior to the first post-discharge appointment or within 7 days of discharge, whichever comes first.	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

NOTE: If implementation of the discharge plan was not initiated, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(3) (Tag A-0820)

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.19 For patients transferred to another inpatient facility, was necessary medical information ready at time of transfer and sent to the receiving facility with the patient?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If no to 4.19, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(d) (Tag A-0837)				
4.20 Were there portions of the plan the hospital failed to begin implementing, resulting in delays in discharge?	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A	◯ Yes ◯ No ◯ N/A
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: If yes to 4.20, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(3) (Tag A-0820)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.21 *For information only*, were any of the following services initiated while the patient was hospitalized:				
a. Scheduling follow-up appointments b. Filling prescriptions c. Pharmacist meeting with patient and/or family/support persons to review medication regimen d. Pharmacist reviewing discharge medication orders prior to hospital departure e. Home setting visitation by hospital staff f. Transportation arranged for follow-up appointments g. Discharge planning checklists, e.g. CMS, AHRQ, CAPS checklists	a. ○ b. ○ c. ○ d. ○ e. ○ f. ○ g. ○	a. ○ b. ○ c. ○ d. ○ e. ○ f. ○ g. ○	a. ○ b. ○ c. ○ d. ○ e. ○ f. ○ g. ○	a. ○ b. ○ c. ○ d. ○ e. ○ f. ○ g. ○
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: No citation risk related to question 4.21; for information only.				
4.22 Is there documentation in the medical record of providing the results of tests, pending at time of discharge, to the patient and/or post-hospital provider of care, if applicable?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.22, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(d) (Tag A-0837)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.23 Ask the hospital to check whether this inpatient admission is a readmission within 30 days of a prior admission to that hospital. Was there a prior admission?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NOTE: No citation risk related to question 4.23, for information only.				