# Hammer and wrench tool logo Tool 10: Discharge PROCESS Checklist

### Purpose

Provide updated guidance to readmission reduction teams for updating discharge processes, based on Centers for Medicare & Medicaid Services (CMS) documents.

### Description

This tool, adapted from the CMS Conditions of Participation (COPs), provides a checklist of discharge elements that CMS states should be provided to all Medicare and Medicaid patients. This tool can be used to update existing processes and identify whether new processes and practices need to be implemented.

### Staff

Readmission champion and day-to-day leader.

### Time Required

1 hour to review and 1-3 hours to discuss with hospital colleagues the extent to which various elements are reliably delivered.

### Additional Resources

See **Tool 8: Conditions of Participation Handout** for an overview of CMS COP content and Section 4 of the *Hospital Guide to Reducing Medicaid Readmissions* for additional information.

# Tool 10: Discharge PROCESS Checklist

This checklist is a tool to promote optimal adherence to the processes and practices outlined as guidance and proposed updates to the CMS Discharge Planning Conditions of Participation.[[1]](#footnote-1) Review your current processes, including written discharge information and documentation, to identify the extent to which they adhere to the intent of these discharge process elements. In addition, hospitals should have a written discharge process. Regularly review readmissions to identify root causes of readmissions, and use those insights to continually improve the discharge process.

| Hospitals Must Provide the Following… | Details per CMS 2013 Surveyor Guidance\* and 2015 Proposed Rule Documents† | Status |
| --- | --- | --- |
| 1. A discharge plan for all inpatients and observation patients
 | As specified in the November 2015 proposed Discharge Planning COPs.†  | ❑ |
| 1. A brief reason for hospitalization and principal diagnosis
 | Many patients do not know why they were in the hospital. | ❑ |
| 1. A brief description of hospital course of treatment
 | Many patients do not know what was done for them in the hospital. | ❑ |
| 1. The patient’s condition at discharge
 | Include cognitive function.\*Include functional status.\*Include social support structure.\* | ❑ |
| 1. Specifically address comorbid behavioral health conditions
 | Include plan for followup care for behavioral health conditions.† | ❑ |
| 1. A medication list—an actual list of medications, *not* a referral to the list in the medical record\*
 | Identify changes made during the patient’s hospitalization.\* | ❑ |
| 1. A list of allergies
 | Food allergies.\*Drug allergies and drug intolerances.\* | ❑ |
| 1. Pending test results
 | When the results are expected.\*How to obtain the test results.\* | ❑ |
| 1. A copy of the patient’s advance directive
 | Applicable when the patient is being transferred to another facility.\* | ❑ |
| 1. A brief description of care instructions
 | Customized instructions for self-care.\*Consistent with the training provided to patient and caregiver.\* | ❑ |
| 1. Effective linkage of patients to posthospital clinical, behavioral, and social services
 | The hospital must demonstrate knowledge of capabilities of postacute and community providers, including Medicaid providers and social service providers.\*†  | ❑ |
| 1. Data for patients/caregivers to facilitate a data-informed choice of postacute providers
 | As per the Improving Medicare Past Acute Transformation (IMPACT) Act of 2014.†  | ❑ |
| 1. A list of all followup appointments scheduled prior to discharge
 | This list should include provider name, date, and time.\* | ❑ |
| 1. Transmittal of discharge summary within 48 hours of discharge
 | Transmit or make available the discharge summary to community providers within 48 hours.† | ❑ |
| 1. Followup with patients at high risk of readmission
 | The proposed COPs do not state how or when to provide followup, allowing flexibility.† | ❑ |

1. Developed based on the \*May 17, 2013, Centers for Medicare & Medicaid Services updated interpretive guidelines for hospital discharge planning ([CMS Revision to State Operations Manual (SOM), Hospital Appendix A - Interpretive](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-32.pdf)) and †November 2015 proposed CMS Discharge Planning Conditions of Participation ([Medicare and Medicaid programs revision to requirements for discharge planning for hospitals](https://www.federalregister.gov/articles/2015/11/03/2015-27840/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals)). [↑](#footnote-ref-1)