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| Transforming Lives | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)**Hospital Discharge Checklist**  |   |

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| --- | --- |
| **NAME OF PERSON COMPLETING CHECKLIST** | **DATE** |
| **DISCHARGE INFORMATION** |
| **NAME OF PERSON BEING DISCHARGED** | **ADSA ID**  | **AGE** | **SERVICE LEVEL** |
| **ADDRESS** | **CITY**  | **STATE** | **ZIP CODE** |
| **REASON FOR HOSPITALIZATION** | **INCIDENT REPORT SUBMITTED TO DDA?**[ ]  Yes [ ]  No |
| **NAMES OF HOSPITAL STAFF PROVIDING DISCHARGE SUPPORT:** |
| **PROVIDER INFORMATION** |
| **SERVICE PROVIDER NAME** | **TELEPHONE NUMBER** |
| **ADDRESS** | **CITY**  | **STATE** | **ZIP CODE** |
| **PROVIDER CONTACT INFORMATION (including after-hours)** |
| **NAMES OF AGENCY STAFF PROVIDING DISCHARGE SUPPORT:** |

|  |  |  |  |  |
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| **BEFORE DISCHARGE** | **Yes** | **No** | **NA** | **Comments** |
| **Discharge Orders:*** Are discharge orders clear, accurate and include specialized protocols and equipment needs, and include updates to protocols? If not, request further information and instruction.
 | [ ]  | [ ]  |  |  |
| **Medications:*** Are new medications available and Medication Administration Record (MAR) updated?
 | [ ]  | [ ]  | [ ]  |  |
| **Equipment:*** Is necessary equipment in place prior to discharge?
 | [ ]  | [ ]  | [ ]  |  |
| **Client Plans & Protocols:*** Have client plans (e.g., IISP, FA/PBSP, CSCP) been updated to reflect changes including risk assessment, new equipment and protocols?
* Do new protocols need to be developed (bowel, seizure, choking, etc.)? If so are they in place?
* Have all staff been trained on any changes to client plans and protocols? Is there documentation of the training?
 | [ ]  | [ ]  | [ ]  |  |
| **Nurse Delegation:** * Is nurse delegation needed?
* Has the delegating nurse assessed the client prior to discharge to ensure their health is stable and predictable?
* Are the nurse delegation instructions in the home and are staff trained by the nurse delegator to perform all delegated tasks? (note in Comments how many staff are trained)
 | [ ]  | [ ]  | [ ]  |  |
| **Communication:*** Has the client’s physician(s) been informed of the discharge?
* Has the legal representative been informed of the discharge and agrees with discharge orders?
* Has the Case Manager been notified about the pending discharge and has an Incident Report Follow Up been submitted?
 | [ ]  | [ ]  |  |  |
| **AFTER DISCHARGE** | **Yes** | **No** | **NA** | **Comments** |
| **Follow-up:*** Has a follow up appointment been scheduled with the client’s physician(s)?
* Is there data tracking for the plans and protocol(s)?
* Are the plans and protocols being followed correctly by staff?
* Have any medication changes since the hospital admission been properly implemented by staff?
* Are staff monitoring for changes in status as indicated in the discharge orders?
* Is needed medical or adaptive equipment present and functioning?
 | [ ]  | [ ]  | [ ]  |  |
| **SUMMARY COMMENT- include a summary of the above comments into an action item list**  |
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