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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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