

Process



Discharge Planning Checklist Reimagined: Phase 1





Lindsay W. Humphrey, MOT, OTR/L, Rehab Educator

The Purpose

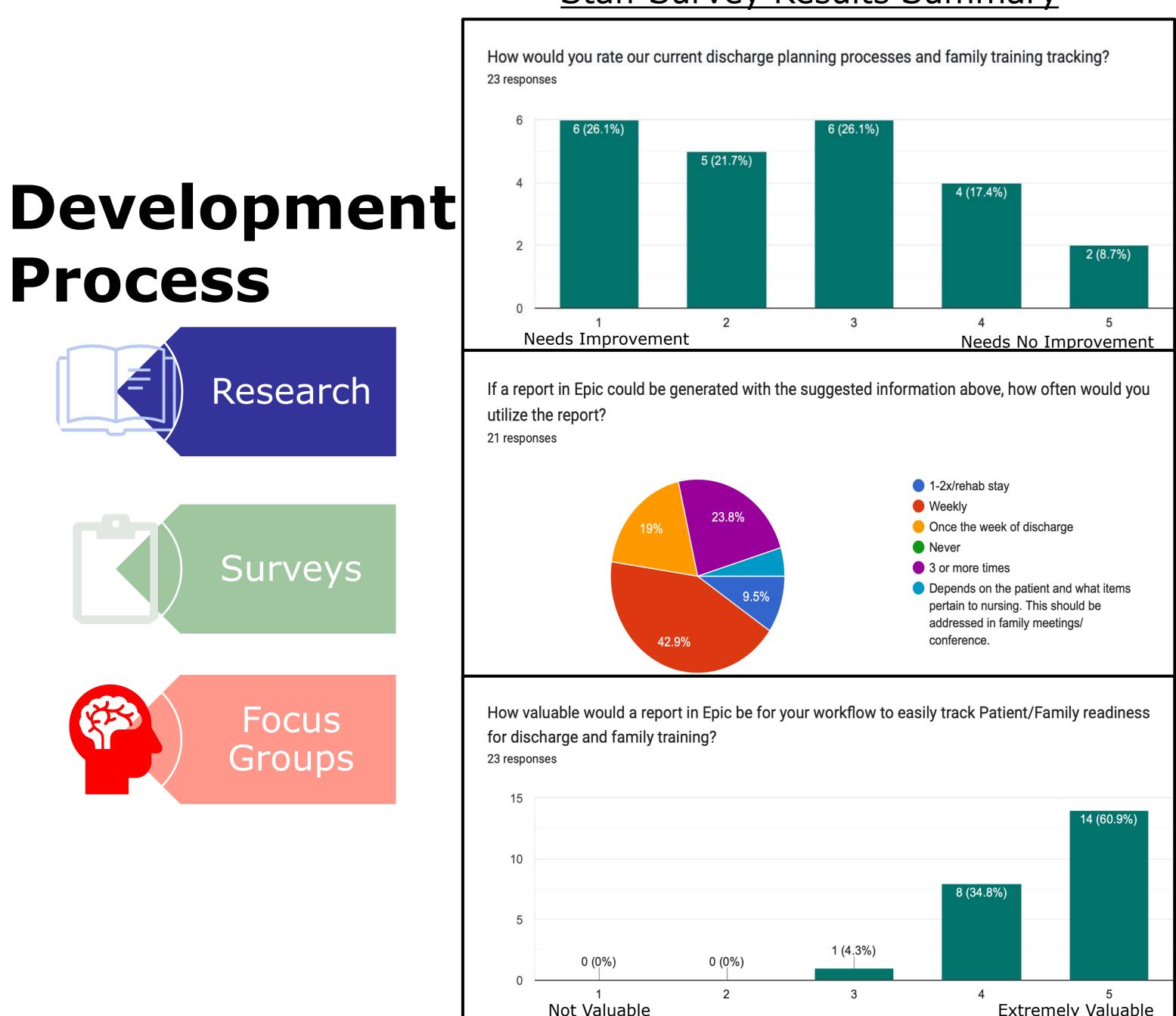
To provide a centralized report for patients within EMR to provide updated discharge planning related information

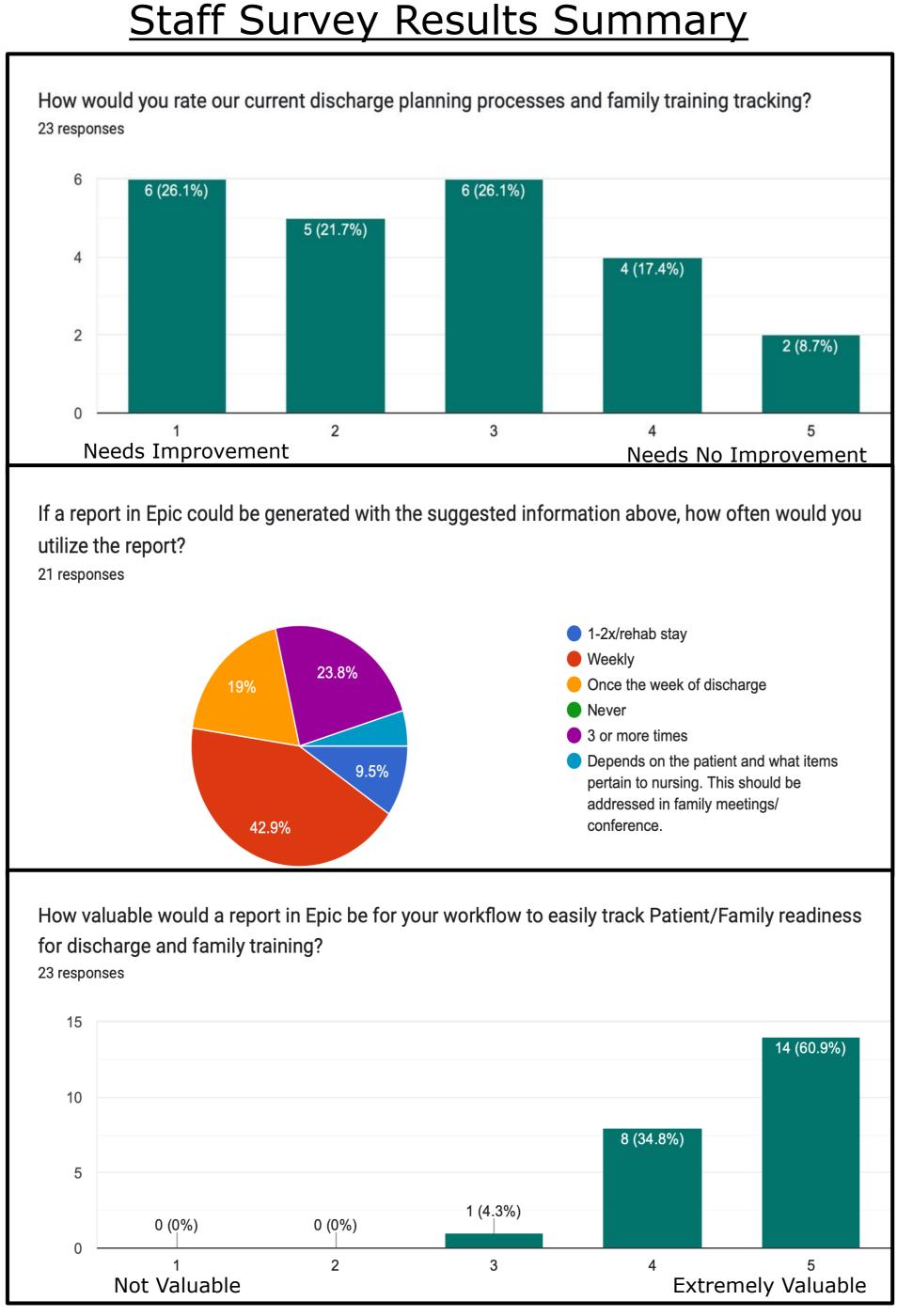
Research

Focus

Key Content:

- Home Modification Recommendations
- DME/Supplies List
- Family Training Progress
- Community Resources





Acknowledgements

Thank you to my co-lead on this project Rachael Patrick and to all our colleagues that have contributed to this body of work. Thank you for the support from the Craig H. Neilsen Rehab Hospital leadership team and informatics partners for helping us bring this to fruition.

The Need

CM: "Has the family been trained

on bowel care? Their discharge

date is likely moving up because

their insurance has been denied."

Pt: "What equipment did my OT

recommend on my home eval?

My wife and I can't remember."

Pt: "What bowel care supplies will I need?"

Pt: "Have my catheters been ordered?"

from?"

Pt: "Where is my wheelchair coming

RN: "We have a weekend

discharge and the patient has questions about their equipment. Where can I find that information?"

The Interdisciplinary **Discharge Planning Report**

Task Force

Rehab educators Occupational therapists Case managers Social worker Clinical nurse coordinators Advanced Practice Specialists (both PT and SLP represented)

The Intended Outcome



An efficient way to find discharge related information across disciplines without patient/family having to read multiple notes in MyChart.



Allows for multiple team members to address patient questions in real-time.



Helps ensure that patient has safe plan for discharge and is involved in the planning process.

Greater patient/family satisfaction due to improved ease of access to up-to-date information from the care team that can be accessed 24/7.

Conclusion: Identifying the needs of our patients, families and staff will help providers and patients/families ultimately feel better prepared for transitioning from the hospital through for a more collaborative and cohesive discharge planning process.

References available upon request

