

 <p>HAWAII HEALTH SYSTEMS C O R P O R A T I O N <i>"Touching Lives Everyday"</i></p> <p>Policies and Procedures</p>	Department: Office of the President	Policy No.: PAT 0006
	Issued by: Thomas M. Driskill, Jr. President & CEO	Revision No.: N/A
Subject: <i>Patient Discharge Policy</i>	Approved by: HHSC Board of Directors By: Carolyn Nii Its: Secretary/Treasurer	Effective Date: May 10, 2001
		Supersedes Policy: N/A
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- I. PURPOSE:** To enhance the quality of care for patients who no longer need acute care but do need some level of other care, and to conserve and efficiently utilize the hospital resources in order to increase availability of acute care to those patients in need of acute care services.
- II. POLICY:** It is the policy of HHSC that patients who no longer are in need of acute care hospitalization but are in need of some other level of care should promptly and appropriately be transferred or discharged, as applicable. HHSC recognizes that acute care hospitals may not fully meet the needs of patients needing a different level of care. Patients should be moved to the appropriate level of care, when made available.
- III. PROCEDURE:**
- A.** From the day of admission, the staff of the hospital will work closely with the patient and his/her family and physician in planning for a smooth and timely discharge.
 - B.** If placement in a nursing home, care home, or other community program is indicated, upon consultation with the patient, family and physician, hospital staff will make every reasonable effort to assist with the arrangements.
 - C.** When acute care is no longer necessary and placement in a skilled nursing facility (SNF) or intermediate care facility (ICF) is indicated and available, the staff will assist the family in finding an available facility and finalizing the placement. Where placement is available, the patient must take the placement or the patient will be discharged to home within three (3) days of availability of the lower level placement. If no adequate placement can be found, and acute care is no longer needed, the patient will be discharged within 3 days of change of status.
 - D.** Patients that have no family or who have no alternatives will be reviewed on a case by case basis.
 - E.** The Conditions of Admission and Authorization for Treatment Form will include the following paragraph, and be given to all acute care patients:

“This hospital provides acute care services – care that must be provided in a hospital. When you no longer need acute medical care, you are ready for discharge from the hospital. Discharge planning is a joint effort between you, your family and your health care team. From the day of admission, you and your family will work with the team to plan for your timely discharge. If placement in a nursing home, care home, or other community program is indicated, the hospital staff will make every reasonable effort to assist with the arrangements. When acute care is no longer needed, and when placement arrangements have not been finalized, you will be discharged within three days. When acute care is no longer needed and placement arrangements have been finalized but you refuse these arrangements, you will be discharged within three days. The undersigned acknowledges being informed of this Discharge Agreement.”

- F. Patients who are on Medicare must be given a letter explaining the change in their level of care and the fact Medicare will not cover their stay in the acute facility once a suitable lower level bed is available (see sample letter at Attachment 1).

Attachment: 1. Sample Letter Explaining Change in Level of Care

SAMPLE LETTER FOR PATIENT DISCHARGE POLICY
(Letterhead)

Admission Date:
Today's Date:
Patient Name:
Room Number:
Medicare Policy Number:

Effective date of level change:

Dear

Federal law requires that your health care team evaluate your hospital stay at intervals to determine whether your illness continues to require the services of an acute care hospital. According to this review, your condition has apparently changed to permit your transfer to a skilled nursing facility. Medicare will continue to cover skilled nursing facility level of care at this hospital up to the maximum number of acute days allowed per spell of illness.

The staff of this hospital is available to assist you in reviewing your continuing care options, including admission to a nursing facility. Should a nursing facility bed become available and you refuse to be transferred, Medicare will not cover the remainder of your confinement at this hospital. If you wish an appointment with a social worker, please ask your nurse to arrange it.

Your level of care will continue to be monitored and you will be notified in writing of any further changes.

Sincerely,

M.D.

Medical Director

cc: Medical Record, Patient Financial Services, Attending Physician