

Measurable Elements of ACC.03.01

1. A qualified individual responsible for the coordination of the patient's care is available through all phases of inpatient care and is identified in the patient's medical record.
2. There is a process for transferring the responsibility for coordination of care.
3. ⑩ The process identifies how transferred responsibility is assumed, and the participation or coverage is documented.

Discharge, Referral, and Follow-Up

Standard ACC.04.00

The hospital develops and implements a discharge planning and referral process based on the patient's readiness for discharge.

Intent of ACC.04.00

Effective and early discharge planning can decrease the risk of hospital readmission, improve recovery, ensure safe medication practices, and help prepare patients and/or families in having safe, posthospital care.

Discharge planning is a process used to help determine what types of continued care and services a patient may need after leaving the hospital. Improvements in hospital discharge planning significantly improve outcomes for patients as they move to the next level of care. Early initiation of the discharge planning process is paramount to maximizing outcomes. The discharge planning process includes assessing and identifying the patient's need for continuing care or services. The patient's principal health care provider determines readiness for referral or discharge.

Referring or discharging a patient to a health care provider outside the hospital, another care setting, home, or family is based on the patient's health status and readiness for discharge. The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer. An organized process is required to ensure that any continuing needs are met.

Patients not directly referred or transferred to another health care practitioner receive clear instructions on where and how to receive continuing care. This is essential to ensure that all care needs are met. The instructions include the name and location of sites for continuing care, any return to the hospital for follow-up, and when urgent care should be obtained. The process includes referring patients to sources of care outside the region when required.

The hospital begins to plan for the continuing needs as early in the care process as possible. The discharge planning process begins with the initial assessment and is updated throughout the care process as the patient's discharge needs become clearer. Discharge planning includes any special education the patient may require related to continuing care outside of the hospital. The patient, the patient's family, health care practitioners, and others involved in the patient's care participate in planning the patient's discharge or transfer.

The hospital establishes a method to determine a patient's readiness for discharge. This includes the use of the following:

- Relevant criteria
- Clinical indications
- Clinical guidelines/protocols

The hospital establishes a process to ensure that patients receive any continuing care or support services they need following discharge. Continuing care needs include the following:

- Referral to a medical specialist
- Rehabilitation services

- Admission to a long-term care facility
- Home care services
- Psychological services
- Social services
- Home medical supplies or equipment
- Education related to continuing care needs

Patients discharged home are provided with at least the following information:

- Name and location of a site(s) for continuing care; for example, ambulatory care clinic, rehabilitation center, nearest emergency department
- Written instructions regarding any follow-up visits or care
- When and how to obtain urgent or emergent care

Discharge planning and instruction are documented in the patient's medical record and provided to the patient in writing.

Measurable Elements of ACC.04.00

1. The patient's discharge and/or referral is consistent with relevant criteria, indications, or guidelines.
2. The discharge planning process begins with the initial assessment and includes care, treatment, equipment, and services that meet the continuing needs of the patient.
3. Patients not directly referred or transferred are provided with the name and location of a site(s) for continuing care.
4. Patients not directly referred or transferred are provided instructions, in writing, on when to return to the hospital for continued care, treatment, and service, and when and how to obtain urgent care.
5. Patients, family as appropriate, and staff involved in the patient's care participate in the discharge planning process.
6. Discharge planning and instructions are documented in the patient's medical record and provided to the patient in writing.

Standard ACC.04.01

The hospital's discharge process includes patient and family education related to the patient's ongoing need for continuing care, treatment, and services.

Intent of ACC.04.01

Patient and family education is an important component of the discharge plan and supports the patient's return to previous functional levels and maintenance of optimal health.

The discharge process addresses the patient's and family's need for education on how to manage the patient's continuing care needs at home or for education on how to support the patient's continuing care needs in another setting. Standardized materials and processes are used to educate patients on topics related to their ongoing care and treatment after discharge. Patient education and follow-up instructions are provided to the patient in a form and language the patient understands.

Based on the patient's identified continuing care needs, discharge education and instructions may include but are not limited to the following topics:

- Review of all medications to be taken at home
- Safe and effective use of all medications, including potential medication side effects
- Potential interactions between prescribed medications and other medications (including over-the-counter preparations) and food
- Diet and nutrition
- Pain management