

Inpatient Departments Mental Health Discharge Survey Tool

	Facility	Date	Surveyor #
Tag	Standard	Hospital has a policy for (circle one)	Patient Records Reflect:
	<p>333-505-0055 Discharging Planning Requirements (2) A hospital shall adopt, maintain and follow written policies on discharge planning and termination of services in accordance with these rules and 42 CFR 482.43. The policies shall include but are not limited to:</p>		
	<p>(b) For patients hospitalized for mental health treatment, a plan to: (A) Have a member of the patient's care team encourage the patient to designate a lay caregiver and sign an authorization form for the disclosure of information that is necessary for a lay caregiver to participate in the patient's discharge planning and to provide appropriate support to the patient following discharge as well as an explanation of: (i) The benefits of involving a lay caregiver including participating in the patient's discharge planning in order to provide appropriate support measures; (ii) Only the minimum information necessary will be shared; (iii) The benefits disclosing health information will have on the ability of the patient to see positive outcomes; and (iv) The ability to rescind the authorization at any time;</p> <p>Disclosure form explains: (i) The benefits of involving a lay caregiver including participating in the patient's discharge planning in order to provide appropriate support measures; (ii) Only the minimum information necessary will be shared; (iii) The benefits disclosing health information will have on the ability of the patient to see positive outcomes; and (iv) The ability to rescind the authorization at any time;</p>	<p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Form</p> <p>Y N</p> <p>Y N</p> <p>Y N</p>	<p>Pt#___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___</p> <p>Pt#___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___</p> <p>Pt#___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___</p> <p>Pt#___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___</p>

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			Pt#___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___
	(B) Assess the patient’s risk of suicide with input from the patient’s lay caregiver, if applicable;	Y N	Pt#___ Suicide risk assessed on ___/___/20___ Input from lay caregiver Y N Assessment Method _____ Pt#___ Suicide risk assessed on ___/___/20___ Input from lay caregiver Y N Assessment Method _____ Pt#___ Suicide risk assessed on ___/___/20___ Input from lay caregiver Y N Assessment Method _____ Pt#___ Suicide risk assessed on ___/___/20___ Input from lay caregiver Y N Assessment Method _____ Pt#___ Suicide risk assessed on ___/___/20___ Input from lay caregiver Y N Assessment Method _____

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	(C) Assess the long-term needs of the patient which include but are not limited to: (i) Community-based services; (ii) Capacity for self-care; and (iii) To the extent practicable, whether the patient can be properly cared for in the place where the patient resided at time of admission;	Y N Y N Y N Y N	Pt#___ long-term needs assessment includes ___ Community-based services ___ Capacity for self-care ___ Whether pt can return to prior residence Pt#___ long-term needs assessment includes ___ Community-based services ___ Capacity for self-care ___ Whether pt can return to prior residence Pt#___ long-term needs assessment includes ___ Community-based services ___ Capacity for self-care ___ Whether pt can return to prior residence Pt#___ long-term needs assessment includes ___ Community-based services ___ Capacity for self-care ___ Whether pt can return to prior residence

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	(D) Develop a process to coordinate the patient’s care and transition the patient to outpatient treatment that includes one or more of the following: community-based providers, peer support, lay caregivers and other individuals who can implement the patient's care plan; and	Y N	<p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ community-based providers, ___ peer support, ___ lay caregivers, and ___ others who can implement care plan</p> <p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ community-based providers, ___ peer support, ___ lay caregivers, and ___ others who can implement care plan</p> <p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ community-based providers, ___ peer support, ___ lay caregivers, and ___ others who can implement care plan</p> <p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ community-based providers, ___ peer support, ___ lay caregivers, and ___ others who can implement care plan</p> <p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ community-based providers, ___ peer support, ___ lay caregivers, and ___ others who can implement care plan</p>

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	<p>(E) Schedule a follow-up appointment for no later than seven days after discharge. If a follow-up appointment cannot be scheduled within seven days, the hospital must document why.</p>	<p align="center">Y N</p>	<p>Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled</p> <p>Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled</p> <p>Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled</p> <p>Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled</p> <p>Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled</p>
	<p>(3) Discharge policies developed in accordance with this rule: (a) Must be publicly available; [OAR 333-505-0055(1)(e) states "Publicly available" means posted on the hospital's website and provided to each patient and to the patient's lay caregiver in written form upon admission to the hospital or emergency department and upon discharge from the hospital or release from the emergency department. The written form provided to a patient and lay caregiver may be a summarized</p>	<p align="center">Y N Website Y N</p>	<p>Pt# ___ received brochure at the time of Y N admission on ___/___/20___ AND Y N discharge Lay caregiver received brochure at the time of Y N admission AND Y N discharge</p>

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	<p>version of the policy that is clear and easily understood, for example in the form of a brochure.]</p> <p>(b) Must specify the requirements for documenting who is designated by the patient as the lay caregiver and the details of the discharge plan;</p> <p>(c) May incorporate established evidence based practices;</p> <p>(d) Must ensure that discharge planning is appropriate to the needs and acuity of the patient and the abilities of the lay caregiver;</p> <p>(e) Must not delay a patient’s discharge or transfer to another facility; and</p> <p>(f) Must not require the disclosure of protected health information without obtaining a patient’s consent as required by state and federal laws.</p>	<p>Brochure</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p>	<p>Pt# ___ received brochure at the time of admission on ___/___/20___ AND discharge</p> <p>Lay caregiver received brochure at the time of admission AND discharge</p> <p>Pt# ___ received brochure at the time of admission on ___/___/20___ AND discharge</p> <p>Lay caregiver received brochure at the time of admission AND discharge</p> <p>Pt# ___ received brochure at the time of admission on ___/___/20___ AND discharge</p> <p>Lay caregiver received brochure at the time of admission AND discharge</p> <p>Pt# ___ received brochure at the time of admission on ___/___/20___ AND discharge</p> <p>Lay caregiver received brochure at the time of admission AND discharge</p>