

Parkland Discharge Guidance

Day of Admission

- Where did the patient come from?
 - Home (Independent)
 - Home (Caretaker)
 - Shelter
 - Assisted Living or Nursing Home
- Is there a primary caregiver or others who may support the dispo plan?
- Where is the patient going or returning to?
- Does the patient have insurance?
 - Goal is for SW/CM to screen every patient within 24hrs for whether patient has insurance. Financial counselor screens within 24-48hrs and gives application for PFA or social security if eligible. Can also consult Financial Counselor.
 - On weekends, if financial counselor is not available, you can print out PFA application and flyer from Parkland Intranet
 - Last page of AVS also has website where they can print the application
- What are triggers for this hospitalization and barriers for this patient's ongoing healthcare? (ex. diet counseling, weight scale)
- Admission Med Rec
 - Should review with patient or primary caregiver. If not possible, consult pharmacy for support of med rec.

Few Days Prior to Discharge: What is necessary to be done prior to discharge and what may delay discharge?

- Care Coordinator Referral for:
 - Home Health services
 - DME:
 - Would try to order at least 1-2 days prior to the anticipated day of discharge.
 - Home O2: not covered under PFA
 - Must have documented oxygen requirement via walking oximetry test with RT within 48 hours of discharge to qualify
 - Tube feeds
 - IV antibiotics
 - OPAT consult once known will require prolonged antibiotics
- Social Work Referral for:
 - SNF placement, LTAC referrals
- PT/OT: Bottom of note will state either >3hrs or <3hrs of rehab
 - ">3 hrs" = Acute Rehab needed. Place PMR consult.
 - Make DME recommendations. *Attending needs to sign DME order for care coordinator to start process.*
- VAT Team Referral: PICC vs Midline (if patient needs outpatient IV meds)
- Can send certain expensive meds (Entresto, Eliquis, SGLT2) to Pharmacy and see how much it would cost the patient (can e-prescribe in Discharge tab and put "Pharmacy price check" in comments and call pharmacy).
- For Heart failure patients: Place TCU (Transitional Care Unit) referral
- For Diabetic Patients:
 - can order Diabetes kit inpatient and place diabetic teaching by nurse order. Check in with patient on progress.

- Note: change NPH and regular to insulin 70/30, which is Parkland/Walmart for free/very cheap.
 - If vision problems, may qualify for insulin pen, will require approval and teaching
 - If fragile diabetic or renal patient, consider if qualifies for lantus/aspart
- Anticoagulation
 - Lovenox teaching or oral med education
- Wound Care
 - For wound care supplies, podiatry will provide bedside dressing at time of discharge. Care coordination may provide more dressing for home changes.
 - For wound vac, this should be started early in the discharge process. Can take time to get to bedside.
- Follow-up: Consider what outpatient referrals (Ex. Anticoagulation clinic) they need or move up future appointments- email PCP/nurse pool to arrange appointments.

1 Day Prior to/Morning of Discharge: What may cause patient to bounce back?

- PFA- Ensure paperwork submitted if not already done so
- Transportation
 - PFA pts can get a bus pass if they don't have a ride. Ask SW for this the morning of the day you plan to DC.
 - If going to a shelter, discharge earlier in the morning to ensure gets bed.
- Medication Reconciliation
 - Best done at bedside with patient or with primary caregiver
 - Be sure to run by your senior and/or pharmacist
 - Controlled substance prescribing - Requires attending
 - If going to facility, select "No Print" for medications.
 - Uninsurable and doesn't qualify for PFA
 - Social Work consult- for short-term refills
 - GoodRx -pricing for outside pharmacies
 - Ask patients if they need any med refills and preferred pharmacy.
 - Note: some pharmacies are closed on weekends and if they do not have insurance outside pharmacy will not cover cost like Anderson Discharge Pharmacy does in some cases
- Discharge instructions for the patient (keep in mind varying levels of literacy and vision/readability)
- Follow up
 - Make sure BMP and other lab orders are ordered for follow-up in Med Rec- Choose "before next appt" and patients should get labs scheduled (Patients will need to call to schedule labs and appointments.)
 - Referral to ARC if they have PFA or no insurance. Recommend call directly for appointment or special request for expediting.
 - Ensure you have checked with consultants to close loop and see if referral needed and what follow up requested
- Pending labs- Maintain follow-up list, have plan for notification and put in dc summary

Discharge Summary

- Should be completed within 24 hours of discharge time, or prior to leaving for a facility