Policy:
Discharge/Transfer Summaries

A written transfer/discharge summary is prepared for all persons leaving services to ensure that the person served has documented treatment episodes and results of treatment.

BGHS Discharge/Transfer Summaries (Forms #414, #414.1) include:
- Date of admission;
- Presenting problem(s);
- Services provided;
- Extent to which goals were achieved;
- Information on the person’s medications, where applicable;
- Person’s need for supports or other types of services;
- Reasons for discharge and expectations for future functioning;
- Client strengths, needs, abilities and treatment preferences;
- Status at discharge;
- Recommendations/referral source information;
- Date of last contact and discharge date;
- Provider responsible for follow up;
- Consumer survey/input (Form #414.1);
- Communication of options available if symptoms recur or additional services are needed;
- Post-discharge follow-up information.

When a discharge is planned, discharge/transfer summary information will be reviewed with the person served and the referral source, where appropriate.

Prior to an unplanned discharge, team members will attempt to contact the person served to re-engage him/her in current services, to determine whether further services are needed and/or to refer the person to alternative services, if appropriate.

At the conclusion of the discharge planning process for community support services and rehabilitation services, staff will review the case with his/her supervisor. If the proposed discharge meets standard discharge criteria, the supervisor will sign the discharge paperwork completing the exit from program services. Staff will also notify other team members providing services about the discharge status. If the review identifies areas of potential concern or the discharge does not meet standard criteria, staff will request that the Clinic Director or designee conduct a formal review of the case prior to discharge.

At the conclusion of the discharge planning process for clinical services, staff will review the case with the Clinic Director or designee. If the person served is continuing in other programs following his/her exit from Clinical Services, or if he/she is exiting other programs at the same time as the Clinic discharge, the clinician will meet with the appropriate program staff to accomplish discharge planning.
414.3  Discharge/Transfer Summaries (cont.)

Whether a discharge is planned or unplanned, staff completing either the Document of Agency Discharge (Form #414.2) or BGHS Discharge/Transfer Summary (Form #414) is responsible for making recommendations regarding any necessary services or referrals and coordinating them until admission into the referred program/service.

414.4  Involuntary Withdrawal From Services

Since all services are voluntary, the person served is the key player in any decision to withdraw from services. A temporary or permanent involuntary withdrawal from any or all services may occur only under the following circumstances: the person served is participating in criminal activity or his/her behavior towards other(s) is abusive, threatening, harassing, aggressive or assaultive.

All involuntary withdrawals from services will be reviewed immediately with the program director, V.P.-Services, and CEO prior to discharge. The organization will ensure that the person served is referred to needed services within 72 hours post-discharge.

414.5  Discharge From Short-Term Contracted Employment Services

Short-term specialized services may be purchased by the Bureau of Rehabilitation Services or the Division of Workers' Rehabilitation. These services, provided by Employment Opportunities, include the following:

- Career Assessment: 3-10 days
- Vocational Evaluation: 10 days
- Work Adjustment: 60 days or less

These individuals will not participate in a Program Discharge Case Review. Staff will document the discharge in the progress notes and a copy of the Final Report to the contracting agency will be filed in the record and will serve as a discharge summary. All standard procedures will be followed for the collection and input of discharge data and demographics.

414.6  MIS Procedures - All Programs

Upon discharge, staff collect a standard set of discharge data and demographics (Forms #301D, #414) that is forwarded to the MIS department. For Agency discharges, this triggers the removal of the record from the active records section and the completion of a discharge audit of the record.
414.7 Follow-Up

Assertive attempts will be made to conduct a follow-up survey by telephone with each individual who has exited a BGHS program approximately 6-8 weeks following completion of the discharge process. Aggregated follow-up data will be incorporated into the Quality Management performance improvement process.

Procedures:

Quality Management staff will attempt a telephone contact(s) with each person served approximately 6-8 weeks following program discharge, unless an exception is documented in the discharge paperwork. Staff will make three attempts to reach the person served.

During the conversation, staff will ask a brief, standard set of questions that includes a rating of satisfaction with services, specifically how the individual benefited from services, current employment status, and a rating of how the person is doing now. Staff will also offer support/assistance and/or a referral to services, if requested.