

Centers for Medicare & Medicaid Services

Hospital Discharge Planning Worksheet

Name of State Agency:

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the Discharge Planning Condition of Participation. Items are to be assessed by a combination of observation, interviews with hospital staff, review of the hospital's discharge planning program documentation including policies and procedures, and review of medical records.

The interviews should be performed with the most appropriate hospital staff person(s) for the items of interest, as well as with patients, family members, and support persons.

Section 1 Hospital Characteristics

1. Hospital name:

2. CMS Certification Number (CCN):

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3. Date of site visit:

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Section 2 Discharge Planning – Policies and Procedures

Elements to be assessed		Surveyor Notes
2.1 Implementation of discharge planning policies and procedures for inpatients:		
2.1a For every inpatient unit surveyed is there evidence of applicable discharge planning activities?	<input type="radio"/> Yes <input type="radio"/> No	
2.1b Are staff members responsible for discharge planning activities correctly following the hospital's discharge planning policies and procedures?	<input type="radio"/> Yes <input type="radio"/> No	
If no for either 2.1a or 2.1b, cite the applicable standard for identification of patients needing discharge planning, 42 CFR 482.43(a) (Tag A-0800); discharge planning evaluation, 42 CFR 482.43(b) (Tag A-0806); and/or developing and implementing the discharge plan, 42 CFR 482.43(c) (Tag A-0818)		
2.2 Does the discharge planning process apply to certain categories of outpatients?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, check all that apply: <input type="radio"/> Same day surgery patients <input type="radio"/> Observation patients who are not subsequently admitted <input type="radio"/> ED patients who are not subsequently admitted <input type="radio"/> Other		
2.3 Is a discharge plan prepared for each inpatient?	<input type="radio"/> Yes, skip to question 2.8 <input type="radio"/> No, go to question 2.4	

NOTE: No citation risk related to responses to questions 2.2 and 2.3; for information only.

Elements to be assessed		Surveyor Notes
2.4 For patients not initially identified as in need of a discharge plan:		
2.4a Does the discharge planning policy address circumstances where changes in patient condition would call for a discharge planning evaluation in patients not previously identified as needing one?	<input type="radio"/> Yes <input type="radio"/> No	
2.4b Are inpatient unit staff aware of how, when, and whom to notify of such changes in patient condition in order to trigger a discharge planning evaluation?	<input type="radio"/> Yes <input type="radio"/> No	
If no to either 2.4a or 2.4b, cite at 42 CFR 482.43(a) (Tag A-0800)		
2.5 For patients who do not have a discharge planning evaluation:		
2.5a Does the hospital have a standard process for notifying patients (or their representative if applicable) that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request?	<input type="radio"/> Yes <input type="radio"/> No	
2.5b Does the hospital have a standard process for notifying physicians that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request?	<input type="radio"/> Yes <input type="radio"/> No	
2.5c Can both discharge planning and unit nursing staff personnel describe the process for a patient or the patient's representative to request a discharge planning evaluation, even if the hospital's screening concluded one was not needed?	<input type="radio"/> Yes <input type="radio"/> No	

Elements to be assessed		Surveyor Notes
2.5d Interview patients (or their representatives if applicable). If they say they were not aware they could request a discharge planning evaluation, can the hospital provide evidence the patient or representative received notice they could request an evaluation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
2.5e Interview attending physicians. If they are not aware they can request a discharge planning evaluation, can the hospital provide evidence of how it informs the medical staff about this?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
If no to any part of question 2.5, cite at 42 CFR 482.43(b)(1) (Tag A-0806)		
2.6 Interview attending physicians. If they are not aware they can request a discharge plan regardless of the outcome of the discharge planning evaluation, can the hospital provide evidence of how it informs the medical staff about this?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
If no to 2.6, cite at 42 CFR 482.43(c)(2) (Tag A-0819)		
2.7 Can discharge planning personnel describe a process for physicians to order a discharge plan to be completed on a patient, regardless of the outcome of the patient's evaluation?	<input type="radio"/> Yes <input type="radio"/> No	
If no to 2.7, cite at 42 CFR 482.43(c)(2) (Tag A-0819)		
2.8 Does the hospital discharge planning policy include a process for ongoing reassessment of the discharge plan based on changes in patient condition, changes in available support, and/or changes in post-hospital care requirements?	<input type="radio"/> Yes <input type="radio"/> No	
If no to 2.8, cite at 42 CFR 482.43(c)(4) (Tag A-0821)		

Section 3 Discharge Planning – Reassessment and QAPI

Elements to be assessed		Surveyor Notes
3.1 Does the hospital review the discharge planning process in an ongoing manner, e.g. through QAPI activities?	<input type="radio"/> Yes <input type="radio"/> No	
3.2 Does the hospital track its readmissions as part of its review of the discharge planning process? (Ask to see some readmissions data to confirm tracking occurs.)	<input type="radio"/> Yes <input type="radio"/> No	
3.3 Does the hospital’s assessment of readmissions include an evaluation of whether the readmissions were potentially due to problems in discharge planning or the implementation of discharge plans?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3.4 If the hospital identified preventable readmissions and problems in the discharge planning process were identified as a possible cause, did it make changes to its discharge planning process to address the problems?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
<p>If no to any question from 3.1 through 3.4, cite at 42 CFR 482.43(e) (Tag A-0843) and possibly QAPI 42 CFR 482.21(c) (Tag A-0283)</p>		
3.5 Does the hospital have a process for collecting and considering feedback from post-acute providers in the community about the effectiveness of the hospital’s discharge planning process?	<input type="radio"/> Yes <input type="radio"/> No	

NOTE: No citation risk related to responses to question 3.5; for information only.

Section 4 Discharge Planning Tracers

Review 5 patient records in this section. The records selected should include a combination of patients admitted from home as well as from residential healthcare facilities.

- Include at least 1 current inpatient who received a discharge planning evaluation and has a discharge plan under development.
- Do not include records of any inpatient who was transferred to another short-term acute care hospital
- When possible, include the record of at least 1 inpatient who was readmitted within 30 days of a prior admission, but only evaluate the current admission;
- For closed records, only select records that include a discharge planning evaluation and a discharge plan.

	Patient/Record #1 <input type="radio"/> Open <input type="radio"/> Closed	Patient/Record #2 <input type="radio"/> Open <input type="radio"/> Closed	Patient/Record #3 <input type="radio"/> Open <input type="radio"/> Closed	Patient/Record #4 <input type="radio"/> Open <input type="radio"/> Closed	Patient/Record #5 <input type="radio"/> Open <input type="radio"/> Closed
Patient location prior to this admission, or to the admission under review for closed medical records:	<input type="radio"/> Home <input type="radio"/> NH, SNF, assisted living or other residential healthcare facility	<input type="radio"/> Home <input type="radio"/> NH, SNF, assisted living or other residential healthcare facility	<input type="radio"/> Home <input type="radio"/> NH, SNF, assisted living or other residential healthcare facility	<input type="radio"/> Home <input type="radio"/> NH, SNF, assisted living or other residential healthcare facility	<input type="radio"/> Home <input type="radio"/> NH, SNF, assisted living or other residential healthcare facility
4.1 When was the screening done to identify whether the inpatient needed a discharge planning evaluation? a. Before or at time of admission b. After admission but at least 48 hours prior to discharge c. N/A – all admitted patients receive a discharge plan d. None of the above	a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>	a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>	a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>	a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>	a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>
If response 4.1d is selected, cite at 42 CFR 482.43(a) (Tag A-0800)					
4.2 Can hospital staff demonstrate that the hospital’s criteria and screening process for a discharge planning evaluation were correctly applied? NOTE: Only use N/A if ALL inpatients receive a discharge plan.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no to 4.2, cite at 42 CFR 482.43(a) (Tag A-0800)					

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4	Patient/Record #5
4.3 Was the discharge planning evaluation and, as applicable, the discharge plan developed by an RN, Social Worker, or other qualified personnel, as defined in the hospital discharge planning policies and procedures, or someone they supervise?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If no to 4.3, cite at 42 CFR 482.43(b)(2) (Tag A-0807 - evaluation) and/or 42 CFR 482.43(c)(1) (Tag A-0818 - plan)					
4.4 Are the results of the discharge planning evaluation documented in the medical record?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If no to 4.4, cite at 42 CFR 482.43(b)(6) (Tag A-0812)					
4.5 Did the evaluation include an assessment of the patient's post-discharge care needs being met in the environment from which he/she entered the hospital?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.6 Did the evaluation include an assessment of the patient's ability to perform activities of daily living (e.g. personal hygiene and grooming, dressing and undressing, feeding, voluntary control over bowel and bladder, ambulation, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4	Patient/Record #5
4.7 Did the evaluation include an assessment of the patient's and/or support person's ability to provide self-care/care?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.8 Did the evaluation include an assessment of whether the patient will require:					
4.8a specialized medical equipment? If No, skip question 4.9a.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.8b home and/or physical environment modifications? If No, skip question 4.9b.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.9 If the assessment determined the patient required specialized medical equipment and/or environment modifications, did the evaluation include an assessment of whether:					
4.9a the equipment is available? NOTE: Only choose N/A if the assessment determined the patient did not need specialized medical equipment.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4.9b if the modifications can be made to safely discharge the patient to that setting? NOTE: Only choose N/A if the assessment determined the patient did not need environment modifications.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4	Patient/Record #5
<p>4.10 If the assessment determined that the patient or family/support persons are unable to meet all care needs, did the evaluation include an assessment of available community-based services to meet post-hospital needs?</p> <p>NOTE: Only choose N/A if the assessment determined all care needs could be met by the patient and/or support persons.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no to any question from 4.5 - 4.10, cite at 42 CFR 482.43(b)(4) (Tag A-0806)					
<p>4.11 If the assessment determined the patient would need HHA or SNF care, did the hospital provide the patient with lists of Medicare-participating HHAs or SNFs that provide post-hospital services that could meet the patient's medical needs?</p> <p>If No or N/A, skip to 4.12.</p> <p>NOTE: Only choose N/A if the assessment determined the patient would not need HHA or SNF care.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<p>4.11a If the hospital provided lists, were they geographically appropriate for the patient?</p> <p>NOTE: Only choose N/A if the assessment determined the patient would not need HHA or SNF care.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no to 4.11 or 4.11a, cite at 42 CFR 482.43(c)(6) (Tag A-0823)					

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4	Patient/Record #5
<p>4.12 If the patient was admitted from a residential facility, did the evaluation assess whether that facility has the capability to provide necessary post-hospital services to the patient (i.e. is the same, higher, or lower level of care required) and can those needs be met in that facility?</p> <p>NOTE: Only choose N/A if the patient was not admitted from a residential facility.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<p>4.13 Did the evaluation include an assessment of the patient's insurance coverage (if applicable) and how that coverage might or might not provide for necessary services post-hospitalization?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<p>If no to 4.12 or 4.13 cite at 42 CFR 482.43(b)(4) (Tag A-0806)</p>					
<p>4.14 Was the discharge planning evaluation completed in a timely basis to allow for appropriate arrangements to be made for post-hospital care and to avoid delays in discharge (including to a post-acute care setting)?</p>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<p>If no to 4.14, cite at 42 CFR 482.43(b)(5) (Tag A-0810)</p>					
<p>4.15 Was the patient (or the patient's representative, if applicable) involved in a discussion of the evaluation results?</p>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<p>If no to 4.15, cite at 42 CFR 482.43(b)(6) (Tag A-0811) and possibly 42 CFR 482.13(b)(1) Patient's Rights (Tag A-0130)</p>					

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4	Patient/Record #5
<p>4.16 Did the discharge plan match the identified needs as determined by the discharge planning evaluation?</p> <p>NOTE: Only use N/A for open records if the discharge plan isn't complete.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no to 4.16, cite at 42 CFR 482.43(c)(1) (Tag A-0818)					
<p>4.17 If any significant changes in the patient's condition were noted in the medical record that changed post-discharge needs, was the discharge plan updated accordingly?</p> <p>Use N/A for open records or if no significant changes were noted.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no to 4.17, cite at 42 CFR 482.43(c)(4) (Tag A-0821)					
Questions 4.18 through 4.22 can only be answered on the closed records, as selected in the Patient/Record fields prior to Question 4.1.					
4.18 Regarding the initial implementation of the discharge plan during the hospitalization, look for evidence of the following, if applicable, based on the discharge plan:					
<p>4.18a Providing in-hospital training to patient and/or support persons, using recognized methods.</p> <p>Examples include teach-back or repeat-back, simulation laboratories, etc., but these specific methods are not required.</p> <p>NOTE: Only use N/A for patients transferred to a post-acute care facility, or for patients for whom no home care training was required.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4	Patient/Record #5
<p>4.18b Written discharge instructions that are legible and use non-technical language.</p> <p>NOTE: Only use N/A for patients transferred to a post-acute care facility.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<p>4.18c A list of all medications the patient should be taking after discharge, with clear indication of changes from the patient's pre-admission medications</p> <p>NOTE: Only use N/A for patients who have no medications prescribed post-discharge.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<p>4.18d Evidence of education of patient and/or support persons on admission vs. discharge medications, highlighting changes.</p> <p>NOTE: Only use N/A if no changes from pre-admissions meds, no post-discharge meds, or if patient was transferred to a post-acute care facility.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<p>4.18e Referrals for follow-up care to new/established primary care physician or health center.</p> <p>NOTE: Only use N/A if the patient was transferred to a post-acute care facility, or if the patient has a scheduled follow-up appointment with the attending physician.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4	Patient/Record #5
4.18f Referrals, if applicable, to specialized ambulatory services, e.g. PT, OT, HHA, hospice, mental health, etc.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4.18g Referrals, if applicable, to community-based resources other than health services, e.g. Depts. of Aging, elder services, transportation services, etc.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4.18h Arranging essential durable medical equipment, e.g. oxygen, wheel chair, walker, hospital bed, commode, etc., if applicable.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4.18i Sending necessary medical information to providers the patient was referred to prior to the first post-discharge appointment or within 7 days of discharge, whichever comes first.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

NOTE: Only use N/A if the patient was transferred to a post-acute care facility or if the patient has a scheduled follow-up appointment with the attending physician.

If implementation of the discharge plan was not initiated, cite at 42 CFR 482.43(c)(3) (Tag A-0820)

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4	Patient/Record #5
<p>4.19 For patients transferred to a post-acute care setting other than home, was necessary medical information ready at time of transfer and sent to the receiving facility with the patient or electronically at time of transfer?</p> <p>NOTE: Only use N/A for patients discharged to home.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no to 4.19, cite at 42 CFR 482.43(d) (Tag A-0837)					
<p>4.20 Were there portions of the plan the hospital failed to begin implementing, resulting in delays in discharge?</p> <p>NOTE: Only use N/A for current inpatients.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If yes to 4.20, cite at 42 CFR 482.43(c)(3) (Tag A-0820)					
4.21 For information only. indicate any of the following services initiated while the patient was hospitalized (select all that apply):					
<p>a. Scheduling follow-up appointments</p> <p>b. Filling prescriptions</p> <p>c. Pharmacist meeting with patient and/or family/support persons to review medication regimen</p> <p>d. Pharmacist reviewing discharge medication orders prior to hospital departure</p> <p>e. Home setting visitation by hospital staff</p> <p>f. Transportation arranged for follow-up appointments</p> <p>g. Discharge planning checklists, e.g. CMS, AHRQ, CAPS checklists</p>	<p>a. <input type="radio"/></p> <p>b. <input type="radio"/></p> <p>c. <input type="radio"/></p> <p>d. <input type="radio"/></p> <p>e. <input type="radio"/></p> <p>f. <input type="radio"/></p> <p>g. <input type="radio"/></p>	<p>a. <input type="radio"/></p> <p>b. <input type="radio"/></p> <p>c. <input type="radio"/></p> <p>d. <input type="radio"/></p> <p>e. <input type="radio"/></p> <p>f. <input type="radio"/></p> <p>g. <input type="radio"/></p>	<p>a. <input type="radio"/></p> <p>b. <input type="radio"/></p> <p>c. <input type="radio"/></p> <p>d. <input type="radio"/></p> <p>e. <input type="radio"/></p> <p>f. <input type="radio"/></p> <p>g. <input type="radio"/></p>	<p>a. <input type="radio"/></p> <p>b. <input type="radio"/></p> <p>c. <input type="radio"/></p> <p>d. <input type="radio"/></p> <p>e. <input type="radio"/></p> <p>f. <input type="radio"/></p> <p>g. <input type="radio"/></p>	<p>a. <input type="radio"/></p> <p>b. <input type="radio"/></p> <p>c. <input type="radio"/></p> <p>d. <input type="radio"/></p> <p>e. <input type="radio"/></p> <p>f. <input type="radio"/></p> <p>g. <input type="radio"/></p>
NOTE: No citation risk related to question 4.20; for information only.					

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4	Patient/Record #5
4.22 Is there documentation in the medical record of providing the results of tests, pending at time of discharge, to the patient and/or post-hospital provider of care, if applicable?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no to 4.22, cite at 42 CFR 482.43(d) (Tag A-0837)					
Question 4.23 should be answered on all records.					
4.23 Is the inpatient admission record being reviewed (whether open or closed) a readmission within 30 days of a prior admission to this hospital?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
NOTE: No citation risk related to question 4.23, for information only.					