



STANDARD OPERATING PROCEDURE (SOP)  
**DISCHARGE PLANNING SCREENING TOOL (DPST)**

SECTION NUMBER ##. Clinical/Program Services	DOC. NUMBER ##.##.###	RISK LEVEL LOW	DATE of next review DD/MMM/YYYY	
CONTACT Clinical Leadership Council (CLC)	DATE of approval 22/MAY/2025 DRAFT 2	APPROVED BY CLC	DATE of last revision DD/MMM/YYYY	PAGE(S) Page 1 of 5

## 1.0 PURPOSE

The Discharge Screening Tool (FC# XX) will aid in identifying and providing early, targeted and coordinated consults and interventions for all Medicine patients, including those at risk of staying beyond the need for hospital level care.

## 2.0 DEFINITIONS

- 2.1 Discharge Planning Screening Tool (DPST) - a form completed by the admitting nurse within 24 hours of a patient's admission to the medicine ward to identify potential barriers to discharge.
- 2.2 Data Collector – a nurse researcher responsible for collecting patient data using the DPST within 24 to 96 hours of admission. The data collector inputs this information into the risk analysis program to assign the appropriate risk colour classification.
- 2.3 Risk Colour – a risk category assigned to a patient based on data entered by the data collector from the completed Discharge Planning Screening Tool (DPST) into a risk analysis program. This classification helps guide the level of intervention required to support timely discharge.
  - 2.3.1 Green – indicates low risk for staying in hospital beyond the time they require hospital-level care with minimal or no identified discharge barriers.
  - 2.3.2 Yellow – indicates moderate risk, with identifiable discharge barriers that can be addressed by the interdisciplinary team.
  - 2.3.3 Red – indicates high risk characterized by complex discharge barriers requiring early intervention, coordinated support, and ongoing follow-up by the interdisciplinary team and Bed Utilization.
- 2.4 Living Arrangement – refers to the patient's current physical housing situation or residence at the time of admission.
  - 2.4.1 Personal Care Homes (PCH) - residential care facilities that provide 24-hour nursing and personal care services
  - 2.4.2 Assisted Living - a private facility in which tenants reside in their own suite but have access to a communal area for meals and recreation support.
  - 2.4.3 Supportive Housing - an intermediate care option in which tenants live in their own suite but within a group community setting with 24-hour on-site personal support workers available to assist with activities of daily living. To reside in Supportive Housing tenants must meet the eligibility process through Manitoba Health.
  - 2.4.4 Group Home - is a housing arrangement in which individuals with disabilities and/or other medical conditions reside and staff are available to assist with activities of daily living, meals, and recreation support.
  - 2.4.5 Unhoused – individuals without a fixed address, including residing in shelters, temporary accommodations, or living unsheltered (e.g., on the streets).

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2.5 Partner(s) in Care – individuals identified by the patient as cohabitants who actively participate in providing care and support.

2.6 Community Supports – social and community-based services that assist patients in maintaining their independence and stability while living in the community.

2.6.1 Homecare – a range of services provided to eligible Manitobans in their homes to support continued community living, including personal care, health services, and support with daily activities.

2.6.2 Community Living Disability Services (CLDS) - a program that supports eligible adults with intellectual disabilities in Manitoba.

2.6.3 Public Guardian and Trustee (PGT) - a program that administers estates and makes personal decisions on behalf of mentally incompetent adults or adults with intellectual disabilities who are not mentally capable of making decisions independently.

2.6.4 Non-Insured Health Benefits (NIHB) - a program that provides eligible First Nations and Inuit with coverage for a range of health benefits including drugs, dental and vision care, medical supplies and equipment, mental health counselling and medical transportation.

2.6.5 Employment and Income Assist (EIA) - a program that provides financial help to Manitobans who have no other way to support themselves or their families.

2.7 Functional Status – the ability to perform self-care, self- maintenance and physical activities.

2.8 Caregiver Burnout – a state of emotional, physical, and mental exhaustion resulting from the prolonged stress of caring for someone else.

### 3.0 GUIDELINE

3.1 The DPST must be completed by the admitting nurse within 24 hours of the patient’s admission to the medicine ward.

3.1.1 For overnight admissions, the admitting nurse is responsible for endorsing completion of the DPST to the day nurse.

3.1.2 The DPST is to be completed only once per hospital stay, regardless of any subsequent patient transfers to other units.

3.1.3 Any consults initiated after the initial DPST screening must be documented using the appropriate consult form, separate from the DPST.

### 4.0 PROCEDURE

4.1 Upon admission or transfer (i.e. from ICU) to a medicine ward the admitting nurse must complete the Discharge Planning Screening Tool (FC#XX) within 24 hours by either asking the patient or taking collateral from their partner(s) in care/family/other supports

4.1.1 Under Discharge Planning Screening (Section 1) the admitting nurse must answer the first 6 screening questions by ticking the appropriate box (yes or no) and provide additional information as indicated on the tool

4.1.1.1 If any of the six questions are unanswered, it will be defaulted to “No”

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- 4.1.2 Under General Information (Section 2) the admitting nurse must answer questions regarding living arrangement, who they are living with, current community supports, use of bubble packs, and pre-admission mobility by ticking the appropriate box that applies to the patient
  - 4.1.2.1 If the PCH is selected, stop and do not continue completing the form
  - 4.1.2.2 If Homecare is selected, form is to be faxed to the Hospital Based Care Coordinator (HBCC) upon completion
- 4.1.3 If any box is checked off “No” in Section 1, proceed to Indication for Consults (Section 3) to initialize the appropriate consult
  - 4.1.3.1 A consultation to Physiotherapy may be initiated if all three conditions are met
  - 4.1.3.2 A consultation to Occupational Therapy may be initiated if either of the two conditions are met
  - 4.1.3.3 A consultation to Social Work may be initiated if any listed conditions are met
    - 4.1.3.3.1 If a consult is warranted for OT/PT, the admitting nurse will photocopy the form and place it in the OT/PT folder of the patient care unit.
    - 4.1.3.3.2 If a consult is warranted for Social Work, the admitting nurse will provide the DPST to the ward clerk to be faxed
- 4.2 The form will be filed by the admitting nurse in the chart behind the pink Patient Demographics Sheet under the Legal section.
- 4.3 Within 24 to 96 hours of form completion, the Data Collector shall review the submitted documentation and patient chart. Using a standardized risk stratification model, the Data Collector will input the relevant data to determine an appropriate Risk Screening Colour.
  - 4.3.1 Once assigned, the Risk Screening Colour will remain on the patient’s chart regardless of any subsequent changes to the initially anticipated length of stay.
  - 4.3.2 The Data Collector will then affix a corresponding colour-coded sticker to the paper name insert located within the spine sleeve of the patient’s chart.
  - 4.3.3 Additionally, the Data Collector will generate and distribute regular email reports to a designated distribution list. This list includes the Program Director, Clinical Manager, Clinical Resource Nurses (CRNs), Utilization Specialists & Lead for Care Coordination, Hospital-Based Home Care Coordinator (HBCC) Manager, and the Clinical Service Leads (CSL) for Occupational Therapy, Physiotherapy, and Social Work.
- 4.4 The Clinical Resource Nurse (CRN) or Charge Nurse shall review the risk screening reports on a daily basis. For all newly admitted patients, the CRN/Charge Nurse will record the assigned Screening Colour under the “Go” field in Medworxx, specifically within the Operational Comments section. For example: *GO: GREEN, Treat Pneumonia.*
  - 4.4.1 In cases where medicine patients are off-serviced prior to the DPST being completed, a Utilization Specialist will be responsible for reconciling the information and will ensure that the Screening Colour is accurately reflected in Medworxx.

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4.5 Patients who are screened and assigned a “Red” Risk Screening Colour will be followed by a Utilization Specialist to provide enhanced support for discharge planning and coordination.

4.5.1 The Utilization Specialist will conduct a chart review and document a detailed assessment of the identified risks for prolonged length of stay in the Interdisciplinary Progress Notes (IPN).

4.5.2 These patients will be added to the Complex and Long Length of Stay (LLOS) tracker.

4.5.3 A weekly interdisciplinary review, led by the Utilization Specialist, will be conducted for all patients categorized as “Red” as well as others identified as having an anticipated complex discharge.

## **5.0 DOCUMENTATION**

5.1 The DPST will be included as a standard component of the admission package for all patients admitted to the medicine unit.

5.2 A completed DPST shall be filed in the patient’s chart, placed directly behind the Demographics Sheet under the “Legal” section.

## **6.0 REFERENCES (APA 7<sup>th</sup> Edition Format)**

6.1 Manitoba Health. (2023, May). *Your guide to home care services in Manitoba* (MG-4527). <https://www.gov.mb.ca/health/homecare/guide.pdf>

6.2 Manitoba Families. (n.d.). *Community Living disABILITY Services*. Government of Manitoba. <https://www.gov.mb.ca/fs/clds/>

6.3 Public Guardian and Trustee of Manitoba. (n.d.). *Public Guardian and Trustee of Manitoba*. Government of Manitoba. <https://www.gov.mb.ca/publictrustee/index.html>

6.4 Indigenous Services Canada. (n.d.). *Contact the Non-Insured Health Benefits program*. Government of Canada. <https://www.sac-isc.gc.ca/eng/1579274812116/1579708265237>

6.5 Manitoba Families. (n.d.). *Employment and Income Assistance (EIA)*. Government of Manitoba. <https://www.gov.mb.ca/fs/eia/>