

Discharge Planning Screening Tool

Risk Colour: Green Yellow Red _____

Signature of WHRA Medicine Data Collector

Date of Risk Colour Assignment:

D	D	M	M	M	Y	Y	Y	Y
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Section 1

Reason for admission: _____

Living arrangements: house apartment/condo assisted living supportive housing personal care home
 homeless other: _____

Living with: alone, with spouse/partner, in a care facility, with other family specify: _____

Y N The following 6 questions must be asked on all patients by the admitting nurse.

- 1-Alert and oriented X3 and appropriate in conversation
- 2-Less than two falls in the last 6 months
- 3-Was able to mobilize independently with or without gait aid prior to admission
- 4-Prior to admission activities of daily living needs met. Check off if okay: self-care toileting transfers
 groceries cleaning laundry meal preparation medication transportation or independent in all areas
- 5-Patient and family/support are confident that the patient can be discharged to their current living situation
- 6-Answers appropriately to, "You wake up in the middle of the night and smell smoke in your home, what do you do?"

Section 2 If the patient answered "No" to any of the six questions; complete the remaining portion of the form as applicable.

Additional General Information

1. What are their support systems? (partner, family, friend, community resources) specify: _____
2. Who is the primary contact? _____
3. Does the patient have medications in bubble packs? yes no
4. Prior to admission mobility: independent 1 assist 2 assist mechanical lift
 gait aid: none cane walker wheelchair

Physiotherapy no consult required already consulted consult within 24 hours consult within 3 days
 A noted decline from pre admission mobility status (see Safe Patient Handling form)

Occupational Therapy no consult required already consulted consult within 24 hours consult within 3 days
 Patient's functional status has changed
 Patient's cognition has changed or is impaired
 Patient is immobile for long periods or is at high risk for developing pressure sores
 Patient requires a seating assessment
 Patient requires a splint
 Facilitation of community follow-up Community Therapy Services Geriatric Program Assessment Team
 Day Hospital PRIME a health centre for seniors
 Other _____

Social Work no consult required already consulted consult within 24 hours consult within 3 days
 Provide support to individual, couple or family with loss advocacy or failure to cope (detail below)
 Assess and assist with suspected physical sexual psycho-social or financial abuse (detail below)
 Assess and assist with procurement of necessary resources addictions support transport, financial aid (details below)
 Inadequate housing situation explain _____
 Other _____

Home Care no consult required already consulted consult within 24 hours consult within 3 days
 Currently receives HC services through the provincial program.
 Likely to need nursing support for medication administration, or wound care
 Other _____

Details: _____

RN Completed by _____

D	D	M	M	M	Y	Y	Y	Y
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Guidelines for Completion of the Discharge Screening Tool

This tool is meant to aid in the identification of patients who may need additional discharge support. The intent is to address concerns prior to discharge through increased team awareness and early engagement of Allied Health services. Section 1 must be completed within 24 hours of admission.

Section 1

Living arrangements- The intent of this section is to establish, upon admission, if the patient has appropriate living accommodations. For example if the patient is homeless, details such as “transient, but lives in brother’s basement when in town” would be acceptable. Identify who the patient lives with and the relationship (i.e. friend or family).

Questions 1-6

These questions are designed to identify discharge delays beyond the medical concerns responsible for admission.

Answer all questions based only on information provided within the first 24 hours of admission:

- If answers to questions are all “yes”, patients are at a low risk for discharge issues and completion of section 2 is **NOT** required.
 - If any of the questions are answered “no”, the patient will likely require additional discharge planning support and completion of section 2 **IS** required.
 - If any question is left blank after 24 hours, it is assumed there is a perceived level of risk and the answer will default to “no”.
1. Alert and oriented X3 and appropriate in conversation.
 - Can only be assessed if patient is not acutely disoriented due to medication or delirium. If such is the case, answer “no” and provide notes in “details” section.
 2. More than one fall in the last 6 months
 - Falls related to balance and coordination issues.
 3. Was able to mobilize independently with or without gait aid prior to admission.
 - Addresses the patient’s ability to mobilize prior to the concern responsible for admission.
 4. Prior to admission were IADL/ADL needs met.
 - If answer to above question is “yes”, review functions listed and place a check mark beside each one the patient has in place, including those which Home Care provides assistance.
 - If answer to above question is “no”, provide notes in “details” section regarding needs not met.
 - If the patient is a nursing home resident, it is understood the home provides these supports.
 5. Patient and family/ support are confident the patient can be discharged to their current living situation
 - Answer “yes”, if the patient is confident they can return to their current living situation.
 - If the patient indicates they will need assistance prior to returning home, confirm with family / support.
 6. Answers appropriately to, “*you wake up in the middle of night and smell smoke in your home, what do you do?*”
 - Any reasonable answer demonstrating problem solving skills is appropriate.

Section 2

The intent of this section is to assist in determining what Allied Health service(s) are required for discharge planning. This tool, completed within 24 hours of admission, is a request for Allied Health services involvement (i.e. consultation) early in a patient’s hospital stay. Please indicate a reason for consultation under the appropriate Allied Health section. Notes should be provided in the “details” section, or on consult form if allotted space inadequate.

If unsure whether an Allied Health service is required, do not generate a consult at this time. You can reassess later as needed.

If an Allied Health service is required, indicate priority by checking beside response “within 24 hours”, or “within in 3 days”.

Any patient with prior Home Care services will require a Home Care consult at the time of admission