

## **I. Policy**

The Date of Discharge is utilized to communicate to individuals and systems a patient's expected length of hospitalization. The date should correspond to the reason for admission and the projected length of treatment needed to meet the clinical criteria for discharge. Accurate communication regarding the possible date of discharge will increase understanding of treatment expectations and the development of discharge plans in a timely manner. The importance of clinical confidence and unity of the Inter-Disciplinary Treatment Team regarding the Possible Date of Discharge is critical. Hospital and community administrators, patients, and staff rely heavily on the accuracy of the discharge dates. Writers of reports to the court will also be responsible in noting that their assessment coordinates with the Possible Date of Discharge.

## **II. Procedure**

- A.** The Possible Date of Discharge should be set based on clinical readiness for the patient, **not** on dates when transportation or placement will be available.
- B.** Treatment offerings should be based on the presenting problem and what is needed to assist the patient to achieve the treatment goals for discharge.
- C.** Discharge Recommendations should detail what services the patient needs in order to maintain stability out of the hospital. The location as to **where** the patient receives the needed services is between the patient, and/or family, guardian, and the Community Mental Health Center.
- D.** Clinical Criteria for the Possible Date of Discharge is based on the following:
  - 1. Clinical Judgment as to projected length of time for the patient to respond to treatment and stabilize from the presenting problem at admission.
  - 2. Clinical Judgment as to the projected length of time for the patient to reasonably achieve established treatment goals.
  - 3. When the patient no longer needs the restrictions and/or intensity of inpatient hospitalization.
- E.** Clinical reasons to change the Discharge Date:
  - 1. Unexpected continuation or exacerbation of symptoms that can reasonably be expected to clear with further treatment.

2. Patient has not achieved treatment goals.
3. Patient continues to be at risk to self or others or the patient has not demonstrated sufficient safety to self or others.
4. Patient is incapable of making decisions for self due to symptoms associated with mental illness not dementia, mental retardation, or substance induced intoxication.
5. Patient has responded to treatment sooner than anticipated.
6. Patient's need for treatment has been completed or the patient has received maximum benefit from the services provided at the Hospital.

**F. Reasons not to change the discharge date:**

1. The Inter-Disciplinary Treatment Team (IDT) does not agree the patient will be able to maintain stability with the resources and services being offered by the Community Mental Health Center (CMHC) and/or community. (The IDT should, however, clearly document what services and resource they recommend.)
2. The CMHC and/or family do not agree with the discharge date. (However, collaboration should occur when possible between the patient, IDT, CMHC, and family regarding the patient's discharge readiness.)
3. The CMHC and/or patient do not have a placement the IDT team thinks is appropriate. (The IDT is to recommend what services they believe the patient will need to maintain stability not the type of placement.)
4. Patient has a distant past history of violence or sexual misconduct.
5. Patient was an inappropriate admission initially, such as medical issues, Mental Retardation, Dementia, or criminal behavioral problems.
6. The Patient and/or the CMHC do not have or provide transportation.

**G. Management of the Discharge Date:**

1. Soon after Admission, the Possible Date of Discharge will be entered in the patient care system by the Social Worker in collaboration with the IDT
2. The Possible Date of Discharge will be communicated to the patient at time of staffing (Treatment Planning Meeting) and to the CMHC staff.
3. The date is reflected on:
  - The Social Service Assessment
  - The daily report
  - The treatment plan
  - Change of Date forms
  - Summary reports in the Patient Care System
  - Court Reports
4. The Interdisciplinary Treatment Team (IDT) will review the Possible Date of Discharge for each patient at least weekly to make any adjustments.

5. The IDT team will take into account any feedback received from Nursing Staff and Psychological and Therapy Services staff, or from meetings where the patient's treatment progress or lack thereof is discussed.

**H. Reporting:**

1. Summary reports are e-mailed to CMHC liaisons, once a week, by the Director of Social Services regarding individuals who are approaching or past their Possible Date of Discharge.
2. Unresolved or extended time frames past the Possible Date of Discharge are compiled at least monthly and shared with the Executive Clinical Team, MHC staff, and Central Office Staff as needed.

**I. Changes:**

1. Changes of the Possible Date of Discharge are to be made in collaboration with the IDT. (Not by one or two members of the IDT independent from IDT discussion).
2. Changes or proposed changes are to be communicated and collaborated with the CMHC, family members and/or appropriate parties as soon as or before the date changes.
3. Changes are to be discussed with the patient and the new date documented on the patient's daily schedule.
4. Changes are communicated to the CMHC liaison by e-mail. .

**J. Exceptions:**

1. Sometimes an additional day or two is needed by the CMHC to secure placement. Usually the date does not need to be changed. However, there may be incidences when the date is changed two more days as needed to avoid confusion between the CMHC, the IDT, and the Patient.
2. Persons with Criminal Court commitments will have a length of stay that incorporates legal matters in addition to their clinical need.
3. Courts sometimes discharge patients independent of clinical recommendations.
4. Voluntary patients sometimes request to leave prior to the actual recommended length of stay and there are not sufficient clinical reasons to challenge their request.

**K. Appeals of dates:**

Challenges of the Possible Date of Discharge from CMHCs that are not resolved with the IDT are to be referred to Director of Social Work Service by the IDT.

**L. Examples:**

1. Patient AA had a Possible Date of Discharge of February 2. On January 21 it is noted that AA continues to be responding to internal stimuli, is only able to participate in limited activities, and not yet meeting criteria for discharge on Treatment Plan. The Patient is beginning to progress and it appears will be stabilized in mid February. The date is changed to February 14.

2. Patient BB had a Possible Date of Discharge of February 2. The patient has shown progress and no longer needs intensive inpatient hospitalization. On January 21 the CMHC contacts the team to ask for extension based on an inability to locate a placement. The date is not extended as there is no clinical basis.
3. Patient CC had a date of February 2. On January 21 the CMHC liaison contacts the team and requests an extension to February 4 as the in-patient substance treatment program will be able to take patient CC on February 4. Since the patient is going to another inpatient treatment facility with the same intensity of treatment and the request is for only two days, the date is changes to February 4.

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**Osawatomie State Hospital**

**Rainbow Mental Health Facility**

by: \_\_\_\_\_

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