

Torrance State Hospital Social Service Discharge Pathway

Patient Name: _____ Patient Number: _____

Date Completed or N/A (Note: Items with * require both a dated entry and a confirming progress note.)

- * 1. _____ Community Placement/Pre-Discharge Notification is completed, reviewed in Treatment Team and signed by treating psychiatrist. Completed Community Placement/Pre-Discharge Notification sent to Social Service Secretary for processing.

2. _____ (A) If potential discharge problems are identified, Lead Worker for discharge planning will initiate discussion with unit worker.
_____ (B) Unit worker is responsible to insure that Lead Worker for discharge planning has been contacted and above reviewed and approved at least one full day before scheduled discharge.

- * 3. _____ There is a specific and current CITP discharge goal and documentation of patient reaction.

- * 4. _____ If patient has a family or significant other, progress note documents that the family has been informed of proposed discharge plan and their specific reactions and/or objections.

5. _____ Patient's capability to manage money is specified and if incapable a guardian or a representative has been applied for.

- * 6. _____ Assets are sufficient to pay for placement and aftercare. If patient is indigent arrangements made for DPW funding, PA 600, 600L for Nursing Home, PA 1663 Employability Assessment Form. Social worker confirms forms have been completed.

7. _____ Verification of license for the facility that patient is being discharged to.

8. _____ Prescription order completed prior to trial visit that includes patient name, name of placement facility, their vendor number, the days of the trial visit and the cost. Give this form to the Social Service secretary to complete an APR.

- * 9. _____ Criminal/legal system involvement, if applicable, has been addressed. If criminal proceedings are pending appropriate magistrate and/or court contacted; County DPW office has been contacted for prior approval of MA to ensure that legal proceedings have been resolved.

10. _____ SSI/Social Security issues have been identified and addressed.

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11. _____ Health insurance has been identified and addressed.
12. _____ Medication issues have been checked out (note of discharge date placed in ward calendar, Clozapine scheduling with Clinical Nurse Specialist; where applicable Risperidone or Clozapine application is completed. There have been no sudden or last minute medication changes, etc.).
- * 13. _____ Where applicable, a separate consent for Release of Information is completed for Area Agency on Aging, all CRR / LTSR / PCBHs, all clinics including private physicians that will be providing actual follow-up.
14. _____ Where applicable, Options referral with all paperwork (PCBH: MA51, BSU Letter; Dom Care: MA51, BSU Letter, Chest X-Ray and Serology within 6 months; NCE: PA600L, MA51, PASAR-ID) and related clinical information completed and sent to Medical Records for processing.
15. _____ Placement paperwork packets completed with signed Releases of Information sent to Medical Records for processing.
16. _____ If patient has a co-occurring disorder diagnosis contact Lead Worker for co-occurring disorders to insure necessary individualized D&A follow-up is in place.
17. _____ Documentation of visit outcomes.
18. _____ Arrangements made for discharge medications.
19. _____ (A) If applicable, 306 completed & approval given by *both* BSU and Clinic that is to provide court ordered treatment with paperwork to Social Service Secretary for filing a minimum of 8 working days before discharge with prior BSU consultation.
_____ (B) With prior BSU/Clinic consultation and where applicable commitment hearing for 304/305 outpatient commitment has been scheduled. NOTE: CLINIC MUST AGREE TO PROVIDE COURT ORDERED TREATMENT.
_____ (C) Prior to discharge treatment team meeting, unit worker contacts BSU/placement and family and shares confirmed discharge date/plan with them and documents discharge treatment team meeting prior to day of actual discharge specifying aftercare appointment, discharge address and financial information.

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- 20. _____ Library, Guardian & Revenue offices have been notified at least 72 hours in advance of discharge and Guardian Office again on morning of discharge. If necessary, arrangements have been made for money through Client Withdrawal Form.
- 21. _____ COO's Office has been contacted to confirm no "sharps" and where necessary Social Worker has arranged for Team Risk Assessment and disposition of sharp.
- 22. _____ If applicable, abatement filed with CSRE prior to discharge.
- 23. _____ If applicable, verification of identity form has been obtained from medical records, call and confirm with DPW that patient is not an open case, if closed arrangements made for DPW appointment to open MA and arrangements made with BSU to assume responsibility for continuity of SSI benefits for those patients admitted to residential D&A programs.
- 24. _____ Unit worker insures that all necessary discharge forms are completed; that all furniture, stored clothing, glasses, teeth, etc. accompany the patient at discharge and where applicable arranges for return of all hospital property.
- * 25. _____ In cases of a physical diagnosis, treatment team physician has been consulted regarding type of community follow-up treatment needed and appropriate appointments scheduled.
- 26. _____ Social Service Discharge summary completed.
- 27. _____ Insure Aftercare Plan Summary and Discharge Form is completed.
- 28. _____ Area Agency on Aging (Sue Crouse 724-830-4405) informed of discharge date, place, address and phone number for SNF, Dom Care and PCBH placements.
- 29. _____ Completed Discharge Pathway filed in patient chart on day of discharge.

Social Worker Signature and Date

11-DCP
Original: 10/3/01
Revised: 3/07