

SULLIVAN COUNTY PUBLIC HEALTH SERVICES

<p><u>POLICY:</u> UPON DISCHARGE, THE FOLLOWING PROTOCOL WILL BE DONE TO NOTIFY REMAINING SERVICES</p> <p><u>PURPOSE:</u> To provide communication to all disciplines involved in patient care of discharge and services remaining.</p> <p><u>RESPONSIBLE PARTY:</u> RN, PT, OT, ST, MSW</p>	<p>Original Approval: 11/01</p> <p>Revised: 1/02 Revised: 3/03</p> <p>Revised: Revised:</p>
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EQUIPMENT:

N/A

PROCEDURE:

1. When any of the above disciplines discharge a patient, the Notice of Discharge and Remaining Service Form will be completed.
2. After the form is completed, it will then be faxed to appropriate services. A copy will be filed in the patient's chart under miscellaneous.
3. All disciplines will follow discharge policy pertinent to that discipline.

**SULLIVAN COUNTY PUBLIC HEALTH SERVICES
NOTIFICATION OF DISCHARGE AND REMAINING SERVICES**

Patient: _____ Date: _____

Certification Period: _____ to _____

Date of Discharge: _____

Signature of Clinician: _____

Other services remaining in the home

RN: _____
(Name of RN)

OT: _____
(Name of therapist)

PT: _____
(Name of therapist)

HHA: _____
(Name of HHA)

ST: _____
(Name of therapist)

MSW: _____
(Name of MSW)

Comments: _____

You must notify the other services if you discharge the patient.
All follow-up assessments are to be completed between the 56th -60th day.

Forms\Notificdischg.doc