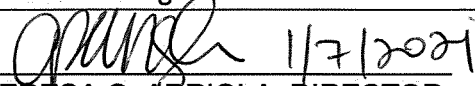


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Discharge Policy	POLICY NO: CL-AP-07	Page 1 of 3
RESPONSIBILITY: Clinical Programs		
APPROVED BY:  1/7/2021	DATE OF ORIGINAL APPROVAL: 8/4/2012	
THERESA C. ARRIOLA, DIRECTOR		DATE LAST REVIEWED:

PURPOSE:

To establish policies and procedures for discharge planning when a consumer has met their treatment goals and objectives and no longer needs the current level of care or chooses to disengage in program services.

POLICY:

- A. GBHWC conducts discharge planning and reviews all cases for discharge when consumer no longer needs or is refusing services.
- B. GBHWC has the following criteria for discharge;
 1. Consumer has achieved his/her treatment goals.
 2. Consumer is transferred to another agency for follow up services and does not need other GBHWC services in the next 3 months or so.
 3. Consumer is non-compliant or not cooperative with treatment plan.
 4. Consumer has relocated off island.
 5. Consumer has died.
 6. Consumer requested to be discharge or is not engaging.
 7. Consumer has not been provided with services in the past 90 days and does not need services or refused services upon contact.
- C. All consumers discharged from a GBHWC program shall have a written discharge summary that will be provided to the consumer if requested.
- D. The Lead Provider is responsible for the discharge planning, and completion of the written discharge summary that includes the following;
 1. Includes the date of admission and discharge
 2. Identifies the presenting condition and describes the services provided
 3. Describes the extent to which established goals and objectives were achieved.
 4. Describes the reason for discharge
 5. Identifies the status of the consumer at last contact
 6. Includes information of medication prescribed or administered when applicable
 7. List recommendation for services or supports.
- E. A 30-day post discharge follow- up shall be conducted utilizing phone interview surveys, to find out progress and status of consumer and to obtain feedback about GBHWC services. The information provided on the phone interview is confidential and is used as part of quality improvement process.

DEFINITIONS:

Discharge summary: "a clinical document written at discharge by the Lead Provider designated with the responsibility for service coordination that summarizes the consumer's course of treatment" (CARF, 2020).

Administrative Closure: An unplanned discharge due to no engagement, and consumer cannot be reached after several attempts of contact. Closure is decided administratively.

Reasons for Discharge AWARDS Option:

Classification/Reason for Discharge Option	Definition
Discharged from Intake & Registration Module	intake was completed, consumer placed into a GBHWC program
Discharged to Drug & Alcohol Program:	consumer is discharged from another GBHWC program and only receiving D&A services
Transition to other GBHWC program	Transferred/transition to other GBHWC program or different levels of care
All treatment goals were met	All goals in treatment plan were met, services were completed
Consumer/Guardian refuse/chose to disengage in services	services were initiated but consumer/guardian declined to continue treatment, declination of services was completed by LP
Moved/Relocated	consumer no longer resides on-island
Deceased	LP confirms death by family member, death certificate, or obituary
Hospitalization	Used for CSU and RRP when consumer has been admitted to another facility for more than 24 hours
Discharged to non-GBHWC program/services	Consumer services provided by non-GBHWC provider
Administrative Discharge (Unplanned):	No response to outreach efforts/unable to contact after missed appointment for 90 days or more

RESPONSIBILITY:

Lead Provider (LP): To ensure any and all pertinent information to include progress notes and reports are updated and filed accordingly in the medical chart and in EBHR and completes the Discharge Summary.

Supervisor/Administrator: Reviews the medical record and concurs with closure by signing the Discharge Summary.

PROCEDURE:

A. Lead Provider Procedure

1. The Lead Provider shall close a consumer's chart when discharge criteria have been met.
2. The following contact attempt activities must be done prior to closure, if the reason for discharge is no engagements, or lost to follow up;
 - a. Efforts to connect with the consumer should be done immediately after a consumer misses an appointment.
 - b. There must be three (3) unsuccessful attempts within a ninety (90) day period to reach the consumer via phone.

- c. If applicable, a letter of concern shall be sent on or before 60 days from last contact; if no response after 30 days an Administrative closure takes effect.
- d. Staff should only use the phone number and/or address provided by the consumer and/or legal guardian.

3. Consumers shall be informed that their medical record can be re-activated within thirty (30) days of closure, however, beyond this time frame a new referral and clinical intake would need to be completed in order to determine eligibility for treatment.
4. The treatment plan and all required assessment tools shall be updated and the Discharge Summary shall be completed on EBHR.
5. Once completed, the discharge summary shall be printed on blue paper to be filed in the consumer's chart
6. Once all documentation is completed, the chart shall be forwarded to the supervisor/administrator for review and signature affix on the discharge summary.
7. The discharged summary and or chart is then routed to the GBHWC Medical Records Office for filing and closing of records.

B. AWARDS Documentation Procedure

1. LP shall process the discharge in AWARDS using the following click path Census > click on Discharge > click on Process Discharge > continue > search consumer name > continue > input discharge date (same date) > select reason for discharge > select Classification > input Discharge > complete all fields > click apply > click on printable form > click to sign
2. LP must ensure that all fields are filled out and that the reason for discharge is appropriate for the program and aligned with the classification of discharge (*See Reasons for Discharge Option*).
3. Once the discharge summary is completed the LP must inform his/her supervisor of the discharge for her concurrence and review.
4. Supervisor must affix her/his signature on the discharge summary form using the following AWARDS click path Consumer search (type in initials) > search > click on consumer history report > continue > under event type click discharge > click on printable form > click to sign.

C. Quality Assurance Post Discharge Procedure by Clinical Program

1. A thirty (30) day post discharge follow up, by phone interview shall be conducted by a designated support staff of the clinical program where the consumer was discharge from.
2. The designated staff shall utilize a post discharged assessment survey interview to find out the progress and status of the consumer and to obtain feedback about the services provided.
3. The information provided on the phone interview is confidential and is used as part of the GBHWC quality improvement process.
4. The survey report shall be reported in the clinical committee meeting and a copy shall be forwarded to the Quality Improvement Coordinator.

REFERENCE(S):

CARF. (2020). *Behavioral Health Standards Manual*. Tucson, Arizona: CARF International.

SUPERSEDES: Clinical Closure Protocol; 8/4/2012, Director Wilfred Afluage



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Discharge Policy

Policy No: CL-AP-07

Initiated by: Policy Committee

Date	Signature
10/8/2020	

Cydsel Victoria Toledo
Quality Improvement Coordinator

Date	Signature
10/13/20	

Barsen Adalbai
Management Analysis III-Medical Records Unit Supervisor

Date	Signature
10.23.20	

Ms. Annie Unpingco LCSW,LPC
Child Adolescent Services Division Administrator

Date	Signature
10/21/2020	

Reina Sanchez, M.A
Clinical Administrator

Date	Signature
10/20/20	

Dr. Ariel Ismael
Medical Director

Date	Signature
10-8-2020	

Leonora Urbano MSN, RN-BC
Nursing Administrator

Date	Signature
10/26/2020	

Carissa Pangelinan
Deputy Director

DOT#102620-01287

James R. Fenwick