

# **CMS Proposed Changes to the Discharge Planning Standards and the IMPACT Act**

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## **Overview**

This program will discuss two issues that are of extreme importance to all hospitals including critical access hospitals. It relates to a federal law that has been passed called the IMPACT Act. The second topic to be covered is the CMS hospital proposed changes to the discharge planning standards.

These will result in more work for hospitals and hospitals need to start thinking about how they will comply with these such as rewriting the transfer form, collection of five new data elements, changes to the discharge evaluation form to collect five required five required standardized assessment elements. It will require five things to be included in all discharge instructions. CMS will require medication reconciliation upon discharge and information on side effects of new medication must be provided. This will affect not only hospitals but home health agencies, inpatient rehab, SNF, and LTC hospitals. Discharge instructions and discharge summaries will be required to be sent to the physicians within 48 hours.

## **Detailed Agenda**

### **IMPACT Act**

- Federal law

- History and reason for law
- Four options for post-acute providers (PAC) which includes home health, SNF, inpatient rehab and LTC hospitals
- Determining most appropriate setting
- Requirement to measure five things including functional status and changes, skin integrity and changes, medication reconciliation etc.
- Standardized assessment and five requirements
- Use of common standards and definitions
- Resource use measures

#### Proposed Changes to the CMS Discharge Planning CoPs

- History
- Discharge planning worksheet
- Prevention of hospital readmissions
- Relationship to IMPACT Act
- Focus on patient goals and preferences
- Discharge plan
- Applies to inpatients, ED, observation and same day surgery patients
- Identification of discharge needs must be done with 24 hours
- Qualified person to coordinate discharge needs evaluation
- Ability to do self care
- Transfer form new requirements
- Redrafting the discharge planning evaluation form to include new requirements
- 5 requirements of discharge instructions
- Medication reconciliation

- Notification of side effects of medications
- Discharge summary to provider within 48 hours

### **Who Should Attend?**

Discharge planners, transitional care nurses, social workers, chief nursing officer (CNO), compliance officer, chief operation officer, chief medical officers, physicians, all nurses with direct patient care, risk managers, social workers, regulatory officer, physician advisor, UR nurses, compliance officer, Joint Commission coordinator, nurse educators, chief operating officer, chief executive officer, staff nurses, physicians, nurse managers, PI director, health information director, billing office director, patient safety officer, and anyone else involved with the discharge planning. Any person serving on a hospital committee to redesign the discharge process to prevent unnecessary readmissions should also attend.

### **Objectives**

- Recall that there are five things that must be included in the discharge instructions
- Describe that there are many things that are now required to be included in the transfer form
- Identify that the discharge summary and instructions will need to be sent to the primary care practitioner within 48 hours of discharge

- Discuss that there are five things that must be in the standardized assessment form as required by the federal IMPACT law

### Test questions

1. What is the IMPACT Act?
  - a. A recommendation for how hospitals should treat medical patients
  - b. A federal law that requires hospitals to do certain things to improve hospital and discharge planning**
  - c. A best practice for treatment of patients in the emergency department
  - d. A new section in the hospital CoP manual
  
2. The IMPACT ACT would require all of the following **except** which one?
  - a. The four PACs must measure five new quality indicators
  - b. There are five things that must be added to nursing assessment
  - c. Hospitals would be required to write off part of the bill if patients were not discharged timely**
  - d. Post acute providers would have to collect data on the Medicare spending per beneficiary

3. CMS would revise which of the following to implement the new discharge planning standards?
  - a. **The CMS discharge planning worksheet**
  - b. The CMS discharge planning audit tool
  - c. The CFC discharge documentation form
  - d. The chronological data collection and expense sheet
  
4. CMS states that improved discharge planning can do which of the following?
  - a. Improve the quality of care and outcomes
  - b. Reduce complications, adverse events and help to prevent readmissions
  - c. Will improve transparency for Medicare patients during the discharge planning process
  - d. **All of the above**
  
5. The discharge summary and discharge instructions would have to be in the hands of the primary care physician within what time frame?
  - a. 72 hours
  - b. **48 hours**
  - c. 7 days
  - d. 24 hours
  
6. Which is NOT one of the eight things required to in evaluating patient needs such as in the discharge planning evaluation form?

- a. Patient goals and preference
  - b. Advisement of the patient rights to refuse treatment and sign out AMA**
  - c. Post discharge needs
  - d. Communication needs such as need an interpreter
  - e. The ability of the patient to do self care
7. Which one is NOT one of the five required things to be included in all written discharge instructions?
- a. Listing of the warning signs and symptoms when the patient must seek immediate medical attention
  - b. Information on how to seek assistance in paying the bill if patient is below the poverty line**
  - c. Prescriptions and over the counter medication
  - d. Reconciliation of all medication
8. Which are required to be included in the 21 things that should be included in the patient transfer form? There are four correct answers.
- a. Must send the necessary medical records**
  - b. Must send information on billing information and insurance
  - c. Must include information on race and ethnicity**
  - d. Must include any know allergies and immunizations**
  - e. Must include information regarding advance directives**

9. Pending test results must be sent to the provider within what time frame?
- a. 8 hours
  - b. 24 hours**
  - c. 48 hours
  - d. 7 days
10. Which is correct about the issue of medication reconciliation?
- a. CMS will require medication reconciliation on all patients**
  - b. CMS will only require it on Medicare patients
  - c. CMS will not require medication reconciliation
  - d. CMS will only require it on inpatients
11. Which is a correct statement about the regular re-evaluations of the patient?
- a. There is no requirement that addresses this
  - b. Regular re-evaluations must be made on inpatients to identify changes that require modification to the discharge plan**
  - c. This is only required in high risk patients
  - d. It is only required in outpatient observation patients
12. Discharge planning applies to 6 categories of patients which includes all of the following EXCEPT which one?
- a. All inpatients
  - b. Outpatient observations patients
  - c. Same day surgery patients

- d. Same day procedures for which anesthesia or moderate sedation is used
  - e. All emergency department patients**
13. Which are requirements of the proposed discharge planning standards from CMS?
- a. Must ask about discharge goals and preferences
  - b. Must make sure a qualified person is coordinating the discharge and developing the needs assessment
  - c. The discharge planning process must be completed prior to discharge home
  - d. All of the above**
14. The hospital must begin to identify the patient's discharge needs within what time frame after admission?
- a. 24 hours**
  - b. 48 hours
  - c. 72 hours
  - d. 8 hours
15. The 4 post acute care providers who would need to collect data and cost information under the IMPACT ACT would include which of the following?
- a. Home health (HH), long term care hospitals (LTCH), skilled nursing facilities (SNF), and inpatient rehab facilities (IRF)**



- b. HH, critical access hospitals (CAH), SNF, and behavioral health units
- c. HH, emergency departments, hospitals and IRF
- d. IRF, SNF, observation patients and LTCH