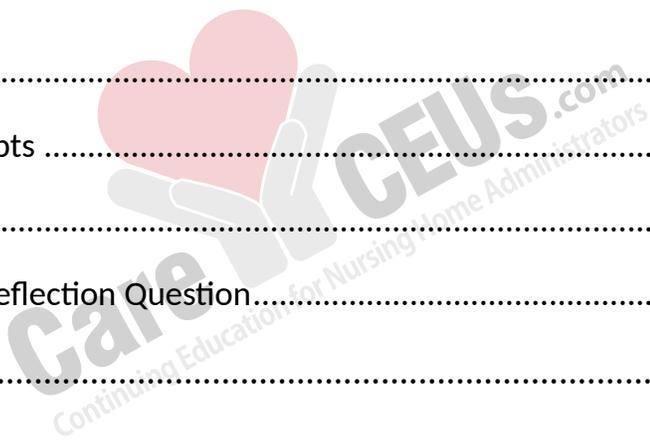




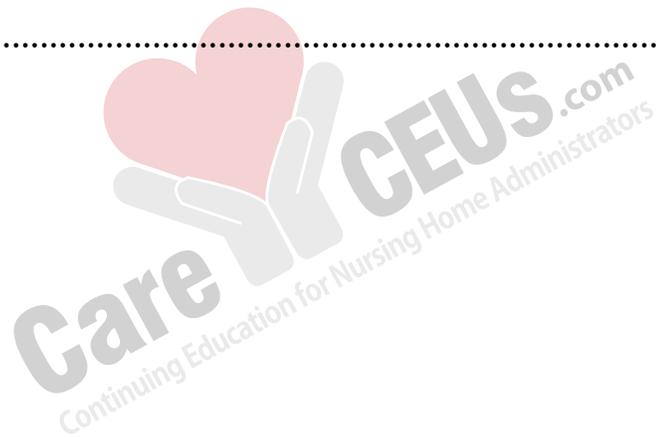
Patient/Resident Life Cycle – Admission, Transfers, & Discharge



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Introduction

The admission, transfer, and discharge process is an essential aspect of health care. Therefore, health care administrators should ensure health care professionals work to optimize the admission, transfer, and discharge process. With that in mind, this course reviews concepts central to the admission, transfer, and discharge process, while highlighting relevant recommendations. Health care administrators should note that the information found within this course may be used to develop training and educational offerings to health care professionals.

Section 1: The Admission, Transfer, and Discharge Process

Case Study

Frank is an 84-year-old resident of a health care facility. Frank was admitted into the health care facility in early 2018. Frank has been in the same room from his admission until the present day. Frank likes his room because it has a window that overlooks a large tree, at which Frank finds relaxing to look. Unfortunately, Frank is notified by a health care professional that he has to "leave his room." Upon hearing the information, Frank simply says, "Absolutely not." The health care professional goes on to tell Frank that he "has to move." After hearing that he "has to move," Frank becomes hostile towards the health care professional, and tells the health care professional to "get out" before he "really gets mad."

A few hours later, another health care professional calmly approaches Frank. Frank is sitting in his chair, and is looking out of the window at a large tree, which he refers to as his "favorite tree." The health care professional tells Frank that he is going to be temporarily transferred to another room, while his room is renovated. The health care professional goes on to tell Frank that he will return to his room once the renovations are complete, which should be in approximately two weeks. Frank looks at the health care professional and says, "Okay, thank you for the information."

Later that week, health care professionals help Frank pack up his belongings, and Frank is transferred to his new room. Frank insists on walking to his new room because he "still can move with the best of them." When Frank enters his room, he heads for the

window. Frank peers out of the window, and notices he can see his "favorite tree." Frank is pleased about his view, and says he "does not mind his new room." A health care professional then gives Frank a tour of his new room. When the tour is complete, the health care professional helps Frank unpack his belongings. Frank finds everything he is looking for, with the exception of his watch. Frank starts to get upset when he cannot find his watch because it is very meaningful to him. Frank's wife, Jenny, who passed away in 2014, gave him the watch as a 25th anniversary gift. Frank is very attached to the watch, and keeps it by his bed while he sleeps. At one point when Frank is looking for his watch, he says, "I am not going to be able to sleep tonight, or maybe ever again if I cannot find my watch." The health care professional notes Frank's comment, and begins to expedite the search. Fortunately, the health care professional finds Frank's watch, which was carefully wrapped to prevent it from getting damaged. Frank is happy the health care professional found his watch, and thanks the health care professional many times.

Once Frank is settled in his new room, the health care professional encourages Frank to "relax" before dinner. Frank says, "That is a good idea," and asks the health care professional to move a chair near the window so he can see his "favorite tree." The health care professional moves a chair close to the window, and positions it so Frank has a clear, unobstructed view of his "favorite tree." The health care professional helps Frank into the chair. The health care professional then asks Frank if he needs "anything else." Frank says, "No, thank you," and settles into the chair. As the health care professional leaves Frank's room, Frank is looking out towards his "favorite tree."

The case study presented above highlights a scenario relevant to the admission, transfer, and discharge process. Health care administrators should keep the above case study in mind while reading this section of the course. This section will highlight concepts central to the admission, transfer, and discharge process. The information found within this section of the course was derived from materials provided by the American Red Cross unless, otherwise, specified (American Red Cross, 2018).

What does the term patient/resident admission refer to?

Patient/resident admission may refer to the formal entry of an individual into a health care facility.

What should health care professionals consider when admitting a patient/resident?

- **Complete a comprehensive assessment** - when a patient/resident is admitted into a health care facility, health care professionals should complete a comprehensive assessment of a patient's/resident's needs, strengths, goals, life history, and preferences (Code of Federal Regulations, 2023).
- **Measure and record the patient's/resident's vital signs, height, and weight** - when a patient/resident is admitted into a health care facility, health care professionals should measure and record the person's vital signs, height, and weight to establish a baseline for the patient/resident.
- **Physical health conditions** - the term physical health condition may refer to any condition that leads to dysfunction of, or injury to, the human body. Health care professionals should assess patients'/residents' physical health conditions upon admission.
- **Mental health conditions** - the term mental health condition may refer to a condition that affects mood, thinking, behavior, and daily functioning. Health care professionals should assess patients'/residents' mental health conditions upon admission. Health care administrators should note that admission into a health care facility may act as a trigger for depression, anxiety, or other mental health conditions, such as post-traumatic stress disorder (PTSD). Health care professionals should ensure such conditions are adequately managed, when applicable.
- **Health care needs and concerns** - the health care needs and concerns for each patient/resident should be evaluated upon admission (e.g., catheter requirements; diet requirements; prescribed medications).
- **Assess the need for a wheelchair** - to build on the previous recommendations, when a patient/resident is being admitted into a health care facility, health care professionals should assess the need for a wheelchair. Health care administrators should note that assessing the need for a wheelchair can help prevent patient/resident falls.
- **Assess the need for a walking aid** - to build on the previous point of consideration, when a patient/resident is being admitted into a health care facility, health care professionals should assess the need for a walking aid (e.g.,

cane). Health care administrators should note that assessing the need for a walking aid can help prevent patient/resident falls.

- **Medication reconciliations** - the term medication reconciliation may refer to a process of comparing the medications an individual is taking (or should be taking) with newly ordered medications (Joint Commission, 2023). Health care administrators should note that medication reconciliations should take place during the admission process to ensure a continuum of care (e.g., the patient's/resident's medications are continued upon admission into a health care facility).
- **Activities of daily living (ADLs)** - activities of daily living (ADL) may refer to activities related to personal care (e.g., bathing, dressing, using the bathroom, walking, and eating). Health care administrators should note that ADL should be assessed upon admission.
- **Dementia** - research presented by the CDC indicates that millions of older adults in the U.S. suffer from dementia (note: the term older adult may refer to an individual 65 years or older). Therefore, health care professionals should consider dementia when admitting older adult patients/residents into health care facilities. Health care administrators should note the following: dementia may refer to a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions; dementia is not a normal part of aging; signs of dementia may include the following: getting lost in a familiar area; forgetting the names of close family and friends; not being able to complete tasks independently. Health care administrators should also note the following symptoms of dementia: problems with memory; problems with attention; an inability to communicate effectively; a diminished ability to reason and problem solve; poor judgment (CDC, 2019).
- **Cognitive impairment** - along with dementia, health care professionals should consider cognitive impairment. Health care administrators should note the following: some patients/residents may suffer from severe cognitive impairment; such patients may be best served in nursing homes.
- **Delirium** - along with dementia and cognitive impairment, health care professionals should consider delirium. Health care administrators should note the following: delirium may refer to a rapid change in cognition that is related to chemical changes in the body; identification and treatment of the underlying cause of the delirium is necessary to reduce the person's risk for experiencing

long-term effects; the following may lead to delirium: dehydration, poor nutrition, low blood sugar levels, lack of sleep, constipation, and infection.

- **Behavioral disturbances** - some patients/residents may have a history of creating behavioral disturbances - therefore, behavioral disturbances should be assessed upon admission. Health care administrators should note the following: the term behavioral disturbance may refer to disruptive behavior and/or a pattern of disruptive behavior; examples of behavioral disturbances include the following: irritability, aggression, hostility, mania, abusive behavior, hoarding, attention-seeking behavior, inappropriate sexual behavior (ISB), self-neglect, and talking about suicide; dementia and cognitive impairment may lead to behavioral disturbances. Health care administrators should also note the following: behavior management may be required for some patients/residents with a history of behavioral disturbances; behavior management may refer to a type of treatment designed to modify, reduce, and prevent behavioral disturbances.
- **Inappropriate sexual behavior (ISB)** - to build on the previous point of consideration, health care professionals should consider patients/residents with a history of inappropriate sexual behavior (ISB). Health care administrators should note the following: inappropriate sexual behavior (ISB) may refer to a type of behavior that is characterized by perceived or actual inappropriate sexually driven actions; examples of ISB include the following: using what may be considered to be "foul language;" disrobing in public; public masturbation.
- **History of a suicide attempt(s) and suicidal ideation** - to build on the previous points of consideration, health care professionals should consider patients/residents with a history of a suicide attempt(s) and/or suicidal ideation. Health care administrators should note the following: the term suicide attempt may refer to a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior (note: a suicide attempt may or may not result in injury); suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide (note: suicidal ideation may lead to a suicide attempt and/or suicide); suicide may refer to a death caused by injuring oneself with the intent to die. Health care administrators should also note the following: the suicide of a patient/resident while in a staffed, health care setting is a frequently reported type of sentinel event; the term sentinel event may refer to an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the

patient's illness; identification of individuals at risk for suicide while under the care of a health care facility is an important step in protecting at-risk individuals (Joint Commission, 2023).

- **Coronavirus disease 2019 (COVID-19)** - health care professionals should assess patients/residents for coronavirus disease 2019 (COVID-19) upon admission. Health care administrators should note the following: coronavirus disease 2019 (COVID-19) may refer to a respiratory illness that can spread from person to person, which is caused by a virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); the symptoms of COVID-19 include the following: fever, chills, cough, shortness of breath, aches and pain, fatigue, headaches, nasal congestion, runny nose, sore throat, nausea, vomiting, diarrhea, and loss of taste or smell; symptoms of COVID-19 may appear 2 - 14 days after exposure to the COVID-19 virus (CDC, 2022).
- **Post-COVID conditions** - health care professionals should also assess patients/residents for post-COVID conditions, otherwise referred to as long-COVID. Health care administrators should note the following: post-COVID conditions may refer to the long-term effects associated with COVID-19; signs/symptoms of post-COVID conditions may include the following: tiredness or fatigue that interferes with daily activities; difficulty breathing or shortness of breath; cough; chest pain; fast-beating; difficulty thinking or concentrating; headaches; sleep problems; dizziness and/or lightheadedness; pins-and-needles feelings; change in smell or taste; depression; anxiety; stomach pain; diarrhea; joint or muscle pain; rash (CDC, 2022).
- **COVID-19 vaccination** - patients/residents should be assessed for COVID-19 vaccination; vaccines may prevent COVID-19 (e.g., the Pfizer-BioNTech COVID-19 vaccine).
- **Welcome the patient/resident** - at some point during the admission process, health care professionals should welcome the patient/resident to the health care facility in some manner. Health care administrators should note that welcoming a patient/resident to a health care facility can help increase patient/resident satisfaction.
- **Ask the patient/resident his or her preferred name** - during or after the welcoming process, health care professionals should ask a patient/resident his or her preferred name so they may appropriately greet and address the patient/

resident. Health care administrators should note that addressing a patient/resident by his or her preferred name can help increase patient/resident satisfaction.

- **Familiarize the patient/resident with the health care facility** - in addition to welcoming the patient/resident to the health care facility, health care professionals should familiarize the patient/resident with the health care facility/health care environment. Examples of how health care professionals can familiarize patients/residents with the health care facility/health care environment include the following: give the patient/resident a tour; tell the patient/resident about the health care facility; introduce the resident to other residents; explain the facility's policies, schedules, and visiting hours; show the patient/resident how the call signal works; demonstrate how to adjust the bed and raise and lower the over-bed table, when applicable; explain how to use the patient's/resident's TV and phone, when applicable. Health care administrators should note that familiarizing a patient/resident with the health care facility/health care environment can help increase patient/resident satisfaction, as well as prevent patient/resident falls.
- **Make an effort to treat the patient/resident as an individual** - when a patient/resident is admitted into a health care facility, health care professionals should make an effort to treat a patient/resident as an individual. Examples of how a health care professional can treat a patient/resident as an individual include the following: ask the patient/resident about his or her preferences; ask the patient/resident about his or her needs; ask the patient/resident about his or her concerns; meet the patient's/resident's needs; address the patient's/resident's concerns. Health care administrators should note that making an effort to treat a patient/resident as an individual can help increase patient/resident satisfaction, as well as help improve a patient's/resident's overall mood.
- **Admission checklists** - health care professionals should complete admission checklists upon patient/resident admission. Health care administrators should consider developing and/or updating admission checklists to ensure all the admission requirements are met for each patient/resident.

What does the term patient/resident transfer refer to?

Patient/resident transfer may refer to the movement of a patient/resident from one health care location to another.

Health care professionals should note that patients/residents may be transferred from one health care room to another health care room; from one health care department to another health care department; or from one health care facility to another health care facility.

What should health care professionals consider when transferring a patient/resident?

- **Tell the patient/resident why he or she is being transferred** - when a patient/resident is being transferred, health care professionals should tell the patient/resident why he or she is being transferred (e.g., a health care professional tells a resident that she is being transferred to another room because it has a window, as requested). Health care professionals should also tell the patient/resident where he or she is being transferred to, and for how long, when applicable. Health care administrators should note that telling a patient/resident about a transfer can help increase patient/resident satisfaction, as well as prevent and/or reduce any patient/resident confusion, anxiety, and/or stress related to a transfer.
- **Explain what a bed hold is** - some residents of nursing homes and other health care facilities may be temporarily transferred to another health care facility to treat an acute health care condition. In such cases, a bed hold may be placed on the resident's room (note: the term bed hold may refer to reserving a patient's/resident's status of place in a health care facility). Health care professionals should explain what a bed hold is, and how it works so residents understand what is happening, and what may happen when they return from their temporary transfer. Health care administrators should note that explaining what a bed hold is to a resident can help increase resident satisfaction, as well as prevent and reduce any resident confusion, anxiety, and/or stress related to a temporary transfer.
- **Help the patient/resident pack up his or her belongings** - when a patient/resident is being transferred to a new room or a new health care facility, health

care professionals should help the patient/resident pack up his or her belongings, when applicable.

- **Assess the need for a wheelchair** - when a patient/resident is being transferred, health care professionals should assess the need for a wheelchair. Health care administrators should note that assessing the need for a wheelchair can help prevent patient/resident falls.
- **Assess the need for a walking aid** - when a patient/resident is being transferred, health care professionals should assess the need for a walking aid (e.g., cane). Health care administrators should note that assessing the need for a walking aid can help prevent patient/resident falls.
- **Transfer checklists** - health care professionals should complete transfer checklists upon patient/resident transfers. Health care administrators should consider developing and/or updating transfer checklists to ensure all of the transfer requirements are met for each patient/resident.

What does the term patient/resident discharge refer to?

Patient/resident discharge may refer to the formal departure of a patient/resident from a health care facility.

What should health care professionals consider when discharging a patient/resident?

- **Is the patient/resident medically ready for discharge** - first and foremost, health care professionals should consider if the patient/resident is medically ready for discharge (e.g., Is the patient/resident medically stable?).
- **The most appropriate setting for ongoing health care** - when discharging a patient/resident health care professionals should consider the most appropriate setting for ongoing health care (e.g., Should the patient/resident be discharged to another health care facility?). When considering the most appropriate setting for ongoing health care, health care professionals should note the medical, functional, and social aspects of the patient's/resident's state.
- **Consider where the patient/resident should be discharged to** - to build on the previous point of consideration, health care professionals should consider where

the patient/resident should be discharged (e.g., home; to another health care facility, such as a nursing home).

- **Discharge planning** - discharge planning may refer to the development of an individualized discharge plan for the patient/resident, prior to leaving a health care facility (note: discharge planning may be required by law) (Code of Federal Regulations, 2023).
- **Discharge summary** - the term discharge summary may refer to the primary mode of communication between health care professionals upon patient/resident discharge (note: discharge summaries may be required by law) (Code of Federal Regulations, 2023).
- **Medication reconciliations** - health care administrators should note that medication reconciliations should take place during the discharge process to ensure a continuum of care (e.g., the patient's/resident's medications are continued upon discharge).
- **Assess the need for a wheelchair** - when a patient/resident is being discharged, health care professionals should assess the need for a wheelchair. Health care administrators should note that assessing the need for a wheelchair can help prevent patient/resident falls.
- **Assess the need for a walking aid** - when a patient/resident is being discharged, health care professionals should assess the need for a walking aid (e.g., cane). Health care administrators should note that assessing the need for a walking aid can help prevent patient/resident falls.
- **Resident/patient instructions** - at the time of discharge, patients/residents should be provided with a document that includes language appropriate instructions and patient/resident education materials on relevant health care (e.g., instructions about specific medications) (Code of Federal Regulations, 2023).
- **Help the patient/resident pack up his or her belongings** - when a patient/resident is being discharged from a health care facility, health care professionals should help the patient/resident pack up his or her belongings, when applicable.
- **Ensure that a patient's/resident's personal belongings and relevant documents leave with the patient/resident** - health care professionals should ensure all of a patient's/resident's personal belongings and relevant documents leave with the

patient/resident. Health care administrators should note that ensuring that a patient's/resident's personal belongings and relevant documents leave with the patient/resident can increase patient/resident satisfaction, as well as prevent personal belongings from being left behind or lost.

- **Discharge checklists** - health care professionals should complete discharge checklists upon patient/resident discharge. Health care administrators should consider developing and/or updating discharge checklists to ensure all of the discharge requirements are met for each patient/resident.

Section 1 Summary

The admission, transfer, and discharge process is an essential aspect of health care. Therefore, health care administrators should ensure health care professionals work to optimize the admission, transfer, and discharge process. Health care professionals can optimize the admission, transfer, and discharge process by considering the requirements and the specific needs of each patient/resident.

Section 1 Key Concepts

- Health care professionals can optimize the admission, transfer, and discharge process by considering the requirements and the specific needs of each patient/resident.

Section 1 Key Terms

Patient/resident admission - the formal entry of an individual into a health care facility

Physical health conditions - any condition that leads to dysfunction of, or injury to, the human body

Mental health condition - a condition that affects mood, thinking, behavior, and daily functioning

Medication reconciliation - a process of comparing the medications an individual is taking (or should be taking) with newly ordered medications (Joint Commission, 2023)

Activities of daily living (ADLs) - activities related to personal care

Older adult - an individual 65 years or older

Dementia - a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions

Delirium - a rapid change in cognition that is related to chemical changes in the body

Behavioral disturbances - disruptive behavior and/or a pattern of disruptive behavior

Behavior management - a type of treatment designed to modify, reduce, and prevent behavioral disturbances

Inappropriate sexual behavior (ISB) - a type of behavior that is characterized by perceived or actual inappropriate sexually driven actions

Suicide attempt - a non-fatal, self-directed, and potentially injurious behavior with any intent to die as a result of the behavior

Suicidal ideation - thoughts of suicide and/or thoughts of planning suicide

Suicide - a death caused by injuring oneself with the intent to die

Sentinel event - an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the patient's illness

Coronavirus disease 2019 (COVID-19) - a respiratory illness that can spread from person to person, which is caused by a virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Post-COVID conditions - the long-term effects associated with COVID-19

Bed hold - reserving a patient's/resident's status or place in a health care facility

Patient/resident transfer - the movement of a patient/resident from one health care location to another

Patient/resident discharge - the formal departure of a patient/resident from a health care facility

Discharge planning - the development of an individualized discharge plan for the patient/resident, prior to leaving the health care facility

Discharge summary - the primary mode of communication between health care professionals upon patient/resident discharge

Section 1 Personal Reflection Question

Why is it important for health care professionals to consider the specific needs of each patient/resident during the admission, transfer, and discharge process?

Section 2: Title 42

As previously alluded to, there are laws and requirements that pertain to the admission, transfer, and discharge process. Such laws can be found in Title 42. With that in mind, this section of the course will highlight specific laws and requirements that pertain to the admission, transfer, and discharge process. The information found within this section of the course was derived from materials provided by the U.S. government unless, otherwise, specified (Code of Federal Regulations, 2023).

- The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the health care facility.
- A health care facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality; the health care facility must protect and promote the rights of the resident.
- The health care facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source; a health care facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.
- At the time each resident is admitted, the health care facility must have physician orders for the resident's immediate care.
- A health care facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident

assessment instrument (RAI) specified by CMS. The assessment must include at least the following: identification and demographic information; customary routine; cognitive patterns; communication; vision; mood and behavior patterns; psychosocial well-being; physical functioning and structural problems; continence; disease diagnoses and health conditions; dental and nutritional status; skin condition; activity pursuit; medications; special treatments and procedures; discharge planning; documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); documentation of participation in assessment; the assessment process must include direct observation and communication with the resident, as well as communication with licensed and unlicensed direct care staff members on all shifts.

- Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the health care facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable; this includes the health care facility ensuring that: a resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living; a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; personnel provide basic life support, including cardiopulmonary resuscitation (CPR), to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives (note: basic life support may refer to a type of care that can be applied to an individual who is experiencing a health care emergency, such as cardiac arrest, respiratory distress, or an obstructed airway; cardiopulmonary resuscitation [CPR] may refer to an emergency lifesaving procedure that may be performed when an individual's heart stops beating).
- The health care facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

- A health care facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review, and revise the resident's comprehensive plan of care.
- The health care facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care; the baseline care plan must be developed within 48 hours of a resident's admission; include the minimum health care information necessary to properly care for a resident.
- The health care facility must develop and implement a comprehensive person-centered care plan for each resident.
- The resident has the right to be informed of, and participate in, his or her treatment, including: the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition; the right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: the right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care; the right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care; the right to be informed, in advance, of changes to the plan of care; the right to receive the services and/or items included in the plan of care; the right to see the care plan, including the right to sign after significant changes to the plan of care.
- The health care facility must inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; inform each Medicaid-eligible resident when changes are made to the items and services.

- A health care facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/Medicaid or by the facility's per diem rate.
- The resident has the right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.
- The resident has a right to reside and receive services in the health care facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.
- If a resident dies or is hospitalized or is transferred and does not return to the health care facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.
- The resident has a right to refuse to transfer to another room in the health care facility, if the purpose of the transfer is solely for the convenience of staff (note: a resident's exercise of the right to refuse transfer does not affect the resident's eligibility or entitlement to Medicare or Medicaid benefits).
- Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies: the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; the reserve bed payment policy in the state plan, if any; the nursing facility's policies regarding bed-hold periods.
- A health care facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave; the policy must provide for the following: a resident, whose hospitalization or therapeutic leave exceeds the bed hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident; the

services provided by the facility; eligibility for Medicare skilled nursing facility services or Medicaid nursing facility services.

- The health care facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; the health of individuals in the facility would otherwise be endangered; the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility (note: non-payment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay; for a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid); the facility ceases to operate.
- Before a health care facility transfers or discharges a resident, the facility must notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; the facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman; record the reasons for the transfer or discharge in the resident's medical record.
- Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.
- The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions.
- When the facility anticipates discharge a resident must have a discharge summary that includes, but is not limited to, the following: a recapitulation of the resident's

stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results; a final summary of the resident's status at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative; reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter); a post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment (note: the post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services).

Section 2 Summary

Specific laws and requirements for the admission, transfer, and discharge process may be found in Title 42. Health care administrators should be familiar with such laws and requirements. Health care administrators should consider developing and/or updating organizational policies and procedures to reflect such laws and requirements.

Section 2 Key Concepts

- Title 42 includes laws and requirements that pertain to the admission, transfer, and discharge process.

Section 2 Key Terms

Basic life support - a type of care that can be applied to an individual who is experiencing a health care emergency, such as: cardiac arrest, respiratory distress, or an obstructed airway

Cardiopulmonary resuscitation (CPR) - an emergency lifesaving procedure that may be performed when an individual's heart stops beating

Section 2 Personal Reflection Question

Why is it important for health care administrators to be aware of the laws and requirements included in Title 42?

Section 3: Admission, Transfer, and Discharge Recommendations

This section of the course will highlight admission, transfer, and discharge recommendations. The information found within this section of the course was derived from materials provided by the American Red Cross unless, otherwise, specified (American Red Cross, 2018).

- **Observe and monitor patients/residents** - health care professionals should observe and monitor patients/residents during the admission, transfer, and discharge process. Health care professionals should address any concerns that are noted while observing and monitoring patients/residents. Health care professionals should effectively document any relevant patient/resident observations/information.
- **Identify patients/residents with dementia, cognitive impairment, or delirium** - health care professionals should work to identify patients/residents with dementia, cognitive impairment, or delirium because such patients/residents may require additional attention to maintain their safety during the admission, transfer, and discharge process.
- **Identify patients/residents with special needs and/or requirements** - in addition to identifying patients/residents with dementia, cognitive impairment, or delirium, health care professionals should identify patients/residents that may have special needs and/or requirements. Some patients/residents may have special needs and/or requirements due to various health conditions or diseases, such as: depression, anxiety, cardiovascular disease, and diabetes. Health care professionals should identify such patients/residents to ensure their needs and requirements are met.
- **Identify patients/residents that may be at increased risk for falls** - health care professionals should identify patients/residents that may be at increased risk for

falls, such as: patients/residents with mobility limitations; patients/residents who use walking aids; patients/residents who are on medications or have conditions that may lead to orthostatic hypotension (note: orthostatic hypotension may refer to a form of low blood pressure that occurs when standing after sitting or lying down).

- **Foster effective communication when engaging with patients/residents** - effective communication occurs when information and messages are adequately transmitted, received, and understood. Working to foster effective communication when engaging with patients/residents who are being admitted, transferred, or discharged can help health care professionals obtain relevant information that may be used to effectively identify potential safety concerns. Health care professionals can foster effective communication when engaging with patients/residents by speaking clearly; actively listening to individuals when they speak; maintaining eye contact with individuals when speaking to them; asking questions; remaining professional; and by limiting interruptions and distractions. Health care administrators should note the following: when engaging with patients/residents, health care professionals should work to avoid miscommunication; when miscommunication occurs between individuals, intended meaning may be lost. Health care professionals can work to avoid miscommunication by removing physical barriers when communicating with other individuals; clarifying points of confusion; allowing a free flow of information between individuals; remaining professional.
- **Foster effective communication when engaging with patients/residents with dementia** - to build on the previous recommendation, health care professionals should foster effective communication when engaging with patients/residents with dementia. Health care professionals can foster effective communication when engaging with patients/residents with dementia by considering the patient's/resident's ability to maintain focus; considering the patient's/resident's ability to concentrate; considering the patient's/resident's ability to recall points of interest; considering the patient's/resident's mood; facing the patient/resident directly so the individual can see the health care professional's face; speaking slowly; speaking clearly; using simple words; being concise; being direct; being honest; remaining positive. Health care administrators should note that patients/residents with dementia may require additional communication and instructions during the admission, transfer, and discharge process.

- **Include a medical director's recommendations during the admission, transfer, and discharge process** - health care administrators should include a medical director's recommendations during the admission, transfer, and discharge process. Health care professionals should note the following: medical directors typically organize and coordinate physician services and the services provided by other health care professionals as they relate to patient/resident care; a medical director's recommendations can help ensure the appropriateness, safety, and effectiveness of health care administered to a patient/resident.
- **Include a social worker during the admission, transfer, and discharge process** - health care administrators should consider including a social worker in the admission, transfer, and discharge process (note: social worker may refer to a professional individual dedicated to helping individuals and families transition through stages of health care through counseling, education, advocacy, and reporting). Health care administrators should note that social workers can help assess patient/resident needs; meet patient/resident needs; provide emotional support; provide required education; provide advocacy, when required; help identify potential abuse; document potential abuse; report potential abuse.
- **Include interdisciplinary health care teams during the admission, transfer, and discharge process** - health care administrators should consider including interdisciplinary health care teams during the admission, transfer, and discharge process. Health care administrators should note the following: interdisciplinary health care teams, typically, include members from different health care disciplines (e.g., nursing; pharmacy); interdisciplinary health care teams, typically, work collaboratively to set health care goals, care for patients/residents, and optimize patient/resident care.
- **Mitigate fear** - the admission, transfer, and discharge process may be frightening for some patients/residents. Therefore, health care professionals should mitigate fear. Health care administrators should note that education, effective communication, and counseling from a social worker can help mitigate fear. Health care administrators should also note that mitigating fear can help increase patient/resident satisfaction, while helping to prevent behavioral disturbances.
- **Mitigate anger** - some patients/residents may become angry during the admission, transfer, and discharge process (e.g., a patient/resident may become angry because he or she is leaving a room that he or she lived in for years;

patients/residents may become angry because they are being transferred to a health care facility that they do not want to live in). Therefore, health care professionals should mitigate anger. Health care administrators should note that education, effective communication, and counseling from a social worker can help mitigate anger. Health care administrators should also note that mitigating anger can help increase patient/resident satisfaction, while helping to prevent behavior disturbances.

- **Mitigate denial** - some patients/residents may not want to accept the fact that they are being admitted, transferred, or discharged into or out of a health care facility. Those patients who will not accept their situation may be in denial. Health care administrators should note the following: denial may refer to a method of dealing with information that is difficult to acknowledge or accept; denial may be used by a patient/resident to put information aside until he or she is emotionally ready to acknowledge and/or accept it. Health care administrators should also note that education, effective communication, direct communication, honest communication, and counseling from a social worker can help mitigate denial.
- **Promote hope** - some patients/residents may become hopeless during the admission, transfer, and discharge process (e.g., a resident may not be optimistic about the future) (note: hope may refer to a belief that the future may be better than the past or present). Therefore, health care professionals should promote hope. Health care professionals can promote hope by being optimistic when caring for patients/residents; focusing on the positive aspects of an admission, transfer, or discharge when caring for patients/residents; educating patients/residents about the admission, transfer, and discharge process; providing emotional support, when needed; allotting time for patients/residents to engage in spiritual practices. Health care administrators should note that promoting hope can help increase patient/resident satisfaction, while helping to prevent behavior disturbances. Health care administrators should note that promoting hope can help mitigate fear, anger, and denial.
- **Recognize pain** - some patients/residents may experience pain during the admission, transfer, and discharge process (note: pain may refer to an unpleasant sensory and emotional experience arising from actual or potential tissue damage). Therefore, health care professionals should recognize pain. Health care administrators should note the following indications of possible pain: wincing, grimacing, frowning, displaying a worried facial expression, moaning, rocking,

spacing, restlessness, rubbing a potentially painful body part, protecting a specific body part (e.g., arm), moving very slowly, making a noise when moving (e.g., loudly inhaling or exhaling; saying "ouch"), asking for help when making specific movements (e.g., standing up), resisting movement, and resting care.

- **Assess pain** - some patients/residents may experience pain during or after the admission or transfer process. Therefore, health care professionals should assess patients'/residents' pain. When assessing pain, health care professionals should consider the American Red Cross's recommendations found below.
 - When assessing pain, health care professionals should ask patients/residents to describe their pain. Health care professionals should note that patients/residents may use the following language or wording to describe their pain: dull, sharp, piercing, stabbing, shooting, achy, sore, nagging, throbbing, pulsating, pounding, burning, tingling, spasming, squeezing, radiating, spreading, and uncomfortable.
 - When assessing pain, health care professionals should determine the characteristics of the pain. For example, pain associated with nerve damage is often described as burning or tingling, while pain associated with arthritis is described as dull or achy.
 - When assessing pain, health care professionals should ask patients/residents the location of the pain (i.e., where is the pain coming from; what part of the body is causing pain).
 - When assessing pain, health care professionals should determine pain intensity (note: the term pain intensity may refer to the level of pain or the severity of the pain). Health care professionals should note that words such as mild, moderate, and severe may be used to indicate pain intensity. To determine pain intensity, health care professionals can ask patients/residents to rate their pain on a scale from 1 to 10, with 10 being the worst pain possible.
 - When assessing pain, health care professionals should determine the frequency of the patients'/residents' pain. In other words, health care professionals should ask the patient/resident if his or her pain is constant pain, intermittent pain, or if it occurs occasionally, seldom, or daily. Health care professionals should note the following: constant pain may refer to

pain that seems to occur at a continuous interval or pain that does not seem to go away; intermittent pain may refer to pain that seems to occur at irregular intervals or pain that comes and goes.

- Pain management can include both pharmacological (i.e., medications) and non-pharmacological options. Health care professionals should note the following non-pharmacological options that maybe used to manage pain: distraction (e.g., a health care professional helps patients/residents take their minds off pain by engaging them in an activity; a health care professional helps patients/residents take their minds off pain by encouraging them to listen to music); repositioning a patient/resident (e.g., repositioning a patient/resident that is in bed or sitting on a chair); exercise (e.g., yoga).
- **Recognize stress** - some patients/residents may experience stress during the admission, transfer, and discharge process (note: stress may refer to a factor that causes emotional, physical, or psychological tension; stress may arise from a significant life event [e.g., being admitted into a health care facility; being discharged from a health care facility]). Therefore, health care professionals should work to recognize stress. Health care administrators should note the following indications of possible stress: crying, headache, muscle tightness, back pain, stomach problems, trouble concentrating, trouble focusing, and reports of feeling stressed or simply saying "I am stressed."
- **Assess stress** - as previously mentioned, some patients/residents may experience stress during the admission, transfer, and discharge process. Therefore, health care professionals should assess patients/residents for stress. When assessing stress, health care professionals should consider asking patients/residents the types of questions found below.
 - Do you feel stressed?
 - Do you feel tense?
 - Are you nervous?
 - Are you afraid?
 - Do you have a headache?

- Are you experiencing muscle stiffness?
 - Do you feel worried?
 - Are you anxious?
 - Are you having trouble concentrating?
 - Are you having trouble focusing?
- **Health care professionals should be familiar with the use of restraints** - during the admission, transfer, or discharge process a patient/resident may create a behavior disturbance that requires the use of restraints (note: the term restraints may refer to devices that limit or prevent a resident's movement). Therefore, health care professionals should be familiar with the use of restraints. Additionally, health care administrators should develop a restraint protocol to ensure resident safety; the protocol should include procedures for observation, treatment during the period of restraint, and ongoing assessments of the situation including means and needs of restraint (note: health care professionals should be familiar with relevant restraint protocols) (National Safety Council, 2019).
 - **Health care professionals should be familiar with the use of chemical restraint** - to build on the previous recommendation, health care professionals should be familiar with the use of chemical restraint (note: the term chemical restraint may refer to a form of medical restraint characterized by the use of a medication to restrict the movement of a patient/resident, or sedate a patient/resident). Health care administrators should note that the following medications may be used in chemical restraint procedures: Ativan, Xanax, Klonopin, Valium, Seroquel, Haldol, Risperdal, Zyprexa, and trazodone.
 - **Health care professionals should remain calm during the admission, transfer, and discharge process** - health care professionals should remain calm when admitting, transferring, and discharging patients/residents. Remaining calm can have a positive effect on residents, and may deescalate behavioral disturbances when they occur. Examples of methods health care professionals can use to remain calm during the admission, transfer, and discharge process include the following: do not yell or scream; do not speak with an aggressive tone; do not make aggressive hand gestures (e.g., wave a fist at a resident; wave an open hand

at a resident); take deep breaths; ask for assistance from other health care professionals if assistance is required; act professionally at all times.

- **Health care professionals should ensure patients/residents are adequately hydrated** - dehydration can lead to lightheadedness, dizziness, irritability, and confusion. Therefore, health care professionals should ensure patients/residents are adequately hydrated before the admission, transfer, and discharge process begins. Health care administrators should note the following signs/symptoms of dehydration: very dry skin, rapid heartbeat, rapid breathing, confusion, and dark urine output.
- **Promote rest** - health care professionals should promote rest after the admission or transfer process. When promoting rest, health care professionals should consider the recommendations found below.
 - When promoting rest, health care professionals should create a comfortable environment (e.g., dim the room lights; help the patient/resident get in a comfortable position in a bed or chair).
 - When promoting rest, health care professionals should create a calm environment (e.g., avoid loud distractions).
 - When promoting rest, health care professionals should create a quiet environment (i.e., limit noise).
 - When promoting rest, health care professionals should encourage a patient/resident to listen to relaxing music.
 - When promoting rest, health care professionals should encourage a patient/resident to listen to relaxing sounds (e.g., white noise; whale songs).
 - When promoting rest, health care professionals should encourage a patient/resident to read a book.
 - When promoting rest, health care professionals should encourage a patient/resident to sit by a window and focus on nature, when applicable.
 - When promoting rest, health care professionals should encourage a patient/resident to meditate (note: meditation may refer to a variety of

practices that focus on mind and body integration and are used to calm the mind and enhance overall well-being).

- **Promote sleep** - health care professionals should promote sleep after the admission or transfer process (note: most adults and older adults should sleep seven to nine hours a night). When promoting sleep, health care professionals should consider the American Red Cross's recommendations found below.
 - Health care professionals should assess pain in the late afternoon and/or evening.
 - Health care professionals should note when a resident looks tired, or seems to require sleep.
 - Health care professionals should note when a patient/resident prefers to go to sleep.
 - Health care professionals should be consistent with bed times (i.e., patients/residents should go to sleep at or around the same time every night).
 - Health care professionals should promote physical activity during the day.
 - Health care professionals should ensure that a patient/resident has the opportunity to empty the bladder and bowels before going to sleep for the night.
 - Health care professions should create a restful environment (e.g., ensure that the patient's/resident's linens are clean and wrinkle-free; ensure that the patient/resident is not too warm or too cold; minimize noise as much as possible; make the room as dark as possible; close the curtains or blinds, when applicable).
- **Encourage patients/residents to take part in recreational therapy** - after a patient/resident is admitted or transferred and is able, health care professionals should encourage patients/residents to take part in recreational therapy. Specific information regarding recreational therapy may be found below. The information found below was derived from materials provided by the American Therapeutic Recreation Association unless, otherwise, specified (American Therapeutic Recreation Association, 2023).

- Recreational therapy, also known as therapeutic recreation, may refer to a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being.
- The purpose of recreational therapy is to improve or maintain physical, cognitive, social, emotional, and spiritual functioning in order to facilitate improved health, overall well-being, and quality of life.
- Recreational therapy includes providing treatment services and recreation activities to individuals using a variety of techniques including: arts and crafts, animals, sports, games, dance, movement, drama, music, and community outings.
- Recreational therapy can help residents avoid social isolation (note: social isolation may refer to a lack of social connections).
- Recreational therapy can help residents engage in physical activity.
- Research presented by the CDC suggests that recreational therapy can help improve the mental, physical, emotional, and social domains of dementia through meaningful, goal-directed interventions that impact the overall care of patients/residents.
- Recreational therapy programs can include a variety of activities such as: tai chi, yoga, qigong, meditation and mindfulness-based practices, acupuncture, massage therapy, classes involving relaxation techniques, music, dance, animal-assisted therapy and art therapy. Health care administrators should be aware of such activities and how they can impact resident care and resident treatment outcomes. Health care administrators should engage health care professionals and residents to identify how recreational therapy activities are impacting residents of their specific health care facility.
- **Work to prevent and reduce medical errors** - the term medical error may refer to a preventable adverse effect of care that may or may not be evident or causes harm to a patient (Joint Commission, 2023). Essentially, medical errors are errors, or mistakes, that can occur in every aspect of health care including the admission,

transfer, and discharge process. Unfortunately, medical errors are one of the leading causes of death in the United States. There for health care administrators and health care professionals should work to prevent and reduce medical errors. Recommendations that can be used to prevent and reduce medical errors may be found below. The information found below was derived from materials provided by the Joint Commission (Joint Commission, 2023).

- Use at least two patient/resident identifiers when providing care, treatment, or services.
- Use at least two patient/resident identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures (note: the patient's/resident's room number or physical location should not be used as an identifier).
- Label containers used for blood and other specimens in the presence of the patient/resident.
- Implement the procedures for managing the critical results of tests and diagnostic procedures.
- Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.
- Label each medication or solution as soon as it is prepared, unless it is immediately administered (note: an immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process).
- Obtain information on the medications the patient/resident is currently taking when he or she is admitted to the health care facility.
- Improve the safety of clinical alarm systems.
- Set goals for improving compliance with hand hygiene guidelines (note: hand hygiene may refer to the process of cleaning hands in order to prevent contamination and/or infections).

- Improve compliance with hand hygiene guidelines based on established goals.
- Use a catheter checklist and a standardized protocol for central venous catheter insertion.
- Develop written criteria, using established evidence-based guidelines, for placement of an indwelling urinary catheter.
- Follow written procedures based on established evidence-based guidelines for inserting and maintaining an indwelling urinary catheter.
- Use an evidence-based process to conduct a suicide assessment of patients who screened positive for suicidal ideation; the assessment should directly ask about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors.
- Apply fall precautions to all patients. Examples of fall precautions include the following: familiarize the patient with the environment; have the patient/resident demonstrate call light use; maintain the call light within reach; keep the patient's/resident's personal possessions within the patient's/resident's safe reach; place sturdy handrails in patient/resident bathrooms, rooms, and hallways; place the hospital bed in a low position when a patient/resident is resting in bed; raise the bed to a comfortable height when the patient/resident is transferring out of bed; keep hospital bed brakes locked; keep wheelchair wheel locks in the locked position when stationary; keep nonslip, comfortable, well-fitting footwear on the patient/resident; use night lights or supplemental lighting; keep floor surfaces clean and dry; clean up all spills promptly; keep patient/resident care areas uncluttered; follow safe patient/resident handling practices.
- **Maintain the patient's/resident's dignity** - finally, health care professionals should work to maintain the patient's/resident's dignity during the admission, transfer, and discharge process (note: dignity may refer to a quality of self esteem and self worth). Health care administrators should note the following strategies that may be used to maintain a patient's/resident's dignity during the admission, transfer, and discharge process: treat patients/residents like adults (e.g., do not talk down to a patient/resident; do not speak to a resident in a childish voice); do not make jokes about a patient/resident; remain honest; answer question in a

direct manner; engage in effective communication; actively listen to a patient/resident; practice patience; practice empathy; respect a patient's/resident's privacy, when applicable; remain professional at all times.

Section 3 Summary

Admission, transfer, and discharge recommendations can help health care professionals optimize patient/resident care. Health care administrators may use admission, transfer, and discharge care recommendations to develop and update organizational policies and procedures to reflect the specific needs of patients/residents.

Section 3 Key Concepts

- Admission, transfer, and discharge recommendations can help health care professionals optimize patient/resident care.

Section 3 Key Terms

Orthostatic hypotension - a form of low blood pressure that occurs when standing after sitting or lying down

Social worker - a professional dedicated to helping individuals and families transition through stages of health care through counseling, education, advocacy, and reporting

Denial - a method of dealing with information that is difficult to acknowledge or accept

Hope - a belief that the future may be better than the past or present

Pain - an unpleasant sensory and emotional experience arising from actual or potential tissue damage

Pain intensity - the level of pain or the severity of pain

Constant pain - pain that seems to occur at a continuous interval or pain that does not seem to go away

Intermittent pain - pain that seems to occur at irregular intervals or pain that comes and goes

Stress - a factor that causes emotional, physical, or psychological tension

Restraints - devices that limit or prevent a resident's movement

Chemical restraint - a form of medical restraint characterized by the use of a medication to restrict the movement of a resident, or sedate a resident

Meditation - a variety of practices that focus on mind and body integration and are used to calm the mind and enhance overall well-being

Recreational therapy (also known as therapeutic recreation) - a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being

Social isolation - a lack of social connections

Hand hygiene - the process of cleaning hands in order to prevent contamination and/or infections

Dignity - a quality of self esteem and self worth

Section 3 Personal Reflection Question

How can health care professionals use the above recommendations to safely and effectively admit, transfer, and discharge patients/residents?

Section 4: Case Study: Optimizing the Admission, Transfer, and Discharge Process

The case study at the beginning of the course is presented in this section to review the concepts found within this course. A case study review will follow the case study. The case study review includes the types of questions health care professionals should ask themselves when engaged in the admission, transfer, and discharge process.

Additionally, reflection questions will be posed, within the case study review, to encourage further internal debate and consideration regarding the presented case study and the admission, transfer, and discharge process. The information found within the

case study and case study review was derived from materials provided by the American Red Cross, unless, otherwise, specified (American Red Cross, 2018).

Case Study

Frank is an 84-year-old resident of a health care facility. Frank was admitted into the health care facility in early 2018. Frank has been in the same room from his admission until the present day. Frank likes his room because it has a window that overlooks a large tree, at which Frank finds relaxing to look. Unfortunately, Frank is notified by a health care professional that he has to "leave his room." Upon hearing the information, Frank simply says, "Absolutely not." The health care professional goes on to tell Frank that he "has to move." After hearing that he "has to move," Frank becomes hostile towards the health care professional, and tells the health care professional to "get out" before he "really gets mad."

A few hours later, another health care professional calmly approaches Frank. Frank is sitting in his chair, and is looking out of the window at a large tree, which he refers to as his "favorite tree." The health care professional tells Frank that he is going to be temporarily transferred to another room, while his room is renovated. The health care professional goes on to tell Frank that he will return to his room once the renovations are complete, which should be in approximately two weeks. Frank looks at the health care professional and says, "Okay, thank you for the information."

Later that week, health care professionals help Frank pack up his belongings, and Frank is transferred to his new room. Frank insists on walking to his new room because he "still can move with the best of them." When Frank enters his room, he heads for the window. Frank peers out of the window, and notices he can see his "favorite tree." Frank is pleased about his view, and says he "does not mind his new room." A health care professional then gives Frank a tour of his new room. When the tour is complete, the health care professional helps Frank unpack his belongings. Frank finds everything he is looking for, with the exception of his watch. Frank starts to get upset when he cannot find his watch because it is very meaningful to him. Frank's wife, Jenny, who passed away in 2014, gave him the watch as a 25th anniversary gift. Frank is very attached to the watch, and keeps it by his bed while he sleeps. At one point when Frank is looking for his watch, he says, "I am not going to be able to sleep tonight, or maybe ever again if I cannot find my watch." The health care professional notes Frank's comment, and begins to expedite the search. Fortunately, the health care professional finds Frank's watch, which was carefully wrapped to prevent it from getting damaged. Frank is happy the

health care professional found his watch, and thanks the health care professional many times.

Once Frank is settled in his new room, the health care professional encourages Frank to "relax" before dinner. Frank says, "That is a good idea," and asks the health care professional to move a chair near the window so he can see his "favorite tree." The health care professional moves a chair close to the window, and positions it so Frank has a clear, unobstructed view of his "favorite tree." The health care professional helps Frank into the chair. The health care professional then asks Frank if he needs "anything else." Frank says, "No, thank you," and settles into the chair. As the health care professional leaves Frank's room, Frank is looking out towards his "favorite tree."

Case Study Review

What resident details may be relevant to the admission, transfer, and discharge process?

The following resident details may be relevant to the admission, transfer, and discharge process: Frank is an 84-year-old resident of a health care facility; Frank was admitted into the health care facility in early 2018; Frank has been in the same room from his admission until the present day; Frank likes his room because it has a window that overlooks a large tree, which Frank finds relaxing to look at; Frank is notified by a health care professional that he has to "leave his room;" The health care professional goes on to tell Frank that he "has to move;" after hearing that he "has to move," Frank becomes hostile towards the health care professional, and tells the health care professional to "get out" before he "really gets mad;" another health care professional calmly approaches Frank; a health care professional tells Frank that he is going to be temporally transferred to another room, while his room is renovated; a health care professional goes on to tell Frank that he will return to his room once the renovations are complete, which should be in approximately two weeks; health care professionals help Frank pack up his belongings, and Frank is transferred to his new room; Frank insists on walking to his new room because he "still can move with the best of them;" Frank peers out of the window of his new room, and notices he can see his "favorite tree;" a health care professional then gives Frank a tour of his new room; a health care professional helps Frank unpack his belongings; Frank starts to get upset when he cannot find his watch because it is very meaningful to him; when Frank is looking for his watch, he says, "I am not going to be able to sleep tonight, or maybe ever again if I cannot find my watch;" a

health care professional encourages Frank to "relax" before dinner; a health care professional moves a chair close to the window, and positions it so Frank has a clear, unobstructed view of his "favorite tree;" a health care professional helps Frank into the chair; a health care professional asks Frank if he needs "anything else;" as the health care professional leaves Frank's room, Frank is looking out towards his "favorite tree."

Are there any other resident details that may be relevant to the admission, transfer, and discharge process; if so, what are they?

How are each of the aforementioned resident details relevant to the admission, transfer, and discharge process?

Each of the previously highlighted resident details may be relevant to the admission, transfer, and discharge process. The potential relevance of each patient detail may be found below.

Frank is an 84-year-old resident of a health care facility; Frank was admitted into the health care facility in early 2018; Frank has been in the same room from his admission until the present day - the previous resident details are relevant because they provide context for the transfer process.

Frank likes his room because it has a window that overlooks a large tree, which Frank finds relaxing to look at - the previous resident detail is relevant to Frank's health, overall well-being, and quality of life. Health care administrators should note residents' preferences, especially if they help the patient "relax" or relieve stress. Health care administrators should note that relieving stress can positively impact an individual's health, overall well-being, and quality of life.

Frank is notified by a health care professional that he has to leave his room - the previous resident detail is relevant to the transfer process. Residents should be notified when they are going to be transferred. When notifying residents that they are going to be transferred, health care professionals should provide residents with relevant information and education. Health care professionals should not simply tell residents that they have to leave their room or move, without explaining why or providing relevant information and/or education to residents. Health care administrators should note that residents may become frightened, angry, hopeless, and/or stressed when approached in a manner that does not provide them with information and/or education, or in a manner that does not allow the resident to ask questions. Health care

administrators should also note that, when engaging in the admission, transfer, and discharge process, health care professionals should mitigate fear, anger, denial, and stress, while promoting hope.

A health care professional goes on to tell Frank that he "has to move" - the previous resident detail is relevant to behavioral disturbances. Health care professionals should not act aggressively; speak to residents in an aggressive manner; antagonize residents; act rudely to residents; or expect residents to do what they are told without an explanation. Health care administrators should note that residents should be treated with respect at all times, and may not respond as desired when given instructions or information; if a resident is not reacting to instructions or information in an optimal way, health care professionals should make adjustments to ensure the safety of the resident, promote the health care professional-resident relationship, and prevent behavioral disturbances.

After hearing that he "has to move," Frank becomes hostile towards the health care professional, and tells the health care professional to "get out" before he "really gets mad" - the previous resident detail is relevant because it may represent a behavioral disturbance (e.g., hostility; aggression). Health care professionals should work to prevent behavioral disturbances or deescalate behavioral disturbances, when applicable. Health care professionals should also work to prevent a catastrophic reaction. Health care administrators should note that the term catastrophic reaction may refer to an intense emotional and behavioral outburst that may interfere with daily function; an overreaction.

Another health care professional calmly approaches Frank - the previous resident detail is relevant to the transfer process. Health care professionals should remain calm when admitting, transferring, and discharging patients/residents.

A health care professional tells Frank that he is going to be temporally transferred to another room, while his room is renovated - the previous resident detail is relevant to the transfer process. Health care professionals should provide relevant information to patients/residents during the admission, transfer, and discharge process.

A health care professional goes on to tell Frank that he will return to his room once the renovations are complete, which should be in approximately two weeks - the previous resident detail is relevant to the transfer process. Health care professionals should consider providing residents with proposed schedules and time lines to ease the transferring process.

Health care professionals help Frank pack up his belongings - the previous resident detail is relevant to the transfer process. During the admission, transfer, and discharge process, health care professionals should help patients/residents with their belongings. Health care administrators should note that helping patients/residents with their belongings can help increase patient/resident satisfaction, as well as prevent lost items.

Frank insists on walking to his new room because he "still can move with the best of them" - the previous resident detail is relevant to resident dignity. Health care professionals should work to maintain the patient's/resident's dignity during the admission, transfer, and discharge process.

Frank peers out of the window of his new room, and notices he can see his "favorite tree" - the previous resident detail is relevant to the admission, transfer, and discharge process. Health care administrators should meet residents' needs and preferences. Health care administrators should note that meeting patients'/residents' needs and preferences can help increase patient/resident satisfaction, while helping to improve patients'/residents' mood and overall attitude.

A health care professional gives Frank a tour of his new room - the previous resident detail is relevant to preventing falls. Health care professionals should make sure patients/residents are familiar with their environment to help prevent falls.

A health care professional helps Frank unpack his belongings - the previous resident detail is relevant to the transfer process. Health care professionals should consider helping a resident with his or her belongings after a transfer to help prevent lost items, and the subsequently, behavioral disturbances that may result from lost items.

Frank starts to get upset when he cannot find his watch because it is very meaningful to him - the previous resident detail is relevant to the admission, transfer, and discharge process. During the admission, transfer, and discharge process, health care professionals should note any items that are "meaningful" and/or "special" to a patient/resident to help prevent lost items, and subsequently, behavioral disturbances that may result from lost items.

When Frank is looking for his watch, he says, "I am not going to be able to sleep tonight, or maybe ever again if I cannot find my watch" - the previous resident detail is relevant to possible stress. Some patients/residents may experience stress during the admission, transfer, and discharge process. Therefore, health care professionals should work to recognize stress.

A health care professional encourages Frank to "relax" before dinner - the previous resident detail is relevant to the transfer process. Health care professionals should consider promoting rest after the transfer process is complete, when applicable.

A health care professional moves a chair close to the window, and positions it so Frank has a clear, unobstructed view of his "favorite tree" - the previous resident detail is relevant to preventing falls. Health care professionals should make sure patients/residents have what they need or require.

A health care professional helps Frank into the chair - the previous resident detail is relevant to preventing falls. Health care professionals should help patients/residents move into a chair or bed, when needed.

A health care professional asks Frank if he "needs anything else" - the previous resident detail is relevant to preventing falls. Health care professionals should ask patients/residents if they "need anything else" before leaving a patient/resident to act as a reminder for the patient/resident so he or she is sure they have what they need or require.

As the health care professional leaves Frank's room, Frank is looking out towards his "favorite tree" - the previous resident detail is relevant to the transfer process. After a transfer is complete, health care professionals should assess a patient's/resident's status and/or mood to help prevent any, subsequent, behavioral disturbances.

What other ways, if any, are the resident details relevant to the admission, transfer, and discharge process?

How can health care professionals optimize the admission, transfer, and discharge process?

Health care professionals can optimize the admission, transfer, and discharge process by treating the patient/resident like an individual; considering what is required for each patient/resident; following admission, transfer, and discharge recommendations; following organizational policies and procedures; adhering to related laws; meeting requirements; and meeting patients'/residents' needs and preferences.

How can health care professionals meet the needs of patients/residents during the admission, transfer, and discharge process?

Section 4 Summary

Health care professionals should work to optimize the admission, transfer, and discharge process. Health care professionals should ask patients/residents questions to obtain relevant details that may help optimize the admission, transfer, and discharge process, and, ultimately, required care. Finally, health care professionals should look for opportunities to provide relevant education, and to discuss the admission, transfer, and discharge process with patients/residents, when applicable.

Section 4 Key Concepts

- Health care professionals should look for opportunities to provide relevant education, and to discuss the admission, transfer, and discharge process with patients/residents.

Section 4 Key Terms

Catastrophic reaction - an intense emotional and behavioral outburst that may interfere with daily function; an overreaction

Section 4 Personal Reflection Question

Why is it important for health care professionals to maintain patient/resident dignity during the admission, transfer, and discharge process?

Conclusion

The admission, transfer, and discharge process is an essential aspect of health care. Health care professionals can optimize the admission, transfer, and discharge process by treating each patient/resident like an individual; considering what is required for each patient/resident; following admission, transfer, and discharge recommendations; following organizational policies and procedures; adhering to related laws; meeting requirements; and meeting patients'/residents' needs and preferences.

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