

Discharge Criteria

Acceptable Discharge
(Check all that apply)

Independent in ADLs _____

Competent/Dependable Caregivers in the Home _____

Lives Alone with Generous Support _____

Stable Chronic Disease _____

Mentally/Cognitively Alert _____

Compliant with Following Instructions _____

Use Caution Before Discharge
(Check all that apply)

Psychological Issues _____

No Competent/Dependable Caregiver _____

Low Literacy _____

Lives Alone _____

+9 or More Medications _____

Oxygen Therapy _____

Durable Medical Equipment _____

ADL Assistance _____

Transfer _____

Ambulation _____

PT _____ OT _____ ST _____

High Risk
(Check all that apply)

Help with Managing Medications _____

Discharged from Hospital or a Skilled Nursing Facility _____

Hospitalizations/ER Visits Past 12 Months _____

Neoplasm as a Primary Diagnosis _____

No Competent/Dependable Caregiver at Home _____

Lives Alone _____

Hx of Noncompliance _____ Hx of Falls _____ ADL Needs _____

COPD _____ CHF _____ Diabetes _____

Chronic Skin Ulcers _____ Open Wound(s) _____

Confusion _____ Urinary Catheter _____ Dyspnea _____

Poor Prognosis _____ Short Life Expectancy _____

HIV/AIDS _____ More than 2 Secondary Diagnoses _____

New Diagnosis _____

Low Socioeconomic Status or Financial Concern _____

Total Checked _____

(Six or more indicates high risk for emergent care)

Discharge to Retirement Home/ Assisted Living Appropriate
Discharge to Home Health - [Complete Face Sheet](#)

Review with Patient "BEFORE" Discharge
(Check all that apply)

Mental Health Resources _____

MSW Involvement _____

PT, OT, ST, Nursing _____

Caregiver/Patient Education _____

Pharmaceutical Review of Meds _____

Durable Medical Equipment Education _____

Oxygen Company Notified before Discharge _____

TennCare/Medicaid/Office of Public Assistance _____

HCBS "Waiver Program" Case Mgmt. _____

Social Security Department _____

Health Literacy Education _____

Cultural/Linguistic Barriers _____

SNF, Swing Bed, Personal Home Care & Nursing Home Appropriate
Discharge to Home Health - [Complete Face Sheet](#)

Patient Is at High Risk for Rehospitalization

Caregiver/Patient Education/Disease Specific _____

Hospice Education _____

Medication Management _____

Appropriate to Discharge to Nursing Home and Assisted Living
Discharge to Home Health, Hospice, Palliative Care or Personal Home Care
- [Complete Face Sheet](#)

Patient Name: _____

DOB: _____

Expected Date of Discharge: _____

This material was originally prepared by Mountain-Pacific Quality Health. It is made available by Qsource, the Medicare Quality Improvement Organization for Tennessee, under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Content does not necessarily reflect CMS policy. 12.CPC.02.013