

TREATMENT SERVICES

Discharge Failure

Failed Discharge	A failed discharge is any discharge plan that is deemed unsuccessful or has a negative outcome in the month period following discharge from the Solnit Center.
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Purpose	Failed discharge procedures outlined herein are intended to provide a comprehensive analysis of the discharge strategies and identify the elements in the plan, process, system, or other factors that may have contributed to the failure of the discharge plan. The information gathered from the analysis is intended to assist in developing failure reduction strategies and recommendations for system improvement.
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Procedure	<p>Any team member upon notification of receiving information of a failed discharge will notify the Superintendent and Medical Director or designees. The Superintendent or Medical Director shall have the authority to order a failed discharge Treatment Team review when indicated.</p> <p>It will be the responsibility of the unit psychiatrist or designee to convene a failed discharge Treatment Team review as directed by the Superintendent or Medical Director.</p>
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Team Membership	The membership of the team will include all parties involved with the care and discharge planning for the youth including the Solnit Center Treatment Team, DCF workers and placement representative when applicable.
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Outline for Meeting	<p>In conducting the Treatment Team meeting the team will :</p> <ul style="list-style-type: none">• Define the problem• Identify contributing / proximate cause factors contributing to failure:<ul style="list-style-type: none">➤ treatment history / diagnosis➤ family history / support / resource availability➤ placement history➤ placement options / appropriateness of options➤ barriers / uncontrollable factors• Determine contributing system issues, weak points in processes• Develop recommendations for system process improvement to reduce likelihood of failures in the future
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Findings and Recommendations	The team will convene and provide a report of findings and recommendations to the Superintendent and Medical Director within 4 weeks of notification of the event.
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