

Purpose	<p>Discharge planning shall begin at time of referral and further developed for each youth, at their inter-disciplinary Treatment Planning Meetings. Discharge planning is an important process that ensures youth are discharged to the least restrictive environment that meets their needs, in a timely manner.</p>
Procedure	<p>Preliminary Discharge Plan The admitting psychiatrist shall include a preliminary discharge plan in the Initial Treatment Plan which is completed at the time of admission. A copy of this plan is placed in the youth's record.</p> <p>The preliminary discharge plan is developed with the youth, their parent/guardian and regional office social worker during the admission process.</p> <p>The preliminary discharge plan is reviewed by the Clinician. After reviewing the preliminary plan, the treatment team makes discharge recommendations that are presented at the treatment team meetings.</p> <p>Comprehensive Discharge Plan A comprehensive plan of discharge, including recommended placement and aftercare, is continued to be developed at subsequent treatment team meetings, in consultation with the youth, parent/guardian and Area Office Social Worker.</p> <p>Follow-up action is documented in the comprehensive Treatment Plan/Reviews and includes time frames, and the person assigned to the action. Generally, discharge is expected to occur within 120 days from time of admission.</p> <p>After the initial treatment planning meeting, the Clinician is responsible for reviewing and updating the plan with the treatment team, Area Office Social Worker, parent/guardian and youth, at least every 30 days.</p> <hr/>
Updating Regional Office Social Worker	<p>The Clinician is responsible for collaborating with the Area Office Social Worker to ensure that progress toward implementing the discharge plan is being made.</p> <p>Contacts and efforts regarding discharge planning are documented in the youth's chart via clinical progress notes and in the Treatment Plan Review.</p>

Day of Discharge The youth shall only be released to the custody of the legal guardian of the youth. If the guardian is unavailable to accept the youth, a signed statement from the legal guardian, authorizing release of the youth, must be given to the Solnit-North staff releasing the youth.

Discharge Summaries The cottage nurse and pediatrician prepares discharge summaries, a copy of which is given to the guardian at the time of discharge.

The nursing discharge summary shall include the following components:

- demographics
- medications prescribed
- physical restrictions
- pre-existing medical problems/conditions
- discharge medical diagnosis
- DSM IV diagnosis
- services provided: psychiatric, physical and dental
- other consultations
- status at discharge, including pending medical and dental appointments

Copies are placed in the youth's chart.

The treating psychiatrist shall complete a discharge summary within two weeks of the youth's discharge to aid those responsible for the care and treatment of the youth in providing appropriate follow-up care.

The discharge summary shall be typewritten and contain the following components: demographic information, reason for admission, identifying problems, course of treatment, treatment goals and progress, assessments; aftercare plan, description of to whom and to what placement the youth is being discharged; discharge diagnosis and medications.

A copy of the discharge summary shall be sent to the Area Office Social Worker as well as any agency for which a release of information has been received. A copy of the discharge summary is placed in the youth's chart.

Factors Preventing Timely Discharge Any challenges or barriers to discharge that may hinder the timely discharge of a youth shall be forwarded to the Supervising Clinician for consultation. The discharge delay protocol shall be enacted as indicated.

TREATMENT SERVICES

Cross Reference: Treatment Plan Review, 62-10-10
