

## DAILY HUDDLE AND DISCHARGE RESPONSIBILITIES BY ROLE

### ~ Provider ~

#### DAILY HUDDLE

- Gives diagnosis
- Discusses plan for the day
- Lists top 2-3 milestones needed to occur before discharge
- Identifies medical barriers
- States Anticipated Discharge Date

#### ANTICIPATED DATE OF DISCHARGE (ADD)

- Attend daily huddle
- Give the ADD in huddle on every patient every day
- Communicate potential DC needs to MultiD team
- Give the CM info about follow up appointment needed
- Call next outpatient provider as appropriate
- Verify RN has placed ADD on the patients white board after huddle and discuss with patient
- Update huddle board before next huddle

#### PENDING DISCHARGE (PDC)

- Inform multiD team of PDC for next day and ID *pre-noon DC* during huddle
- Discuss the PDC with patient and family member and verify that tomorrow date is on the patient white board
- Complete Page 1 of the EDI
- Contact other provider teams to confirm medical stability for DC
- Update huddle board before next huddle

#### DAY OF DISCHARGE

- Round on patient and confirm stability
- Complete EDI, scripts and DC order

## **DAILY HUDDLE AND DISCHARGE RESPONSIBILITIES BY ROLE**

### **~ Huddle Leader ~**

#### **DAILY HUDDLE**

*Huddle Leader* (Charge RN, Hospitalist, case manager or unit manager)

- Announces
  - Patient Name
  - Room Number
  - Service
- Identifies any patient care barriers/pain management issues
- Writes plan of care on huddle board tool

#### **ANTICIPATED DATE OF DISCHARGE (ADD)**

- Receives ADD in huddle
- Takes ADD from huddle and communicates with bedside RN

#### **PENDING DISCHARGE (PDC)**

- Notify bedside RN of pending discharge immediately post-huddle
- Ensure the bedside RN has notified patient/family of the pending DC date and transportation is arranged

#### **DAY OF DISCHARGE**

- Assist with issues if needed to ensure a timely DC

## **DAILY HUDDLE AND DISCHARGE RESPONSIBILITIES BY ROLE**

### **~ Bedside RN ~**

#### **DAILY HUDDLE**

- Receives Daily Plan of Care from Charge Nurse
- Writes Daily Plan of Care on Patient Communication Board

#### **ANTICIPATED DATE OF DISCHARGE (ADD)**

- Discuss ADD with family
- Writes ADD on Patient Communication Board
- Explain milestones to patient to complete before discharge

#### **PENDING DISCHARGE (PDC)**

- Update patient communication board with PDC
- Communicate PDC date to patient and family before noon
- Complete patient education for home needs
- Communicate back to Charge RN that patient and family are aware and transportation is available

#### **DAY OF DISCHARGE**

- Verify family pick up time and notify patient of confirmed DC
- Call support staff to pack up patient belongings and remove IV
- Check with Pharmacy to make sure they have reviewed EDI
- Review EDI, sign and print
- Notify US to put in TT for transportation to take patient out. State time patient will be ready
- Review EDI with patient/family
- Notify patient family transport on way to take them out

## DAILY HUDDLE AND DISCHARGE RESPONSIBILITIES BY ROLE

### ~ Case Manager ~

#### DAILY HUDDLE

- States actual vs. expected LOS
- Shares disposition upon discharge
- Identifies any barriers to discharge
- States patients Readmission Risk using BOOST criteria and verifies accountability for intervention
- If pending DC
  - Enter pending DC in Teletracking
  - EDI
  - Scripts
  - Home O2 eval complete if applicable

#### ANTICIPATED DATE OF DISCHARGE (ADD)

- Determine ELOS, discuss with provider and add to huddle board
- Identify/discuss potential discharge needs
- Follow up on barriers identified in huddle and communicate back *same day*
- Engage patient in making PCP appointment
- Determine disposition need & send referral to CAS if appropriate.
- Pursue Home Health referral for high risk patients returning home
- Educate patient about early discharge
- Update huddle board prior to next huddle

#### PENDING DISCHARGE (PDC)

- Add pending status into TT
- Confirm transportation home with patient
- Verify status of referral with CAS
- Prepare packet for DC and arrange transport for facility placement
- Complete appropriate sections on the EDI to represent discharge plan
- Update huddle board prior to next huddle

#### DAY OF DISCHARGE

- Confirm DC order written
- Confirm transportation - self/family or ambulance/taxi
- Verify status post-acute services with CAS
- Prepare packet for DC
- Complete appropriate sections on the EDI to represent discharge plan
- Update huddle tool as necessary

## **DAILY HUDDLE AND DISCHARGE RESPONSIBILITIES BY ROLE**

### **~ Pharmacy (Inpatient & Retail) ~**

#### **DAILY HUDDLE**

- Discusses any medications issues
- Highlights when patients are on IV meds and when to transition to PO
- DVT prophylaxis if missing on any patient

#### **ANTICIPATED DATE OF DISCHARGE**

- Enroll patient in retail program
- Write on huddle tool the use of retail pharmacy
- Verify they have an ID
- Plan transition of anticoagulation

#### **PENDING DISCHARGE**

- Make INR appointment if needed?
- Educate patient on high risk medications

#### **DAY OF DISCHARGE**

- Receive scripts from tube
- Deliver meds to bedside or Contact patient with pick up time
- Patient picks up meds

## **DAILY HUDDLE AND DISCHARGE RESPONSIBILITIES BY ROLE**

### **~ Patient ~**

#### **ANTICIPATED DATE OF DISCHARGE (ADD)**

- Receives ADD on communication board and asks questions
- Tell Case Manager disposition preference if discharging to a facility
- Schedules post-discharge appointment(s) under the guidance of the Case Manager. At a minimum, primary care or Specialist appointment within 7 days of discharge
- Enroll in retail pharmacy

#### **PENDING DISCHARGE (PDC)**

- Receives PDC from bedside RN or physicians
- Patient arranges transportation home and notifies bedside RN

#### **DAY OF DISCHARGE**

- Receives verification that this is the day of discharge from provider
- Verify transportation and tell bedside RN
- Receive EDI and scripts
- Verifies post-discharge appointment(s) scheduled
- Pick up scripts or have them delivered
- Leave room before noon with safe discharge

## **DAILY HUDDLE AND DISCHARGE RESPONSIBILITIES BY ROLE**

### **~ Other Roles ~**

#### **DAILY HUDDLE**

##### **Social Worker**

- Reports on any follow-up on psycho-social issues being addressed including Care Contracts
- Arranges Hospice DC
- Utilizes huddle for case-finding and acknowledges SW referral in huddle

##### **Dietician**

- Daily diet status
- Feedings, TPN
- Number of days NPO

##### **CNS/Charge Nurse**

- Reports on Foley, Central Line
- Reports on significant events overnight such as unexpected events
- Reports on active nursing concerns such as functional status, additional needs not being addressed currently (oxygen requirement, pain issues, post-discharge needs)

#### **ANTICIPATED DATE OF DISCHARGE**

##### **Social Work**

- Receive referral
- Meet with patient and family to review needs
- Communicate info to CM, Charge, BS RN, and other SW to bring to huddle

##### **Care Alliance**

- Receive referral
- Process referral and communicate to CM

#### **PENDING DISCHARGE**

##### **Social Work**

- Implement the plan for patients and families based on identified needs
- Discuss plan with CM and bedside RN

#### **DAY OF DISCHARGE**

##### **Unit Secretary**

- Call bedside RN and Charge RN to notify of confirmed DC order
- Call CM to notify of confirmed DC order
- Tube scripts to pharmacy
- Fax EDI to facility
- Collaborate with BS RN to order transportation in TT