It’s Not What You Think: Questions to Ask at Discharge

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If not, does the patient have access to a responsible, available person who can assist in following the instructions?

5. Does the patient have a visual impairment to the degree that he/she cannot read a sample portion of the discharge instruction sheet’s print?

6. Does the patient have hearing impairment to the degree that he/she cannot hear a voice at conversation level, even when using an assistive hearing device?

7. Is there food security? That is, does the patient have:
   a. The financial means to purchase food?
   b. Adequate transportation to a grocery store?
   c. The ability to prepare food?
   d. Or access to a food delivery service?
   
8. Is there medicine security? That is, does the patient have:
   a. The financial means to purchase medications and medical supplies?
   b. Adequate transportation to get to the pharmacy or medication supply site?
   c. If medications are delivered by mail, will they reach the patient in a timely fashion to allow initiation of any new medication regimen?
   d. The ability to prepare and deliver medications or use medical supplies (for instance, in wound care)?

If “no” answered to any of the medication security questions, is there a dependable person available to provide for the patient’s needs?

9. Does the patient live alone?
   a. If no, does the discharged patient have caregiving duties for others in the home?
   b. Can another person assist in the care of the discharged patient?

10. Is the patient returning to a safe environment? Are any of these factors present?
   a. An abusive spouse, family member, or other household person
   b. A dangerous neighborhood (gangs, predators, frequent violence, etc.)
   c. An environment consistent with the patient’s functional abilities
   d. Animals requiring care such as walking, lifting, or other physical activities

11. Based on the evaluation done in the preceding set of questions, is there adequate time allowed before discharge to educate the caregiver and patient to be able to carry out their self-care at home, so that the education in the facility can be planned out appropriately? With the short hospital stays, this reinforces the need to begin the discharge process at the time of admission.

If the answers to the questions above reveal that the patient has unaddressed needs, establish and follow a procedure to refer the patient to support and resources available in your community.

In the absence of a validated tool for this determination, why not consider this suggested set of questions at discharge as part of your readmission reduction efforts? It will induce no harm and may save a life or two.

Dr. Lett is a Society past president, past chair of the Society’s Transitions of Care Committee, and editor of this column.