



RICE COMMUNITY  
HEALTHCARE

HOSPITAL DISTRICT NO. 1  
OF RICE COUNTY

February 1, 2017

TO: Senate Public Health and Welfare Committee

From: Judy Hodgson, Chief Nursing Officer, Hospital District #1 of Rice County  
Lyons, Kansas

RE: Senate Bill 68

Madam Chairwoman and Members of the Committee,

Thank you for the opportunity to speak to you today. My name is Judy Hodgson and I serve as the chief nursing officer for the Hospital District #1 of Rice County in Lyons, Kansas. Lyons is a community in North Central Kansas that has a population of nearly 3,800. Our community hospital, which first opened in 1959, is a 25 bed critical access hospital that employs approximately 150 individuals. I appreciate the opportunity and privilege to provide testimony in opposition to Senate Bill 68 which would require caregivers to perform and take an active role in the discharge planning.

Senate Bill 68 is clearly a duplication of services which is already required and established by the governing body of the Centers for Medicare and Medicaid Services (CMS). CMS has established clear and defined regulations related to the discharge planning process and the involvement of the caregiver. All hospitals throughout the United States which are regulated by CMS, are required to meet these regulations, which specifically are called the Conditions of Participations. The Conditions of Participation clearly states the expectations that hospitals are to perform when a patient is admitted to the hospital and the role of the caregiver.

I would like to take you through the discharge process that occurs for all of our patients whether they are inpatients, outpatients, skilled or intermediate, or emergency patients. The discharge process begins on admission of a patient. At this time a caregiver is identified and the name, phone number and address are printed on the face sheet which allows all to know who this patient has designated for a caregiver. Please be reassured the patient has the right at any time for this to change. Each morning the patient and the caregiver participate in bedside rounds where the off-going and on-coming Registered Nurses discuss with the patient and their caregiver the plan of care for the day and answer questions that each party may have. Education is continually provided throughout the hospitalization. As a Registered Nurse, this is a

Senate Public Health and Welfare

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Date 2.1.17

Attachment \_\_\_\_\_

professional responsibility that we learn. If at any time, the nurse feels like the caregiver needs to be informed of a change in condition or a change in plan of care, the nurse will call them personally and provide updates. For our skilled and intermediate patients, we have a weekly care team meeting regarding the care of the patient. Both the patient and the caregiver attend these meetings and are active participants in the patient's plan of care. If the patient needs further options for his care, for example nursing home placement, the Skilled Nursing Director will meet with the caregiver and the patient together and provide them options as to what is best for that patient. If the patient is to be discharged to home and there are concerns regarding whether they can stay at home, a home assessment is done with the caregiver and patient both attending. During the discharge process, the caregiver and the patient are both present and they actively review the patient's care at home which includes medication, diet, activity, equipment, follow up appointments, etc. A check list and educational material are provided to them at this time and every aspect of care is reviewed. Both the Registered Nurse, patient and caregiver sign the discharge documents that covers each area of care for that patient. A follow up phone call to the caregiver and the patient occurs after 48 hours of discharge to make sure questions are answered and that their needs are being met. Finally, assurance is provided to both the caregiver and the patient that they are welcome to call at any time with questions. So, as you can see from my description, the caregiver and the patient are both very active in the discharge process from the beginning of the admission to the time they are discharged.

CMS has put regulations on the discharge process with very specific guidelines. As the Chief Nursing Officer, it is my responsibility to see that all aspects of the discharge process are addressed not only with the patient but the caregiver as well.

In closing, nursing has always had professional standards of practice that were established beginning with Florence Nightingale. As a nurse we have a moral and ethical responsibility to provide the very best care to not only our patients but as to the caregivers as well. CMS acknowledges these responsibilities in nursing and has provided regulations to make sure that the caregiver is an intricate part of the patient's experience. I deeply appreciate the concern with having the caregiver involved in the patient's plan of care but clearly we are already doing what is expected out of discharge planning process. Thus I oppose this bill.

Thank you again for the opportunity to appear before you. I would be happy to stand for any questions.

## DISCHARGE CHECKLIST

PATIENT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

DISCHARGED TO WHERE \_\_\_\_\_ PROVIDER: \_\_\_\_\_

**\*FOR ALL INPATIENTS, OUTPATIENTS, OBSERVATION SERVICES, PATIENTS UNDERGOING SURGERY, EMERGENCY DEPARTMENT PATIENTS IDENTIFIED AS NEEDING A DISCHARGE PLAN**

**\*MUST BE PROVIDED TO THE PATIENT AND/OR THE PATIENT'S CAREGIVER/SUPPORT PERSON**

**DIAGNOSIS WITH SIGNS AND SYMPTOMS (PROVIDE EDUCATIONAL MATERIAL)**

- Signs and symptoms
- When to seek immediate medical attention

**PRESCRIPTIONS FOR NEW MEDICATIONS (PROVIDE EDUCATIONAL MATERIAL)**

- Make sure there is a name
- Indication for the drug
- Dosage of each drug
- Significant risks and side effects

**RECONCILIATION OF ALL DISCHARGE MEDICATIONS**

- COMPARE PRE-ADMISSION WITH DISCHARGE MEDICATIONS
- (BOTH PRESCRIBED AND OVER-THE COUNTER)

**CONTINUITY OF CARE**

- DIET
- ACTIVITY
- DME
- COMMUNITY SERVICES (MEALS ON WHEELS, HOMEHEALTH, HOSPICE)
- LIFE LINE
- OXYGEN
- WOUND CARE

- AIDS AND APPLIANCES FOLLOW-UP CARE
  - FOLLOW UP CARE
  - APPOINTMENTS
  - PENDING OR PLANNED DIAGNOSTIC TESTS
  
- PATIENT PORTAL
  - PATIENT PORTAL INFORMATION
  - ACCESS AND PASSWORD FOR PORTAL
  
- TRANSPORTATION
  - RELATIVE/FRIEND (CONFIRM ARRANGEMENTS 24 HR PRIOR TO D/C)
  - COMMUNITY TRANSPORT PROVIDER
  - AMBULANCE
  
- PERSONAL ITEMS RETURNED TO PATIENT
  - OWN MEDICATIONS
  - OWN EQUIPMENT
  - VALUABLES
  
- DETERMINE IF THE PATIENT NEEDS FOLLOW-UP
  - OBTAIN THE PATIENTS/CAREGIVER CONSENT FOR THE FOLLOW-UP CALL
  - ASK THEM TO NAMINATE A CALL TIME
  - CHECK THAT TELEPHONE DETAILS ARE CORRECT (# TO BE REACHED AT)
  - CHECK LANGUAGE SKILLS AND RECORD ANY SPECIAL NEEDS FOR THE TELEPHONE FOLLOW-UP

\_\_\_\_\_ PATIENT SIGNATURE

\_\_\_\_\_ RN SIGNATURE

\_\_\_\_\_ PATIENT'S CAREGIVER/SUPPORT PERSON

\_\_\_\_\_ DATE



## OBSTETRIC DISCHARGE CHECKLIST

PATIENT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

DISCHARGED TO WHERE \_\_\_\_\_ PROVIDER: \_\_\_\_\_

**\*MUST BE PROVIDED TO THE PATIENT AND/OR THE PATIENT'S CAREGIVER/SUPPORT PERSON**

**DIAGNOSIS WITH SIGNS AND SYMPTOMS (Diabetic, Pregnancy induced Hypertension-  
-Provide Educational Material)**

- Signs and symptoms
- When to seek immediate medical attention
- Other: \_\_\_\_\_

**CARING FOR YOURSELF (PROVIDE EDUCATIONAL MATERIAL)**

- Signs and symptoms
- When to seek immediate medical attention
- Other: \_\_\_\_\_

**CARING FOR BABY (PROVIDE EDUCATIONAL MATERIAL)**

- Breastfeeding
- Appropriate urination and stooling
- Appropriate temperature measurement with a thermometer
- Signs and symptoms of common neonatal illness
- Infant safety (back to sleep education, importance of smoke free environment, purple crying, and avoidance of co-sleeping)
- Good hand hygiene
- Other: \_\_\_\_\_

**PRESCRIPTIONS FOR NEW MEDICATIONS (PROVIDE EDUCATIONAL MATERIAL)**

- Make sure there is a name
- Indication for the drug
- Dosage of each drug
- Significant risks and side effects

**RECONCILIATION OF ALL DISCHARGE MEDICATIONS**

- Compare pre-admission with Discharge Medications
- (Both prescribed and over the counter)

**FOLLOW-UP CARE**

- Follow up care (Who to call when Emergency)
- Appointments
- Pending or Planned Diagnostic Tests
- Other: \_\_\_\_\_

**CONTINUITY OF CARE**

- Breastfeeding (Lactation Consultant)
- Adequate Support person(s)
- Circumcision Care
- Oxygen
- Jaundice
- Vaccinations (Infant--HEPATITIS B, Mother—TDAP AND INFLUENZA after delivery)
- Hearing Test (Only if Needed Repeated)
- Rice County Health Department
- Other: \_\_\_\_\_

**PATIENT PORTAL**

- Patient Portal Information
- Access and Password for Portal

**CAR SEAT INSPECTION**

- Safe habits
- Education regarding car seats

**TRANSPORTATION**

- Relative/Friend (Confirm Arrangements 24 hours prior to Discharge)
- Community Transport Provider
- Ambulance

**PERSONAL ITEMS RETURNED TO PATIENT**

- Own Medications
- Own Equipment
- Valuables

**DETERMINE IF THE PATIENT NEEDS FOLLOW-UP**

- Obtain the patient's/caregiver consent for the follow-up call
- Ask them to name a call time that would work for them
- Check that the telephone details are correct
- Check language skills and record any special needs for the telephone follow-up

\_\_\_\_\_ PATIENT SIGNATURE

\_\_\_\_\_ RN SIGNATURE

\_\_\_\_\_ PATIENT'S CAREGIVER/SUPPORT PERSON

\_\_\_\_\_ DATE