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BEHAVIORAL
HEALTH SYSTEM

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Hospital Discharge Planning: A guide for families and care givers

An inpatient hospitalization can be a very intimidating or overwhelming event for patients as well as their families or caregivers. At Red River Behavioral Health System, we value the importance of communication and comprehensive discharge planning in decreasing the likelihood of readmission, increasing patient satisfaction, and maintaining the stability of psychiatric conditions post-discharge.

Patients, family caregivers, and healthcare providers all play a significant role in the discharge planning process. We hope this guide will help provide an overview of the elements involved in ensuring a successful transition from our inpatient setting.

What Is Discharge Planning?

The goal of a discharge plan is to secure a smooth transition from one level of care to another. While only a physician can authorize a patient discharge, the actual discharge process often begins upon admission and includes a multidisciplinary team of psychiatry, social work, therapy and nursing staff.

The discharge planning process includes:

Evaluation of the patient by all members of the treatment team

Discussion with the *patient and/or patient representative about aftercare objectives and recommendations

Planning for homecoming or the transfer to another care facility

Referrals for medication management, therapy and/or other recommended services

Scheduling of follow-up appointments for continuity of care

**For adolescent patients, guardians are always offered a family therapy or "disposition" meeting prior to discharge. This can be completed on-site or via teleconference. Adult patients or caregivers may also request this meeting be arranged prior to discharge.*

The treatment team will present recommendations to patient or patient representative and proceed with coordination of the discharge plan, pending written consent is obtained. It's important to note that geography (location to available services), appointment availability and patient confidentiality barriers often play a role in the disposition of a discharge plan.

Other community caregivers may also be involved in discharge communication from the hospital including county case manager, mobile crisis team, social service agency and school personnel. While our discharge communication prioritizes medication and therapy providers, we acknowledge the importance of communication with other important team members and present the option to the patient and/or guardian to involve these parties in discharge planning communication.

QUESTIONS?

For questions about a loved one's care or discharge plan, please contact the assigned therapist and/or social worker. If unsure who to contact, please call 701-772-2500 and leave your name and number to be relayed to the appropriate team member for follow-up.

For patient records or to offer a release of information for your agency to be involved in a current patient's care, please request to be transferred to our Health Information Management (HIM) department or fax your request to 701-757-1517.

We also welcome the opportunity for community providers to meet with our treatment team to provide education and discuss the aftercare services offered by their organization. Please contact our business development department if you are interested in scheduling a visit with our team.