


The background of the entire page is a deep blue. Overlaid on this is a large, intricate circular pattern. This pattern is composed of many small, stylized human figures. Some figures are red, while others are a light teal or greyish-blue. They are arranged in concentric circles, with their arms and legs pointing outwards, creating a sense of a large group of people gathered together. The pattern is centered on the page.

Patient Surge in Disasters: A Hospital Toolkit for Expanding Resources in Emergencies

Rapid Patient Discharge Assessment Tools (RPDA)



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Rapid Patient Discharge Assessment Tools

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Rapid Patient Discharge Assessment (RPDA)

Project Description

Description

With the Rapid Discharge Tool (RDT), the New York City Department of Health and Mental Hygiene (DOHMH) organized and outlined activities that hospitals could engage to effectively discharge patients rapidly and thereby create ready vacant beds for incoming victims of a disaster. In the follow-up Rapid Patient Discharge Assessment (RPDA) pilot project, a rapid discharge exercise was conducted during morning bed management meetings at 6 NYC tertiary hospitals to determine how many inpatient beds could be made available to disaster victims in the immediate phase of an emergency response. On average, hospitals found that 30% of their inpatients could be identified as candidates for potential discharge during normal and rapid discharge reviews. Additionally, the rapidly discharged patients in the post-disaster scenario portion of the exercise showed a greater need for community-based ongoing care than did earlier identified potential discharges. Presumably, if the post-discharge needs of rapidly discharged patients are not met, these individuals could become medically or psychosocially vulnerable, making them likely to return to the hospital in the middle of a response or they would remain in the hospital and continue to be a draw on resources.

Pilot Project Findings

Key findings of the pilot project are:

- Many hospitals would be able to generate sufficient capacity to meet the supported, vacant bed needs of most local mass casualty incidents through rapid assessment for transfer or discharge.
- Placement at a community-based care facility was the primary barrier to discharge for patients identified as rapid discharge candidates during RPDA pilot study.

Goals and Objectives

Goal

Because census collection activities can be complex, there is a need for gaining a more practical understanding of how hospitals can maximize their rapid patient discharge potential during the immediate and perhaps subsequent phases of a public health emergency. In challenging hospitals to look more closely at how potential discharges are evaluated and how those patients' post-discharge care needs are met, the goal of the RPDA Project is to provide hospitals and their emergency preparedness planning partners with:



- A precise understanding of their rapid discharge potential during a mid-week, morning bed management meeting;
- Detailed awareness of barriers to rapid discharge;
- An understanding that some rapidly discharged patients may become medically or psychosocially vulnerable on discharge;
- An understanding of which community-based care providers will help to assure that above sub-set of rapid discharges does not become vulnerable.

Objectives

The objectives of the Project are to:

- Capture the number of patient-occupied beds that could be made available to incoming victims of a mass casualty incident;
- Provide a description of each patient identified as a candidate for rapid transfer or discharge (using DOHMH-supplied collection tools).

Exercise Components

RPDA has been designed as a functional exercise that can be folded into an existing bed management (bed board) meeting. The following list of activities was developed from the 2012-13 DOHMH Core Program (ASPR) deliverables guidance document to provide hospital emergency managers with a high level view of the project's essential components. Actual time needed to complete activity objectives will depend on how these items are adapted to your facility.

A. Prior to exercise

1. Submit a daily census report (Wednesday at 9am) to DOHMH approximately two (2) months prior to hospital's RPD exercise date. Data received will help to inform a component of the exercise and will not be used for any other purpose.
2. Submit name, title and contact information of person leading bed management committee on day of exercise. Shortly after receiving this information, DOHMH will provide hospital emergency preparedness coordinator with the exercise-day toolkit.

B. Day of exercise

1. Convene hospital Bed Management Committee (BMC), or equivalent. [Using a morning bed board meeting would qualify for this activity, assuming that key clinical staff attend]
2. Conduct bed-by-bed census reviews of all patient care units. Floor clinical staff will capture the number of unit-based definite and potential discharges using a DOHMH-provided Inpatient Potential Discharge Assessment Profile (IPDAP).
3. Completed collection tools will be submitted to bed management leader who will capture census detail before handing tools to discharge planners.
4. Discharge planners will review each potential discharge profile to determine feasibility of addressing all identified post-discharge care needs.

C. Post exercise

1. Upon completion of the exercise, hospitals will be expected to develop an After Action Report with Improvement Plan (AAR-IP) encompassing the different components of the exercise, including collection of census data, surge activities, and discharge planning.



2. Within 30 days of the exercise, hospitals will submit to DOHMH completed collection tools and AAR-IP.

Exercise Tools

The original pilot project tools have been updated and streamlined for easier census capture. They have also been significantly improved to provide a more comprehensive picture of rapid discharge candidates (patients) with post-discharge care needs.

The complete set of RPDA forms is as follows:

Instruction Sheets

- General Project Instruction Sheet
- General Information Sheet for Bed Management Committee Leader
- Information Sheet for Unit Representatives – Round One
- Information Sheet for Unit Representatives – Round Two

Collection Tools

- Bed Master Worksheet
- Patient Care Unit Profile
- Inpatient Potential Discharge Assessment Profile (IPDAP1 – Med/Surg)
- Inpatient Potential Discharge Assessment Profile (IPDAP1 – Critical Care)
- Inpatient Potential Discharge Assessment Profile (IPDAP1 – Peds)
- Inpatient Potential Discharge Assessment Profile (IPDAP1 – Psych/Detox)
- Inpatient Potential Discharge Assessment Profile (IPDAP2 – Med/Surg)
- Inpatient Potential Discharge Assessment Profile (IPDAP2 – Critical Care)
- Inpatient Potential Discharge Assessment Profile (IPDAP2 – Peds)
- Inpatient Potential Discharge Assessment Profile (IPDAP2 – Psych/Detox)

Miscellaneous

- Project Description
- Disaster Scenario
- Information Sheet for Data

NOTE: RPDA tools and materials are provided for reference only. We strongly recommend that you consult with an expert in bed management/patient-throughput before you begin customizing these forms and designing an RPDA exercise.

Corresponding files of all RPDA exercise tools are available for download at:

<http://www.nyc.gov/html/doh/html/em/emergency-surge.shtml>



Rapid Patient Discharge Assessment

Information Sheet for Bed Management Committee (BMC) Leader

Overview

Thank you for participating in the Rapid Patient Discharge Assessment Project! We anticipate this project will enable hospitals to gain a more practical understanding of how they can maximize their rapid patient discharge potential during the immediate and perhaps subsequent phases of a public health emergency. In challenging project participants to look more closely at how potential discharges are evaluated, hospitals will be provided with a unique opportunity to possibly increase their overall rapid patient discharge outcomes and plan appropriately.

Potential benefits of working through the RPDA Projects' deliverables include:

- A more accurate estimate of the number of supported vacant beds that could be yielded by rapidly discharging patients;
- A more accurate description of the population of inpatients that may be considered candidates for rapid patient discharge;
- A clearer understanding of how the rapid patient discharge process will adapt to accommodate surge needs.
- Information on the barriers to discharge your hospital may face, thus allowing more specific emergency planning

This project has been designed to integrate seamlessly into your daily bed management meeting routine. We anticipate, however, that approximately 1-2 additional hours will likely be required to complete the necessary project activities, which include:

- Completion (by each Nurse Manager/Charge Nurse) of a unit-based census form;
- Completion (by each Nurse Manager/Charge Nurse) of data capture forms (IPDAP) for every patient who has been identified as a *potential discharge*
- Completion of Bed Master Worksheet

Timeline

- RPDA activities will be conducted concurrently with daily morning BMC sessions.
- Select one WEDNESDAY to conduct this project.
- Run the drill
- Submit forms for data analysis.



Materials

The following materials/forms will be provided to RPDA Project participants:

- Instructions
- Bed Master Worksheet
- Patient Care Unit Profile Form
- Inpatient Potential Discharge Assessment Profile (IPDAP- 1&2) Forms

Note: Participants will be responsible for printing sufficient copies of all documents (see instructions sheet).

Players involved

- Members of the Bed Management Committee
- Unit Representatives
- Attending or other physician (for teaching hospitals can be chief resident) with discharge authority- Needed in Round 2 only
- Unit charge nurse- Needed in Round 2 only

See **Project Instructions Sheet** for next steps



Rapid Patient Discharge Assessment

Project Instructions Sheet

Preparation Steps:

- Carefully review all documents associated with the RPDA Project.
- Select date for a Wednesday morning Bed Management Committee (BMC)/ Bed Board meeting to conduct this project.
- Provide advance notification to unit management of selected date and inform them that project paperwork will take between 1 to 2 hours to complete, depending upon hospital systems. DO NOT distribute or share any of the RPDA Project forms with unit staff prior to your scheduled RPDA Project BMC meetings.
- Print:
 - Prior to printing, type in the hospital name in the header of each document.
 - *Bed Master Worksheet* - one per hospital.
 - *Patient Care Unit Profile* - one form for each patient care unit.
 - *IPDAP-1 Forms:*

Print enough forms to cover approximately 20% of current census for each of the following areas:

 - *Inpatient Potential Discharge Assessment Profile Form 1 **Med/Surg*** (IPDAP-1 Med/Surg)
 - *Inpatient Potential Discharge Assessment Profile Form 1 **Critical Care*** (IPDAP-1 Critical Care)
 - *Inpatient Potential Discharge Assessment Profile Form 1 **Pediatric*** (IPDAP-1 Pediatric)
 - *Inpatient Potential Discharge Assessment Profile Form 1 **Psych/ Detox*** (IPDAP-1 Psych/Detox)
 - *Information Sheet for Patient Care Unit Representative Round One* - one for each patient care unit.
 - *Information Sheet for Patient Care Unit Representative Round Two* - one for each patient care unit.
 - *IPDAP-2 Forms:*

Use appropriate form for unit type, making the same number of copies as you did for the IPDAP-1 forms

 - *Inpatient Potential Discharge Assessment Profile Form 2 **Med/Surg*** (IPDAP-2 Med/Surg)
 - *Inpatient Potential Discharge Assessment Profile Form 2 **Critical Care*** (IPDAP-2 Critical Care)



- *Inpatient Potential Discharge Assessment Profile Form 2 **Pediatric***
(IPDAP-2 Pediatric)
- *Inpatient Potential Discharge Assessment Profile Form 2 **Psych/ Detox***
(IPDAP-2 Psych/Detox)

Activation Steps – Round ONE

The RPDA Project begins once the BMC/Bed Board Meeting is convened:

- A. BMC Leader instructs nurse managers/clinical representatives to attend the RPDA Project BMC meeting with their:
 - unit census
 - identified definite (“confirmed”) discharges
 - identified potential discharges
- B. BMC/Bed Board meeting begins with clinical representatives from all patient care units:
 - Note: PACU, Nursery and Maternity do not need to participate in the exercise, however enter the numbers of capacity and current census on Bed Master Worksheet.
- C. BMC Leader explains the project’s goals and requirements to participants (see attached *Information Sheet for BMC Leader*).
- D. BMC Leader distributes and assures completion of a Sign-in Sheet including the following information:
 - Staff Name
 - Department/Unit Name
 - Title
 - Signature
- E. BMC Leader distributes:
 - one (1) *Patient Care Unit Profile*
 - an adequate supply of IPDAP-1 forms (Med/Surge, Critical Care, Pediatric, Psych/Detox) to each patient care unit nurse manager/clinical representative
 - one (1) Information Sheet for Patient Care Unit Representative Round One
- F. BMC Leader carefully orients unit representatives to the IPDAP-1 forms. Anticipate that extra time may be necessary to gather information. Encourage unit representatives to complete all of the requested information on distributed forms and make them aware that certain questions may require referencing patient charts.
- G. Conduct BMC/Bed Board meeting. As the census is reviewed and vacant beds assigned, BMC Leader should capture the numbers on the *Bed Master Worksheet*.
- H. Instruct unit representatives to fill out the *Patient Care Unit Profile* first, and then the IPDAP-1 forms. It is extremely important that a *Patient Care Unit Profile* is



completed accurately for every unit and an IPDAP-1 form submitted for EVERY identified potential discharge. When completed, all forms are returned to BMC Leader who should review the forms for completion.

Identifying Additional Potential Discharges in a Disaster Scenario – Round TWO

- A. After all Round ONE forms have been collected and all unit representatives are present, BMC Leader will read the provided *Disaster Scenario* aloud to the group.
- B. Given the urgent need for vacant beds that the scenario presents, the BMC Leader will challenge unit representatives to emergently identify as many additional patients as possible as potential discharges. Be certain that previously identified patients for potential discharge (i.e. patients for which an IPDAP-1 were filled out and submitted) are NOT included in this round.
- C. BMC Leader distributes
 - an adequate supply of the IPDAP-2 (Med/Surg, Critical Care, Pediatric, Psych/Detox) forms to unit representatives and instruct them to complete this form for EVERY additional patient they are able to assess as a potential discharge.
 - one (1) Information Sheet for Patient Care Unit Representative Round Two
 - Anticipate that extra time may be necessary to gather information and encourage unit representatives to complete all of the requested information on distributed forms
- D. Completion of IPDAP-2 forms requires the involvement of a physician with discharge authority. Unit representatives are to work with the charge nurse on the unit, the attending physician and any other member involved in discharging patients to identify which patients would be considered for discharge in a disaster scenario. An IPDAP-2 form is to be filled out only for patients who are cleared for discharge by an attending physician given the scenario. NO PATIENTS ARE TO ACTUALLY BE DISCHARGED.
- E. BMC Leader instructs unit representatives that if they are unable to identify any additional potential discharges, they should write 'No Additional Potential Discharges Identified' on one of the IPDAP-2 forms.
- F. BMC Leader collects all IPDAP-2 (Med/Surg, Critical Care, Pediatric, Psych/Detox) forms, while assuring all requested information has been recorded.
- G. BMC Leader records on the Bed Master Worksheet the number of potential discharges in a disaster scenario.



H. All forms are reviewed for completeness. Every question should be answered. BMC Leader cross-references the numbers on the Bed Master Worksheet. For each unit, the number in the "confirmed discharges" on the Patient Care Unit Profile should match the number in the column of "Round 1 confirmed discharges" on the Bed Master worksheet. For each unit, the number in the "Round 1 potential discharges" on the Patient Care Unit Profile should match the "Round 1 potential discharges" on the Bed Master Worksheet AND the number of IPDAP-1 forms for that unit. For each unit, the number of "Round 2 potential discharges" should match the number of IPDAP-2 forms for that unit. If the numbers do not match, sort through and reconcile the information.

Check List of items to be submitted for analysis:

- ✓ Sign-In sheets
- ✓ Bed Master Census Worksheet
- ✓ Printout of the census from the hospital database
- ✓ Patient Care Unit Profiles - 1 per unit
- ✓ Completed IPDAP-1 - 1 per each patient initially identified as a potential discharge
- ✓ Completed IPDAP-2 - 1 per each additional patient identified as a potential discharge during the disaster scenario

Bed Master Worksheet for Rapid Discharge

[illegible]

Number of Patients in the ED waiting for a bed: _____



Rapid Patient Discharge Assessment (RPDA) Project

Information Sheet for Patient Care Unit Representatives

Thank you for participating in the Rapid Patient Discharge assessment. We know your time is valuable. Please know that the information collected here will be directly used to plan for the care of patients in the event of a public health emergency that requires surge beds.

Patient Care Unit Profile

- One form to be filled out per unit.

IPDAP-1

- One form for every patient on the unit considered a potential discharge
- The number of forms should equal the number of "potential discharges" on the patient care unit profile
- All questions are to be answered
- Each form will take 3-5 minutes to fill out
- *If* you are on a critical care unit, fill out IPDAP-1 Critical Care
- *If* you are on a pediatric unit, fill out IPDAP-1 Pediatric
- *If* you are on a psych or detox unit, fill out IPDAP-1 Psych/Detox
- All other units use the IPDAP-1 Med/Surg IPDAP-1 form



Rapid Patient Discharge Assessment

Patient Care Unit Profile

Hospital Name: _____ **Date:** _____

Unit Name: _____

(Note: on following forms, please be consistent and fill in the unit name as you listed here)

First Name of person filling out this form: _____

Title (e.g., Nurse manager): _____

Unit Type (choose most specific type):

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Neurology only | Critical Care |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Chemical Detox | <input type="checkbox"/> Medical CCU |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Physical Rehab | <input type="checkbox"/> Surgical CCU |
| <input type="checkbox"/> Cardiology only | <input type="checkbox"/> Hospice or Palliative Care | <input type="checkbox"/> Cardiac CCU |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Step down (any type) | <input type="checkbox"/> NICU |
| <input type="checkbox"/> Oncology only | | <input type="checkbox"/> Other (specify): _____ |

CENSUS

- **Total Number of patients currently on the unit:** _____
- **Number of identified confirmed discharges (except critical care*):** _____
 *If critical care, number of **potential downgrades**: _____
- **Number of identified potential discharges (except critical care):** _____

Return Completed Form to Bed Management Committee Leader



Hospital Name: _____

Inpatient Potential Discharge Assessment Profile (IPDAP-1) Form 1 Med/Surg

Unit Name: _____

Patient information

Bed number: _____

MRN: _____ (for possible future reference)

Sex: ☐ Female ☐ Male

Age: _____

Primary diagnosis (Check the one that most specifically describes reason for patient stay.)

☐ Surgical

☐ Cardiology

☐ Respiratory

☐ Neurology

☐ Oncology

☐ Orthopedics

☐ Psychiatric

☐ Spine

☐ Chemical Dependency

☐ OB/ Gyn

☐ Transplant

☐ Hospice or Palliative Care

☐ Trauma

☐ Infectious Diseases, incl. TB

☐ Other (specify):

Is this patient Homeless? ☐ No ☐ Yes ☐ Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

IMPORTANT – Answer ALL Questions

Is lab work or lab work results required before discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is an imaging study or radiology results required before discharged? (e.g. CT, echocardiogram, X-rays, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are meds from pharmacy needed before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are discharge orders currently written OR is a completed <i>intend to discharge</i> form in the patient's chart? IF No, Is the patient's attending physician available to write the discharge order at this moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are prescriptions for after care available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is a specialist consult required prior to discharging this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does patient education require greater resources in time beyond the typical discharge instructions? (e.g. diabetes care)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does this patient have a functional disability (e.g. wheelchair bound, vision or hearing impairment) that requires special arrangements on discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is patient clothing available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a language barrier that would require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
The transportation required for this patient to leave the hospital is: IF family/ friend picking up, has that person already been notified? IF ambulance, have arrangements already been made?	<input type="checkbox"/> pt can leave on their own <input type="checkbox"/> pt needs assistance of family/friend <input type="checkbox"/> pt requires ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this patient being transferred to a care facility upon discharge? If YES, type of facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES only: <input type="checkbox"/> Nursing home/ LTCF <input type="checkbox"/> Physical Rehab facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Substance Abuse Rehab <input type="checkbox"/> Shelter bed <input type="checkbox"/> Hospice bed <input type="checkbox"/> Other, specify _____
Is Home Health Care/ Visiting Nurse Service needed for this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

Inpatient Potential Discharge Assessment Profile (IPDAP-1) Form 1 Critical Care

Unit Name: _____

Patient information

Bed number: _____

MRN: _____ (for possible future reference)

Sex: ☐ Female ☐ Male

Age: _____

Primary diagnosis (check the one that most specifically describes reason for patient stay):

- | | |
|--|--|
| <input type="checkbox"/> Surgical | <input type="checkbox"/> OB/ Gyn |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Hospice or Palliative Care |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Infectious Diseases, incl. TB |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Psychiatric | |
| <input type="checkbox"/> Spine | |
| <input type="checkbox"/> Chemical Dependency | |

Is this patient Homeless? ☐ No ☐ Yes ☐ Unknown

This patient can be transferred to: ☐ Step-Down Unit
☐ Med/ Surg
☐ Other (specify) _____

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

Inpatient Potential Discharge Assessment Profile (IPDAP-1) Form 1 Pediatric

Unit Name: _____

Patient information

Bed number: _____

MRN: _____ (for possible future reference)

Sex: ☐ Female ☐ Male

Age: _____

Primary diagnosis (check the one that most specifically describes reason for patient stay):

☐ Surgical

☐ OB/ Gyn

☐ Cardiology

☐ Transplant

☐ Respiratory

☐ Hospice or Palliative Care

☐ Neurology

☐ Trauma

☐ Oncology

☐ Infectious Diseases, incl. TB

☐ Orthopedics

☐ Other (specify):

☐ Psychiatric

☐ Spine

☐ Chemical Dependency

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

IMPORTANT – Answer ALL Questions

Is lab work or lab work results required before discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is an imaging study or radiology results required before discharged? (e.g. CT, echocardiogram, X-rays, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are meds from pharmacy needed before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are discharge orders currently written OR is a completed <i>intend to discharge</i> form in the patient's chart? IF No, Is the patient's attending physician available to write the discharge order at this moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are prescriptions for after care available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is a specialist consult required prior to discharging this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does patient education for family require greater resources in time beyond the typical discharge instructions? (e.g. diabetes care)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does this patient have a functional disability (e.g. wheelchair bound, vision or hearing impairment) that requires special arrangements on discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
The transportation required for this patient to leave the hospital is: IF family/ friend picking up, has that person already been notified? IF ambulance, have arrangements already been made?	<input type="checkbox"/> pt needs assistance of family/friend <input type="checkbox"/> pt requires ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this patient being transferred to a care facility upon discharge? If YES, type of facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES only: <input type="checkbox"/> Nursing home/ LTCF <input type="checkbox"/> Physical Rehab facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Substance Abuse Rehab <input type="checkbox"/> Shelter bed <input type="checkbox"/> Hospice bed <input type="checkbox"/> Other, specify _____
Is Home Health Care/ Visiting Nurse Service needed for this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Parents or other caretakers are available to meet the care needs of the child at home	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

Inpatient Potential Discharge Assessment Profile (IPDAP-1) Form 1 Psych/Detox

Unit Name: _____

Patient information

Bed number: _____

MRN: _____ (for possible future reference)

Sex: ☐ Female ☐ Male

Age: _____

Primary diagnosis (check the one that most specifically describes reason for patient stay):

☐ Surgical

☐ Cardiology

☐ Respiratory

☐ Neurology

☐ Oncology

☐ Orthopedics

☐ Psychiatric

☐ Spine

☐ Chemical Dependency

☐ OB/ Gyn

☐ Transplant

☐ Hospice or Palliative Care

☐ Trauma

☐ Infectious Diseases, incl. TB

☐ Other (specify):

Is this patient Homeless? ☐ No ☐ Yes ☐ Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

IMPORTANT – Answer ALL Questions

Is lab work or lab work results required before discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is an imaging study or radiology results required before discharged? (e.g. CT, echocardiogram, X-rays, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are meds from pharmacy needed before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are discharge orders currently written OR is a completed <i>intend to discharge</i> form in the patient's chart? IF No, Is the patient's attending physician available to write the discharge order at this moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are prescriptions for after care available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is a specialist consult required prior to discharging this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does patient education require greater resources in time beyond the typical discharge instructions? (e.g. diabetes care)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does this patient have a functional disability (e.g. wheelchair bound, vision or hearing impairment) that requires special arrangements on discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is patient clothing readily available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a language barrier that would require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
The transportation required for this patient to leave the hospital is: IF family/ friend picking up, has that person already been notified? IF ambulance, have arrangements already been made?	<input type="checkbox"/> pt can leave on their own <input type="checkbox"/> pt needs assistance of family/friend <input type="checkbox"/> pt requires ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this patient being transferred to a care facility upon discharge? If YES, type of facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES only: <input type="checkbox"/> Nursing home/ LTCF <input type="checkbox"/> Physical Rehab facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Substance Abuse Rehab <input type="checkbox"/> Shelter bed <input type="checkbox"/> Hospice bed <input type="checkbox"/> Other, specify _____
Is Home Health Care/ Visiting Nurse Service needed for this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Rapid Patient Discharge Assessment (RPDA) Project

Information Sheet for Patient Care Unit Representatives

Thank you for participating in the Rapid Patient Discharge assessment. We know your time is valuable. Please know that the information collected here will be directly used to plan for the care of patients in the event of a public health emergency that requires surge beds.

Below to be distributed only AFTER disaster scenario is read

IPDAP-2

- One form for *every* patient on the unit identified as a potential discharge in the event of a disaster.
- If a patient is accounted for in “potential discharges” in Round 1 IPDAP-1, do NOT fill in an IPDAP-2 form for that patient.
- For IPDAP-2, a physician will be required to participate in this project. Please consult with your unit team that would make rapid discharge decisions in the event of a disaster. An attending physician, or physician with discharge authority, will have to initial the IPDAP-2 form under the medical clearance section.
- *If* you are on a critical care unit, fill out IPDAP-2 Critical Care
- *If* you are on a pediatric unit, fill out IPDAP-2 Pediatric
- *If* you are on a psych or detox unit, fill out IPDAP-2 Psych/Detox
- All other units use the IPDAP-2 Med/Surg form
- DO NOT DISCHARGE PATIENTS AS PART OF THIS DRILL.

Thank you!



Rapid Patient Discharge Assessment (RPDA)

Disaster Scenario

A residential building collapsed nearby at 9:05am. EMS advises approximately 150 seriously injured survivors, including children, will be heading to your hospital within the next hour. For the purpose of this exercise, this committee is tasked with **identifying the maximum number of vacant inpatient beds that can be obtained immediately via rapid patient discharge activities.**

Note, this exercise is not concerned with obtaining beds through capacity expansion for the longer term.



Hospital Name: _____

**Inpatient Potential Discharge Assessment Profile (IPDAP-2) Form 2 Med/Surg
DISASTER SCENARIO**

Unit Name: _____

Patient information

Bed number: _____

MRN: _____ (for possible future reference)

Sex: ☐ Female ☐ Male

Age: _____

Primary diagnosis (check the one that most specifically describes reason for patient stay):

☐ Surgical

☐ Cardiology

☐ Respiratory

☐ Neurology

☐ Oncology

☐ Orthopedics

☐ Psychiatric

☐ Spine

☐ Chemical Dependency

☐ OB/ Gyn

☐ Transplant

☐ Hospice or Palliative Care

☐ Trauma

☐ Infectious Diseases, incl. TB

☐ Other (specify):

Is this patient Homeless? ☐ No ☐ Yes ☐ Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

IMPORTANT – Answer ALL Questions

Would lab work or lab work results be required before discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would an imaging study or radiology results be required before discharged? (eg. CT, echocardiogram, X-rays, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would meds from pharmacy be needed before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a completed <i>intend to discharge</i> form in the patient's chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF No, Is the patient's attending physician available to write the discharge order at this moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF patient's attending physician is not available now, is there another physician with discharge authority who could write DC orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are prescriptions for after care available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would a specialist consult required prior to discharging this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would patient education require greater resources in time beyond the typical discharge instructions? (e.g. diabetes care)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does this patient have a functional disability (e.g. wheelchair bound, vision or hearing impairment) that will require special arrangements on discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If patient's clothing was destroyed, is clothing available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a language barrier that would require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If this patient was to be emergently discharged, the required transportation would be:	<input type="checkbox"/> pt can leave on their own <input type="checkbox"/> pt needs assistance of family/friend <input type="checkbox"/> pt requires ambulance
Would the patient's ability to independently perform daily tasks on their own be a concern if emergently discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would this patient be transferred to a care facility upon discharge? If YES, type of facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES only: <input type="checkbox"/> Nursing home/ LTCF <input type="checkbox"/> Physical Rehab facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Shelter bed <input type="checkbox"/> Hospice bed <input type="checkbox"/> Other, specify _____
Would Home Health Care/ Visiting Nurse Service be needed for this patient if emergently discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would a social worker need to be consulted before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

Please check off ALL the concerns/ considerations for discharging this patient in the event of a disaster:

- ☐ This patient is medically stable, but remains in the hospital to manage non-life threatening symptoms such as nausea, weakness, or minor pain. Patient could be discharged in the event of a disaster
 - ☐ If patient could be provided sufficient pain management, patient could be discharged
 - ☐ IV antibiotics could be changed to PO
 - ☐ Postpone procedure, including elective surgery
 - ☐ Outpatient follow up would be sufficient (i.e. monitoring by PCP and lab testing)
 - ☐ If hemodialysis was arranged, patient could be discharged
 - ☐ Once patient voids and/or eats post-op, patient could be discharged
 - ☐ If physical therapy or physical rehab was arranged, patient could be discharged
 - ☐ If mobility issues were addressed, patient could be discharged
 - ☐ Finding follow up care an issue because this patient's immigration status
 - ☐ Concern this patient may refuse to be discharged
 - ☐ If social issues were attended to, patient could be discharged
- please explain _____
- ☐ Other, specify _____

Medical sign-off by attending physician

In the event of a disaster, the above patient would be considered for rapid discharge. Initialing below indicates that you, a physician with discharge authority, have assessed this patient as part of the drill and consider this patient to be medically/clinically stable for discharge either to home or a care facility. THE DRILL DOES NOT REQUIRE YOU TAKE STEPS TO DISCHARGE THIS PATIENT.

Initials: _____

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

**Inpatient Potential Discharge Assessment Profile (IPDAP-2) Form 2 Critical Care
DISASTER SCENARIO**

Unit Name: _____

Patient information

Bed number: _____

MRN: _____ (for possible future reference)

Sex: ☐ Female ☐ Male

Age: _____

Primary diagnosis (check the one that most specifically describes reason for patient stay):

- | | |
|--|--|
| <input type="checkbox"/> Surgical | <input type="checkbox"/> OB/ Gyn |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Hospice or Palliative Care |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Infectious Diseases, incl. TB |
| <input type="checkbox"/> Orthopedics | |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Spine | |
| <input type="checkbox"/> Chemical Dependency | |

Is this patient Homeless? ☐ No ☐ Yes ☐ Unknown

This patient can be transferred to: ☐ Step-Down Unit
☐ Med/ Surg
☐ Other (specify): _____

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

Medical sign-off by attending physician

In the event of a disaster, the above patient would be considered for rapid discharge, or for CCU to be transferred to a less acute care unit. Initialing below indicates that you, a physician with discharge authority, have assessed this patient as part of the drill and consider this patient to be medically/clinically stable for discharge either to home or a care facility. THE DRILL DOES NOT REQUIRE YOU TAKE STEPS TO DISCHARGE THIS PATIENT.

Initials: _____

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

**Inpatient Potential Discharge Assessment Profile (IPDAP-2) Form 2 Pediatric
DISASTER SCENARIO**

Unit Name: _____

Patient information

Bed number: _____

MRN: _____ (for possible future reference)

Sex: ☐ Female ☐ Male

Age: _____

Primary diagnosis (Check the one that most specifically describes reason for patient stay.)

☐ Surgical

☐ Cardiology

☐ Respiratory

☐ Neurology

☐ Oncology

☐ Orthopedics

☐ Psychiatric

☐ Spine

☐ Chemical Dependency

☐ OB/ Gyn

☐ Transplant

☐ Hospice or Palliative Care

☐ Trauma

☐ Infectious Diseases, incl. TB

☐ Other (specify):

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.


Hospital Name: _____

IMPORTANT – Answer ALL Questions

Would lab work or lab work results be required before discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would an imaging study or radiology results be required before discharged? (e.g. CT, echocardiogram, X-rays, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would meds from pharmacy be needed before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a completed <i>intend to discharge</i> form in the patient's chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF No, Is the patient's attending physician available to write the discharge order at this moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF patient's attending physician is not available now, is there another physician with discharge authority who could write DC orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are prescriptions for after care available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would a specialist consult required prior to discharging this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would patient education for family require greater resources in time beyond the typical discharge instructions? (e.g. diabetes care)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does this patient have a functional disability (e.g. wheelchair bound, vision or hearing impairment) that will require special arrangements on discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is patient clothing readily available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a language barrier that would require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If this patient was to be emergently discharged, the required transportation would be:	<input type="checkbox"/> pt can leave on their own <input type="checkbox"/> pt needs assistance of family/friend <input type="checkbox"/> pt requires ambulance
Would the patient's ability to independently perform daily tasks on their own be a concern if emergently discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would this patient be transferred to a care facility upon discharge? If YES, type of facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES only: <input type="checkbox"/> Skilled Nursing facility <input type="checkbox"/> Physical Rehab facility <input type="checkbox"/> Other, specify _____
Would Home Health Care/ Visiting Nurse Service be needed for this patient if emergently discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would a social worker need to be consulted before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Parents or other caretakers are available to meet the care needs of the child at home	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Social Services (e.g. ACS) involvement is required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

Please check off ALL the concerns/ considerations for discharging this patient in the event of a disaster:

- ☐ This patient is medically stable, but remains in the hospital to manage non-life threatening symptoms such as nausea, weakness, or minor pain. Patient could be discharged in the event of a disaster
- ☐ If patient could be provided sufficient pain management, patient could be discharged
- ☐ IV antibiotics could be changed to PO
- ☐ Postpone procedure, including elective surgery
- ☐ Outpatient follow up would be sufficient, (i.e. monitoring by PCP and lab testing)
- ☐ If hemodialysis was arranged, patient could be discharged
- ☐ Once patient voids and/or eats post-op, patient could be discharged
- ☐ If physical therapy or physical rehab was arranged, patient could be discharged
- ☐ If mobility issues were addressed, patient could be discharged
- ☐ Finding follow up care an issue because this patient's immigration status
- ☐ Concern parent/guardian may refuse discharge
- ☐ Concern that parent or caretaker cannot meet the needs of the child
- ☐ If social issues were attended to, patient could be discharged
- ☐ please explain _____
- ☐ Other, specify _____

Medical sign-off by attending physician

In the event of a disaster, the above patient would be considered for rapid discharge. Initialing below indicates that you, a physician with discharge authority, have assessed this patient as part of the drill and consider this patient to be medically/clinically stable for discharge either to home or a care facility. THE DRILL DOES NOT REQUIRE YOU TAKE STEPS TO DISCHARGE THIS PATIENT.

Initials: _____

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

**Inpatient Potential Discharge Assessment Profile (IPDAP-2) Form 2 Psych/Detox
DISASTER SCENARIO**

Unit Name: _____

Patient information

Bed number: _____

MRN: _____ (for possible future reference)

Sex: ☐ Female ☐ Male

Age: _____

Primary diagnosis (check the one that most specifically describes reason for patient stay):

☐ Surgical

☐ Cardiology

☐ Respiratory

☐ Neurology

☐ Oncology

☐ Orthopedics

☐ Psychiatric

☐ Spine

☐ Chemical Dependency

☐ OB/ Gyn

☐ Transplant

☐ Hospice or Palliative Care

☐ Trauma

☐ Infectious Diseases, incl. TB

☐ Other (specify):

Is this patient Homeless? ☐ No ☐ Yes ☐ Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

IMPORTANT – Answer ALL Questions

Would lab work or lab work results be required before discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would an imaging study or radiology results be required before discharged? (e.g. CT, echocardiogram, X-rays, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would meds from pharmacy be needed before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a completed <i>intend to discharge</i> form in the patient's chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF No, Is the patient's attending physician available to write the discharge order at this moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF patient's attending physician is not available now, is there another physician with discharge authority who could write DC orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are prescriptions for after care available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would a specialist consult required prior to discharging this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would patient education require greater resources in time beyond the typical discharge instructions? (e.g. diabetes care)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does this patient have a functional disability (e.g. wheelchair bound, vision or hearing impairment) that will require special arrangements on discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is patient clothing readily available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a language barrier that would require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If this patient was to be emergently discharged, the required transportation would be:	<input type="checkbox"/> pt can leave on their own <input type="checkbox"/> pt needs assistance of family/friend <input type="checkbox"/> pt requires ambulance
Would the patient's ability to independently perform daily tasks on their own be a concern if emergently discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would this patient be transferred to a care facility upon discharge? If YES, type of facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES only: <input type="checkbox"/> Nursing home/ LTCF <input type="checkbox"/> Physical Rehab facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Substance Abuse Rehab <input type="checkbox"/> Shelter bed <input type="checkbox"/> Hospice bed <input type="checkbox"/> Other, specify _____

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



Hospital Name: _____

Would Home Health Care/ Visiting Nurse Service be needed for this patient if emergently discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Would a social worker need to be consulted before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a court order in place requiring this patient to be in treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a problem/delay in identifying an appropriate outpatient referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Please check off ALL the concerns/ considerations for discharging this patient in the event of a disaster:

- ☐ This patient is medically stable, but remains in the hospital to manage non-life threatening symptoms such as nausea, weakness, or minor pain. Patient could be discharged in the event of a disaster
- ☐ If detox taper was adjusted, earlier discharge could occur
- ☐ If patient could be provided sufficient pain management, patient could be discharged
- ☐ Outpatient follow up would be sufficient, (i.e. monitoring by PCP and lab testing)
- ☐ Finding follow up care an issue because this patient's immigration status
- ☐ Concern this patient may refuse to be discharged
- ☐ If social issues were attended to, patient could be discharged
- please explain _____
- ☐ Other, specify _____

Medical sign-off by attending physician

In the event of a disaster, the above patient would be considered for rapid discharge. Initialing below indicates that you, a physician with discharge authority, have assessed this patient as part of the drill and consider this patient to be medically/clinically stable for discharge either to home or a care facility. THE DRILL DOES NOT REQUIRE YOU TAKE STEPS TO DISCHARGE THIS PATIENT.

Initials: _____

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE (NYCDOHMH)
OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE (OEPR)

Rapid Patient Discharge Assessment (RPDA) Project

Information Sheet for Data Management and Analysis

All forms (Bed Master Worksheet, Patient Care Unit Profile, IPDAP-1, IPDAP-2) were designed with data entry, management and analysis in mind.

A Microsoft Access database or Excel Spreadsheet can be created to enter data into. All questions, with one exception, have mutually exclusive responses. The one question with possible multiple responses is on IPDAP-2, "Please check off ALL the concerns/ considerations for discharging this patient in the event of a disaster."

Data analysis can be completed using any statistical software.

Data can be analyzed to meet the specific inquiries of your hospital.

Highlighted analyses include:

- Total number of potential vacant beds gain through discharging patients in the event of a disaster. Add "round 1 confirmed discharges" + "round 1 potential discharges" + "round 2 potential discharges" – "number of patients in ED waiting for a bed" [found on the Bed Master Worksheet].
- The logistical, social and clinical considerations and/or obstacles that your hospital may face during a rapid discharge event by evaluating the information in the chart on IPDAP-2.

