Advanced Certificate in Discharge Planning in Health and Social Care

Quality Improvement in Discharge Planning

Abandonment of Care

Abandonment of care is the termination of care by a healthcare provider without ensuring that an appropriate alternative plan is in place for the patient. This can occur when a patient is discharged from the hospital without proper follow-up care or when a home health care provider fails to show up for scheduled visits. Abandonment of care can result in serious consequences for the patient, including worsening of their condition, hospital readmission, and even death.

Related terms: discharge planning, follow-up care, patient abandonment, hospital readmission.

Case Management

Case management is a collaborative process that involves the assessment, planning, implementation, coordination, monitoring, and evaluation of options and services to meet an individual's health and human service needs. It is a critical component of discharge planning, as it helps to ensure that patients receive the necessary care and support after they are discharged from the hospital.

Related terms: discharge planning, care coordination, patient-centered care.

Continuity of Care

Continuity of care is the uninterrupted and coordinated delivery of healthcare services to a patient over time and across different settings. It involves the transfer of accurate and complete information about the patient's health status, treatment plans, and medications between healthcare providers. Continuity of care is essential for ensuring positive patient outcomes and reducing the risk of hospital readmissions.

Related terms: discharge planning, care coordination, patient-centered care, hospital readmissions.

Discharge Planning

Discharge planning is a process that begins at the time of admission to a healthcare facility and continues until the patient is discharged. It involves the identification of the patient's needs and the development of a plan to meet those needs after discharge. Discharge planning is essential for ensuring positive patient outcomes and reducing the risk of hospital readmissions.

Related terms: care coordination, patient-centered care, continuity of care, hospital readmissions.

Health Information Technology (HIT)

Health information technology (HIT) refers to the use of electronic health records (EHRs), electronic health information exchanges (HIEs), and other digital tools to manage and exchange patient information. HIT is a

critical component of discharge planning, as it allows healthcare providers to access and share accurate and complete information about the patient's health status, treatment plans, and medications.

Related terms: electronic health records (EHRs), electronic health information exchanges (HIEs), patient-centered care, care coordination.

Home Health Care

Home health care is a range of healthcare services that are provided to patients in their own homes. These services may include skilled nursing care, physical therapy, occupational therapy, and speech therapy. Home health care is an important component of discharge planning, as it allows patients to receive the care they need in the comfort and familiarity of their own homes.

Related terms: discharge planning, care coordination, patient-centered care, continuity of care.

Hospital Readmissions

Hospital readmissions refer to the return of a patient to the hospital within a short period after discharge. Hospital readmissions can be costly and can lead to negative patient outcomes. They are often the result of inadequate discharge planning, poor communication between healthcare providers, and a lack of continuity of care.

Related terms: discharge planning, care coordination, patient-centered care, continuity of care.

Interdisciplinary Team Approach

An interdisciplinary team approach is a collaborative approach to patient care that involves the input and expertise of healthcare providers from different disciplines. This approach is essential for effective discharge planning, as it ensures that all aspects of the patient's care are considered and addressed.

Related terms: discharge planning, care coordination, patient-centered care.

Medication Reconciliation

Medication reconciliation is the process of comparing a patient's medication orders to all of the medications that the patient has been taking. This process is critical for ensuring that the patient is not prescribed medications that may interact with each other or with other medical conditions. Medication reconciliation is an important component of discharge planning, as it helps to prevent medication errors and improve patient safety.

Related terms: discharge planning, care coordination, patient-centered care, medication errors.

Patient-Centered Care

Patient-centered care is an approach to healthcare that focuses on the individual needs, values, and preferences of the patient. It involves the active involvement of the patient in the care process and the provision of care that is respectful, compassionate, and responsive to the patient's needs. Patient-centered

care is a critical component of discharge planning, as it helps to ensure that the patient receives the care and support they need to manage their health after discharge.

Related terms: discharge planning, care coordination, continuity of care, patient engagement.

Patient Engagement

Patient engagement is the active involvement of the patient in their own care process. It involves the patient taking an active role in managing their health, making informed decisions about their care, and communicating effectively with their healthcare providers. Patient engagement is a critical component of discharge planning, as it helps to ensure that the patient is prepared and able to manage their health after discharge.

Related terms: discharge planning, patient-centered care, care coordination.

Quality Improvement

Quality improvement is the process of identifying and implementing changes to healthcare processes and systems in order to improve patient outcomes and reduce costs. It involves the use of data and evidence to identify areas for improvement, the development and implementation of interventions, and the evaluation of the impact of those interventions. Quality improvement is an important component of discharge planning, as it helps to ensure that patients receive high-quality care and support after discharge.

Related terms: discharge planning, care coordination, patient-centered care, quality of care.

Readmission Rates

Readmission rates refer to the percentage of patients who are readmitted to the hospital within a short period after discharge. High readmission rates can indicate poor quality of care or inadequate discharge planning. Reducing readmission rates is a key objective of discharge planning and quality improvement efforts.

Related terms: discharge planning, care coordination, patient-centered care, continuity of care.

Rehabilitation Services

Rehabilitation services are a range of healthcare services that are designed to help patients recover from illness or injury and regain their independence. These services may include physical therapy, occupational therapy, and speech therapy. Rehabilitation services are an important component of discharge planning, as they help patients to regain their strength and mobility and return to their normal activities.

Related terms: discharge planning, care coordination, patient-centered care, continuity of care.

Risk Assessment

Risk assessment is the process of identifying and evaluating the risks associated with a particular healthcare intervention or situation. It involves the identification of potential hazards, the assessment of the likelihood

and severity of harm, and the development and implementation of interventions to mitigate those risks. Risk assessment is an important component of discharge planning, as it helps to ensure that patients are not exposed to unnecessary risks after discharge.

Related terms: discharge planning, care coordination, patient-centered care, quality improvement.

Social Determinants of Health

Social determinants of health are the social and economic factors that influence health outcomes. These factors include income, education, housing, employment, and access to healthcare. Social determinants of health are an important consideration in discharge planning, as they can have a significant impact on a patient's ability to manage their health after discharge.

Related terms: discharge planning, care coordination, patient-centered care, quality improvement.

Transitions of Care

Transitions of care refer to the transfer of a patient from one healthcare setting to another, such as from the hospital to a long-term care facility or from a long-term care facility to home. Transitions of care are a critical time in the care process, as they can lead to errors, gaps in care, and poor patient outcomes. Effective transitions of care require careful planning, communication, and coordination between healthcare providers.

Related terms: discharge planning, care coordination, patient-centered care, continuity of care.

Utilization Management

Utilization management is the process of evaluating the medical necessity, appropriateness, and efficiency of healthcare services. It involves the review of medical records, the development of care plans, and the authorization of healthcare services. Utilization management is an important component of discharge planning, as it helps to ensure that patients receive only the care and services that are necessary and appropriate for their needs.

Related terms: discharge planning, care coordination, patient-centered care, quality improvement.