


# EXHIBIT 25

	<b>MENTAL HEALTH AND SUBSTANCE USE DIVISION</b>  <b>Discharge/Aftercare Planning</b>	
	<b>Dates Previously Reviewed/Revised:</b>  <b>Newly Reviewed By:</b> Mental Health & Substance Use Quality Council  <b>Approval Date:</b> 9/2019 <b>Effective Date:</b>	<b>Owner:</b> Senior Director of Nursing, Mental Health & Substance Use   Reviewed _____ <div style="text-align: right; font-size: small;">Reviewer Date &amp; Initials</div>
<b>Approver: Raymond Hoffman, MD</b> Medical Director, Mental Health & Substance Use Division  _____ Approval Signature	<b>Jo Deaton, MS, APRN/PMH-BC</b> Senior Director of Nursing, Mental Health & Substance Use Division  _____ Approval Signature	

**Scope:** Mental Health and Substance Use Division

**Policy:**

It is the policy of the MHSU to address the continuity of care, treatment, or services after discharge and to provide the next care provider the necessary communication for ongoing quality care.

**Procedures:**

1. Discharge assessment and planning begins at the point of admission for all patients.
2. Aftercare needs are determined based on assessments completed by the Provider, Nursing, and Clinical Staff.
3. The discharge plan is developed with the full engagement of the patient and/or family by the interdisciplinary team members.
4. Other key persons involved in the patient's life may be involved to develop and facilitate an effective discharge plan.
5. Discharge plans will be included as part of the multidisciplinary treatment plan.
6. Reassessment of the patient's discharge need(s) is done based on changes in the patient's condition, availability of resources, patient/family reported needs and/or interdisciplinary team recommendations or as needed.
7. Discharge instructions will include the following:
  - a. Reason for admission
  - b. Principle diagnosis
  - c. Major procedures and tests performed and a summary of results
  - d. Current list of all medication to be taken— prescribed, over the counter, and herbals – and medications not to be taken

- e. Documentation of any studies pending and how to receive information on them - or that no studies are pending
  - f. Directions for the patient to follow upon discharge, i.e. activity restrictions, warning signs and symptoms associated with the condition, what to do if symptoms occur, etc...
  - g. Documentation for and Advance Directives
  - h. Healthcare personnel who could be contacted regarding an emergency 24/7
  - i. Plan for follow up care, treatment, and supportive services
  - j. Name of Primary Care Physician or other Physician/Healthcare Professionals responsible for appointments after discharge
8. The nurse will review the discharge instructions with the patient to help ensure understanding of the information and answer questions. The patient will be provided a copy of the discharge instructions.
9. Patients may be discharged/referred to either a higher or lower level of care based on assessed needs. This could include: inpatient, outpatient treatment programs, or other settings that are appropriate to meet the needs of the patient.
10. Internal Division referrals between programs will be forwarded to the designated Program Director (or designee) who will review the medical record and make a determination as to appropriateness for the programs in conjunction with the Medical Director if necessary.
11. External referrals will be arranged by the assigned Social Worker or Clinician who will forward the necessary medical record information and establish the first appointment for care.

**References:** Joint Commission Manual

**Approval Date:**

**Owner:** Mental Health & Substance Use Division