

COVID-19 Safe Discharge Home Checklist

Last Name (<i>Legal</i>)		First Name (<i>Legal</i>)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(<i>dd-Mon-yyyy</i>)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

- Initial each item below as it is completed. Where a task is not applicable to the discharge of the patient, mark NA in the Initials column associated with the task.
- This checklist is for discharge of COVID-19 positive patients and aligns with standard zone discharge procedures.
- Appendices supporting this checklist are found at

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-safe-discharge-checklist-appendices.pdf>

Date (<i>dd-Mon-yyyy</i>)	Initials	From Admission to Day of Discharge
Nursing Unit Role		
		Hospital Admission Confirm Primary Care Provider (<i>PCP</i>), and if appropriate First Nation Community or Metis Settlement (<i>FNC/MS</i>). For unattached patients see Appendix A.
		Notify PCP, and if appropriate, FNC/MS Health Centre of COVID-19 hospital admission and COVID-19 status during stay (<i>via e-Notification where possible</i>). <ul style="list-style-type: none"> • Request relevant patient information (<i>Appendix A</i>).
		If appropriate contact Zone Indigenous Health Program.
		Involve patient and family/caregiver with discharge plans (<i>consider virtual options</i>). <ul style="list-style-type: none"> <input type="checkbox"/> Inform patient and family/caregiver of anticipated discharge time. <input type="checkbox"/> If family/caregiver is unable to transport patient home, discuss alternatives.
		Discharge Planning If consulting Transition Services and/or Home Care notify them of patient's COVID-19 positive status. For transfers to Continuing Care, see Appendix C.
		Provide a patient-oriented version of the transition care plan to the patient and family/caregiver.
		<ul style="list-style-type: none"> <input type="checkbox"/> Provide <i>COVID-19: My Discharge Checklist</i> and <input type="checkbox"/> Conduct COVID-19 Discharge checklist conversation as per Appendix D script.
		Assess patient's ability and access to use virtual communication services for follow up and home care supports.
		<ul style="list-style-type: none"> <input type="checkbox"/> Provide Nutrition, Allied Health/ Rehabilitation, and Psycho-Social-Spiritual resources (<i>Appendix E</i>) and the Rehabilitation Advice Line – 1-833-379-0563
		Review COVID-19 teaching sheets with patient (<i>for more resources, see Appendix E</i>): <ul style="list-style-type: none"> <input type="checkbox"/> <i>Prevent the Spread of Coronavirus</i> <input type="checkbox"/> <i>How to Care for a COVID-19 patient at Home</i> <input type="checkbox"/> <i>Coronavirus Disease (COVID-19): Care Instructions</i> <input type="checkbox"/> <i>Coronavirus Disease (COVID-19): How to manage symptoms</i>
		Complete safe COVID-19 Discharge Transportation Screening Process (<i>Appendix G</i>).
		Work with the patient and family/caregiver to book follow-up with their PCP for 1 to 3 days post-discharge as per clinical assessment.
		If appropriate book follow-up with their FNC/MS Health Centre/Homecare.
		If unable to book post-discharge follow-up appointment then: <ul style="list-style-type: none"> <input type="checkbox"/> Contact Zone COVID-19 Primary Care resources where available OR <input type="checkbox"/> Contact secondary assessment centre if available OR <input type="checkbox"/> Contact patient's local Primary Care Network (<i>PCN</i>), if appropriate, FNC/MS Health Centre to follow up +/- attachment (<i>see Appendix A</i>)
		Discharge Prescriptions Confirm and fax discharge prescriptions to outpatient pharmacy. Encourage home delivery.
		Advise patient they CANNOT go to the pharmacy and will need to arrange alternate pick up.

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Date (<i>dd-Mon-yyyy</i>)	Initials	From Admission to Day of Discharge
Nursing Unit Role continued		
		Discharge Notification Send electronic discharge notification and transition plan to PCP, and if appropriate, First Nation Community or Metis Settlement (FNC/MS) Health Centre via e-Notification or fax (<i>Appendix A</i>).
		Notify the Medical Officer of Health (MOH) by emailing to CDCCOVID@ahs.ca (see <i>Appendix H-1</i>). <ul style="list-style-type: none"> If discharge to FNC/MS, refer to specific processes of notification as listed in Appendix H-2.
Physician Role		
		<input type="checkbox"/> Determine ability to continue self-isolation in private home (<i>Appendix C</i>) OR <input type="checkbox"/> Determine ability of receiving site to continue isolation (<i>Appendix C</i>)
		Most Responsible Physician to Contact Primary Care Provider (<i>PCP</i>) (<i>Appendices B and F</i>), to provide “safe handover” (e.g., <i>telephone call</i>); see <i>discharge script</i> (include transition plans; confirm follow-up requirement [within 1-3 days], highlight any concerning labs, or requirements for COVID-19 conditions).
		If appropriate contact FNC/MS Health Centre/Home Care and provide follow up orders.
		Use clinical judgement to identify patients who are at risk for hospital readmission and plan appropriate community supports for the patient (<i>Appendix B</i>).
Date (<i>dd-Mon-yyyy</i>)	Initials	Day of Discharge
Nursing Unit Role		
		Provide PCP, and if appropriate, FNC/MS HC copy of discharge summary and follow-up action documentation (via e-Notification, fax, and standard operating procedures for acute care site).
		Provide patient and family/caregiver copy of transition/discharge summary, teaching sheets, medication list, Green Sleeve, and follow-up action documentation.
		COVID-19 Educational materials (<i>Appendix E</i>) and all other teaching materials have been given to: <input type="checkbox"/> Patient <input type="checkbox"/> Family/caregivers <input type="checkbox"/> EMS Transport
		Review self-isolation instructions, including date when isolation period is complete.
		Ensure patient has required PPE for transportation home (<i>Appendix G</i>).
		Ensure patient and family/caregiver know who to notify if any changes in health status.
		Initiate discharge notification to Primary Care Provider, and if appropriate, FNC/MS Health Centre (include if patient is lab confirmed COVID-19 positive at point of transition) (<i>Appendix A</i>).
Date (<i>dd-Mon-yyyy</i>)	Initials	At Discharge
		Escort patient (<i>wearing mask</i>) to waiting family/caregiver or other driver at facility designated COVID-19 pick-up location (<i>Appendix G</i>).

Initials Record

Initials	Printed Name	Signature	Designation