



## Assessment/Re-Assessment –

### Interdisciplinary Patient

H-PC 02-001

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Original Date: 08/2013	Section 02 Care Coordination and Discharge Planning	

**Facility Specific Addendum Attached - Review All of Policy and Addendum Pages**  
(Check if State Specific and/or Facility Specific Policy Addendum is attached)

### PURPOSE

This procedure establishes guidelines to assure:

1. Care provided to each patient is based on an assessment of the patient's relevant physical, psychological and social needs.
2. To outline a systematic process for gathering pertinent information about each patient.
3. To establish a comprehensive information base for decision making about each patient's care.
4. To define initial assessment timeframes.
5. To determine the appropriate care, treatment and services to meet the patient's needs during hospitalization.

### POLICY

The policy of Kindred Hospitals are to ensure the following:

1. All patients will have an initial assessment and appropriate follow up assessments based upon patient specific identified needs including physical, psychological and social- cultural status.
2. The goal of the Assessment/Reassessment process is to provide an interdisciplinary approach for assessment(s) (and ongoing reassessment(s)) of individual patient care needs and for planning and implementing patient specific care.
3. Care and/or treatment provided by all health care professionals will be based on each patient's specific needs with respect to each patient's right to privacy.
4. Assessments and data collection performed by licensed health care professionals will include and address:
  - a. Patient specific needs.
  - b. Information from patient/family, other health care providers, medical alert jewelry, medical databases or paper/electronic documents and/or other services as available.
  - c. Data analysis to develop a plan of care to meet the patient's care or treatment needs.
  - d. Prioritized decisions regarding patient care and/or treatment based on assessment data analysis.
  - e. Discharge Planning needs.
5. Patient and family specific education and provision of information to assist with knowledgeable and informed decision making regarding care determination and/or availability of care.

6. Transfer of patient information to other caregivers, both internal and external during referral or transfer of care to other providers of care, treatment or services. The transferred patient information will be documented on the hospital's Handoff Communication Tool or within the designated pathway in the EMR (Handoff Communication Tool or Discharge Pathway). The patient information may include patient's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these.

## **DEFINITIONS**

Not applicable

## **PROCEDURES**

Not applicable



### References

1. CMS-COP 482.23, 482.25, 482.26, 482.27, 482.28, 482.43, 482.51, 482.57
2. TJC
3. LEMON algorithm for difficult airway assessment.

*Confidential and Proprietary Information*