



Rancho Los Amigos National Rehabilitation Center

Communication Disorders Department Policy and Procedure

SUBJECT: CONTENT OF DISCHARGE EVALUATION REPORT

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PURPOSE

To outline content of discharge evaluation report.

POLICY

All patients who are discharged from a communication disorders treatment program will have documentation summarizing relevant information to facilitate continuity of care.

PROCEDURES

1. The discharge evaluation report is to contain information including:
 - a. Background information
 - b. Communication diagnoses/reason for original referral to therapy
 - c. Evaluation procedures and results
 - d. Summary of treatment received, progress towards goals and outcomes
 - e. Prognosis for further improvement
 - f. Recommendations for additional treatment or referrals for other services to facilitate continuity of care

2. Recommendations may include:
 - a. Information related to how family/friends can best communicate with the patient and specific ways to enhance the patient's communication effectiveness and/or enhance the patient's ability to swallow.
 - b. Statements regarding appropriate referrals. These services may include additional outpatient or inpatient treatment at another facility, educational placement, supportive counseling, and readiness for prevocational or vocational counseling. (See Communication Disorders Department Policy – Referrals for Additional Services).
 - c. If appropriate, the patient's need for supervision will be described. The patient's cognitive and communication abilities in emergency situations and safety judgment in home and community environments will be described.
 - d. If the patient's therapy program is unexpectedly interrupted less than a week after the initial evaluation and the patient is not available to participate in a discharge assessment session, the therapist will enter a brief note indicating that a complete discharge report cannot be completed and summarizing the course of treatment to that point.