

The Anticipated Date of Discharge will automatically flow to Clairvia when documented by Nurses or Care Managers. This is a critical part of the patient's plan of care.

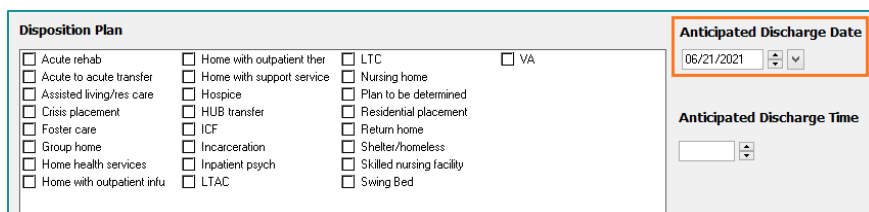
### Why This Documentation is Important

These reasons include:

- Guides the patient's treatment and plan of care to ensure an appropriate length of stay (LOS). Evidence indicates the longer a patient is hospitalized the risk of a hospital-acquired condition increases.
- Enhances patient throughput activities and discharge progression huddles so the right patient is in the right bed; therefore, receiving the right level of care.
- Provides real-time data via the Command Center Dashboard to hospital leadership reflecting the discharges scheduled for yesterday, today, and tomorrow.
- This functionality supports the additional care hours required to complete the discharge process, thereby allowing for assignment balancing in Clairvia.

### Where to Document Anticipated Date of Discharge

- **For Nursing:** from iView - go to the **Nursing Handoff/Transport Communication** section within the Quick View band.
- **For Care Management:** on the **Discharge Planning Initial/Ongoing Assessment PowerForm**.

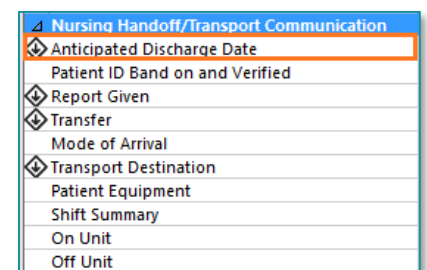


**Disposition Plan**

<input type="checkbox"/> Acute rehab	<input type="checkbox"/> Home with outpatient ther	<input type="checkbox"/> LTC	<input type="checkbox"/> VA
<input type="checkbox"/> Acute to acute transfer	<input type="checkbox"/> Home with support service	<input type="checkbox"/> Nursing home	
<input type="checkbox"/> Assisted living/res care	<input type="checkbox"/> Hospice	<input type="checkbox"/> Plan to be determined	
<input type="checkbox"/> Crisis placement	<input type="checkbox"/> HUB transfer	<input type="checkbox"/> Residential placement	
<input type="checkbox"/> Foster care	<input type="checkbox"/> ICF	<input type="checkbox"/> Return home	
<input type="checkbox"/> Group home	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Shelter/homeless	
<input type="checkbox"/> Home health services	<input type="checkbox"/> Inpatient psych	<input type="checkbox"/> Skilled nursing facility	
<input type="checkbox"/> Home with outpatient infu	<input type="checkbox"/> LTAC	<input type="checkbox"/> Swing Bed	

**Anticipated Discharge Date**  
 06/21/2021

**Anticipated Discharge Time**  
 [ ]



**Nursing Handoff/Transport Communication**

- Anticipated Discharge Date
- Patient ID Band on and Verified
- Report Given
- Transfer
- Mode of Arrival
- Transport Destination
- Patient Equipment
- Shift Summary
- On Unit
- Off Unit