

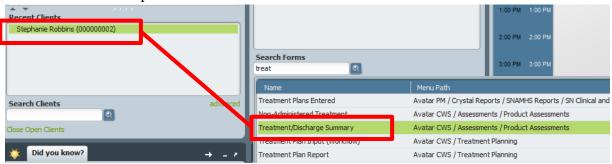
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1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

2.0 Procedure

- 1. The **Treatment/Discharge Summary** form is used during the discharge process.
- 2. From the home screen in Avatar, choose the client by single-clicking the name in the "recent clients" widget or use the search client field to find the client by last name or ID.
- 3. With the client name highlighted in green, search for the **Treatment/Discharge Summary** form.
 - a. Double-click to open the form.



- 4. The episode selection screen will appear.
 - a. Double-click the correct episode that this form belongs to.

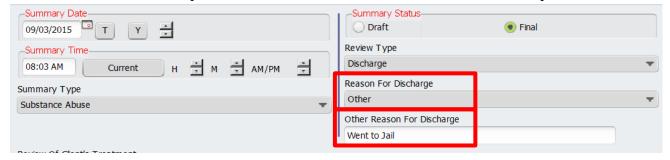


- 5. Enter the **Summary Date** the date the form was completed.
 - a. Click T for today
 - b. Click Y for yesterday



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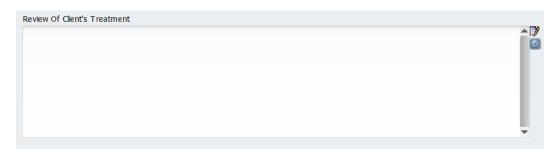
- 6. Enter the **Summary Time** the time the form was completed.
 - a. Click Current for current time or
 - b. Enter the time in the field provided.
- 7. Choose the **Summary Type** from the drop-down field.
 - a. Medical
 - b. MH
 - c. Substance Abuse most likely will always be the correct selection
- 8. Choose the **Summary Status.**
 - a. **Draft** until the summary is marked as final.
 - b. **Final** when the summary form is complete.
- 9. Choose the **Review Type** from the drop-down field.
 - a. This form is specifically designed for discharge; therefore, choose the **Discharge** selection in the drop-down.
- 10. Choose the **Reason for Discharge** from the drop-down field.
 - a. Against Medical/Agency Notice
 - b. Completed Treatment
 - c. Death
 - d. No Further Care Needed
 - e. Other
 - f. Reason Not Available
 - g. Transfer to Another Facility
 - h. Transferred
- 11. If **Other** was chosen on the previous field, enter in the reason in the free-text field provided.



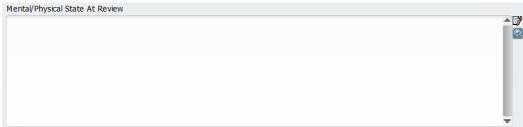
12. In the free-text field, document notes for the **Review of Client's Treatment**.



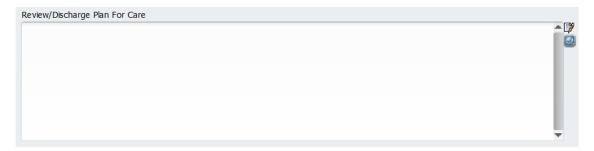
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13. In the free-text field, document notes for the Mental/Physical State At Review.



14. In the free-text field, document notes for the Review/Discharge Plan For Care.



- 15. Complete the **Discharge Checklist.**
 - a. Notified Family/Sponsor of Discharge
 - No
 - N/A
 - Yes
 - Notification Comments
 - b. Transportation And Equipment Verified
 - No
 - N/A
 - Yes
 - Transportation Comments
 - c. Reviewed Aftercare Instructions And Orders
 - No
 - N/A



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- Yes

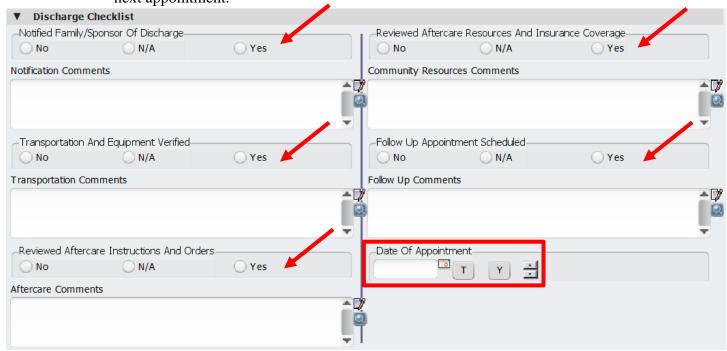
d. Reviewed Aftercare Resources And Insurance Coverage

- No
- N/A
- Yes
- Community Resources Comments

e. Follow Up Appointment Scheduled

- No
- N/A
- Yes
- Follow Up Comments

- If a follow up appointment was made, use the Date of Appointment field to document the next appointment.



16. Complete the **Summary Review Note.**

a. Note Type

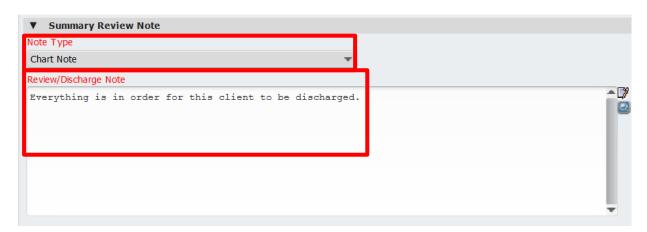
- Assessment do not use
- Case Mgt do not use
- Chart Note most likely will be the choice
- Group do not use a group note for this treatment/discharge summary
- Progress Note this choice could be used as well

b. Review/Discharge Note

- Document notes in the free-text field provided.



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17. When the form is complete, click on submit in the top left hand corner. The form will save and close.

