



1           (6) Encouraging best practices in patient discharge and transitions out of hospitals offers  
2 significant potential for improving patient care and containing healthcare costs in Rhode Island;  
3 and,

4           (7) The State of Rhode Island, with the cooperation of the state’s hospitals, has already  
5 made significant gains in fostering care coordination and improving quality of care.

6           **23-17.26-2. Definitions.** – As used in this chapter:

7           (1) “Director” means the director of department of health.

8           (2) “Department” means the department of health.

9           (3) “Hospital” means a person or governmental entity licensed in accordance with chapter  
10 17 of this title to establish, maintain and operate a hospital.

11           **23-17.26-3. Comprehensive discharge planning.** – (a) On or before July 1, 2015, each  
12 hospital operating in the State of Rhode Island shall submit to the director:

13           (1) Evidence of participation in a high-quality comprehensive discharge planning and  
14 transitions improvement project operated by a nonprofit organization in this state; or

15           (2) A plan for the provision of comprehensive discharge planning and information to be  
16 shared with patients transitioning from the hospitals care. Such plan shall contain the adoption of  
17 evidence-based practices including, but not limited to:

18           (i) Providing in-hospital education prior to discharge;

19           (ii) Ensuring patient involvement such that, at discharge, patients, and caregivers  
20 understand the patient’s conditions and medications and have a point of contact for follow-up  
21 questions;

22           (iii) Attempting to identify patients’ primary care providers and assisting with scheduling  
23 post-hospital follow-up appointments prior to patient discharge;

24           (iv) Expanding the transmission of the department of health’s continuity of care form, or  
25 successor program, to include primary care providers’ receipt of information at patient discharge  
26 when the primary care provider is identified by the patient; and

27           (v) Coordinating and improving communication with outpatient providers.

28           **23-17.26-4. Severability.** – If any provision of this chapter, or the application thereof to  
29 any person or circumstances shall be held invalid, any invalidity shall not affect the provisions or  
30 application of this chapter which can be given effect without the invalid provision or application,  
31 and to this end the provisions of the chapter are declared to be severable.

32           SECTION 2. This act shall take effect upon passage.

EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO HEALTH AND SAFETY -- HOSPITAL DISCHARGE PLANNING  
REQUIREMENTS

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- 1           This act would require that Rhode Island hospitals submit to the director of the
- 2 department of health a plan regarding the discharge of patients.
- 3           This act would take effect upon passage.

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LC02366/SUB A  
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