

Enrolled House Bill 3378

Sponsored by Representatives GREENLICK, NATHANSON, Senator KNOPP; Representatives GOMBERG, KENNEMER, KENY-GUYER, READ, SMITH WARNER, WHISNANT, WILLIAMSON, Senators MONNES ANDERSON, STEINER HAYWARD

CHAPTER

AN ACT

Relating to hospital discharge planning with lay caregivers.

Whereas Oregon’s health care transformation efforts include improved health care by achieving the “Triple Aim” objectives of reducing costs, improving health and enhancing patient experience, including engaging the patient and family caregiver as part of the care team; and

Whereas family and other lay caregivers play an important role in supporting their loved ones during and after a hospitalization; and

Whereas family caregivers are valued members of the patient centered care team and supporting family caregivers will further promote high quality care; and

Whereas best practices for admission, discharge planning and time of discharge recognize the unique needs of each patient and each patient’s support group; and

Whereas about half of all family and other lay caregivers perform medical or nursing tasks such as wound care, complex medication management and injections for their loved ones; and

Whereas most family and other lay caregivers receive little or no training for these complex tasks; and

Whereas most patients do not receive a home visit by a health care professional after discharge from a hospital; and

Whereas hospitals are continuously striving to improve patient care and outcomes while reducing unnecessary readmissions; now, therefore,

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2015 Act is added to and made a part of ORS chapter 441.

SECTION 2. (1) As used in this section:

(a) “Aftercare” includes all of the following:

(A) Assistance with activities of daily living or instrumental activities of daily living.

(B) Medical or nursing tasks such as wound care, the administration of medications and the operation of medical equipment.

(C) Other assistance provided by a caregiver to a patient, following the patient’s discharge, that is related to the patient’s condition at the time of discharge.

(b) “Discharge” means a patient’s release from a hospital following the patient’s admission to the hospital.

(c) “Lay caregiver” means an individual who, at the request of a patient, agrees to provide aftercare to the patient in the patient’s residence.

(2) A hospital shall adopt and maintain written discharge policies. The policies must include the following components:

- (a) Hospital staff assess the patient's ability for self-care after discharge;
 - (b) The patient is provided an opportunity to designate a lay caregiver;
 - (c) The patient and lay caregiver are given the opportunity to participate in the discharge planning;
 - (d) The patient and lay caregiver are provided instruction or training, prior to discharge, as necessary for the lay caregiver to perform medical and nursing aftercare following discharge; and
 - (e) The patient's lay caregiver is notified of the patient's discharge or transfer.
- (3) The discharge policies must specify the requirements for documenting:
- (a) The lay caregiver who is designated by the patient; and
 - (b) The details of a discharge plan.

(4) The discharge policies may incorporate established evidence-based practices, including but not limited to:

- (a) Standards for accreditation adopted by the Joint Commission or other nationally recognized hospital accreditation organization; or
- (b) The Conditions of Participation for hospitals adopted by the Centers for Medicare and Medicaid Services.

(5) The discharge policies must ensure that the discharge planning is appropriate to the condition of the patient and shall be interpreted in a manner and as necessary to meet the needs and acuity of the patient and the abilities of the lay caregiver.

(6) This section does not require a hospital to adopt discharge policies that would:

- (a) Delay a patient's discharge or transfer to another facility; or
- (b) Require the disclosure of protected health information without obtaining a patient's consent as required by state and federal laws governing health information privacy and security.

Passed by House April 30, 2015

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Timothy G. Sekerak, Chief Clerk of House

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Tina Kotek, Speaker of House

Passed by Senate May 27, 2015

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Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2015

Approved:

.....M.,....., 2015

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Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2015

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Jeanne P. Atkins, Secretary of State