

Clinical Operations Policy 603

Discharge and Follow-Up from Therapy Services

Effective Date: August 9, 2012

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Policy: Patient discharge from treatment ideally will occur when the communication or swallowing disorder is remediated or when compensatory strategies are successfully established. Because these goals can't always be achieved, additional factors will be considered. The decision to discharge a Patient from treatment/instruction will be made in conjunction with the Patient and/or family or guardian, as appropriate. Every attempt is made to follow the Patient after discharge/transfer.

Procedure:

I. Conditions for Discharge

- a. Eligibility for discharge is indicated if one or more of the following factors are present.
 - i. The communication or feeding and swallowing disorder is defined within normal limits or is now consistent with the Patient's premorbid status.
 - ii. The goals and objectives of treatment have been met.
 - iii. The patient's communication abilities are consistent with prognosis and/or have become comparable to those of others of the same gender identity, ethnicity, or cultural and linguistic background.
 - iv. The patient's speech, language, communication, and/or feeding and swallowing skills no longer adversely affect the Patient's educational, social, emotional, or vocational performance or health status.
 - v. The patient who uses an augmentative or alternative communication system has achieved optimal communication across environments and communication partners.
 - vi. The patient has attained the desired level of standardized communication skills.
 - vii. Treatment no longer results in measurable benefit. There does not appear to be any reasonable prognosis for improvement with continued treatment. It is appropriate to consider future reevaluation to determine if the patient's status has changed or whether new treatment options have become available.
 - viii. The patient is unable to tolerate treatment because of new onset or progression of a serious medical, psychological, or other condition.
 - ix. The patient demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.
 - x. There is a lack of appropriate and necessary support for treatment.
 - xi. The patient is unwilling to participate in treatment.
 - xii. Treatment attendance has been inconsistent or poor and efforts to address these factors have not been successful. Two unexcused absences (and/or tardiness by 15 minutes) within a 90-day period will result in patient

discharge from therapy. Patients/families are informed of this attendance policy prior to admission and will be asked to sign an attendance agreement.

- xiii. The Patient or guardian fails to follow through with referrals or recommendations, thus impeding progress in therapy.
- xiv. The Patient is referred to and accepted in another program when services not available at the Memphis Speech and Hearing Center are required (e.g., educational, interdisciplinary treatment program, etc.).
- xv. No service may be provided for a Patient who has an outstanding balance from a previous semester. A deferment plan may be established in some cases. Arrangements are to be made with the business office.
- xvi. The supervising clinical faculty member and associated student are expected to discuss discharge plans with the Patient/parent as an ongoing part of the therapy process. If the Patient, parent, or family member who carries legal responsibility does not agree with dismissal, an additional period of treatment, not to exceed (four) 4 weeks, might be considered to help the Patients served understand and accept the dismissal decision.

II. Follow-up Procedures after Discharge/Transfer

- a. Follow-up arrangements (i.e., maintenance therapy, speech-language re-check, referral to another agency, etc.) will be recommended to meet the needs of the Patient as needed. The supervising clinician is responsible for management of the Patient's follow-up.