

December 21, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-3317-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted via www.regulations.gov

Re: Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies (published November 3, 2015)

Dear Acting Administrator Slavitt:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the proposed rule referenced above, published in the Federal Register on November 3, 2015. As the only full-service professional organization representing the interests of the nation's 3.4 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹

ANA appreciates the opportunity to comment on this proposed rule, which implements the discharge planning requirements of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). The rule would require facilities (including inpatient rehabilitation facilities and long-term care hospitals, critical access hospitals, and home health agencies) to develop a discharge plan based on the goals, preferences, and needs of each patient. Care coordination goals are furthered by provisions requiring that a RN, social worker, or other personnel qualified to coordinate the discharge needs evaluation and the development of the discharge plan. Further, the required use of data on both quality and resource use measures during the discharge planning process are important steps to improve the beneficiary experience and potentially promote consumer transparency. Other important requirements for hospitals and

¹The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

critical access hospitals include providing discharge instructions to patients who are discharged home; having a medication reconciliation process in place; and establishing a post-discharge follow-up process. When patients are transferred, specific information would need to be sent to the receiving facility.

ANA applauds the emphasis on involving patients, families and their caregivers in the discharge planning process, as well as the focus on the goals and preferences of the patient. These and the other proposals discussed above are important steps to improve the post-acute care (PAC) experience and may result in improved outcomes and reduced readmissions.

ANA strongly supports the emphasis on coordination during the development of the discharge plan, which is an essential component to advancing the delivery of health care and furthering the priorities of the National Strategy for Quality Improvement in Health Care: better care; better health; and reduced costs. Care coordination and transition care are fundamental to effective case management throughout the continuum of care, including discharge planning, and are integral to nursing practice. Many RNs and APRNs provide care management as a key component of their nursing practice, in various nursing roles and across all health care settings. For example, Standard 5A of ANA's Nursing Scope and Standards of Practice² states that the RN coordinates care delivery. Competencies associated with this standard include assisting the healthcare consumer in identifying options for care; communicating with the healthcare consumer, interprofessional team, and community-based resources to effect safe transitions in continuity of care; and documenting the coordination of care. In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse "[p]rovides leadership in the coordination of interprofessional health care for integrated delivery of healthcare consumer services to achieve safe, effective, efficient, timely, patient-centered, and equitable care." These competencies are essential to achieve effective care coordination and transition care through the discharge process.

In addition, as discussed in the comment letter submitted by the Association of Rehabilitation Nurses (ARN), an Organizational Affiliate of ANA, registered nurses with rehabilitation training and experience play an essential role in the development of discharge policies for acute care facilities. Rehabilitation nurses also play a critical role prior to and during discharge in discussing the patient's PAC goals and treatment preferences.³ ANA also wants to highlight ARN's recommendation that CMS delineate acceptable methods for hospitals to communicate information at discharge, as well as the recommendation to require hospitals to communicate the capabilities and limitations of PAC facilities to ensure a match between patients' clinically assessed needs and the available level of care.

²American Nurses Association. (2015). Nursing: Scope and Standards of Practice, 3rd edition, Standard 5A. Silver Spring, MD: Nursesbooks.org, 63.

³ARN publication, "[Making the Right Decision for Rehabilitation Care](#)," is an important reference to assist patients and family/caregivers in identifying the appropriate facility following discharge.

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We appreciate the opportunity to share our views on this matter. If you have questions please contact Jane Clare Joyner, Senior Policy Advisor (janeclare.joyner@ana.org; 301.628.5083).

Sincerely,

A handwritten signature in cursive script that reads "Debbie D. Hatmaker".

Debbie D. Hatmaker, PhD, RN, FAAN

Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer