## Discharge Planning Checklist

- □ Did I get written discharge instructions, explained to me (questions answered/clarified) along with my primary caregiver? Discharge instructions should include:
  - Reason for admission, procedures done, outcome
  - Do we know who to contact if we have a problem after discharge?
  - What symptoms should we be watching for and what do we do if we have a concern?
  - Medication list (and how will I make sure all my doctors & providers are updated with the new list).
  - Follow up appointments.
- □ Do I understand my follow up treatment and recuperation plan?
  - Will I be receiving therapy services at home, inpatient or outpatient? You will need to select a provider and the hospital will generally provide a list of options if you ask, but you should do your research so that you can make an educated choice. There is information online about provider outcomes and you may wish to check with your loved one's doctor or a geriatric care manager for recommendations.
  - Does insurance cover these services or what kind of costs should be expected? Does my insurance impact my choice of provider (i.e. network providers)?
  - How long can they be expected to last? What outcome is expected? (Share your goals and concerns as well.)
- □ What is the patient's prognosis in the time after the hospitalization and what types of assistance might be needed (especially if going immediately home, but this list can also be used when eventually returning home—even if home is an Assisted Living facility)?
  - Patient's functional status: strength, ability to transfer safely, bathing, dressing, weakness, physical limitations.
  - Household needs: can the patient take care of the household? Do laundry, clean? Help preparing meals (in compliance with nutritional needs/medical orders)?
  - Transportation: will the patient need rides to appointments or help with errands?

- Medication management: consider how the patient will get new medications and discard old ones properly, manage following a new medication routine, communicate changes to all doctors/providers?
- □ Ensure the home environment is safe given the patient's current status/needs (can also apply to retirement communities/assisted living environments, though they are often designed for accessibility and falls prevention).
  - Is any special medical equipment needed? Have arrangements been made? Will equipment be delivered and when? Do I need to pick up equipment and where can I do so? Cost/insurance coverage?
  - How safe is the physical environment? Have we completed a home safety/falls prevention checklist? (Contact us or visit <a href="www.easylivingfl.com">www.easylivingfl.com</a> for a self-assessment/checklist).
  - Does the patient have a Personal Emergency Response System in case he/she falls or needs to call for help?

If you have concerns about the safety of the patient returning home, express your concerns to the hospital discharge planner and ask that appropriate steps be taken to ensure a safe discharge plan. You should consider contacting a geriatric care manager in the area to assist with quickly pulling together the necessary resources and options. If you have further questions, contact us any time at 888-807-2551 (toll free) or 727-447-5845.