

Care Transitions

“During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.”

COMMUNICATION



During Admission Rounding

“Our goal, Mrs. Jones, is to provide you excellent care and to prepare you and your caretaker/family for your transition to home. We will consistently check in with you during your time here to address concerns you might have about going home. What challenges/concerns are top of mind for you now?”



During Patient Rounding

“As we stated at admission, we have a goal not only to provide you excellent care while you are here at the hospital but also to ensure you are prepared for your care at home. I know you mentioned [insert previous concerns mentioned] at admission. Is that still a concern? What else should we planning for?”



During Discharge Rounding

“We want to ensure we have made you feel comfortable with your transition back home. How do you feel about going home?”

PROCESS

Put Yourself in Your Patient’s Place

- Take time to really put yourself in each patient’s position and reflect on the clinical, safety, and emotional needs they will have when returning home
- Use CARES in all conversations with patients and their families to understand preferences and needs for home care, as well as explain key actions patients and their caregivers will need to take

Be Specific

- Thoroughly review all potential barriers (especially social) to the patient’s home care responsibilities and medication regimen
- Talk honestly with patients and their families about ways they will overcome those barriers (including financial barriers)

Have Them Write it Down

- Use communication pads for patients to ask questions or express concerns about their home care and medications



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