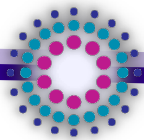


# Discharge Information

“During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?”

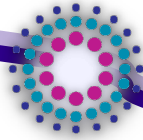
## COMMUNICATION



### During Admission Rounding

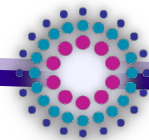
“We will call you after you get home to make sure you don't have any questions about the written discharge instructions we will give you before you leave the hospital.”

“We start planning for your return home as soon as we admit you to the hospital so we can teach you about what to look for once you get home.”



### During Patient Rounding

“Has anyone discussed discharge planning with you?”



### During Discharge Rounding

“I wanted to remind you that we will call you in the next day or two to make sure that you are doing well and don't have any further questions about your transition back home.”

“Before we send you home, let's talk about your written discharge instructions.”

“We always want to make sure you know what symptoms or health problems to look out for after you leave the hospital.”

## PROCESS

### During Hospitalization

- Provide a large home care envelope to hold information provided to the patient throughout their stay that will support recovery after leaving the hospital

### Day of Discharge

- Provide the patient the name and telephone number of a person who can answer questions after they get home and information about their first follow-up appointment as appropriate
- Provide verbal and written instructions on what to do at home; discuss these instructions with patients using your preferred communication model
- Escort patient out of the hospital with belongings and get them settled in the car for the trip home. This gesture provides a final positive experience; leaving the patient alone sends a message of abandonment and should be avoided

### Post Discharge

- Consider a follow-up discharge phone call program to connect with patients by phone. This allows the patient's actions, questions, and misunderstandings, including discrepancies in the discharge plan, to be addressed. Callers review each patient's: Health status, Medicines, Appointments, Home services, and Plan for what to do if a problem arises. Calls should be made 2 to 3 days after discharge by a member of the clinical staff



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