

MY BOOK ABOUT ME

Patient and Family Discharge/Transition Checklist

For patients and their caregivers preparing to leave the hospital

Dear Patient,

You and your family members play a crucial role in our discharge planning team. Throughout your stay, our team of case managers and social workers will work with you to plan and prepare so that you are comfortable in managing your own health when you leave. Use this checklist as a guide for yourself and your family members. It will help us learn about your preferences after you leave the hospital and ensure a smooth care transition, whether you'll be going to your home or to another health care setting. Check off or fill in each item as you discuss it with your case management team. Please skip any questions that do not apply to you.

Patient Name:	
Reason for Admission:	
Case Manager / Social Worker	(989) 894-3180



NEXT STEPS Be sure to express your personal preferences to the Case Management Team when discussing 'next steps'.	MANAGING YOUR HEALTH CARE (CONTINUED)		
Where will I be going after discharge? (Discuss any options that are available to you.)	If I have an urgent issue after I leave the hospital, who should I call?		
Where will I be going after discharge? (Discuss any options that are available to you.)	Physician Name	Phone Number	
☐ I have made arrangements for my job. ☐ I have made arrangements to secure a caregiver(s). ☐ I have learned what services I can get from my health insurance or Medicare. ☐ I have made arrangements with family/friend for transportation home. Who will be assisting me after I leave the hospital? (Write down the name and contact information for your caregiver(s)).	If I have general questions about my recov Call the Discharge Call Back Nurse at	ES AND YOU ARE FEELING WORSE, PLEASE CALL YOUR TENTION, GO TO THE EMERGENCY ROOM OR CALL 9-1-1. ery after I leave the hospital, who should I call? (989) 894-3160. pick up prescriptions after I leave the hospital?	
MANAGING YOUR HEALTH AFTER DISCHARGE/FOLLOW-UP CARE Note: Many of these questions will be covered in your written discharge instructions. Will I need medical equipment when I leave the hospital? Who will arrange for this?	Pharmacy Services. If you choose to use the hospital) will fill your prescriptions and delimination. MEDICATIONS In your written discharge instructions, you	ogram, a convenient bedside prescription delivery from McLaren his service, McLaren Pharmacy (located on the first floor of the iver them to you before you leave the hospital. will receive a list of medications your physician wants you to scharging nurse will review this list with you and you are encouraged	
understand how to use the medical equipment I'll need after leaving the hospital. (Ask for demonstrations or instructions f needed.) Be sure to express your personal preferences when discussing the following follow-up care issues.		o understand why you are taking each medication and the potential	
Will I need to go to another inpatient health care setting? Why? How long will I be there?	QUESTIONS FOR YOUR CASE MANAGER OR SOCIAL WORKER Ask to speak with your case manager or social worker if you and your family are struggling to cope with your illness, injury, etc. Gather information about available support groups and other coping resources.		
Will I need outpatient therapy? What kind? How will it be scheduled? Where will it take place?	care? Please ask a staff member for detail	McLAREN EXCELLENCE the in the Act" to recognize any staff member providing excellent s on how to obtain a form. If you would rather verbally discuss your act our Director of Patient Experience at (989) 894-3937.	
When should I return for a follow-up appointment? Who will this appointment be with?	NAME	REASON FOR RECOGNITION	
Will any follow-up testing be required? What kind? Where? When?			



PATIENT NOTES

List any additional information that you'll want to reference when managing your health after leaving the hospital.		



1900 Columbus Ave., Bay City, MI 48708 | 989-894-3000

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