

Outreach Services of Indiana

HOSPITALIZATION CHECKLIST: ADMISSION TO AND DURATION OF HOSPITALIZATION

Client Name: _____

Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.

- _____ 1. Take essential information about the person with you to the hospital including but not limited to a photo ID; insurance information; list of diagnoses; list of medications, dosages, frequency of administration and when last received; allergies; dates of and types of prior surgeries; guardianship status; contact information for guardian/Health Care Representative, and Provider.
- _____ 2. Check in with the receptionist or admitting clerk upon arrival to facility; introduce yourself and the individual you are accompanying.
- _____ 3. State reason you are there; encourage person to participate as able.
- _____ 4. Discuss accommodations needed in waiting room such as a more private space if such arrangements were not made ahead of time.
- _____ 5. Provide information to the receptionist as requested such as insurance information, photo ID.
- _____ 6. Maintain positive, supportive environment while waiting. Engage the person in preferred activity as needed.
- _____ 7. Alert the receptionist and establish a method for him/her to contact you if need to leave waiting area for any reason.
- _____ 8. Accompany person to the hospital room and assist the hospital personnel in orienting the person to the room, bed, call system, bathroom, etc.
- _____ 9. Ensure all healthcare and contact information provided during admission is transitioned with the person to the hospital unit.
- _____ 10. Review health related information with hospital personnel and discuss supports that may be necessary.
- _____ 11. Stay with the individual to provide support and assist with communication until admission completed or otherwise directed by hospital personnel.

- _____ 12. Encourage and facilitate communication with the individual. Inform hospital staff of any special means of communication or augmentative communication devices used by the individual.
- _____ 13. Refer the healthcare provider to a contact person in the provider agency, a guardian, and/or to written information if you do not know answer to the healthcare provider's question.
- _____ 14. Inform hospital personnel of the individual's needs including use of adaptive equipment.
- _____ 15. Discuss whether any equipment or personal items need to be brought from the home.
- _____ 16. Be sure all personal belongings and equipment has the person's name on it and it is inventoried by the hospital.
- _____ 17. Establish a contact person at the hospital. This may be a nurse, case manager or discharge planner. Inform guardian/healthcare representative and provider contact or healthcare coordinator (HCC) of the name and phone number of that person.
- _____ 18. Discuss the need to be notified ahead of time of any discharge plans.
- _____ 19. Discuss with the contact person the best time of day to call for information and visit the person. Explain that someone will call or visit periodically to follow the person's progress and treatment course. Encourage hospital staff to call the agency contact person for any problems, questions or concerns.
- _____ 20. Discuss anticipated difficulties or resistance with procedures/examinations with the healthcare provider.
- _____ 21. Assist with explanations and provide support for procedures/examinations. This may include providing diversions or requesting shorter, simpler events or steps with breaks in between.
- _____ 22. Assist with transfer and positioning.
- _____ 23. DO NOT give verbal or written consent for invasive procedures—refer the healthcare provider to the guardian or healthcare representative if individual cannot give own consent.
- _____ 24. Ask hospital staff to keep you informed, ask what tests or procedures are being ordered/performed and request the results of those tests.
- _____ 25. Keep Guardians/Healthcare Representatives and agency personnel informed of the recommendations and actions while at the hospital
- _____ 26. Assist in supporting the person but do NOT give the person any medication or anything to eat or drink without hospital personnel's assistance and guidance.
- _____ 27. Document all events that occur during hospitalization, including all tests performed and all conversations with hospital staff (identify staff by name and title) and record per agency policy upon return to the home.
- _____ 28. Keep a notebook with a pocket folder in the room for note taking and storing information, phone numbers, business cards etc. that are provided during hospitalization.

- _____ 29. A familiar staff person be with the person during waking hours or at least some period of time daily to assist with facilitation of care and communicate regarding the status of the person as directed.
- _____ 30. Make phone calls daily at a specified time by the healthcare coordinator in order to stay abreast of the person's condition and physician's recommendations, treatment and testing.
- _____ 31. Discuss discharge plans during the admission process. Establish a contact person to assist with discharge plans; explain the need to ensure appropriate supports and training are in place in the home prior to discharge.
- _____ 32. **If at any time there is a concern regarding the care of the person or the status of the person's health, notify the hospital personnel and your supervisor, nurse or guardian of your specific concerns.**

Comments: _____

Staff Completing: _____ Date: _____

Outreach Services

outreach@fssa.in.gov • DDRSOutreach.IN.gov

As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit DDRSOutreach.IN.gov.



Indiana Family & Social Services Administration
Division of Disability & Rehabilitative Services
Bureau of Quality Improvement Services

OR-FM-HS-MA-102(04-30-10)