

Outreach Services of Indiana

HOSPITALIZATION CHECKLIST: AFTER DISCHARGE

Client Name: _____

Instructions: Provider Designated HCC or other Staff to date and 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.

To Be Completed by Staff Accompanying the Person Home

- _____ 1. Discuss any new orders or recommendations with the individual, answer questions and offer support as necessary at a level appropriate to the individual's comprehension.
- _____ 2. Take the individual home and ensure timely administration of food, fluids, medications and hygiene is provided as necessary and as is appropriate per doctor's orders, the type of procedures performed, and the person's level of alertness.
- _____ 3. Notify the nurse/supervisor or other personnel per agency policy of the persons return home and discuss any new orders or recommendations and upcoming appointments/procedures.
- _____ 4. Take prescriptions to the pharmacy or deliver per agency policy. Be sure you have a copy of the prescription for the person's medical record.
- _____ 5. Ensure there is a method to follow up whether needed medications or supplies are delivered in a timely manner and what action is needed in the event they are not, including notifying the prescriber/healthcare provider.
- _____ 6. Ensure needed equipment is available as ordered/recommended.
- _____ 7. Purchase supplies necessary to implement treatments/recommendations.
- _____ 8. Transcribe any medication orders to the Medication Administration Record per agency policy.
- _____ 9. Ensure that the transcription is double checked by another staff person as soon as available.
- _____ 10. Transcribe all orders for monitoring and observation, treatments, and notifications to a treatment sheet so that all staff are aware of the supports that are required for the person's health issue.

- ____ 11. Ensure that the transcription is double checked by another staff.
- ____ 12. Mark any new appointments or scheduled procedures on the person's daily calendar.
- ____ 13. Document events during and after discharge per agency protocol including any necessary incident reports.
- ____ 14. File all written and typed information received from the hospital per agency policy.

Comments: _____

Staff Completing: _____ Date: _____

**To Be Completed by Healthcare Coordinator/QDDP/
Case Manager within 24 Hours of Discharge**

- ____ 1. Designated person (HCC/QDDP/CM) communicate outcome of the hospitalization with the support team.
- ____ 2. Support team addresses and resolves any issues/barriers regarding implementation of recommendations.
- ____ 3. Provide staff training as necessary for new treatments and/or medications prior to assigning staff to take care of the person.

- _____ 4. Complete revisions to the Risk plan as necessary including plans for following up on the person's status until problem resolves or stabilizes.
- _____ 5. Support Team reviews, updates and modifies the person's daily activity and positioning schedule as needed to allow for any recuperation period.

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-104(04-30-10)