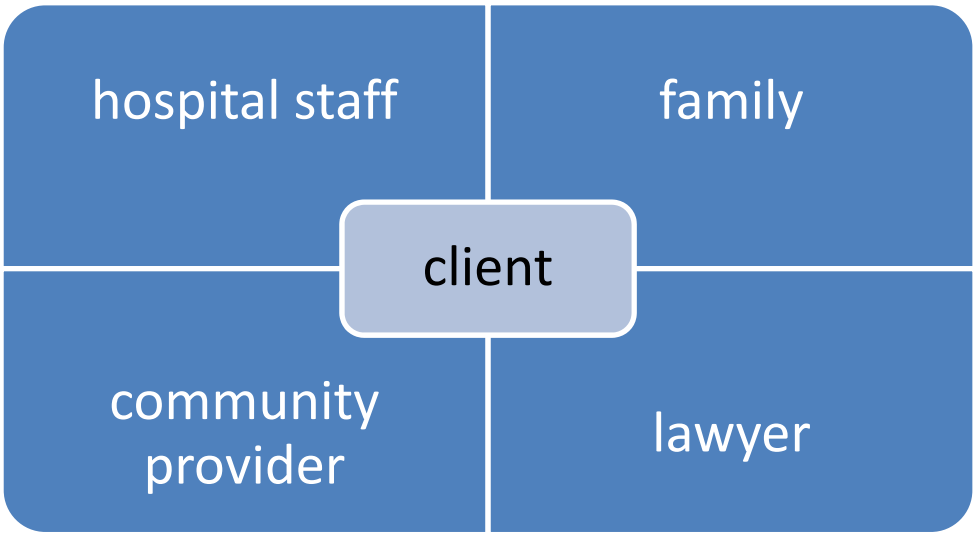
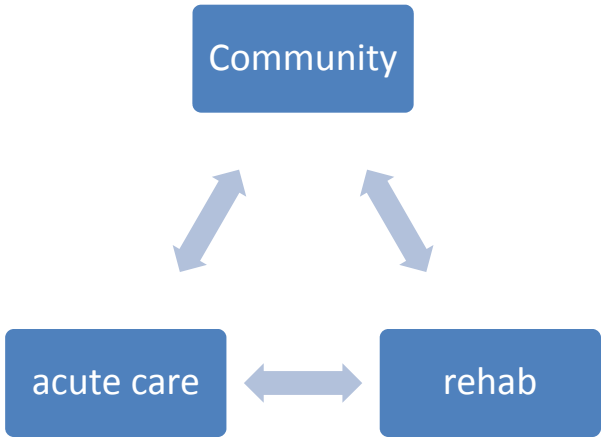
Critical Path for Communication



- The most commonly identified challenge to discharge planning is communication
- This includes:
  - Hospital staff >>> Hospital Staff
  - Hospital staff>>>Community providers
  - Hospital Staff>>>Family
  - Community providers>>>Family

Transition Points are often where the communication of information typically breaks down.



Common Reasons

1. Information not made available to receiving facility (Ambulance reports, emergency room notes, GCS scores)

2. Unsure what has already been completed by previous providers

3. Family remains overwhelmed, unable to direct hospital staff to making decisions.

Best Practice Guidelines for Transfer of Information

1. Make all attempts to involve the community based team as early in the process as possible.

2. Assist family by obtaining the preliminary documents (OCF 1, OCF 3, OCF 19); do not wait for the insurance company to send the documents.

3. Invite the community based team to all inpatient meetings
    a. family care conference meeting
    b. discharge planning

4. Ensure the community based team has all necessary information
    a. discharge dates
    b. follow up appointments
    c. medication lists
    d. equipment needs
    e. therapy recommendations

The Community Providers will be able to:

1. Visit client's home in the community; assess for any barriers which might exist

2. Coordinate all equipment needs: ordering/delivery/payment

3. Make necessary referrals to community based therapy providers

4. Provide education and information to the client/family in order to better explain the insurance process

5. Connect the client with legal representative