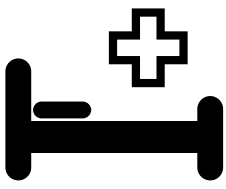
Guide to Medical Care at a Distance

Hospital Admission: Day One

PRINT OUT THE PLAN OF CARE (POC) FORM FROM PSMF WEBSITE

- Fill out any information you already know
- Access the patient portal with permission from the patient to complete the rest
- Download and complete a home medication list (this will be important to compare to medications upon discharge)

EXCHANGE CONTACT INFORMATION, INCLUDING NAMES AND DIRECT DIAL NUMBERS

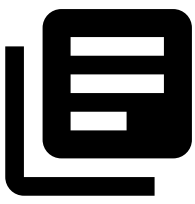


- Family spokesperson- one person to be designated as the communicator
- Nursing department phone number or direct bedside RN number

CONTACT THE BEDSIDE RN BY PHONE OR IN PERSON, IF POSSIBLE

- If the bedside RN is not available, contact the charge nurse
- Schedule 10-15 minutes to discuss the POC

DISCUSS THE PROCESS FOR CARE PLANNING ON THE UNIT



- What are the virtual communication options?
- What time each day is best to communicate updates?

SHARE THAT YOU ARE COORDINATING THE PLAN FROM HOME AS THE SPOKESPERSON

- Share pertinent health information about your loved one
- Request the missing information on the form from the RN
- Get a list of medications being given and compare it to your downloaded med list
- Schedule twice-daily calls to review the POC with the bedside or charge nurse
- Locate hospital resources
  - Patient Right's page
  - COVID-19 Updates page
  - Patient experience office
- Ensure the patient is equipped with a phone, charger, and headset
  - Add contacts on speed dial
  - Use an iPad if possible for stiff or swollen hands
  - Ask if the unit has an iPad they use for translation services
  - Ask if an appointment can be made for virtual discussion that includes the entire interdisciplinary team at least every three days
  - Ask if you can use a nanny cam or baby monitor for ICU patients

YOUR NOTES

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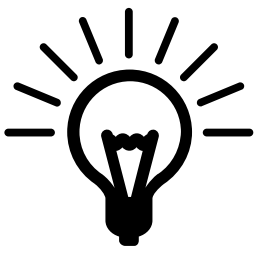

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Daily, During Hospital Stay

ASK TO MAKE VIRTUAL VISITS DURING:

- Vitals
- Physician visits and consults
- Interdisciplinary rounds
- Bedside handoff
- Ask the nurse to take a picture of the whiteboard and send to spokesperson

REVIEW POC WITH THE TEAM AND UPDATE REAL-TIME (TWICE DAILY IF SERIOUSLY ILL)

- It's helpful to do this in pencil, but take a picture daily for your records
- Ask for a plan for adequate sleep from physicians
  - Do not schedule vitals, tests, and procedures between 10pm and 5am
  - Provide a sleeping pill, mask, and earplugs at bedtime
  - Visually check every 1-2 hours, but do not disturb if at all possible

ASK WHETHER ANY RISK ASSESSMENTS HAVE CHANGED

- Assessments include:
  - Suicide risk
  - CLABSI risk
  - VAP risk
  - ORID risk
  - DVT risk
  - CAUTI risk
  - Falls risk
  - Skin breakdown/pressure ulcer risk
- Repeat the request to contact the spokesperson with ANY changes in condition, new procedures, or treatments
- Ask about the plan for discharge
  - What is the anticipated date of discharge?
  - What equipment or supplies will be needed?
  - What level of care can be expected?
  - What complications may be anticipated and what is the appropriate response?

YOUR NOTES

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Discharge

DAY OF DISCHARGE

- Make a virtual visit with the bedside nurse or charge nurse
  - Review discharge plan
  - Ask any questions you may have
  - Ask for written instructions to be provided electronically, in advance of discharge
  - Arrange for medications to be delivered to avoid a trip to the pharmacy
- Follow best practices for discharge

FOLLOWING DISCHARGE

- Follow discharge instructions
- Follow up with the identified contact on the discharge papers within 24-48 hours if there are any questions or concerns during the transition
- Provide the primary care/follow-up physician with a copy of the POC notes

RESOURCES

- POC blank template on the PSMF website
- POC example form on the PSMF website

YOUR NOTES

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