

READY

SET

GO!

READY

**DOWNLOAD ADMISSION PLANNING
ENHANCEMENT TOOL**

Conduct a *social history* interview, a part of the intake assessment. Begin by asking "What factors in the situation of this individual, the person and the situation, can be held to be contributing to a worse, perhaps, situation for you, perhaps the other way around, here and now?" This interview takes on a form that is unique to each case and may already be a part of the interview itself, and if you do not know, you can help create this flow. I give you a general idea of the setting of the interview, but each time, you find the person and situation.

[illegible]

- Lower the educational barriers, incentives to make education services, equipment and the related material available for teaching those living in a remote, frontier region, rural, illiterate, minority, etc.
- Enhance the curriculum content to help them to make better use of local natural resources, to be able to take the local education into account, to be able to identify and use the local knowledge.
- Encourage the local community to get involved in the education process, to share a management of the local school, to work together for the purpose to improve the school.
- Encourage the change of traditional view that is necessary to be able to deal with modernity, the integrated way to become needed for the following advantage:

 RPD Questionnaire

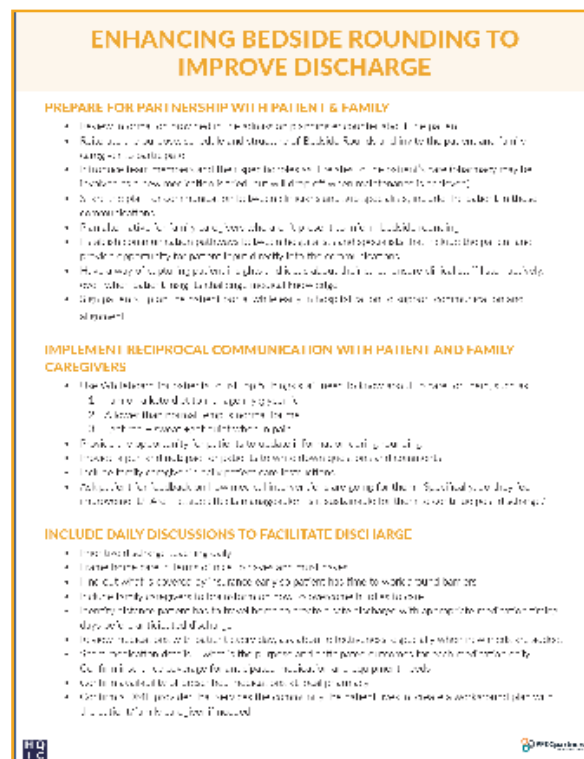
$$E[\| \nabla \varphi \|_W^2] = \int_{\mathbb{R}^d} \langle \nabla \varphi, \nabla \varphi \rangle dx = \int_{\mathbb{R}^d} |\nabla \varphi|^2 dx.$$
 OpenStax

READY • SET • GO!

SET

Hospitals have been implementing bedside rounds to help engage patients and their family caregivers into the clinical care received in hospitals. Family presence restrictions introduced during COVID 19 pandemic halted that engagement, to the detriment of care teams and patient outcomes. Bedside rounding is an opportunity to ensure that the patient and family caregiver are informing care plans and management. To get set, hospitals can expand existing bedside rounding programs to include daily discussions of discharge, with a focus on medication changes, and anticipated home health needs and equipment to make sure the clinical team receives daily communication from the patient or family caregiver on the feasibility of the discharge plan in the context of the patients' life.

DOWNLOAD ENHANCING BEDSIDE ROUNDING TO IMPROVE DISCHARGE TOOL

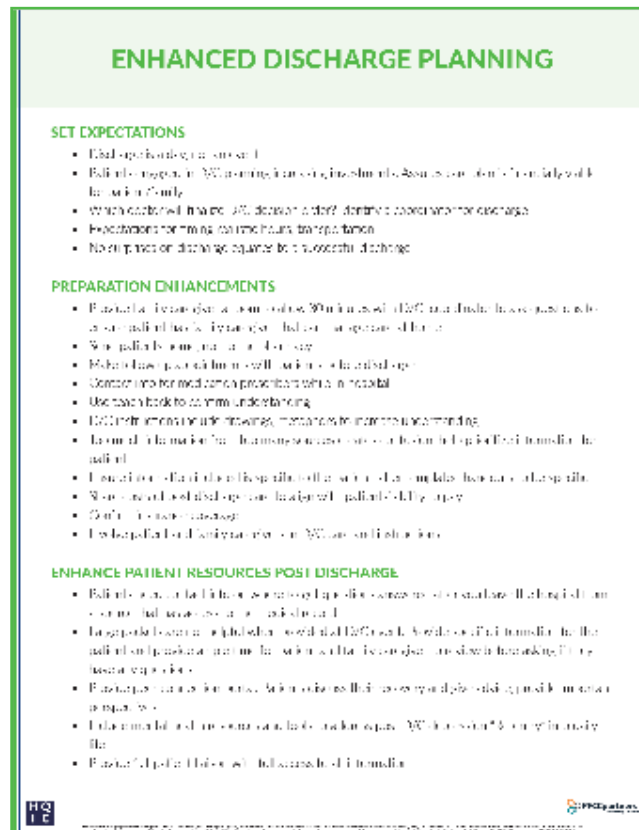


READY • SET • GO!

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Hospitals across the country are spending time, energy and resources to reduce readmissions rates. Patients and family caregivers are aligned on the goal of staying healthy and staying home following a hospitalization. Enhancing the Discharge Planning checklist to include more details related to medication management after discharge and integrating discharge planning in daily rounds provides more time for the clinical team and the patient to plan for a successful discharge.

DOWNLOAD ENHANCED DISCHARGE PLANNING TOOL



IMPLEMENTATION GUIDE

Are you ready to get started connecting these three activities to improve patient outcomes and avoid readmissions? The following suggestions are given to provide guidance on implementing the tool in your hospital.

- 1. Move information not people.** Admission checklists are so helpful in gathering critical insights from patients and family caregivers, not only about preferences and priorities, but also about critical self management of chronic conditions that will be impacted during hospitalizations. Be sure this information moves forward to the clinical care team. Consider identifying a Patient Information Steward who is responsible for ensuring information follows the patient journey from admissions through bedside rounding to inform discharge.
- 2. Expand current information sharing pathways.** Patients have important information about how they manage their health or healthcare when not in the hospital. Expand current communication tools to provide an opportunity for reciprocal communication and have a place to document and share patient reported care. If changes to the EMR are not immediately feasible, consider low tech solutions such as white boards, bedside iPad or notebooks. A consistent place where patient and family caregiver insights are captured and shared with members of the clinical team.
- 3. Define Roles.** Who is responsible for the admission checklist? See if that person can own the process where that checklist becomes a reciprocal information sharing event. Where is the information documented and how does the information move to the clinical team? It might be helpful to develop a team of staff members across these activities to test how they can best share information with hospital staff and the patient and family caregiver.
- 4. Talk to your patients.** Journey map recent hospitalization with a patient and family caregiver. If your hospital has a Patient Family Advisory program, engage them in this activity. If you don't have a Patient Family Advisory program, invite a few recently discharged patients to inform your improvement efforts. Let them know what your hospital is trying to achieve and bring them on as a team member. No one is more invested in staying healthy at home then your patients! The additional perspective helps identify unseen barriers

[DOWNLOAD MAPPING A PATIENT'S JOURNEY TOOL](#)

ACKNOWLEDGMENTS

The Ready. Set. Go! Tool was developed through an iterative process informed by a diverse group of patient family partners, Cynosure Improvement Advisors, State Hospital Association partners and hospital staff for the Cynosure HQIC. Thank you for all those who shared their personal and professional wisdom to help hospitals move forward with engaging patients and families in the effort to reduce readmissions.