



Better Communication, Better Healthcare

HOSPITAL, EXTENDED CARE GUIDELINES

Information for Residential Service Providers

The following guidelines, while pertinent to many different residential settings, are primarily directed to agencies and organizations that are providing ICF/IID and CILA services. The purpose is to provide the highest quality of care to individuals with disabilities across the State of Illinois.

Maximizing Channels of Communication

When a person the residential provider serves is in the hospital it can be very stressful, not only to the person/patient, but also to guardians, family members, and staff of the residential service provider.

In an effort to maximize communication and understanding, the provider should identify a staff person who will be the primary contact during hospitalization. This should be recorded long before hospitalization and the guardian should have the option of requesting a different contact person, whether it because of personal preference or selected expertise.

With this done, it is also important that expectations be clear about the staff's availability, frequency of contact, and mode of contact – e.g., mail, text, or telephone.

When a person enters the hospital through the Emergency Room, the residential service provider should bring two copies of the Health Resume (See Health Resume) and provide a staff person, preferably one who knows the individual, to stay with them until such time as a family member arrives or they are admitted to the hospital.

The provider of residential services should use a service/support agreement that includes the above information as well as other essential elements of the support partnership. This information should be discussed during the course of individual's annual support plan meeting. (See Sample Residential Service Provider Form)

Communicating with Hospital Staff

In an effort to provide the highest levels of support and continuity of care it is recommended that key leadership staff of provider organizations seek to establish positive relationships with those local hospitals with whom they interact.

For some hospitals the proper contact person may be the nurse manager or head nurse. What is important is to establish a relationship with the hospital through a person who can affect what occurs on a treatment basis. In developing such a relationship, it is important to communicate the nature of the residential environment and the nature of the staffing as resources that are available.

This information may have particular impact on recommendations made by hospital staff with respect to post discharge care and treatment.

In this regard, the observation made by an individual's guardian may be helpful. The person was living in a CILA environment. "He lives in his own home and is served by Name of Provider".