



Better Communication, Better Healthcare

Sample

RESIDENTIAL SERVICE PROVIDER EXTENDED MEDICAL CARE GUIDELINES

(This is to be regarded as a template for residential service providers. Although it is recommended that all components be included, residential service providers can choose to use this tool or develop their own written tool to clarify individual/guardian expectations during times of medical extended care. It is recommended that this be given to the individual guardian for each new person served, and annually during the ISP to reinforce expectations during extended medical care.)

Expectations of Residential Service Provider

Staff person who will be the primary contact person with respect to the period of hospitalization between the guardian and the provider:

Name	Title	Phone Number	Email
------	-------	--------------	-------

Identified Staff person will do the following during individual's extended medical stay

Hospital Communication

Type of Communication (Phone, Written, Electronic)	Frequency	Variable
--	-----------	----------

Guardian Communication

Type of Communication (Phone, Written, Electronic)	Frequency	Variable
--	-----------	----------

Additional Information

If at any time the individual/guardian is not satisfied with the staff person above, they should contact:

Name	Title	Phone Number	Email
------	-------	--------------	-------

Expectations of Guardian

Emergency Daytime Contact Name	Type of Access (Phone, Cell, Email)
--------------------------------	-------------------------------------

Emergency Night Contact Name	Type of Access (Phone, Cell, Email)
------------------------------	-------------------------------------

If Guardian is contacted directly by the hospital and/or gives permission for procedure/test/change in medication, guardian should notify Residential Service Provider contact.