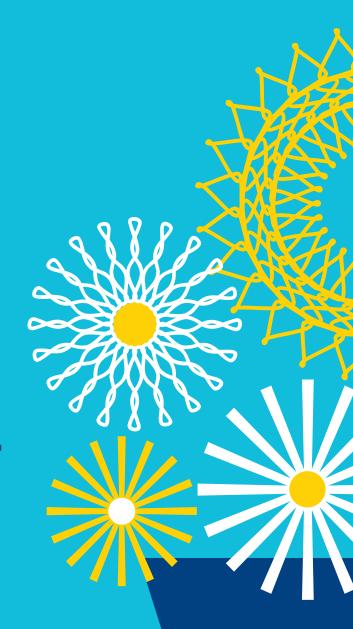
SUBURBAN HOSPITAL

my get %





welcome to Suburban Hospital!

You are a key part of your health care team. The more you are involved actively in your care, the better your care will be.

- **Speak up** if you have any questions or concerns.
- **** Pay attention** to the care you are receiving.
- **Educate yourself** so you fully understand your diagnosis and treatment.
- **Ask** a trusted family member or friend to be your advocate.
- **Know about your medicine.** Medicine errors are the most common health mistakes.
- **Participate** in all decisions about your treatment plan.

my health care notebook

Why?

Being an active part of your health care team helps you feel better and helps you get even better care. Starting on Day 1, you can keep track of important information and questions. **My health care notebook** helps you stay informed about your care and prepares you for going home.

Who?

This is your notebook, so start using it right away. If you don't feel well, your family care partner can start using it. Ask your nurse if you need help with information you do not know.

When?

Use **my health care notebook** from the start to help staff get to know you and to record important information.

How?

- **Fill out my health care notebook** where you can.
- **** Talk** to your health care team.
- **Write down** any questions you have.
- **Wse** the back pocket of this folder for important information sheets, such as your Discharge instructions now called your After Visit Summary (AVS).
- **Take** this folder with you to your appointments after you leave the hospital.



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Your Observation	-			
From		To		
Your Hospital I	npatient Da	tes		
From		То		
	_	-	e write	
To help staff ge down somethin	_	-	e write	
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Nurse Bedside Shift Report

We encourage you and your family care partner to join with your nurses in Bedside Shift Report. At this time, your nurse going off duty shares important information about you with your nurse coming on duty — at your bedside. Bedside Shift Report helps make sure you get high-quality care. If you have questions or concerns, Bedside Shift Report provides a good time to raise them. Ask your nurse if you have questions about the report.

You and your family

know you best. If you

see a sudden decline in condition, immediately

my health care team

You and Your Family Care Partner

You are a key member of your health care team. You also choose your "care partner" to help support you during your hospital stay. You may choose a relative or friend. You may have more than one care partner, but name one to be the lead.

•		
Phone Contact	hone Contact (home) or physician Rapid Respe	
	(work)	•
	(cell)	
-	Hospital Physicians	
₩ Other Physicia	ns	
		9

my health care team continued

** Nurses
Care coordinator (social worker or care manager)
Specialists (respiratory therapist, physical therapist, occupational therapist, speech therapist, wound therapist)
☀ Hospital pharmacists

my daily plan of care

Your daily **Plan of Care** includes your goal, tests and activities. See your white **Communication Board** for your Plan of Care. It may change each day. List your questions and any notes about your condition and treatment.

Date	Questions & Notes
	• 1

my daily plan of care continued

Your daily Plan of Care includes your goal, tests and activities. See your white Communication Board for your Plan of Care. It may change each day. List your questions and any notes about your condition and treatment.

my medicine while i am in the hospital

When you are in the hospital

- Ask your nurse about any medicine you don't recognize.
- If you want, your nurse can give you a list of the medicines you are taking in the hospital. The list may include medicines you will not take when you go home.

When you go home

- The medicine you take may change.
- Look at your **After Visit Summary (AVS)** to know what medicine you must stop and what you must take.
- Only take medicine listed on your **After Visit Summary (AVS)** until you talk to your primary care physician.
- Before you leave, review your medicine with your nurse and ask questions.

My medicine questions for my nurs	e, physician or hospital pharmacist
0 0 0	
91119	

notes for my health

** My Food and Medicine Allergies	
 ₩ My Activities and Exercises	

preparing to leave the hospital

**** Appointments I Have Scheduled or Need to Schedule**

Scheduled	Name and Phone #	Date and Time	Reason for Visit
☐ Yes ☐ No			
⋇ Pending	g Tests or Results		
₩ Tests I	Need After I Leave the He	ospital	
	rmacy Information r nurse to update your medic	al chart about vo	ur pharmacy or pharmacies
if you us	se more than one.	ai ciiait about yo	ar priarmacy or priarmacies
Name		Phone _	
Name		Phone _	

care coordination for when i leave

Speak with your **care coordinator** if you need help to answer the following questions.

$\#$ When I go home, will I have what I need? \square Yes \square No
Medicines
Transportation to appointments
Fresh food
Other
When I go home, will I have Home Health Services? ☐ Yes ☐ No If yes, list type of service, name of company and phone number.
₩ When I go home, will I have Medical Equipment? ☐ Yes ☐ No If yes, list kind of equipment, name of company and phone number.



my discharge preparation checklist

Please check each box before leaving Suburban and note your questions.	
☐ I have been involved in decisions about what will take place after I leave (treatment, therapies, future appointments).	
☐ If you are not going home I understand where I am going after I leave and what will happen to me once I arrive.	
☐ I understand which symptoms to watch for and know whom to call if I notice them.	
☐ I understand what medicine I need to take when I go home today and until I see my physician, how to get them and how to take them.	
☐ I understand the possible side effects of my medicine, and who to call if I experience them.	

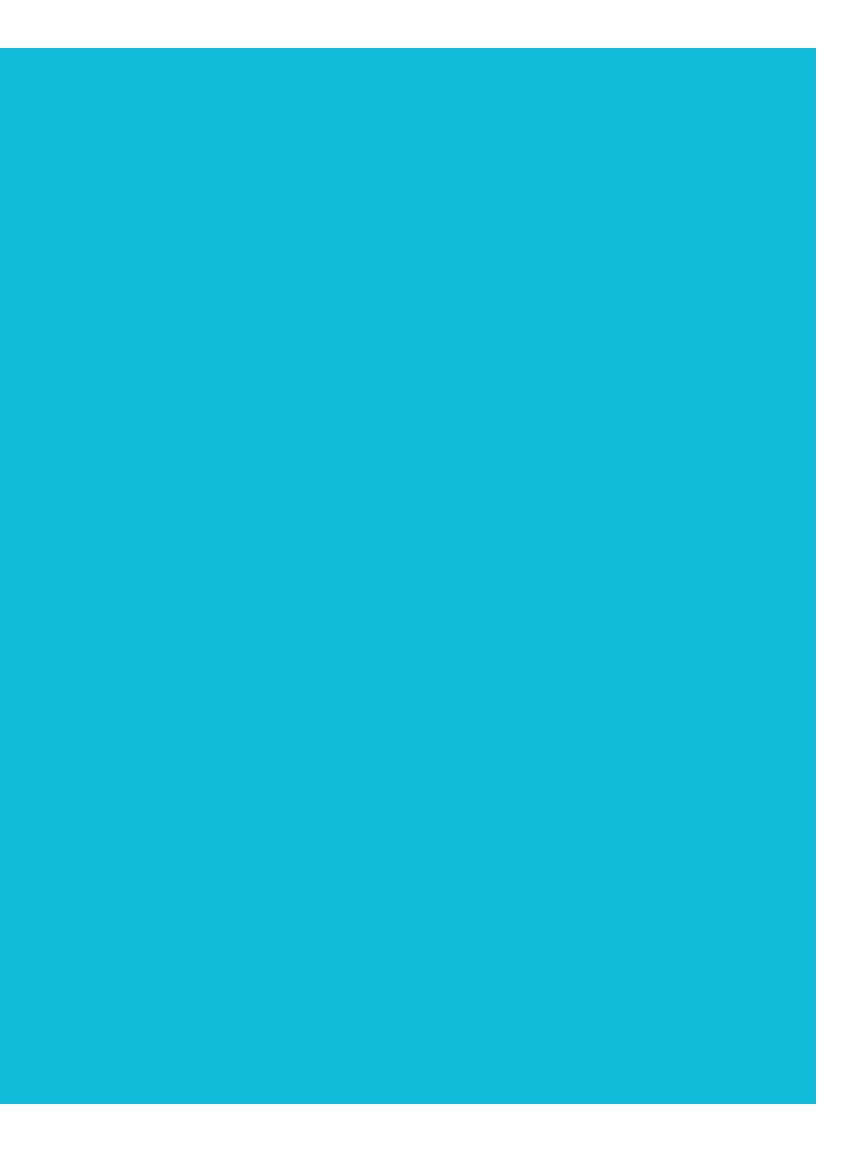
my discharge preparation checklist continued

☐ My family or someone close to me knows that I am leaving Suburban, and what I will need when I get home.
□ I have scheduled a follow-up appointment with my physician and have transportation to get to the appointment.
□ My physician or nurse has answered my questions in a way I understand.
☐ I have the name and phone number of the person to contact if I have a health problem after my discharge.
\square I understand what I need to do to take care of myself after I leave.

We adapted this checklist from a tool developed by Eric Coleman, MD, MPH, with funding from the John A. Hartford Foundation and the Robert Wood Johnson Foundation.







Quick Reference

Hospital Patient Line	
Office of Patient and Family Experience 301-896-3043	
Financial Counseling	
Customer Service (Billing)	
Insurance Questions	
Scheduling & Registration	
General Information	





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www.hopkinsmedicine.org/suburban_hospital

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