



DISCHARGE CHECKLIST FOR THE FAMILY CAREGIVER

We recognize that family caregivers have valuable knowledge of the patient. We want to engage you in planning for your loved one's discharge from the **Inpatient Mental Health Unit**.

This *Discharge Checklist for the Family Caregiver* will help you to participate in the discharge planning process by prompting you to think about the information you may need for a smooth transition from the hospital to the community.

Once our healthcare team anticipates a patient's departure, the Social Worker in the unit starts to coordinate discharge planning with the family and other partners in patient care.

The family caregiver can use this **checklist** to collect and record information about the patient discharge. If you cannot check a box, use the **questions** provided for discussion with the Social Worker. We want you to have all of the information you need.



Cornwall Community Hospital
Hôpital communautaire de Cornwall



Cornwall & District
Family Support
Group




Created 2019

We wish to acknowledge the Agency for Healthcare Research and Quality from which this booklet was adapted. www.ahrq.gov

TIPS FOR GOING HOME:

- ☐ Do I feel comfortable taking care of my loved one?
- ☐ Write down the information given by the Doctors and Nurses.
- ☐ Ask questions until you understand the answers.
- ☐ Make lists of what needs to be done, who can do it, and who can help.
- ☐ When people offer to help you – give them specific tasks.
- ☐ Are the necessary forms signed by the Doctor?

GOING HOME TOO SOON?

-  If you feel that your loved one is going home before you are ready, please contact the Inpatient Mental Health Unit Social Worker at 613-938-4240 ext. 4238.

Use this space to write any information you need:

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IF YOU HAVE QUESTIONS, PLEASE CONTACT:

- ❑ Manager, Inpatient Mental Health Unit:
613-938-4240 ext. 4311
- ❑ Social Worker, Inpatient Mental Health Unit:
613-938-4240 ext. 4238
- ❑ System Navigator: 613-361-6363 ext. 4434
 - Helps clients find the right services
 - Provides support along the way

YOUR FEEDBACK IS VALUABLE TO US:

- ❑ Please complete and submit Caregiver survey
 - Located in the *Welcome Package* or ask the nurse or clerk
 - Place survey in lockbox located in the Caregiver Corner by the elevators or give to staff

SUPPORT FOR FAMILY CAREGIVERS:

- ☐ Do I know who to call if I need help for myself?
- ☐ Are there counselling services available?
- ☐ Do I know how to access these services?
- ☐ Am I aware of support groups?
- ☐ Family Peer Support Worker: 613-361-6363 ext. 4643

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PRIOR TO DISCHARGE

HAVE I DISCUSSED DISCHARGE PLANNING WITH THE SOCIAL WORKER?

- ☐ Am I able to understand and communicate with the members of the healthcare team?
- ☐ Has my loved one and I met with the Social Worker, or will this occur in the future (when)?
- ☐ Will I be alone or with my loved one for discharge planning meetings?
- ☐ Did anyone check in with me to see if I was ready for my loved one to come home?
- ☐ Did anyone check with my loved one to see how they felt about going home?
- ☐ Was there an opportunity during this discussion for me and my loved one to share our concerns, thoughts and questions?
- ☐ Has the Patient Oriented Discharge Summary (PODS) been explained to me?

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WHAT SIGNS/SYMPTOMS/BEHAVIOURS ARE EXPECTED?

- ☐ Do I have a clear understanding of my loved one's diagnosis and prognosis?
- ☐ If I do notice something unusual or concerning, who do I contact?
- ☐ When do I need to call the Crisis Line and/or Police?
- ☐ Will there be changes in my loved one's usual activities?

WILL MY LOVED ONE BE RETURNING TO WORK?

- ☐ Are they able to attend work/school?
 - At the same level?
- ☐ If so, are there guidelines or restrictions to the work he/she is capable of performing?
- ☐ Do I need a form signed by the Doctor?

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PREPARING TO GO HOME: WHAT'S AHEAD?

DO I HAVE THE INFORMATION I NEED?

- ☐ Who do I call if I have questions or problems when I get home?
- ☐ Will my loved one need support services (e.g. Meals on Wheels, etc.)? For how long? Who pays for it?
- ☐ What appointments/meetings/tests are in the future?
- ☐ Do I have the contact information for each of the patient follow-up appointments?
- ☐ Do I have a plan to ensure that my loved one attends each follow-up appointment (consider transportation, Caregiver availability)?

MEDICATIONS:

- ☐ Do I know the names of the medications my loved one needs?
- ☐ Do I know why these medications have been prescribed?
- ☐ Do I know what to expect when my loved one takes these medications? Are there any side effects to watch for?
- ☐ Do I have a Pharmacist I am comfortable with?
- ☐ Will a prescription be given at discharge?
- ☐ Who pays for the medications?

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SUPPORT FOR PATIENT RECOVERY

IS MY LOVED ONE BEING DISCHARGED TO A SAFE ENVIRONMENT?

- ☐ Does my loved one need to be supervised?
- ☐ Does my loved one have house keys?
- ☐ Is there food at the house?
- ☐ Is the electricity or heat turned on?
- ☐ Do they have their wallet and identification?
- ☐ Do they have cash or bank card?
- ☐ Is appropriate clothing needed to suit the time of year?
- ☐ What supplies and/or equipment are needed, if any?
- ☐ Are there any hazards/triggers, such as knives, alcohol, etc. that need to be removed?
- ☐ Is it safe for my loved one to use appliances such as the stove or toaster oven?

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ARE THERE ACTIVITIES/EXERCISES THAT NEED TO BE AVOIDED?

- ☐ For how long?
- ☐ What activities/exercises are acceptable?
- ☐ Are there any specific activities/exercises/therapy my loved one should be doing?

WHAT EXPECTATIONS NEED TO BE SET, IF ANY? For example “Don’t call me after 11pm.”

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