## What is Discharge Planning?

Discharge planning helps you and your family prepare for the transition from hospital to home or to another facility such as a care center or assisted living. Patients are assisted who may need additional services such as home care, an emergency response system, medical equipment, therapy, etc. The Care Team depends on you and your family to tell us about your health, home environment, support system and financial concerns to help you decide what you will need when you leave the hospital.

When you are discharged from the hospital the nurse will review your discharge instructions with you. This may include information about your diet, activity, medicine, supplies, rehabilitation therapy, special treatments, doctor's appointments, etc. A written copy of your instructions will be provided to you. We want to give you the very best care while you are in the hospital and to ensure your needs are met once you leave Iowa Specialty Hospital. **It is important you understand your instructions before you leave the hospital. If you have questions once you get home, please phone the hospital (844-474-4321) and ask for the nurse's station. A registered nurse will help you.**

**Soon after your release from the hospital, you will receive a follow-up call to see how you are doing and to answer questions. It is important for you to understand your instructions before you leave the hospital. If you have questions before receiving a follow-up call from us, please phone one of the Nurse Case Managers listed below.**

Nurse Case Manager
Belmond
641-444-5641

Nurse Case Manager
Clarion
515-532-9329

Iowa Specialty Hospital

*Specializing in You*

## Locations

**Belmond**
403 1st Street Southeast
Belmond, Iowa 50421
Phone: (641) 444-3500

**Clarion**
1316 South Main Street
Clarion, Iowa 50525
Phone: (515) 532-2811

844-ISH-4321
www.IowaSpecialtyHospital.com

www.printingservicesinc.net

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# Case Management

Iowa Specialty Hospital

*Specializing in You*

## Case Management Mission Statement

***We believe patients and families are experts in the care of the patient. The hospital and medical staff work in partnership with patients and families to form a "Care Team." The goal is to achieve satisfaction and meet outcomes in a caring environment while promoting respect and understanding of the patient's needs.***

## What is Case Management?

Managed care encourages health promotion with the primary care provider as the coordinator of medical care. Patients are required to become active partners in their own care. The goal of case management is to maximize the use of resources to improve quality of care while controlling health care costs.

## What is a Nursing Assessment?

A nursing assessment is information gathered at the time of admission by the nurse concerning the patient's health, medical and social needs, attitudes and interests, likes and dislikes. Other disciplines such as Physical Therapy and Dietary do a similar evalation. The information gathered forms a baseline for all disciplines to start the plan of care.

## What is a Care Conference?

A Care Conference is a meeting of the Care Team, including patients and their families to share information and work together to meet the patient's needs. Goals are set and a plan of care is developed. Included is the plan for discharge of the patient.

Care Conferences are important to help make sure there is a team approach to care and the needs of the patient are understood. Even if the patient can't participate in the conference he or she is still an important part of the team. A family member or friend may need to speak for this patient as a stand-in.

**Acute Patient Care Conferences are held Monday through Friday at 11:00 a.m. Skilled Care Conferences are held Monday and Thursday at 11:00 a.m. Please inform the nurse or clerk at the nurse's station if you plan to attend. If this time is not convenient for you, another time can be arranged. You will be informed of the room where the conference will be held.**

There are things you can do to prepare for the conference. Please write down any questions or concerns you may have and make a note of any facts you think the care team should know about. Please participate actively in the care conference, we value your input and opinions. We appreciate your questions. If you can't attend the meeting, you can still participate by phone. **If you have concerns or information you feel the care team needs to know, please share it promptly with any caregiver. It is not necessary to wait for the scheduled care conference.**

## What is a Plan of Care?

A Care Plan is a plan for meeting the needs of a specific patient. The needs of the patient are identified and goals are developed by the Care Team. The Care Plan is revised as the goals and needs change.