## Care Partners

A care partner is someone you choose to help you reach your healthcare goals. The care partner can help you ask questions and generally communicate with the healthcare team on your behalf to make sure your needs are being met.

Care partners can be family members, friends, neighbors or paid help. Once back home, they will help you with daily activities such as shopping, cleaning, managing your medications and appointments, cooking a meal or coordinating services to help support all these activities.

Care partners can also help by giving information — such as your list of medications, health history or home care needs — to your doctor or nurse.

Care partners can listen to doctors, nurses and others for you and make sure you get the information you need and that you understand it.





# My Care Transition Plan

Patients with caregivers and/or care partners are asked to complete this form, which lists their concerns on care needs at home. Hospital staff will work with you to address concerns on the list.

PATIENT NAME:

PHONE NUMBER(S):

CARE PARTNER:

PHONE NUMBER(S):

FOLLOW-UP APPOINTMENT:

MY PHARMACY:

CASE MANAGER:

|  |
| --- |
| **Care Partners are SMART**\* **and AWARE****S** Signs and symptoms to look for and who to call**M** Medication changes or special instructions**A** Appointments**R** Results on which to follow up**T** Talk with me about my concerns**A** Available**W** Writing notes**A** Alert me about changes**R** Receive information**E** Educate me about my home care needs |

\* ”SMART Discharge Protocol,” The Institute for Healthcare Improvement. [http://www.ihi.org/resources/Pages/Tools/SMARTDischargeProtocol.aspx](http://www.ihi.org/resources/Pages/Tools/SMARTDischargeProtocol.aspx%20)
(accessed August 20, 2021).

| **I AM CONCERNED ABOUT…** | **YES** | **NO** | **COMMENTS** |
| --- | --- | --- | --- |
| **Follow-up Medical Care** | **Having all the information I need when I leave the hospital** |  |  |  |
| **Follow-up care after leaving the hospital** |  |  |  |
| **Scheduling follow-up appointments and/or tests** |  |  |  |
| **Who to call with questions or concerns** |  |  |  |
| **How I will get to my follow-up appointment** |  |  |  |
| **Whether I will need home nursing, therapists, nutritionists** |  |  |  |
| **The type of medical equipment I will need (e.g., walker, crutches, insulin pump, oxygen)** |  |  |  |
| **Managing my wound care** |  |  |  |
| **Paying for the care I need** |  |  |  |
| **Medications** | **Which medications I should take at home** |  |  |  |
| **When to take my medications** |  |  |  |
| **Taking my medications as prescribed (e.g., swallowing)** |  |  |  |
| **Understanding the side effects of my medications** |  |  |  |
| **Paying for my medications** |  |  |  |
| **Getting my medications from the pharmacy** |  |  |  |
| **Activities of Daily Living** | **Getting help with personal care (e.g., bathing, dressing)** |  |  |  |
| **Cooking meals** |  |  |  |
| **Getting help with grocery shopping** |  |  |  |
| **Using medical equipment, changing a bandage or giving an injection** |  |  |  |
|  **Care Partner** | **How my care partner will help me when I am at home** |  |  |  |
| **How my care partner will manage my illness** |  |  |  |
| **Losing contact with friends and family and feeling isolated or left behind** |  |  |  |
|  **Culture** | **Whether I will be able to keep my core beliefs and values despite my illness** |  |  |  |