

**Healthcare Team & Notes**

**Why is this Section Important?**

Keeping track of everyone on your **Healthcare Team**, can sometimes be overwhelming. Having all of the information in once place can reduce the time and frustration spent looking for ways to contact providers in times of need.

It’s hard to remember everything after discharge and even during admission. This section serves as a place to keep all information received during the hospital stay using notes and communication logs.

This section provides a clear way to keep track of details about appointments, tests and procedures and community provider visits so that a caregiver/family member can make arrangements to accompany you, provide transportation and support. Details about scheduled appointments, as well as previous information and notes can be valuable when planning appointments and/or tests.

In the days leading up to healthcare appointments, you often think of questions that you may want to ask. More often than not, these are forgotten when the appointment starts, unless they are written down in advance. There is an area to keep track of questions for each appointment. You are an advocate for yourself and/or the person you’re caring for. These tools can help you in that role.

**How to Use this Section**

Use and adapt this section to fit your needs. Every healthcare journey is different.

**My Community Care Team**

This template provides a reference resource to keep track of your community care providers. In each of the bubbles you can include contact information for each person or organization. This can also give you an idea of what community resources are available and allow you to discuss with your providers about the potential role that they may have in you or your care recipient’s health care.

**Healthcare Appointments**

Fill out the sections under healthcare appointments to keep information about upcoming and past appointments.

**Questions to Ask Healthcare Providers**

Caregivers can be advocates for the person they care for. Here are four questions to consider asking when you interact with healthcare providers:

1. What is the main concern today?
2. What needs to be done next?
3. Why is it important to do this?
4. Who can I contact if I have questions

**Tests and Procedures**

Fill out the sections under tests and procedures to keep information about tests and procedures. Recording notes – how it was tolerated, issues with preparation or recovery, etc. – can help when you schedule or plan future tests and procedures.

Use the pocket provided in this section to place things like parking receipts and upcoming appointment cards until you can log them along with any information received from health care providers.

**Notes**

Notes pages are included in this section for you to record information as you need to. You could use them during a hospital stay or any other interaction with healthcare providers.

**Communication Log**

Make use of the communication log during your hospital stay and hospital bedside white board to keep track of questions you have for healthcare professionals. White boards are handy because questions can be left here for answers to be obtained even when you are not present.

**Community Provider Visits**

This template can be used to keep track of community visits. This can be helpful for future reference of visit dates, but there is also a space for notes that can be helpful during future visits.

**Messages I Have for Community Providers**

In the days leading up to your next community visit you often think of questions that you may want to ask. More often than not, these are forgotten when the appointment gets going, unless they are written down in advance. This section also provides an area to keep track of questions for community providers.

**Care Coordinator or Case Manager**

Organization:

Who to Contact:  
Telephone Number:

**Respite**

Organization:

Who to Contact:  
Telephone Number:

**Care Coordinator or Case Manager**

Organization:

Who to Contact:  
Telephone Number:

**Nutritional Services**

Organization:

Who to Contact:  
Telephone Number:

**Family Physician**

Organization:

Who to Contact:  
Telephone Number:

**Personal Support Worker**

Organization:

Who to Contact:  
Telephone Number:

**In-Home Nursing**

Organization:

Who to Contact:  
Telephone Number:

**Nurse Practitioner**

Organization:

Who to Contact:  
Telephone Number:

**Mobility Service**

Organization:

Who to Contact:  
Telephone Number:

**Physiotherapy**

Organization:

Who to Contact:  
Telephone Number:

**Speech Language Pathology**

Organization:

Who to Contact:  
Telephone Number:

**Occupational Therapy**

Organization:

Who to Contact:  
Telephone Number:

**Social Work**

Organization:

Who to Contact:  
Telephone Number:

**Adult Day Program**

Organization:

Who to Contact:  
Telephone Number:

**Case Worker**

Organization:

Who to Contact:  
Telephone Number:

**Respite** provides temporary relief for caregivers to leave for activities or rest. It can include overnight care using respite services outside the home.

**Care Coordinator or Case Managers** areresponsible for assessing, planning, coordinating, implementing and reviewing patients’ needs and services. They provide information to patients as well as referring them to alternate community resources. They may work for the Local Health Integration Network or another community agency.

**Nutritional Services** deliver food and prepared meals to caregiver homes to ensure a healthy diet and easier preparation.

**Family Physician** is the physician you see on a regular basis for check-ups, they diagnose and treat illness, prescribe medications and give referrals.

**Personal Support Workers** assist caregivers in-home with daily living that can include bathing, toileting, dressing and feeding.

**Mobility Services** offer safe, accessible and affordable transportation. Services may include volunteer drivers or accessible vehicles.

**Nurse Practitioners** can diagnose and treat illness, order and interpret tests, prescribe medication, preventative care and perform procedures.

**In-Home Nursing** offers accredited nurses to help with care planning, medications, wound care and other procedures to help a person with illness or injury.

**Social Workers** help caregivers and their families access services to improve their quality of life and be supported at home or in the community.

**Speech/Language Pathologists** help assess, diagnose, treat and prevent speech and swallowing disorders.

**Physiotherapists** treat disease, injury or impairment using exercise, massage and other physical interventions to improve mobility, strength and reduce discomfort.

**Adult Day Programs** offer supervised programming in a group setting and include assistance with personal care.

**Case Workers** help to administer access to different services and supports

**Occupational Therapists** help overcome the physical limitations that interfere with someone’s ability to do daily tasks that are important to them.

If you are a patient or caregiver at any of the **four** hospitals within **the Huron Perth Healthcare Alliance** (HPHA) (**Stratford General Hospital**, **Seaforth Community Hospital**, **Clinton Public Hospital**, and **St. Marys Memorial Hospital**) you may notice that staff wear different coloured uniforms. To help you recognize the different roles of the hospital team, please refer to the chart below.

**\*\*It is important to note, if you are a patient or caregiver at any hospital outside of the HPHA, staff may have a different uniform policy.**

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| --- | --- | --- |
| **Staff/Department** | **Colour** | |
| Dialysis Assistant  Personal Support Worker |  | Teal |
| Dietitian  Nutrition and Food Services Supervisor |  | Black Blouses |
| Diagnostic Imaging |  | Black |
| Environmental Services (Housekeeping) |  | Grey |
| Laboratory Technologists/Assistants |  | Caribbean Blue |
| Materials Management |  | Eggplant |
| Nurse |  | White |
| Nutrition Assistant |  | Royal Blue |
| Occupational Therapist  Physiotherapist  Recreation Therapist  Rehab Assistant  Speech Language Pathology |  | Burgundy |
| Pastoral Care |  | Grape |
| Patient Registration  Unit Clerk |  | Turquoise |
| Porter |  | Red |
| Respiratory Technologist |  | Ceil Blue |
| Social Worker |  | Light Blue |

Caregivers can be **advocates** for the person they care for. Here are **four** questions to consider asking when you interact with healthcare providers.

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| --- | --- | --- | --- |
| Appointment Date | Provider Name | | Location |
| Date:  Time: |  | |  |
| 🞎 I asked about parking, cost & map |
| Reason for Appointment | Supporting Documents to Bring | | Notes for Appointment |
|  |  | |  |
| Questions to Ask (i.e. what is my main problem today, what do I need to do next, why is it important) | | | |
|  | | | |
| Next Appointment Date | | Follow up Instructions | |
| Date: 🞎 We book  Time: 🞎 They book | |  | |
| Appointment Date | Provider Name | | Location |
| Date:  Time: |  | |  |
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| Date:  Time: |  | |  |
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| Next Appointment Date | | Follow up Instructions | |
| Date: 🞎 We book  Time: 🞎 They book | |  | |

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| Procedure/Test | Date and Time | | Location |
|  | Date:  Time: | |  |
| Who ordered the procedure/test? |
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| 🞎 I asked about parking, cost & map |
| Notes about procedure prep, response, recovery | | Questions to Ask | |
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| Follow up: | | | |
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| Procedure/Test | Date and Time | | Location |
|  | Date:  Time: | |  |
| Who ordered the procedure/test? |
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| Follow up: | | | |
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| Question(s) For: |  | | |
| Date: |  | Time: |  |
| Question(s) or Concern(s): | | | |
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| Response/Follow up: | | | |
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| Question(s) For: |  | | |
| Date: |  | Time: |  |
| Question(s) or Concern(s): | | | |
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| Response/Follow-up | | | |
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| Question(s) or Concern(s): | | | |
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| Response/Follow up: | | | |
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| Question(s) For: |  | | |
| Date: |  | Time: |  |
| Question(s) or Concern(s): | | | |
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| Response/Follow-up | | | |
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| Provider Name and/or Organization |  | This visit has an additional provider binder in the home  🞎 Yes 🞎 No |
| Visit Date & Time: |  |
| Reason for Visit: | | |
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| Next Visit Date & Time: |  | |
| Notes: | | |
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| Provider Name and/or Organization |  | This visit has an additional provider binder in the home  🞎 Yes 🞎 No |
| Visit Date & Time: |  |
| Reason for Visit: | | |
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| Next Visit Date & Time: |  | |
| Notes: | | |
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| Visit Date & Time: |  |
| Reason for Visit: | | |
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| Next Visit Date & Time: |  | |
| Notes: | | |
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| Visit Date & Time: |  |
| Reason for Visit: | | |
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| Next Visit Date & Time: |  | |
| Notes: | | |
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| Date | Provider | Notes about Care Provided | See Message Page |
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| Date: |  | Time: |  |
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