

Acute Hospital Sitter Guidelines for Lanterman Developmental Center Residents  
Cheryl Bright, Executive Director, Lanterman Developmental Center  
March 29, 2011

On Saturday, March 19, 2011, I had the opportunity to meet with the Parents' Coordinating Council (PCC) to provide an Executive Report on items of interest.

One of the topics reviewed was in relation to Lanterman Staff assigned to assist when a resident is admitted to an Acute Hospital Facility.

A review of the current guidelines at Lanterman was presented and questions posed from PCC Family Members were reviewed.

Following the PCC Meeting, I met with the Executive Committee to address the concerns raised by family members, specifically, the concern voiced by families in relation to how an Attending Physician from an Acute Community Hospital determines when an LDC Staff person is needed for support.

This article is intended to clarify how a determination is made when a resident admitted to a local Acute Hospital setting is warranted, and as a result, LDC staff support is needed.

Lanterman Developmental Center Staff may be requested to provide support in order to ensure that clients are provided optimum support throughout their treatment when admitted to an Acute Hospital Facility.

Determination for such support is made on a case-by-case basis.

Information is provided from Lanterman Staff to assist in such a determination.

Input from Program Management and Residence Staff, in consultation with the Clinical Director, Coordinator of Nursing Services, Health Services Specialist and /or Assistant Coordinator of Nursing Services (HSS/ACNS), is used to identify the need for LDC support.

At the time of admission, LDC staff provides the admitting Acute Hospital staff with a comprehensive Transfer Packet. LDC staff who accompany the resident to an Acute Hospital endorses him/her to the receiving nurse. During that time, specific information outlined in the Approaches and Strategies, including likes and dislikes, alerts, allergies, medications, emergency contact information, client information, medical conditions and the Physician's Transfer Summary is provided.

LDC support will be provided as requested by the Admitting Physician when assistance is needed **or** when a resident may need additional LDC staff support following a request and review by the HSS/ACNS.

Upon determination that the client is well adjusted, calm and acclimated to the Acute Hospital environment, LDC staff will be released from their assignment.

During Acute Hospitalizations, residence staff visit and may provide items that the individual has preference for to ensure comfort. Such items may include articles of clothing or items of entertainment, i.e. a radio.

Familiar residence staff continue to visit and advocate for our clients through acute Treatment.

The LDC Assistant Coordinator of Nursing Services will maintain contact with the Acute Hospital during the resident's stay, to obtain updates on the resident's progress, and to obtain information related to Discharge Planning and/or to provide any assistance needed.

At the time, the Coordinator of Nursing Services is in the process of coordinating cross training with Acute Hospital Staff to assist in providing Behavior Management Training for their staff.

Support and assistance from LDC Staff will continue to be provided as determined by the Treatment Team, or after review by the LDC CNS following a request for support, at the Acute Hospital and will continue to be determined in collaboration with LDC staff input.