

DESIGNATED CAREGIVER ACT (EXCERPT)
Act 85 of 2016

333.26289 Consultation before discharge; issuance of discharge plan; live or recorded aftercare demonstration; documentation in medical record.

Sec. 9.

(1) As soon as practicable before the patient's discharge from a hospital to the patient's residence, the hospital shall attempt to consult with the designated caregiver to prepare the designated caregiver for the patient's after-care assistance needs and issue a discharge plan that describes the patient's after-care assistance needs, if any, at the patient's residence. The discharge plan may include contact information for health care, community resources, and long-term services and supports necessary to successfully carry out the discharge plan. To the extent possible, training or instructions provided to a designated caregiver shall be provided in nontechnical language, in a culturally competent manner, and in accordance with the hospital's requirements to provide language access services under state and federal law.

(2) As part of the consultation under subsection (1), the hospital shall attempt to provide the designated caregiver the opportunity to ask questions and receive answers about the after-care assistance needs of the patient. If the hospital personnel who consult with the designated caregiver determine, in the exercise of their professional judgment, that a live or recorded demonstration is necessary in order to appropriately prepare the designated caregiver for the patient's after-care needs, the hospital may provide to a designated caregiver a live or recorded demonstration of the aftercare described in the patient's discharge plan and contact information for a hospital employee who can respond to questions about the discharge plan after the instruction provided. If the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient, or an appropriate discharge of the patient.

(3) Instruction required under this act shall be documented in the patient's medical record, including, at a minimum, the date, time, and contents of the instruction.

History: 2016, Act 85, Eff. July 12, 2016