

Resident and Family Sample Conversation Script: In-House Treatment Versus Hospital Transfer

This sample conversation script is intended to standardize staff communication with residents and families regarding changes in the resident's condition, in-house treatment, and hospital transfer discussions, helping to ensure a consistent message is shared across the care team. Staff should customize the language based on their facility's policies, clinical capabilities, available services, and each resident's individual needs, preferences, and goals of care. Consider involving your medical director and legal department as you adapt it for your facility.

Introduction

Welcome to our facility. We are glad you are here, and we look forward to partnering with you to support your loved one's recovery. As part of our partnership, I want to explain how we respond when there is a change in your loved one's condition to keep him or her safe. A change in condition means any change from your loved one's usual physical, mental, or emotional state. This can be something small or something more serious. Examples include:

- More confusion or fatigue.
- Shortness of breath.
- Pain or discomfort.
- Eating or drinking less.
- Changes in activity or needing more help than usual.

Our staff are trained to notice early warning signs. When we see a change, we will:

- Assess your loved one right away.
- Notify the nurse and physician.
- Use clinical tools and care pathways to guide treatment.
- Keep you informed throughout the process.

In-House Treatment vs. Hospital Transfer

Many changes in condition can be safely treated here. Under a physician's guidance, we can often manage:

- Infections, like urinary tract infections (UTIs) or pneumonia.
- Dehydration.
- Heart or breathing symptoms.
- Changes in behavior or function.

When it is safe to do so, staying in the facility may be better than transferring to the hospital because it:

- Allows recovery in a familiar environment.
- Reduces stress and disruption.
- Lowers the risk of hospital-related infections or complications.

Hospital transfer is sometimes the safest and most appropriate choice. If your loved one needs a higher level of care that we cannot safely provide, we will arrange transfer to the hospital. These decisions are based on your loved one's symptoms and clinical condition, available treatment options, and your loved one's goals of care.

Family Communication and Partnership

You are an important part of the care team. If you have concerns or notice a change, please let us know right away. Your input helps us provide safe, responsive care. If your loved one has a change in condition, we will notify the responsible party, explain what we are seeing, and discuss the safest options. Depending on the situation, care may be provided here, or a hospital transfer may be needed.

We also want to understand what matters most to you and your loved one. We will ask about your loved one's goals, preferences, and concerns during care plan meetings and continue these conversations as needs change. For now, if your loved one becomes ill or has a change in condition, what concerns would you want us to keep in mind when discussing care options?

Teach-back: To make sure I explained this clearly, can you share what you understand about how we handle changes in condition and when a hospital transfer may be needed?

Agency for Healthcare Research and Quality (AHRQ). *Communicating Change in a Resident's Condition*. Improving Patient Safety in Long-Term Care Facilities. Available at: <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/facilities/ltc/gdmod2.html>. Accessed on: October 8, 2026.

Florida Atlantic University. INTERACT Version 4.5 Tool: Deciding About Going to the Hospital. 2014–2024. Available at: [INTERACT Version 4.5 Tool](#). Accessed on: October 8, 2026.

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