

HOSPITALIST GROUP

Meet McLaren

ABOUT OUR PROGRAM

- Our providers deliver extraordinary care by treating your patients with kindness, patience, and respect.
- Dedicated professionally trained clinical staff available to patients post discharge to answer their questions, promote compliance with discharge instructions, and help reduce risk of readmission.
- Providers participate and lead multidisciplinary rounds to improve communication to your hospitalized patient.
- Providers facilitate the One Call admission process to streamline admissions and transfers.

CONTACT US

McLaren Greater Lansing Hospitalist Group
2900 Collins Road
Lansing, MI 48910

Tel: (517) 881-6664

Julie Savage, MSN, MA, BSN
Executive Director of Hospitalist Group

Our team embraces the skills and knowledge necessary to enhance quality outcomes by sharing evidence based solutions to patients. If your patients have any questions about their discharge instructions once they get home, we are available to answer them. This will help reduce any unnecessary readmission and improve communication to your patient.

MEET THE PROVIDERS



Hitesh Bhatt, DO



Felix Chalu, NP



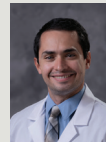
Ashley Cochran, NP



Jacob Compton, DO



Rebecca Doede, DO



Garrett Friday, DO



Amit Ghose, MD



Matthew Griffin, DO



Justin Kisaka, DO



Michael Kowalczyk, DO



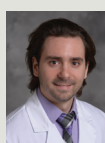
Anthony Meier, MD



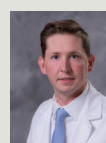
Solange Ngantchui, NP



Waleed Obaid, MD



Richard Sharon, DO



Richard Szczesny, PA



Jennifer Wollack, DO

ONE CALL

DIRECT ADMIT PHYSICIAN-TO-PHYSICIAN (517) 975-BEDS(2337)



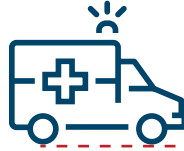
When to direct admit a patient:

- Blood/Pheresis transfusion with labs
- Cellulitis with failed outpatient therapy
- COPD exacerbation, mild
- Heart failure, mild
- Pancreatitis, recurring with mild pain
- Pneumonia with stable vital signs
- UTI with stable vital signs

When calling to Direct Admit a patient please provide:

- Patient Name
- Date of admission, e.g. today or future date
- Office contact name
- Current location of patient
- Date of birth
- Referring physician
- Diagnosis
- Patient status:
confused/isolation/open wounds
- Bed type:
inpatient/observation/outpatient

Facesheet with demographics
can be faxed to (517) 975-6210



When to send a patient to the Emergency Department:

- Active GI hemorrhage
- Acute altered mental status
- Abdominal pain
- Chest pain
- Dehydration
- Diabetic ketoacidosis
- Extreme pain, especially if cause is unknown
- Eye injuries
- Falls with injury (trauma)
- High fevers
- Hypotension
- Hypoxia
- Intestinal bleeding
- Loss of consciousness or vision
- New neurological symptoms
- Repeated vomiting
- Seizures without previous diagnosis of epilepsy
- Severe burns
- Severe heart palpitations
- Sudden severe head pain or injury
- Sudden testicular pain or injury
- Suspected poisoning or drug overdose
- Syncope
- Traumatic injury
- Unstable vital signs

Patient should enter hospital through the patient entrance and check in at the admitting desk.
If arriving after 8 p.m. Monday-Friday, after 2 p.m. Saturday, or anytime on Sunday, go to the
Emergency Department to check in with the Emergency Department admitting desk.

