

## MEET McLAREN

# HOSPITALIST GROUP

### 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) 975-6000

#### Sasha Michalek, BSN, RN

#### 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**



**SHWETA  
BHATNAGAR, DO**



**FELIX  
CHALU, NP**



**JACOB  
COMPTON, DO**



**SARAH  
CORGAN, NP**



**REBECCA  
DOEDE, DO**



**AMIT  
GHOSE, MD**



**MATTHEW  
GRIFFIN, DO**



**JUSTIN  
KISAKA, DO**



**MICHAEL  
KOWALCZYK,  
DO**



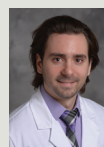
**HEATHER  
LOZNAK, NP**



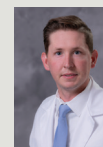
**DAN  
MACCOURTNEY,  
MD**



**WALEED  
OBAID, MD**



**RICHARD  
SHARON, DO**



**RICHARD  
SZCZESNY,  
PA**



**JENNIFER  
WOLLACK, DO**

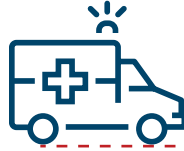
# 1 NE CALL

## 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 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

### 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

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.

