



Hospital Discharge Planning

Empower Yourself



Before You Go to the Hospital -Plan for Your Post Hospital Stay

Preparing for a hospital procedure or stay in an acute care hospital can be a very confusing experience. There are many things you should ask about in advance. In addition to discussing the specific medical procedure with your doctor, it is also important to take charge of your hospital discharge planning before you are in the hospital. That means talking with your doctor or a hospital discharge planner, sometimes called the continuing care case manager.

A discharge planner is a nurse or social worker employed by the hospital to help you and your family decide the most appropriate setting for care following a hospital stay. If you are a member of a managed care plan or HMO, the plan has case managers who will work with you.

After your hospital stay, you may be able to go home, or you may need to go to an aftercare facility such as a rehabilitation hospital or nursing home. Ask the discharge planner to explain the range of options you have and whether your insurance will pay for the services you choose.

Skilled Care

Requires 24 hours of skilled nursing care, restorative and other therapeutic services requiring supervision by a registered nurse or licensed therapist. A medical professional must certify that such care is required on a daily basis. The care is less intensive than the sub-acute level though it is necessary to have frequent (daily to weekly) patient assessment, clinical course review.

A defined treatment plan is provided for a limited period of time until a condition is stabilized or predetermined treatment course is completed.

Medically Stable: Nursing / Therapy hours per day Rehabilitation: 3 - 5 hours / day Nursing Care Post-Surgical Care: 1- 3 hours / day Therapy

Orthopedics: Likely Short Term Care Needs / maybe longer

Intermediate Care:

Provides routine care and assistance with activities of daily living and meeting personal needs, with periodic availability of skilled services. The care is more like traditional nursing facility care and is not intensive. Regular patient assessment, clinical course review and a defined treatment plan remains necessary.

Medically Stable: Nursing/Therapy hours per day

Geriatric Care: 1-3 hours/day Nursing Care

Low Level / Maintenance Rehab: 2-3 times/week Therapy Supportive / Custodial Care: Likely a Long Term Resident





Acute Care

Traditional hospital care for conditions requiring frequent high-technology medical monitoring or complex diagnostic or treatment procedures. Acute care is directed toward assessment, monitoring, intervention and treatment of an acute illness, injury or recurrence of a disease process.

Medically Unstable: Nursing / Therapy hours per day Invasive Procedures: 8 - 9+ hours / day Nursing Care

System Failures: 3 - 4 + hours/day Therapy (Rehab Hospital)

Highly Complex Care: 7 days / week of Therapy Short Term Care needs: 7 days / week of Therapy

Sub Acute Care

Requires the coordinated services of an interdisciplinary team, including physicians, nurses, therapists and other relevant professional disciplines. A medical professional must certify that such care is required on a daily basis. The care is more comprehensive than the traditional nursing facility care and is less intensive than acute hospital care. Frequent (daily to weekly) patient assessment, clinical course review and a defined treatment plan is provided for a limited period of time until a condition is stabilized or predetermined treatment course is completed.

Medically Sick: Nursing/Therapy hours per day Respiratory Care: 5.5+ hours/day Nursing Care

Complicated Post-Surgical Care: 3-4 hours/day Therapy

Complex Care: 5-7 days/week of Therapy *Short Term Care needs Intense Rehabilitation*





PLAN AHEAD:

Here are some questions you should ask your doctor before you go into the hospital

What type of care is needed?

Before contacting a care provider, determine the amount and typeof care needed.

Usually, an elder's physician or other health care provider can provide advice on the level of care required.

A determination by a physician that services are medically necessary is required to obtain coverage through the Medicare or Medicaid programs.

If you or your loved one should become hospitalized – your right to know

- Will I need services at home?
- Who makes the decision if I need in-patient rehabilitation.
- Who will set-up home services.

You have a right to choose a rehabilitation facility

- Choose 3 different facilities.
- Have a family member or friend tour the facility.
- Ask to meet the representative/screener of the facility to learn more about the facility.

Questions to ask your physician in his/her office prior to an elective procedure

- Will he/she still be the physician in the rehabilitation facility?
- Can I tour the facility prior to making a decision?
- · Will my insurance cover the facility





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