

出院计划

欢迎来到华大医学 UW Medicine！我们的团队将竭诚为您和您的家人提供支持。我们的目标是帮助您康复，并在经历住院后顺利出院（返回家中或其他安全场所）。

为什么要尽早开始作出院计划？

我们会尽早开始规划您的出院事宜，并从一开始就让您和您的家人参与其中。这有助于您在准备好出院时顺利过渡到下一个护理环境。尽早规划可以：

- 帮助我们与您共同制定护理目标并解决各种问题。
- 给你时间考虑所有的选择
- 帮助您更快出院，并降低您再次入院的可能性。
- 有助获得更安全、更好的康复。

我的医疗团队有哪些成员？

住院期间，您的医疗团队可能包括您的医生、护士、康复理疗师、社工、和护理协调员。某位社工和（或）护理协调员可以协助您制定出院计划并解答相关问题。

我们会谈些什么内容？

- 您的护理需求和支持系统（可以帮助您的人）
- 您的保险可能涵盖哪些项目，以及您自己可能需要额外付费的项目。
- 您已有的或可能需要的设备或资源
- 出院后您应该去哪里（回家、专业护理机构等）才能获得最佳护理

我需要什么？

您或您的代理人应该：

- 准备好与您的医疗团队进行面对面或电话沟通。
- 作出下一步的选择（例如选择一家专业护理机构）。有时，需要在 24 小时内做出决定。
- 须知，你的出院时间可能比你预期的要早。

出院前，请确保您：

- 出院当天尽早安排好回家的交通工具。
- 安排一名照顾人员接受护理或理疗方面的培训（如有需要）。



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出院后一些护理方面的选择

在家：无任何服务

如果您能够自己做到，或在家人和朋友的帮助下做到照顾好自己的医疗需求、个人护理、药物服用和日常生活等需求，那么选择“回家而没有服务”这项是合适的。我们的团队会为您安排复诊，并在出现问题时联系您的医疗服务提供者。

在家：居家医疗保健服务

居家医疗保健服务为患病或受伤者提供短期治疗或康复服务。服务内容包括护士、物理治疗师、语言治疗师、职业治疗师、社工或家庭护理员（协助洗浴）等上门服务。居家医疗保健服务面向那些行动不便、难以出门接受这些服务的患者。这项服务并非提供全天候 24 小时护理。

在家：居家照顾服务（Home Healthcare）

居家照顾，或称“生活照顾”，是指照顾人员为患者提供进行个人生活照顾，例如洗澡、穿衣、吃饭和家务。大多数人需要自费支付这项费用。如果您符合条件，一些政府项目，例如政府补助医疗保险计划（Medicaid），可能会支付这项费用。

专业护理机构（SNF）

一些需要护士 24 小时照顾的患者可能会被送往专业护理机构（SNF）。专业护理机构提供护理、个人照顾、康复理疗、饮食协助、活动安排、社工服务、食宿、和洗衣服务等。

SNF 护理机构可以提供短期或长期护理服务。**短期护理**适用于受伤或生病后需要康复的患者，需要医生开具医嘱文件。

大多数保险公司承保短期入住专业护理机构的费用，但通常不承保长期入住专业护理机构的费用。**长期护理**费用通常由个人支付，或者可能由长期护理保险或政府补助医疗保险计划（Medicaid）支付。

成人之家护理（Adult Family Homes）

这是在私人住宅里，每住宅最多可容纳 6 位成年居民。它提供房间、膳食、洗衣、监控以及不同级别的护理服务。此类护理费用通常由个人自费，或由长期护理保险或政府补助医疗保险计划（Medicaid）支付。

有提问吗？

您的提问很重要。如有任何疑问或担忧，请致电您的医生或医疗服务提供者。



出院后的护理有多种选择，具体取决于您所需的护理及支持类型。

Planning Your Hospital Discharge



Welcome to UW Medicine! Our team is here to support you and your family. Our goal is to help you heal and *discharge* (move back to your own home or another safe place) after your hospital stay.

Why are we starting discharge planning early?

We start planning your discharge early and include you and your loved ones from the beginning. This helps your move to the next care setting go smoothly when you are ready to leave the hospital. Early planning:

- Helps us work with you to set goals for your care and solve problems.
- Gives you time to think about all your options.
- Can help you leave sooner and lowers your chance of coming back to the hospital.
- Supports a safer, better recovery.

Who is on my care team?

While you are here, your care team may include your doctor, nurses, rehab therapists, social workers, and nurse care coordinators. A social worker and / or nurse care coordinator may help with planning and answering questions about leaving the hospital.

What will we talk about?

- Your care needs and support system (people who can help you)
- What your insurance may pay for and what may cost extra
- Equipment or resources you already have or may need
- Where you should go after discharge (home, skilled nursing facility, etc.) for the best care

What do I need to do?

You or your representative should:

- Be ready to talk with your care team in person or by phone.
- Make choices about your next steps (such as choosing a skilled nursing facility). Sometimes, decisions need to be made within 24 hours.
- Know that your discharge may happen sooner than you expect.

Before discharge, make sure that you:

- Make a plan to get a ride home early on your day you leave the hospital.
- Have a caregiver come for training with nursing or therapy (if needed).



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digital copy of
this handbook.*

Some Options for Your Care After Leaving the Hospital

Home: Without any Services

Going home without services is right for people who can take care of their medical needs, personal care, medications, and daily activities on their own or with help from family or friends. Our team will schedule follow-up appointments for you and contact your healthcare provider if problems happen.

Home: With Home Healthcare

Home healthcare gives short-term treatment or rehabilitation (rehab) after an illness or injury. It includes visits to your home from a nurse or a physical, speech or occupational therapist, social worker, or home health aide (for help with bathing). Home healthcare is for people who have a hard time leaving home for these visits. This is **not** 24/7 care.

Home: With In-Home Caregiving

In-home caregiving, or “custodial care”, means caregivers help with personal care and tasks like bathing, dressing, eating, and household chores. Most people pay for this privately. Some government programs, like Medicaid, may pay for this care if you qualify.

Skilled Nursing Facilities (SNFs)

Some patients who need 24-hour care from nurses may go to a skilled nursing facility (SNF). SNFs provide nursing care, personal care, rehab, help with food, activities, social services, room, board, and laundry.

SNFs can offer short-term or long-term care. **Short-term care** is for patients who need rehab after an injury or illness. It requires a doctor’s order.

Most insurance companies cover a short-term stay in a skilled nursing facility, but they usually do not cover long-term care in SNFs. **Long-term care** is usually paid for privately, or it may be covered by long-term care insurance, or Medicaid.

Adult Family Homes

These private homes have up to 6 adult residents. They provide a room, meals, laundry, supervision, and different levels of care. This type of care is usually paid for privately, or by long-term care insurance, or Medicaid.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.



There are many options for care after you leave the hospital, depending on the type of support you need.