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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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.

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

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.

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