



Starting Discharge Planning Early: A Patient & Family Guide to Plan Ahead for Post-Surgery Care

Michigan Medicine knows that surgeries can be stressful for patients and their loved ones. Researchers in the Departments of Geriatrics and Surgery are working on ways to help patients and their family members prepare for surgery so the transition out of the hospital goes as smoothly as possible. With this goal in mind we have developed a pre-surgery evaluation tool that helps to predict who may need additional help or services during recovery.

You received this packet because your upcoming surgery may require a hospital stay and your pre-surgery evaluation showed that you may need help or services during recovery. This packet has information about what may happen after the surgery and how you can prepare. We recommend that you start planning for your recovery process now.

What questions should I consider when planning for surgery?

- Will I need another person to help me after discharge?
- If yes, how many hours of help per day or week will I need?

Talk with your care team about the possibility that you may need extra help from family in the post-operative (after surgery) period. They can help you anticipate your needs correctly. The team may also recommend home health services if you qualify.

What should I consider when packing for hospital?

The “Preparing for Operation” booklet has a packing list. In addition, some patients with additional needs may benefit from:

- Comfort items such as pillows, blankets, or pictures of family that might help in keeping calm.
- Assistive devices for improved communication, such as hearing aids, glasses. To prevent loss, **please** have a family member or friend hold onto these valuable items during your surgery and bring them to the bedside **after** you emerge from the surgical recovery room, when you are awake enough to use them.
- If you use assistive devices such as: canes, walkers, wheelchairs, etc. send them home with your loved ones once you have arrived in the preoperative (pre-surgery) area.
- Please bring a copy of your Durable Power of Attorney form for Healthcare (DPOA-HC). If you have not yet completed one, visit the link below to download and complete it before admission:
<http://michmed.org/5LZKj>. You will need to choose your preferred language from the list.

What happens to older patients after surgery?

If things go smoothly, you will likely be discharged back to your home.

We strongly recommended that you have a friend or family member with you on the day of discharge. They can help to remember medical information, pick up prescriptions, shop for urgent items such as food and other supplies, and help with your transition home. For more extensive surgeries, or if there is a prolonged hospital stay, it is common for some people to temporarily need more help than what can be provided in a home. Therefore, you may need to consider other discharge options.

What is discharge planning?

As soon as you are out of surgery, the discharge planners will begin coordinating with the surgeons to determine your expected length of stay. Early on in the stay, the discharge planner will meet with you (or your family) and

give you an idea of your potential need for post- discharge care. If your hospital stay is complicated, this may not always be clear, and your original discharge plan might change throughout your stay in the hospital.

- **Be proactive and start planning your post-discharge care before the surgery.** Discuss with your surgeon the typical hospital recovery time if everything goes well, as well as what may happen if the recovery is more complicated. Sometimes it is helpful to alert family members of the possible scenarios, so you can gauge how much help they might be able to provide.
- If you are planning a complicated surgery and are expecting to need home care or nursing home care, shop for the best services in your area ahead of time. This will help you choose the services that best fit you and your family needs.

What are the different discharge options?

There are several options to continue your rehabilitation after discharge. Your care team will work with you and your family to select the best option for you and ensure you are getting top notch care for your continued rehabilitation.

Discharges to home

Type of service:	Skilled home care services (visiting nurse, physical therapy, occupational therapy, speech language pathology, social work)
Description:	<ul style="list-style-type: none"> • A skilled health professional provides in-home services for a particular need such as wound care, medication coordination, or therapy services for a period of time after discharge. • A case-manager in the hospital will evaluate if you qualify as a homebound patient. • Home therapy services are brief sessions for 30-60 minutes at a maximum of 3 times per week.

	<ul style="list-style-type: none"> • During the episode of home care, an aide may visit to help with bathing several times per week, but cannot stay longer to provide all-day care. <p>The home care services last until specific goals are met, or if the patient stops making progress over several visits, usually 6 weeks or less. The primary care doctor can reorder more home care if a new skilled need arises.</p>
Expected out of pocket cost:	Covered at 100% through Medicare as long as you meet skilled criteria and are considered homebound.

Type of service:	Outpatient physical, occupational, or speech therapy
Description:	You will receive a referral for outpatient physical, occupational, or speech therapy. You will need to go to an office for these services.
Expected out of pocket cost:	Covered 80% through Medicare Part B. Secondary insurances vary with the remaining 20%. They typically will cover this as long as you are qualifying.

Type of service:	Private duty home health aid
Description:	Private companies that you can contract with to provide supervision or assistance with daily living activities (bathing, dressing, getting up and down from the bed/chair, toileting, eating, meal preparation, taking medications). A typical visit is 3-8 hours. A patient may need help for extended hours at a time (8 to 24) if they need companionship, supervision to stay safe, or help with

	repositioning in bed (at least every 2 hours if they cannot move in bed at all).
Expected out of pocket cost:	Average \$20-25/hour. Generally not a covered insurance benefit although there are some exceptions such as the Aid and Attendance benefit for qualified veterans.

Discharges to other facilities

It's common for people after surgery to need more support than they anticipated. In these cases, patients will be discharged to another facility or an inpatient unit for a period of time. These options are suitable for people who may need a longer recovery process or services that can only be provided in a facility. Inpatient options include:

Location:	Subacute skilled rehabilitation (SAR)/ skilled nursing facility (SNF)
Description:	The facility (often at a nursing home but on a completely separate unit) offers physical therapy (PT), occupational therapy (OT), speech and language pathology (SLP) for 1-3 hours, 5 days per week). Most patients needing post hospital rehabilitation services fall into this category.
Expected out-of-pocket costs:	Day 1-20: Covered at 100% under traditional Medicare Part A. Day 21-100: Covered at 80% by traditional Medicare Part A. Patients are responsible for \$164.50/day co-pay. This is often covered by secondary insurances. Day 100 and beyond: Not a covered insurance benefit through most insurances.

Location:	Inpatient acute rehabilitation
Description:	This facility (often based in a hospital) offers skilled therapy for 3-5 hours a day. This service is more intense than

	subacute skilled rehabilitation. To qualify, a person must be able to do at least 3 hours of rehabilitation services daily.
Expected out-of-pocket costs:	There is rarely an out-of-pocket cost if you qualify because this is considered an extension of your original hospital stay (for insurance purposes).

Location:	Long term acute care (LTAC)/long term care hospitals
Description:	This facility (a specialized unit in a hospital) offers care for patients with complex medical or nursing needs, such as ventilator or wound care. This is intended as a transitional unit to stabilize patients so that they can transition to a lower level of care. Patients continue to receive skilled therapy (PT, OT, SLP) with the purpose of improving their severe debility.
Expected out-of-pocket costs:	There is rarely an out-of-pocket cost if you qualify because this is considered an extension of your original hospital stay (for insurance purposes).

Other long-term options

You may have heard of these options for people with more severe or chronic conditions. These settings are often utilized after someone has tried some of the above services, but needs ongoing care:

Location:	Independent senior apartments
Description:	Many options exist with these independent settings. Some offer a la carte services for assistance with medications, bathing, and housekeeping, and meals. Emphasis is on supporting independent living with increasing support services as needed.
Expected out-of-pocket costs:	Not a covered insurance benefit. In this surrounding area, costs can range from \$600-4,000/month.

Location:	Assisted living facility
Description:	A freestanding facility that offers assistance with personal care and basic medical care and social activities. Facilities range from individual apartments to shared rooms depending on location and level of care needed.
Expected out-of-pocket costs:	Not a covered insurance benefit. Cost can range from \$3,500-8,000/month.

Location:	Group home
Description:	This is a community-based small home that provides basic care and supervision for patients with ongoing medical conditions that cannot return home.
Expected out-of-pocket costs:	Not a covered insurance benefit. Cost can range from \$2,000-5,000/month.

Location:	Extended care facility
Description:	This long-term-care facility offers medical, nursing, or custodial care in a nursing home environment. This is needed when a patient requires the availability of 24/7 care.
Expected out-of-pocket costs:	Private pay. People can apply for Medicaid to help cover costs. Cost can range from \$6,000-12,000/month.

Location:	Hospice
Description:	Services include medical, psychological, and spiritual support for persons with incurable conditions wanting to focus on comfort of care and quality of life. Services can be provided in the home, in a nursing facility, or at a residential hospice.

Expected out-of-pocket costs:	<p>Hospice services (nursing care and other support services, medications, and equipment) are covered 100% under Medicare part A. Room and board is not covered and typically ranges from \$6,000-12,000/month depending on the facility. Some families may also hire private duty aids, which cost \$20-25/hour.</p>
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