Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Planning for Your Discharge

This information explains the process of being discharged from your hospital stay at MSK.

What is discharge planning?

Discharge planning is the process of getting you ready to leave the hospital. Your care team looks at what care you will need after you leave. Leaving the hospital doesn't mean that you're completely well. It means that your doctor thinks that you don't need to be in a hospital.

Your discharge plan may include going to:

- Your own home or someone else's home.
- A rehabilitation (rehab) facility.
- A nursing home.

Your care team may also recommend services, such as a visiting nurse, equipment, or short-term placement for rehabilitation. If you need any services, your case manager (a member of your care team who helps to plan and coordinate your services) will work with your insurance

company and agencies to arrange for them.

Who is responsible for my discharge?

Only a doctor can discharge you from the hospital. However, many people work on the details of your discharge plan. Your doctors, nurses, and social workers will work with your case manager to figure out what you may need when you leave the hospital.

When does discharge planning happen?

Discharge planning may begin before you're admitted to the hospital. If your admission is planned, your care team may be able to tell you about how long you will stay in the hospital. They will discuss this with you during your hospital stay and change your plan as needed.

If you're admitted to the hospital through the Urgent Care Center (UCC), your care team will begin your discharge planning at that time. They will keep you updated on what you can expect when you're discharged.

How will I know what services my insurance will cover after I'm discharged?

Insurance benefits are different for everyone. The kind of services you can have after discharge will depend on your insurance and your condition. People are often surprised

to learn that their insurance may not pay for many services or items they need after discharge.

If you know that you're going to be admitted to the hospital, contact your insurance company. Ask about your home care and long-term care benefits. However, even if your plan includes home care or long-term care benefits, your insurance company may feel that you don't need it at this time. If so, they may not pay for it. You can talk with your case manager about calling your insurance company to discuss your coverage. If you need or want services that your insurance doesn't cover, you have the option of paying for them on your own. Talk with your social worker for information about financial resources that may be available to you, if you're eligible.

Your insurance company makes the final decision about what they will pay for. Their decision is based on:

- Information provided by your medical team.
- Your insurance plan's covered benefits.
- What services they feel you need.

Your case manager will work with you to see what your insurance will cover. They will review your options with you and your caregivers.

What are some of my care options after I'm discharged from the hospital?

Some people only need the help of family and friends when they leave the hospital. If you need more care, there are several options listed below. Your case manager will work with your insurance company, but your insurance company makes the final decision about what services they will and will not cover.

- **Visiting nurse services** provide care for you at home, such as caring for a wound or giving you medicine through an intravenous (IV) catheter. Your case manager will arrange for these services with a home care agency that your insurance company prefers. The home care agency will then work with your insurance company to decide the number of visits you will need. Your visit schedule will be changed as your care needs change. You may have to pay for some services yourself.
- **Acute rehabilitation facilities** provide intense physical therapy (PT). You must be able to spend about 3 to 5 hours a day in therapy sessions. This is usually for a short term stay of 1 to 2 weeks.
- **Skilled nursing homes** provide specific services, such as wound care, giving medicine through an IV, or PT. To be admitted into one of these facilities, your doctor must

feel that your condition can improve. Services are often provided in a skilled nursing facility.

- **Hospice care** is care for people near the end of their life. Hospice care is given by a team, including a doctor, nurse, home health aide, social worker, and spiritual counselor. This team focuses on the way you feel physically, emotionally, and spiritually.
    - **Inpatient hospice care** provides palliative care (also called supportive care) and end of life care in an inpatient setting. It can also provide short-term care (such as wound care). Inpatient hospice careis provided when your symptoms can't be adequately managed in your home.
    - **Home hospice care** provides end of life care for you in your home. Local visiting nurse associations and hospice agencies provide care and support. Your insurance may pay for these services.

Will my insurance cover transportation from the hospital after I'm discharged?

If you need transportation from the hospital, you will have to pay for this on your own since it isn't usually covered by insurance. It's best to have family or friends drive you.

If you're discharged to another facility, your case manager will check to see if your insurance covers transportation. If

it doesn't and your family or friends can't take you, your case manager can suggest a car or ambulance service. You will have to pay for this.

What happens on the day of my discharge?

On the day of your discharge, you should plan to leave the hospital around 11:00 a.m. Before you leave, your doctor will write your discharge order and prescriptions. You may fill your prescriptions in our outpatient pharmacy or at your usual pharmacy. Our outpatient pharmacy at Memorial Hospital is located at:

425 East 67th Street
Haupt Pavilion, Room A105
New York, NY 10065
646-888-0730

You will receive written discharge instructions, including information about your medicines. Before you leave, your nurse will review these instructions with you. They will teach you how to do any self-care that you will need. Make sure you know how to take your medicine at home. Also, what the possible side effects of your medicines are. Also, make sure that you know when you should call your doctor. If you have any questions or concerns, ask your nurse and write down the answers.

If home care services have been arranged for you, the agency's name and phone number will be listed on your written discharge instructions. Your discharge instructions will also list when the services will start. If you have any questions about these services, ask your case manager.

If your ride isn't at the hospital when you're ready to be discharged, you may be able to wait in the Patient Transition Lounge. A member of your care team will give you more information.

Who can we contact if my caregivers and I have questions?

If you have any questions or concerns about leaving the hospital, talk with your doctor, nurse, or case manager. Social workers are also available to help you and your caregivers cope with your illness, treatment, and any concerns you may have about leaving the hospital.

If you have any questions after you're discharged, contact your doctor's office. You can also contact Case Management directly by calling 212-639-6860.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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