Four questions for discharge day

Think through the first morning at home while your hospital team is still with you. Start with the first medicine, the first meal and the task you are least sure you can manage.

Discharge planning begins while the person is still receiving hospital care. Ask who is coordinating the next step at Lakeview. The plan may change as breathing, mobility, nutrition, wound care or other needs change. Share what home is like, who can help and what the person hopes to do there.

The next setting might be home with support, a skilled nursing facility or an inpatient rehabilitation hospital. Ask why the team recommends that setting and what would have to be in place for another option to work.

Families often want to know who will help them after discharge and what insurance will cover. Start the conversation while the case manager can still help check benefits, arrange equipment and schedule teaching.

Review insurance limits with the case manager before choosing the next provider. In particular, ask whether home health is covered, which agencies are in network, how many visits may be authorized and who must request approval. Verify the service, any authorization and the expected out-of-pocket share with the payer.

If another facility is being considered, ask about a tour before the transfer. Bring the care plan and ask how that team will manage the exact wound, equipment, medicines, respiratory support or therapy your loved one will need. Check how the family can reach staff after arrival.

Review the written discharge instructions, the illness being treated and the specific precautions to follow. Reconcile every medicine, including what changed and when the next dose is due. Confirm follow-up dates, what to monitor and which changes call for a same-day call or emergency care. Ask a nurse to watch you practice any new task.

After a serious or chronic illness, even someone ready to leave the hospital may need help to avoid a setback. Discuss these three common transition concerns before discharge.

- Lack of communication among the care team, the person, and their family to identify issues that could become larger problems
- Poor nutrition or hydration, sometimes unintentionally
- Medication mistakes that lead to serious side effects

These three scenarios and others can negatively impact a person’s recovery. That’s why it’s important for people to follow through on the advice the case managers and discharge planners provide before the transition.

For questions about a possible stay, call Lakeview Admissions at (262) 534-8509. During a stay, ask the bedside nurse who can help with your question.

https://www.lakeviewsystem.com/resources

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