

TRANSITION OF CARE

During the course of your illness, you may have care needs that cannot be met at home. If this is the case, your health care team may suggest one of the care providers below so that your health needs are met by trained professionals. In some cases, you may need to go to another unit in the hospital to meet your medical needs before being discharged to one of these care facilities.

INPATIENT ACUTE REHAB

This setting requires a doctor's approval that the patient is able to do three hours of therapy a day and will go home after finishing the therapy program. A patient may be referred here if they need at least two rehab services such as physical and occupational therapy, which help them recover and be able to better care for themselves at home.

SKILLED NURSING FACILITY

This setting offers physical therapy, wound care, medication administration and other personal health care. A case manager can help check insurance coverage and go over which benefits are covered.

SUB-ACUTE CARE FACILITY

Patients that have complex needs such as breathing machines or patient controlled analgesia pumps are referred to sub-acute care settings. Skilled nursing facilities are unable to care for patients that use complex equipment or medicines, so some patients go to sub-acute care providers for these needs.

LONG-TERM ACUTE CARE

This setting offers medical care for tracheostomies, breathing machines, complex wound care, pain and comprehensive rehabilitation. It is for patients that will need to be in an acute setting for 20 days or more. While in a long-term acute care facility, patients get treatment and therapy, and may not be allowed to visit clinics for outpatient appointments. After being discharged from long-term acute care, follow-up care at outpatient clinics may resume.

HOSPICE

A hospice service specializes in comfort and support for patients when cure is not possible. The hospice health care team works with patients to relieve symptoms such as pain and nausea, and support quality and dignified living at the late stages of an illness.

Hospice services are generally provided in the home setting. If more support is needed to control symptoms, short-term 24 hour care may be provided. In addition to medical staff visiting at home, other visitors may include social workers, chaplains, volunteers, and/or massage and music therapists.

If hospice in the home is not an option, some patients go to inpatient skilled nursing facilities (usually not covered by insurances except Medicaid). In this case, hospice staff will come to the facility as they would for a patient at home.

If end of life is very near, an inpatient hospice facility can offer 24 hour hospice support services.

YOUR HEALTH CARE TEAM CAN HELP

Your **health care team** will partner with you to decide which providers can best meet your care needs.

Your **case manager** can help you review your insurance coverage and set up the right services so they are ready for your next steps.

The **case management team** is available to answer any questions you have or discuss each of these options in detail.

Please share your values and ask questions so that the right services are ready and you are well taken care of after you leave the hospital.