

# After Discharge from Mass General - Rehab? Home?

When discussing your discharge, the terminology you will hear is “post acute level of care.” This means figuring out where you will be discharged to following your surgery at Mass General. Placement decision is based on:

- Assessment of a patient’s individual clinical needs
- Plans for ongoing treatment pre- and post-discharge
- Patient/family/responsible person choices and input
- Interdisciplinary team input
- Available post-hospital care options
- Available insurance/financial resources

You and your care team will determine what’s best for your needs in order to maximize your level of function and independence.



## Long Term Acute Care (LTAC)

Patient requires hospital level care with high intensity medical and nursing services and moderate intensity rehabilitation services to establish and maintain stability.

MD: 5-7x/week  
Nursing: >6 hppd  
Rehabilitation: 1-3 hppd\* as tolerated 5-7x/week

Average: LOS: > 25 days

## Inpatient Rehab Facility (IRF)

Patient requires hospital level care with high intensity rehabilitation services and moderate intensity medical and nursing services to improve functional dependence.

MD: 5-7x/week  
Nursing: 5-6 hppd  
Rehabilitation: >3 hppd as tolerated 5-7x/week

Average LOS: 12-16 days

## Skilled Nursing Facility (SNF)

Patient requires moderate medical care, lower intensity rehabilitation and nursing care to establish/maintain stability.

MD/NP: 1-3x/week  
Nursing: 3-4 hppd  
Rehabilitation: <1-3 hppd

Average LOS: 10-20 days

## Home Care/VNA

Patient is clinically and functionally able to return home but required ongoing care.

RN, PT, OT, SLP, MSW intermittent home visits. Number and frequency of visits depend on patient needs.

Average of 10-15 visits per episode of care for medically complex patients.

## Outpatient Care

Patient is not homebound but requires ongoing care.

Transportation must be available and accessible.

Number and types of appointments are based on patient's progression. May include: MD, RN, PT, OT, SLP, Vestibular Rehab, Pulmonary Rehab, Cardiac Rehab, Day Care, Social Work and others.



## Hospice Care: Home/Residential or General Inpatient (GIP)

Recommend starting with home/residential plan of care then transfer to a facility if needed. Federal law requires a doctor’s statement of a life expectancy of < 6 months.

**Home or Residential:** Can be provided in any setting; if an institutional setting, will have an added room and board charge; patient does not need to be DNR.

**GIP:** Can be provided in any facility setting (SNF/LTAC/Hospice House/Acute Hospital); Medicare requires facility to have a registered nurse providing direct care on all three shifts and to have overnight accommodations for family members; no room and board charge; patient must be DNR.

\*hppd = hours per patient day