

After Discharge from Mass General - Inpatient Rehab? Home?

Before surgery, your surgical team will begin a discussion about your discharge needs and level of postop care you may require. For patients undergoing hip or knee replacements and a few spine cases, Case Management (a team of nurses specializing in discharge planning) may contact you to discuss your level of postop care.

Different levels of post-acute care are based on patient's **medical/surgical needs AND insurance coverage**. Your discharge plan will be dependent upon your needs after surgery, the interdisciplinary team assessment (surgeon, therapist, other specialists and case manager) and insurance approval.

Evaluation of post-acute level of care means: Does your condition qualify for an inpatient rehab facility with specialized hospital level care and intense rehab? Or do you qualify for less acute nursing care allowing transfer to a skilled nursing facility (SNF) for rehab therapy services? Or are you independent enough to be discharged home with or without visiting nurse and therapy services?

Health care has changed immensely over the years. Facilities are challenged post-Covid with staff shortages and full capacity. Inpatient rehab placement depends on your level of care and insurance coverage, **not the preferences of your surgical team**.



Long Term Acute Care Facility (LTAC)

For patients with complex medical problems and rehab needs that require highly skilled MDs, nurses and other providers (e.g. wound care, dialysis, heart monitoring, chemo, therapies).

Average: LOS: > 25 days

Inpatient Rehab Facility (IRF)

For patients requiring specialized hospital-level care and intense rehab, recovering from serious illness, surgery or injury (e.g. stroke, spinal cord injury, brain injury).

Average LOS: 12-16 days

Skilled Nursing Facility (SNF)

For patients requiring moderate medical care, lower intensity rehab and nursing care (e.g. recovering from hip or knee replacement without other complicating conditions).

Average LOS: 10-20 days

Home Care/VNA

For patients who require minimal medical care and can independently function to safely return to their home but require ongoing nursing and therapy.

Average of 10-15 visits (or per insurance coverage) for medically complex patients

Outpatient Care

For patients who are not homebound but require ongoing therapy. Transportation must be available and accessible.

Number and types of appts are based on patient's progression and insurance coverage.



Hospice Care: Patient Home or Hospice Facility

For patients with terminal illness, usually with a life expectancy of less than 6 months (federal law). May go home or to a hospice care facility.