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NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS

Need to Know for Patients and Families

What patients and their families need to know before hospitalization or a nursing home admission

Dementia Transition Series

Hospital to Long Term Care (LTC) or Rehabilitation

Definition: Dementia is a decline in memory and other cognitive functions severe enough to interfere with daily functioning.

Why Is It Important? Since hospital stays are often short, discharge decisions are often made quickly and with little notice. It helps to be prepared and to begin thinking about discharge from the hospital at the time of admission. Sometimes it's not possible to return home due to a change in function or required needs. Being prepared for a short rehabilitation stay or nursing home placement can help ease the transition.

What Can Patients and Caregivers Do?

Before Leaving the Hospital

1. Ask questions

- Why can't you return home?
  - What options are available (Assisted living, Skilled care rehabilitation unit in the hospital, Skilled rehabilitation care in a long term care facility)?
- Meet with the social worker or case manager to participate in the discharge plan.

2. Request time to visit a few long term care facilities.

- Begin this process early. Even before hospitalization, if possible.
- Visit www.medicare.gov website to compare the quality of nursing homes, home health agencies and dialysis facilities or call 1-800-MEDICARE.
- Contact the local Long Term Care Ombudsman office for assistance. Visit www.ltcombudsman.org/ to find your local office.

3. If the hospital is discharging you to a nursing home, make sure they provide discharge instructions and develop a smooth transition plan to the nursing home.

- Request a copy of the discharge instructions to stay informed about care planning.

At the Long Term Care (LTC) Facility

1. Residents of LTC facilities, family members, and caregivers are important members of the team. Continued involvement is important for your family member's smooth transition in care and overall well-being.

2. Set health and quality of life goals.

3. Advocate for care that helps the individual return to baseline functional status to be able to return home and maintain or regain quality of life.

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