How Good Hospital Discharge Planning Helps Healing at Home

While a hospital stay can feel like a serious setback in your health journey, it doesn't have to be. Accidents, injuries and illnesses can affect anyone, even if you are typically healthy and stable at home.

When it's time for you to return home, you'll likely be excited to get back to a more normal routine. But remember: Your discharge is not the finish line—it's an important milestone in your recovery.

Medicare requires hospitals to prepare discharge plans that consider ongoing needs, such as home health services, durable medical equipment and home safety modifications. Addressing these needs supports a safer, more successful recovery.

In this article, you'll learn how discharge planning promotes healing and the key steps to building a personalized plan that turns instructions into action. The goal? To keep you safe, confident and supported from the moment you walk through your front door. With the right plan, you can continue to heal in the home you love while aging well and enjoying your independence.

What Is Hospital Discharge Planning?

Hospital discharge planning is the process of preparing for your care after leaving the hospital and making your return home as safe as possible. Hospitals typically give you a discharge packet that explains:

- Where you will go to continue your recovery
- Who will provide your care
- A written medication list with dosages
- Referrals for posthospital services

Your hospital care team screens inpatients to determine their discharge needs. If you're receiving outpatient care, you may need to request a discharge evaluation because it isn't always done automatically.

The Role of Discharge Planning in Healing

Hospital discharge planning helps you heal in the following ways:

1. **Prevents setbacks:** It reduces the risk of complications and hospital readmissions by clearly explaining medications, follow-up care and warning symptoms before you leave

the hospital.

2. **Promotes safety:** It helps ensure your home environment supports healing. This includes clear pathways, adequate lighting, safety features (such as grab bars) and equipment to help you get in and out of bed safely.

3. **Supports clear communication:** It transfers information to your next providers and schedules follow-up appointments—closing the gap between hospital care and home recovery.

What to Ask Before You Leave the Hospital

As you get ready to return home, you and your support team should ask key questions to ensure you have everything you need for a safe, smooth recovery. Use this checklist to take charge of your recovery and turn your discharge packet into a step-by-step plan:

Care and Instructions

- Which medications are new or discontinued, and why? Do I have a written medication list with dosing and timing?

- Which symptoms mean I should call my doctor or seek emergency care? (Concerning symptoms include trouble breathing, shortness of breath, chest pain, sudden confusion, difficulty speaking, uncontrolled bleeding and seizures.)

- Have the necessary referrals been sent for home health, physical and occupational therapy, wound care and durable medical equipment (e.g., walkers, wheelchairs, hospital beds, oxygen equipment, shower chairs or bedside commodes)?

Home Setup

- Can I safely enter and exit my home, including navigating steps, railings, thresholds and ramps?

- Is there adequate lighting at entrances and along walkways?

- Are there clear pathways inside my home? If not, do I need to remove throw rugs, cords or clutter to eliminate tripping hazards?

- Should I install grab bars or a shower chair in my bathroom? Do I have nonslip mats inside and outside the shower or bathtub, in front of the toilet and in front of the sink?

- Do I have a main-floor sleeping plan if stairs are a concern? Has the equipment to support main-floor sleeping been delivered and tested in my home? (For example, is my bed at a safe height for getting in and out?)

- Do I have a phone, a call button or a medical alert system easily accessible at all times? Can I reach emergency contacts quickly if I need help?

Appointments and Logistics

- Who scheduled my follow-up appointments, and when are they? (Hospitals should advise and often help schedule these appointments. Maintaining a calendar is helpful for tracking.)
- Who should I call with questions, to change appointments or for help outside regular business hours?

- Has my discharge information been sent to my primary care provider and specialists? (Your information should reach your primary care provider within seven days of discharge.)
- Do I have reliable transportation for appointments, therapy, labs and tests?
- Who is my at-home support team, and when are they available? Are there gaps that require paid caregiver support?
- Are home services scheduled, and do I know when they will begin?

How Care Coordinators Support Healing

You're independent but not alone. Kendal at Home's skilled Care Coordinators translate the discharge plan into an at-home action plan that includes:

- A dedicated Care Coordinator who works with your physicians to ensure your plan is executed
- Home setup and safety support
- Vetted in-home caregivers as needed
- Medication management support to prevent errors and missed doses
- Transportation to follow-up appointments and tests as needed
- Ongoing check-ins to spot emerging needs early
- Communication with friends and family to reduce stress and uncertainty

We make aging what it should be—planned, supported and entirely your own—in the home you love.

Ready to see how Kendal at Home supports safer recoveries at home? Register for a virtual seminar.