

Hospital Discharge: Your Rights, Realistic Expectations

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Learning Objectives

- To explore how you can utilize the Care Management Department at the hospital to ensure a safe hospital discharge
- To define what Medicare considers “safe” hospital discharge
- To outline your rights as a hospital patient
- To discuss the appeal process should you not agree with your discharge plan
- To discuss the importance of proactive planning
- To identify community and individual resources for both short and long-term care after hospitalization

What is Care Management and How Can It Help Me?

- Care management is the bridge that connects patients, providers, and resources in a way that simplifies healthcare delivery.
- It's about **creating a system where care isn't just reactive but proactive**—anticipating patient needs, reducing inefficiencies, and ensuring no one falls through the cracks
- Your Care Manager is either a social worker or a nurse who is trained in care coordination and facilitating discharge plans.
- The process starts when you arrive at the hospital and they do a thorough assessment. They will gather not only your medical history, but will talk to you about your home situation, your family and support system, and any challenges that you are having to staying healthy and accessing care in the community.
- The Care Manager will then work to develop a safe discharge plan with you and anyone that you identify as your care partner. Ideally, this person would also be your Health Care Proxy (HCP) – the person who you identify as being able to make medical decisions for you if you are not able to do so for yourself.

Care Management

1

Your Care Manager will help coordinate everything that you need to get to the next level of care, whether that be back home or to a facility.

2

They can coordinate follow up appointments, delivery of medications, DME (walkers, wheelchairs, etc), home care, transportation and social services.

3

They can even help your loved one to connect with supportive services for caregivers, if desired.

What is a “Safe Hospital Discharge?”

Although not a formal Medicare definition, a *safe hospital discharge* generally includes the following elements:

- **Medical stability** – the patient’s clinical condition is stable enough that leaving the hospital won’t cause harm.
- **Planned care and support** – all needed care services, equipment, and follow-up arrangements are in place.
- **Clear communication** – patients and caregivers understand care instructions, medications, and how to get help if issues arise.
- **Appropriate setting** – the discharge destination (home, facility, etc.) matches the patient’s care needs without undue risk.

Patient Rights Around Discharge

- Medicare also protects patients who feel they are being discharged too soon:
- Hospitals must give Medicare patients a notice called “*An Important Message from Medicare*” explaining discharge rights and how to appeal if they believe the discharge is unsafe or premature.
- **In short:** Medicare defines safe discharge through **required planning, clear instructions, appropriate referrals and care coordination**, rather than a single neat phrase — all aimed at making sure the transition from hospital to the next care setting won’t put the patient at risk.

Medicare Requirements

What Medicare Requires for a Safe Hospital Discharge

1. Effective Discharge Planning Process

- Hospitals must have a discharge planning process that begins early during the hospital stay and identifies patients who are likely to have problems after they leave unless adequate planning is done.
- This process must involve the *patient and caregivers as active partners* and be consistent with the patient's goals and preferences.
- The goal is to ensure an *effective transition* from the hospital to the next care setting (home, rehab, SNF, etc.) and to *reduce preventable readmissions*.

2. Individualized Discharge Plan

A discharge plan under Medicare must:

- Describe **where the patient is going** after discharge (home, skilled nursing facility, another hospital, etc.).
- Identify the **services** and **support needed** after discharge (home health care, therapy, durable medical equipment).
- Provide a **medication list** and instructions tailored to the patient's needs.
- Include **referrals**, appointments, and help scheduling follow-up care with primary care providers or specialists.
- Inform the patient/caregiver **what to do if problems occur**, including who to contact and when urgent care is needed.
- Provide a list of Medicare-participating post-acute care providers in the area if such care is needed.

3. Communication of Necessary Medical Information

At discharge, hospitals must transfer or send all relevant medical information to the next care provider(s), including:

- Details about the current illness and treatment.
- Post-discharge goals of care and treatment preferences.
This helps ensure continuity of care and that the next provider knows exactly what the patient needs.

4. Education and Training Before Leaving the Hospital

Before discharge, staff must:

- Educate the patient and caregivers about the care plan, medications, warning signs to watch for, and how to perform necessary care tasks.
- Give clear written instructions and enough time for questions.

Your Basic Rights as a Hospital Patient

You have the right to be treated with respect

- You must be treated **with dignity**, courtesy, and without discrimination.
- Your **privacy** should be protected (your body, your conversations, and your medical records).

You have the right to understand your care

- Doctors and nurses must explain:
 - What is wrong with you
 - What tests or treatments are being done
 - The **risks and benefits** of those treatments
- Explanations should be in **language you understand**.
- You can ask for an **interpreter** if you need one.

You have the right to ask questions and get answers

- You can ask questions **at any time**.
- You can ask for things to be repeated or explained more clearly.
- You can ask who is in charge of your care.

You have the right to say yes or no to treatment

- You can **agree to or refuse** treatment (except in certain emergencies).
- You can change your mind.
- You can ask about **other options**, including doing nothing.

You have the right to be involved in decisions

- You should be involved in planning your care and your discharge.
- Your wishes, goals, and concerns should be taken seriously.
- You can name someone (family member or friend) to help make decisions if you can't.

You have the right to see your medical records

- You can **look at or get copies** of your medical records.
- You can ask for mistakes to be corrected.
- You can ask who is allowed to see your information.

You have the right to a safe discharge

- You should not be sent home or to another facility **before it is safe**.
- Before discharge, you have the right to:
 - Clear instructions
 - A medication list
 - Follow-up appointments
 - Information about who to call if problems happen
- If you have Medicare, you have the right to **appeal a discharge** you think is too soon.

You have the right to complain

- You can file a complaint (also called a grievance) **without fear of punishment**.
- You can complain to:
 - The hospital
 - Your insurance
 - State or federal agencies
- Hospitals must tell you **how** to file a complaint.

You have the right to know about costs

- You can ask what services will cost.
- You can get help understanding your bill.
- You can ask about financial assistance if needed.

When and How to Appeal a Discharge

When You Can Appeal a Hospital Discharge

- You can appeal **if you believe you are being discharged too soon** and that leaving the hospital would be unsafe.
- Common reasons to appeal:
- You still feel very sick or weak
- Pain, breathing, confusion, or other symptoms aren't controlled
- You can't safely care for yourself at home
- Needed services (home care, rehab, equipment) are not set up
- Your caregiver isn't ready or available
- **Important:** You must act **quickly**. Appeals are time-sensitive.

How You'll Know You Can Appeal

- If you have Medicare, the hospital must give you a form called:
- **“An Important Message from Medicare” (IMM)**
- This paper:
- Explains your discharge rights
- Tells you how to appeal
- Lists a phone number to call
- You usually get it:
- Within 2 days of being admitted
- Again close to discharge
- Ask for it if you don't have it.

Appealing: Step by Step

How to Appeal (Step by Step)

Step 1: Say you want to appeal

- Tell the nurse, doctor, or case manager:
- “I want to appeal my discharge.”
- You do **not** need a lawyer.
You do **not** need to prove anything yet.

Step 2: Call the appeal number

- Call the phone number on the IMM.
- This connects you to a **Quality Improvement Organization (QIO)** — an independent reviewer.
- **Deadline:**
You must call **by midnight on the day of discharge.**
- You can also appeal online: [Commence Health BFCC-QIO - Appeal Initiation](#)
- www.commencehealthqio.cms.gov/en/appeal-initiation

Step 3: Stay in the hospital during the review

- If you appeal on time:
 - You **stay in the hospital**
 - Medicare continues to pay
 - The hospital cannot force you out

Step 4: The review happens fast

- The QIO reviews:
 - Your medical records
 - The hospital’s reason for discharge
 - Your concerns
 - A decision usually comes **within 24 hours.**

What Happens After the Decision

If the appeal is approved

- You stay in the hospital
- Medicare keeps paying
- The hospital must continue care

If the appeal is denied

- You will be told when coverage ends
- You may have to pay if you stay longer
- You may have **another level of appeal** (they'll explain how)

Important Things to Know

- You can ask a **family member or advocate** to help you
- You can give your reasons **by phone**
- You don't need medical language — just explain why discharge feels unsafe
- Appealing is **your right** and **cannot be used against you**

Quick Script You Can Use

- “I don't feel safe going home and want to appeal my discharge.”
- “Please give me the Important Message from Medicare.”
- “I want to speak with the case manager or patient advocate.”

How to Plan Proactively for a Hospital Stay

1. Get Your Medical Info in One Place (Do This First)

- Create a **one-page medical summary** and keep copies:
- Full name, DOB
- Primary doctor's name and phone
- Current diagnoses
- **All medications** (name, dose, when taken)
- Drug allergies and reactions
- Pharmacy name and phone
- Medicare / insurance info
- Tip: Keep a copy in your wallet and one at home.

2. Choose a Health Care Decision-Maker

- Decide **who speaks for you** if you can't speak for yourself.
- Choose a trusted person
- Complete a **Health Care Proxy / Medical Power of Attorney**
- Give copies to:
 - The chosen person
 - Your doctor
 - Keep one at home
- This avoids confusion and delays during emergencies.

3. Write Down Your Care Wishes (Advance Directives)

- Think about what you would want **in serious situations**:
- CPR or life support?
- Feeding tubes?
- Comfort-focused care vs aggressive treatment?
- Write this in an:
- **Advance Directive / Living Will**
- **MOLST** (if seriously ill or frail)
- Keep these easy to find — hospitals can't follow them if they don't know they exist.

4. Make a “Go to the Hospital” Folder

- Keep this ready at home:
- Medical summary
- Advance directives
- Insurance cards (copies)
- Emergency contacts
- List of assistive devices (walker, hearing aids, glasses)
- Tell family where it is.

5. Plan for the First 24–48 Hours in the Hospital

- Hospitals move fast. Decide ahead:
- Who will:
 - Talk to doctors?
 - Take notes?
 - Ask questions?
- Who will:
 - Care for pets?
 - Pick up mail?
 - Handle urgent bills?
- This prevents chaos during admission.


6. Know Your Hospital Rights in Advance

- Before an emergency:
- Learn that you can:
 - Ask questions
 - Refuse treatment
 - Request a case manager or social worker
 - Appeal a discharge if it feels unsafe
- Know that **Medicare patients have strong discharge protections**
- Confidence matters when you're tired or scared.

7. Prepare for Discharge Before You're Admitted

- Sounds odd, but it helps:
- Identify who could help at home after discharge
- Think about:
 - Stairs
 - Bathroom safety
 - Meals
 - Transportation to follow-ups
- Know that you can request:
 - Home health
 - Rehab or skilled nursing if needed

8. Pack a Small “Hospital Bag”

- Keep it simple:
- Glasses, hearing aids (labeled)
- Phone charger
- List of meds (even if you bring the meds)
- Comfortable clothes for discharge
-  Avoid valuables.

9. Have “Red Flag” Instructions for Family

- Tell loved ones:
- Which hospital you prefer
- When to call 911 vs your doctor
- Where your paperwork is kept
- Who to notify first

10. Review This Plan Once a Year

- Update:
- Medications
- Doctors
- Emergency contacts
- Care wishes
- Health changes — your plan should too.

Bottom line:

- A little planning now means:
- Better care
- Fewer mistakes
- Less stress for everyone
- More control during a crisis

Community Resources Following Hospitalization

- Skilled Nursing Facilities
- Acute Rehabilitation Facilities
- Independent and Assisted Living Communities

- Home Care (Certified Home Health Agencies)
- Home Care (private nurses or aides)
- Outpatient Services