Navigating through hospital systems

Hospitalization can be a trying and difficult experience. The senior aged population is at higher risk for hospitalization and more vulnerable to encountering problems while there. In 2010 alone, over 13.6 million adults over the age of 65 were treated and discharged from the hospital with an average length of stay at 5.5 days[1]. Patients with dementia are at especially high risk for hospitalization, often with poorer outcomes and worsening cognitive status[2].

A little planning and preparation can help make the hospital experience go more smoothly. Navigating through the maze of hospital settings is a little easier with a "roadmap" to follow.

Pack a "Go Bag"—Start the process of gathering needed items before an emergency happens. Gather:

- A change of comfortable clothes and toiletries
- Snacks, water bottle
- Phone chargers (extra-long cords)
- An up-to-date list of all medications, including supplements, herbal remedies, and over-the-counter medications
- Copies of insurance cards, Power of Attorney (POA) paperwork, and if available, Physician Orders for Scope of Treatment (POST form)
- A list of allergies and general medical history including any recent changes and past surgeries
- If a veteran, pack a copy of discharge papers (DD-214). If care is needed at Ben Atchley State Veterans Home following discharge, the intake coordinator will need a copy of this.

The Emergency Room (ER)— The goal of ER personnel is to assess, treat, and stabilize the patient. This process can take 4 or more hours[3], and when hospital occupancy topped 85% during the COVID-19 pandemic ER wait times exceeded 6.5 hours[4]. If unable to return home, the patient will be moved to a different hospital department to be admitted or observed. Since most patients enter the hospital through the ER, it is a critical point in relaying information to the healthcare team.

Now is not the time to downplay symptoms. Give details on pain levels, symptoms, and any recent changes in health or medications. Since many primary care physicians (PCPs) and specialists are associated with hospitals, mention any doctors seen recently. The ER may be able to access records online through a healthcare portal. The history, symptoms, and lab/scan results will help to diagnose and to suggest treatment options.

Patients with cognitive impairment need special attention in ER settings and all-too-often do not receive it. ERs are anxiety-producing, busy places that can be confusing. The experience can be improved by having someone present—either a loved one or hired personal care attendant--who can advocate, answer questions, and offer reassurance.

The PIN number—Many hospital settings have changed their rules about providing private health information to friends and family. In most hospitals a 4-digit code is set that allows those who know it to receive updates from hospital staff, especially when speaking on the phone.

There is an option to set privacy settings with the hospital as a "no information patient". This means that when people call the main line of the hospital and ask for the patient's room number the operator will say that there is no one at the hospital by that name.

Intensive Care Unit (ICU)—ICU departments have rules and regulations that are different from other areas of the hospital. Admission of children as visitors (even in the waiting room) is much more restricted, as are visiting hours and numbers of visitors. If the patient is easily agitated or a fall or elopement risk, we recommend talking with the ICU staff about allowing a loved one to remain with the patient. If this is not allowed, the hospital may be able to assign a staff person to stay with the patient to help reduce risk.

COVID-19 Floors—Visitation protocol has changed dramatically since the start of the pandemic. At the time of this printing, visitors are allowed in hospital rooms for patients with COVID-19 if personal protective precautions are used.

The Treatment Team—Once admitted, doctors, nurses, and additional services such as respiratory care and physical therapy will meet with the patient for a review of care needs and treatment options. This "treatment team" will decide treatment goals, estimated length of hospital stay, and discharge needs and options. Some of the lesser known but very important members of the team are listed below:

- **The Nurse Caseworker or Utilization Review Nurse**—This person works with the insurance company to decide to what extent and how long care will last. If there is a question or concern about admission status or length of stay, this is a good person to ask.
- **The Discharge Planner**—We view this person as one of the most important members of the treatment team because he or she will work with the patient and family for nursing home and rehab (skilled care) options. Try to speak with or leave a voicemail for the discharge planner about preferences as soon as possible. Many nursing homes and rehab facilities have long wait lists, but hospital patients receive priority on those lists. If the discharge planner contacts the patient's top picks sooner rather than later, there is a higher chance of receiving a preferred aftercare placement. Discharge planners usually do not work weekends.
- **The Patient Liaison**—Not every stay goes according to plan, and sometimes problems need to be addressed. If there are problems that have not been easily resolved via floor staff or nursing supervisors, speak with the patient liaison for assistance.
- **Dietary Staff**—One of the biggest complaints that we hear about hospitals is that the food is less than delicious. Many people are unaware that patients can make special requests for favorite foods and can request a different meal tray if what is served is not appealing. Remember that dietary staff must work within the dietary orders given by the doctor (so they can't serve a huge slice of chocolate cake if the patient is on a diabetic diet!). Snacks and drinks are also available through the aides and nurses on your floor.

Hospital Shifts—Many hospital staff will either work 8-hour shifts (7am-3pm, 3pm-11pm, or 11pm-7am) or 12-hour shifts (usually 7am-7pm or 7pm-7am). The half hour before and after the start of those shifts are usually spent in report and getting familiar with the caseload. Try to ask for assistance, PRN medications, and non-urgent questions outside of those times for a quicker response.

Many doctors, physician assistants, and nurse practitioners rotate through the hospital at semi-regular times. Knowing that your loved one's doctor tends to rotate through the hospital unit in the mornings will allow you to better plan your visit time if you want to speak with the physician.

Discharging—No matter how quickly the patient wants to leave the hospital, it is important to thoroughly review discharge instructions. It is much easier to correct any mistakes and receive clarification on discharge instructions now rather than doing so over the phone later. Review the medication list and double check that it is accurate and that medication instructions are understood. Make sure the doctor leaves any prescriptions that will be needed and any orders for home health, physical therapy, or lab work. Work with the nurse and discharge planner on any follow up appointments. If transportation is needed for follow up appointments, speak with the discharge planner about options. Ask that the patient's medical records be sent to any physicians who will be seen for follow up.

Skilled Rehabilitative Care—This is a special care level, usually occurring in a nursing home setting, that allows intensive nursing and therapy interventions 5 days per week. In order to access this care,

1. The hospital doctor must deem it medically appropriate and write an order
2. In the case of Medicare Advantage Plans, the insurance must approve care. (Note that some plans allow for a direct transfer to skilled care from home, but it is difficult to receive approval for this.)
3. The patient must have spent 3 midnights on INPATIENT ADMISSION status. It is important to ask if the patient is being admitted or on observational status. (See our article on observation vs admission in the TBA provided in your handouts). At this time, Medicare will not approve skilled care for observational status. Note that hospitals are now required to tell patients their status, but many patients and families are unaware of the implication of observation vs admission.

Why is skilled care important? Intensive therapy as part of skilled rehabilitative care may help the patient return home. For this reason, if your loved one receives a discharge notice from skilled care, do not be afraid to appeal. Skilled rehabilitative care may also serve as an entry point to a higher level of care.

A few other pointers—

- **Be polite but assertive.** Quality and speed of care ought not depend on how nice a patient is, but as the old saying goes, "you can draw more flies with honey than vinegar." Say "please" and "thank you" and remember The Golden Rule. For exceptional staff, speak with a supervisor or write up a rave review to commend him or her for excellence. If there is a problem with a staff member, request a transfer to a different team member for care.
- **"Where everybody knows your name…"** Hospital staff have a habit of calling patients by room numbers. It is human nature to feel more connected to people whose names we know. Make introductions with staff members as they come into the room and try to call them by their names—they will most likely reciprocate. Maybe there shouldn't be, but there is a difference in the way a person reacts to "Room 213 needs a pain pill" and "Mrs. Jones needs a pain pill".

- **Do not hesitate to ask hospital staff to wash their hands upon entering your room.** Review the CDC document "6 Ways to Be a Safe Patient" found on the CDC website for tips on reducing healthcare associated infections.
- **Medical Error.** A study from Johns Hopkins calculated more than 250,000 deaths per year are due to medical error in the US, making it one of the top leading causes of death[5]. The best way to prevent error is to take an active role in your care—ask questions about medication names and dosing, look at any pills administered, ask about side effects and drug interactions, and ask about pros and cons of treatment interventions.
- **It doesn't hurt to ask.** If awakened in the middle of the night for lab work, take the opportunity to take care of other business. Ask the nurse if any medications are due and the aide if any vital signs or checks are needed. This helps to reduce the frequency of late-night awakenings.
- **Don't pack for a trip overseas.** Remember that the more that is brought to the hospital, the more must come home. It is especially important to leave expensive items such as jewelry, purse/wallets, and laptops at home.
- **Boundaries are important for visitors.** It is important for visitors to respect the privacy of loved ones and others in hospital settings by not posting photos or personal information on social media sites. Balance the need to be present and support the patient with the patient's need to rest and receive care from staff. Don't hesitate to show appreciation on behalf of the patient—staff almost always appreciate a treat like donuts or a fruit basket. Note that staff in healthcare facilities cannot ethically receive personal gifts and should NEVER ask for any gifts. The exception to this rule in most settings is if a gift of food is made to the team or unit.

References

1. National Hospital Discharge Survey. (2010). *CDC*. Retrieved from http://www.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHDS/NHDS_2010_Documentation.pdf
2. Phelan EA, Borson S, Grothaus L, Balch S, Larson EB. Association of incident dementia with hospitalizations. (2012, Jan 11) *JAMA*. 307(2):165-72.
3. Emergency department pulse report: Patient perspectives on American health care. (2010). *Press Ganey*. Retrieved from http://www.pressganey.com/Documents_secure/Pulse%20Reports/2011_Press_Ganey_Pulse_Report.pdf
4. Mann, D. (2022, October 11). U.S. hospitals under strain as ER wait times lengthen. HealthDay. Retrieved January 8, 2023, from https://consumer.healthday.com/emergency-care-wait-times-2658410484.html
5. Study suggests medical errors now third leading cause of death in the U.S. - 05/03/2016. Johns Hopkins Medicine, based in Baltimore, Maryland. (n.d.). Retrieved January 8, 2023, from https://www.hopkinsmedicine.org/news/media/releases/study_suggests_medical_errors_now_third_leading_cause_of_death_in_the_us