

55

Must Know Tips For a Safe Hospital Stay

Sharon Conley MD





This booklet was written by someone who is an experienced hospital physician, a former hospital patient, and a family caregiver. Having seen the “hospital stay” from so many viewpoints, I was compelled to share with you essential tips necessary to guide you safely through your stay.

Sharon Conley MD

www.avancen.com • info@avancen.com

Ph: 386.673.9225 • Cell: 386.334.1426

Fax: 386.615.9289

55

Must Know Tips For a Safe Hospital Stay

Before You Go	2
Doctors & Nurses	4
Other Hospital Staff	12
Hospital Services	14
Procedures & Consents	17
Special Hospital Areas	19
Patient Rights	23
Admission & Discharge	26

BEFORE YOU GO

Tip #1

Go to the hospital with the best reputation and report card if you have a choice.

Choice is not always possible since insurance carriers now direct a patient to a hospital that has a contract with that provider. However, if a special surgery or procedure is planned and choice is possible, go to the hospital that has the highest safety ranking for that procedure. Ask your physician for a recommendation and do some research on your own. Hospital report cards are becoming more common. They compare how hospitals rank in technology use, surgical outcomes, and numbers of complications. Start here with a few useful websites:
<http://www.healthgrades.com>
<http://www.jcaho.org>
<http://www.leapfroggroup.org>

Tip #2

Organize your medical information and take it with you to the hospital.

Advanced updated organization of information can be lifesaving in the event of an unplanned hospitalization or emergency room visit. Prepare a medical summary with important facts including insurance names and numbers, key people's addresses and phone numbers, doctors whom you see regularly, past illnesses and surgeries with dates, and medications and allergies. It's easy to forget or not know these details when you are ill or are accompanying someone who is a patient.

Tip #3

Realize that having a good, well meaning doctor may not be enough to protect you from possible frustrations and complications.

Your care will be provided by many hospital employees and other physicians who will become involved with your case in addition to your primary doctor. Each person must be as well-informed about your situation as possible.

Tip #4

Go prepared to do as much as you can to recover quickly and be discharged.

Studies have shown that patients who stay longer in the hospital for whatever reasons are more likely to develop complications just from being in the hospital. Common mishaps include falls, hospital-acquired infections, dangerous reactions to drugs and receiving the wrong medication. Use these facts as motivation to learn as much as possible to avoid complications.

Tip #5

Get a partner to help you with your stay. This is the most important thing you can do to make your stay easier and less complicated.

Even if you enter the hospital fully able to care for yourself, this often changes after you have surgery or a variety of treatments. Identify somebody who can be your helper and advocate such as a spouse, relative, good friend or hired nursing professional.

Tip #6

Decide who will be contacted for health care decisions if you become unable to do this.

This can be your caregiver or another person. When you enter the hospital, sign a form called a Power of Attorney for Health Care Affairs to designate this person and their contact information.

Tip #7

Sign a document called a Living Will. The hospital has this form if you have not already done this.

A Living Will states what your wishes are if you develop an irreversible life-threatening situation in the hospital with no hope of recovery.

DOCTORS & NURSES

Your Doctors

Your “attending” is the admitting doctor in charge of your overall care in the hospital. The attending doctor may call in other doctor specialists (consultants) to assist with your care. Consultants make recommendations to your doctor regarding how best to manage your problem(s). For example, if you have pneumonia, your attending may ask a pulmonologist (lung specialist) to see you.

Tip #8

Request the name of any doctor who comes to see you and find out why they are there.

Most physicians will volunteer this information. Ask them if they do not tell you.

Tip #9

Bring an inexpensive notebook from home and record the names of doctors and other key staff who come to see you and jot down their role in your care.

Keep track of this information so you will know who and what to ask when questions about your care are necessary.

Tip #10

Think ahead regarding questions and concerns that you want to discuss when your doctors “round” (come by to see you) on you daily.

It’s easier to recall your questions when notes are prepared in advance.

Tip #11

Realize that your doctor has very likely thought about you at other points in the day beyond their brief daily visit.

The doctor must review your chart and test results daily and record a note about your progress in your chart. This is how communication is handled with the other staff managing your case. Any new plans for your care are communicated to staff by your doctors’ daily orders in your chart.

Tip #12

Find out the name of any doctor who is substituting when your regular doctor is unavailable. Ask them your questions.

Pose your questions to the substituting doctor rather than waiting for your regular doctor to return. Stay informed about your progress on a daily basis.

Tip #13

Determine the need for a new test or procedure the doctor proposes. Inquire about what information the doctor hopes to learn from this procedure.

Determine what substitute tests are available to obtain the same information with fewer risks when a prescribed test has some risk involved. Asking questions continues to help you make informed decisions about your care.

Tip #14

Realize there is no need to apologize for asking questions.

Doctors are more approachable than in the past. You have a right to know about your condition and your care plans. At the same time, doctors have an enormous amount of training and experience that you cannot duplicate. Use some common sense and trust to reach a relationship of mutual respect about your care.

Tip # 15

Ask to see your attending doctor when you realize you are seeing your doctor's PA day after day in the hospital.

Physician Assistants (PAs) are not physicians. They have a college degree followed by special training in a PA program like a "mini-medical school." They assist doctors with their practice. PAs may round for doctors, write orders on the chart and write prescriptions under the doctor's supervision. Although PAs are assumed to be supervised by their employer, the doctor, you can reasonably expect to see the doctor several times during your stay.

Nurses

Nurses are responsible for your care "around the clock" since they carry out your doctors' orders. There are hundreds of tasks for nurses to complete during each shift. Patient care requires a variety of skills ranging from changing bed linens, bathing and toilet assistance to complex intravenous medications and cardiac (heart) monitoring.

Registered Nurses (RNs) have several years of nursing training. They can dispense oral (by mouth) and intravenous (by vein) medications and carry out all the nursing orders given by physicians. Certified Nurse Assistants (CNAs) and Licensed Practical Nurses (LPNs) have less training than RNs and are more restricted in their care duties with patients.

There are many nurse specialists too numer-

ous to mention here. If your nurse has an unfamiliar abbreviation on their hospital badge, ask what it means and they will be happy to educate you about what they do and what training they have had.

A national shortage of trained nurses and tight hospital budgets have reduced the number of nurses working in hospitals. Nurses are assigned to various areas of the hospital depending upon the complexity of the care required. On a general hospital ward there may be one nurse for every 5 to 8 patients during the daytime and even fewer nurses at night to staff the ward.

Tip # 16

Ask how many patients each nurse is assigned to most of the time in your hospital area during the daytime and at night. This is known as the nurse-to-patient ratio.

That information tells how much personal care you can expect. Every patient has a number of medications and treatments to be given for each 8 hour shift. Add to that the fact that each patient must call the nurse for every special need 24 hours a day. Once you realize how stretched the system is, you can understand the importance of being as independent as possible with your care and needs.

Tip # 17

Call for your nurse at the last minute only in an emergency.

Most hospitals have a call button at the bedside which rings at the nurses' station. You will hear someone over the room microphone asking what you need. Relay back that you need the nurse and say a particular nurse's name if you know it. The message will be relayed to your nurse. If you do not get a response within 10 minutes, continue the process until you get help. If your helper is with you, they can walk up to the nursing station to request the nurse. Considering how few staff are available per patient, it might be easier to understand how difficult it may be to get a nurse quickly to your room.

Tip #18

Report any skin problems or painful needle or tube sites to your nurse.

Nurses start and maintain most of the intravenous medication sites and catheters such as those placed in the bladder to drain urine (called a "foley catheter"). Tubes and lines that enter the skin are common sites for developing infections and complications. Finding these problems will be delayed when they are not first reported by the patient.

Medication Delivery By Nursing

Nurses administer medications in the hospital according to the 5 rights of medication delivery: the right medication to the right person at the right dose, at the right time by the right route (i.e. oral or intravenous). You may get your medications from a different nurse than your assigned nurse for the day. Be sure the new nurse knows you and your needs.

Medication errors are among the most common mistakes made in the hospital. Pay attention to your medications.

Tip # 19

Know what medicines you are getting in the hospital.

Your nurse will tell you if you ask. Ask questions when you are getting a medication that is unexpected. Inquire about what it is, who ordered it and what it is for. All drugs have two names; a generic and commercial name. You may need to ask if a drug is the same as one you usually take if the name you are told is unfamiliar to you.

Tip # 20

Be aware that you have two kinds of medications that are ordered. They are “scheduled” and “as needed (prn).”

Medications ordered to be given at the same time each day are called scheduled medications. As needed medications (called prn) must be requested by you in order to get them. These are usually medications for pain, sleep, anxiety or nausea. Ask your nurse what prn medications your doctor has ordered for you and how often you may have them.

Tip # 21

Request pain medication when you need it.

Every patient deserves adequate pain relief. Ask your nurse if more pain medication is available for you when you are not getting

enough treatment to reduce pain. Request that the nurse contact the doctor for additional orders for pain medicine when you still have pain regardless of what the doctor ordered. In some hospitals a team of pain consultants can be called to evaluate and treat your pain.

Tip # 22

Ask for a PCA (patient controlled analgesia) pump if you are requiring frequent pain medications in your veins.

You can push a button to give yourself the medication without asking the nurse to bring each dose. The intravenous bedside pump is programmed so that you cannot give yourself too much medication. There are also pain skin patches with medication in them and timed release oral (by mouth) pain pills. Soon there will be an oral device on the market so you can access your “as needed” pain pills or capsules at the bedside without waiting for the nurse to bring them.

Tip #23

Realize that medications usually given by a shot in the muscle (called IM) can be changed to another route when you request it.

Surgeons frequently order pain medicines to be given IM. Most of these medications can be given intravenously or orally. Ask your doctor if the IM route can be converted to another way to get your pain medication to avoid an uncomfortable injection.

Tip #24

Request pain medicine before a special procedure or physical or occupational therapy if the experience is painful.

Your doctor may need to specify this option if it requires an additional dose of pain medication.

OTHER HOSPITAL STAFF

Hospitals employ a large number of people to maintain the facility and its services. Here are a few key staff other than physicians and nurses who may influence the quality of your stay.

Tip # 25

Take advantage of the service and information offered by your case manager and social worker. Be aware of the importance and role played by the laboratory staff, registered dietitians, hospital pharmacists, and physical and occupational therapists.

Social workers can help with disability applications and other paper work including a Living Will and/or a document to designate a person to make health care decisions for you in the hospital if you become too ill to make decisions for yourself. Case managers will communicate with your insurance company. They can also arrange for your needs at home after you leave the hospital such as a visiting home nurse or home physical therapy. They are an important source of information regarding community services

you can utilize after discharge. Get their card since you may need to contact them after discharge from the hospital.

Laboratory staff will come to your room to draw blood samples for tests ordered by the doctor. Any blood transfusions you get in the hospital come from the blood bank in the laboratory.

Registered dietitians plan the hospital meals and assist with special patient nutritional needs. Your doctor may consult with them to improve your nutritional status. They calculate your daily calorie needs and plan your meals to meet these requirements taking into account any special food preferences you have. They also educate diabetic, dialysis or cancer patients regarding special diets for home. The dietitian also sees patients who receive their nutrition by tube feedings or intravenous feedings. The dietitian assists the doctors in ordering the proper nutritional components for these patients.

Hospital pharmacists prepare virtually all the medications ordered for you by your doctor. Each dose of medication is labeled with the name of the drug, dose, your name and identifying numbers.

Physical and occupational therapists assist with walking or any special training to restore an arm or leg to good use after surgery, an injury, or stroke. They recommend to your doctor any special supplies such as a walker or wheelchair you need at home when you leave the hospital.

HOSPITAL SERVICES

Food

Your body needs adequate food to recover from an illness or heal a surgical wound site. Food provides the chemical building blocks to rebuild new cells and feed your immune system. No amount of antibiotics, or surgery can cure disease without the body having enough nutrition to heal itself. The body tears down its own fat and muscle in an attempt to restore itself when adequate food is not provided. This does not promote healing.

Your menu is ordered by your doctor when you are admitted. You may receive a regular diet, diabetic diet, low salt diet, low cholesterol diet or some other diet depending upon your needs.

Tip #26

Bring a day's supply of simple packaged snacks and bottled drinks with you to the hospital when you are going to be on a regular diet.

Ask permission from your doctor to use these items if you are on a special diet. Although there is some food available on the ward, food is difficult to get between meals and at night after the hospital cafeteria closes.

Tip# 27

Realize that the nursing staff may not have time to help patients who can swallow safely but need assistance with meals.

Arrange for your helper to be present if you need assistance with meals. Patients who cannot swallow but their stomach and intestines are functioning can receive liquid nutrition from a feeding tube placed directly into the stomach. Critically ill patients and those who cannot use their stomach and intestines are given intravenous feeding called total parenteral nutrition (TPN) prepared by the pharmacy from the doctors' orders.

Your Room

Hospital rooms and issued supplies provide the bare necessities. You may want to bring a few items to feel more at home. Many hospitals still have double rooms or even ward rooms, although the trend is to provide private rooms for all patients.

Tip # 28

Ask your doctor to write an order to move you if you cannot tolerate your roommate because of their habits or illness.

Request a private room if your illness justifies it. Insurance may not pay for a private room unless it is medically necessary. Ask for a private room if you can afford to pay the extra charge for it even though it is not essential.

Tip #29

Inquire about additional furniture or aids if they are not in your room and you need them.

Easy chair recliners are usually available although they are not in all rooms. You can also ask for a bedside commode, a heating pad or a special cushion to make your bed

more comfortable if you need these. It never hurts to ask if you want an item since it may be available. They can only say “no” if it is not available.

Tip #30

Bring any special items you may prefer for self care except medications.

You will find basics like soap, toothbrush and toothpaste, and deodorant from the hospital in your admission packet. You may prefer a few of your own items instead of or in addition to them.

Tip #31

Leave your valuables at home. They can get lost or stolen at the hospital.

Put a name label on your eyeglasses and other essential items. Eyeglasses and dentures left on food trays frequently get lost.

Tip #32

Use the hospital gowns instead of your own gowns or pajamas.

The hospital gowns are clean and allow for easy access for special intravenous lines and monitoring devices.

Tip #33

Consider bringing a small supply of additional clean towels, wash cloths and linens you might prefer.

You will receive a daily set of linens. Any extras are difficult to find. You might also pre-

fer your own bed blanket to feel more at home. Bring home linens only if you have someone to frequently replace your own soiled linens. Choose something other than white items so they are easily distinguished from the hospital linens.

Tip #34

Take your own radio with earphones and any other small battery operated electronic devices you might want. Most hospital rooms have televisions.

Ask ahead of time about access if you want to bring your laptop computer. Most patients do not feel like using a computer anyway. Inquire about whether you can use your cell phone since some hospitals do not allow cell phone use in specified areas.

Tip #35

Notify your nurse if your room needs cleaning.

Housekeeping staff should clean your room and bath daily and empty the garbage. They are contacted by the nursing staff for special needs.

PROCEDURES & CONSENTS

A procedure with any risk of bodily injury to you requires a written consent (permission). Consents, for example, are required for any surgical procedure, anesthesia, blood transfusion, chemotherapy, or radiation therapy.

Routine x-rays do not usually require a consent unless they are being done for a biopsy or injection.

A consent form should list all the important risks and benefits from the procedure. Reasonable alternatives to the proposed procedure should also be discussed and listed if these are available. Some consent forms are standardized with not much information. Ask questions when you do not understand what the procedure is about. Amazingly, each year some hospital patients mistakenly undergo a procedure intended for another patient because the appropriate questions were not asked by the patient or by hospital staff.

Tip #36

Sign a consent for a procedure only when you understand the risks, benefits and alternatives of the procedure. Sign the consent once you are satisfied that it is necessary to have the procedure, and when you feel the procedure's benefits to you outweigh its risks.

Take your time when deciding to sign a document you do not fully understand. Signing a consent does not keep you from complaining later about a procedure if it does not go as safely as expected. Any procedure with risks is expected to be done in a professional and careful fashion. The procedure cannot be done unless the consent is signed prior to the procedure.

Tip #37

Request that a consent be read to you prior

to signing it if, for any reason, you cannot read what you are asked to sign.

If you or your caregiver do not speak English, ask that any paperwork be read to you in your native language by an interpreter that the hospital must provide.

SPECIAL HOSPITAL AREAS

The Operating Room

The operating room area is accessible only to operating room personnel and patients undergoing surgery. Strict guidelines are followed for cleanliness and safe patient care. All the paperwork with signed consents is usually completed before you are transported to surgery.

The recovery room following surgery is part of the surgical area. Patients are moved there after their surgery for observation. They remain there until they are awake and alert enough to return to their regular room. The recovery room is similar to an intensive care unit with one-on-one nursing and constant patient monitoring in case any intervention is needed.

A patient may be out of their hospital room for many hours while they are "in surgery". Part of that time is in the recovery room. The surgeon usually contacts a family member or representative to discuss the findings and outcome of the surgery after the surgeon comes out of the operating room.

Tip #38

Know your surgeon and discuss what the surgery will include with enough detail that you understand the general plan of the procedure.

Ask what precautions will be made to ensure that the correct site is marked and located for the surgery when you are having surgery on a particular arm, leg, or body part. Sometimes the surgeon needs to make a decision during the surgical procedure depending upon what is found. Explore what the decision options will be and be sure you and the surgeon agree in advance about those decisions.

Tip # 39

Understand the risks of the surgery and what the benefit will be to you.

You also need to sign a consent for whatever anesthesia you have during the operation. Ask the same risk and benefit questions about anesthesia since it also has some risks by itself.

Tip # 40

Agree upon how your surgeon will contact your caregiver or family so the physician can report back to them after the surgery is complete.

Most hospitals have a surgery waiting room for this. You can also leave your caregiver's number with the surgeon to call as soon as you are out of the operating room.

Tip #41

Advise your caregiver or family to contact the person (usually a volunteer) at the desk in the surgery waiting room for an update when the surgery continues longer than anticipated and no information has been given.

The volunteer or staff in the surgery waiting room can telephone the main surgery desk for information regarding your status.

Tip # 42

Make every effort to arrange for a caregiver to assist you with your recovery phase following surgery when you return to a regular hospital room.

Simple tasks are frequently difficult to perform immediately after surgery. A caregiver can assist you and call for help when needed until you have additional time to recover.

Tip #43

Protect your surgical wound site from infection by insisting upon good hand washing for hospital personnel who do any wound care for you.

Post-operative wound infections are a common hospital complication that could delay discharge.

Intensive Care Units (ICU)

Patients are transferred to the intensive care unit (ICU) when their condition is unstable and/or they are seriously ill. Being in the ICU allows a patient's vital signs to be

monitored at all times with almost one-on-one nursing by RNs with critical care training. A patient must be in the ICU when they require a breathing machine (ventilator) to breathe. Any changes in patient status can be quickly seen and adjustments can be made in the treatment plan while in the ICU.

Visiting is severely limited because of the need to have rapid access to seriously ill patients and to provide the patients total rest. Most ICUs allow family and caregivers a visit for 10 to 15 minutes several times a day. For special circumstances, visitors can come more freely with the permission of the ICU nurse for the patient for that shift. Nurses usually require that visitors contact the unit for permission to enter for visitation since the patient may be undergoing special treatment at any time.

Tip #44

Maintain open lines of communication with the doctor and consultants.

Patients are usually too ill to ask questions and direct their care in the ICU. Doctor communications are more difficult since the caregiver may not be in the room when the doctor arrives for a visit. You may ask the ICU nurse to put a request on the chart that the doctor contact the caregiver with a number to call, or you can call the doctor's outside office with the same request. ICU nurses are exceptionally well trained and knowledgeable about their patients. They can answer many of the caregiver's questions.

Tip #45

Ask if the attending or a physician consultant on the patient case has training in intensive care management (called an Intensivist).

Patients who receive ICU care from at least one doctor on the team with intensive care training have fewer complications and better hope of recovery.

Tip #46

Appoint one person (with an alternate) for communications with the doctor, and to give consents for procedures.

This person can relay information to the other family members and friends. The doctor will not be able to make multiple callbacks to various concerned family and friends.

PATIENT RIGHTS

Tip #47

Realize that you have the right to protect the privacy of your medical information.

Federal Laws have been written to protect patient privacy. In a "nutshell" these laws state that all the health care providers responsible for your care have access to your chart and records. This includes your numbers and codes that identify you, such as your medical record number and social security number. This information is considered confidential to anyone responsible for your care. You may review your records or request a copy of them from the hospital at anytime.

Tip #48

Understand you have the right to demand respect and privacy along with the care you receive in the hospital.

Call this to the attention of the staff in error when you feel you are not being afforded this right. Consider filing a formal complaint if this is unsuccessful.

When You Need to File a Complaint

Tips # 49

Pursue other methods to make a change if you complain to your doctor to request a change in some important matter that causes you distress, and your doctor does not assist with making the change.

Many hospitals have patient advocates you can request to assist with this. Ask nursing to arrange for you to see the nursing supervisor if the patient advocate is unavailable at your hospital. Nursing supervisors manage large areas of the hospital and have sufficient influence to hear your complaint and see that changes are made.

Ask to see the hospital administrator for the day if this is a non-nursing issue or you are not satisfied. Important hospital decision makers rotate as the daily administrators to hear out patient problems and seek to resolve them. Keep notes about what transpired, to whom you spoke, and how to contact them again if necessary.

Hospitals want their patients to be safe and

satisfied. Providing important administrators to hear you out reduces the number of formal legal complaints against the hospital and improves overall patient care. Hospitals routinely give patients a patient rights handbook in their admission package with numbers to call to file a complaint.

Tip # 50

Request that your case be assigned to another doctor if you are dissatisfied with your doctor and want to change doctors. You can relay this directly to your doctor.

Contact another doctor and ask them to accept your case if your current doctor is unwilling to assist you with this change. You, your family member, or caregiver can do this for you. Changing doctors is difficult, but it can be accomplished. Doctors do not wish to see dissatisfied patients. They will usually concede your case to another doctor if you request it. How well you recover in the hospital greatly depends upon your attending doctor. Get another doctor when your relationship is strained, or you have no confidence in them.

Tip # 51

Ask your doctor to request a second opinion for you if you wish a second consultant opinion regarding your case.

You may want to do this if you have been diagnosed with a life threatening illness in the hospital or if the initial consultant was unacceptable to you. Most insurance carriers will pay for a second opinion. Getting a second

opinion in the hospital is not common but it can be accomplished. Remember that your doctor should be working for YOU to help YOU get well and to assist YOU in making informed decisions about your care.

ADMISSION & DISCHARGE

Admission

Tip # 52

Beware the weekend when very little is accomplished and your own doctor may not be seeing you. Suggest being admitted on Monday or very early in the week for a hospital admission scheduled in advance like surgery or another procedure. This is not possible when an unexpected illness arrives.

Most hospitals do not run “full throttle” on Saturday and Sunday. Special procedures and complicated x-rays may not be routinely done on weekend days. Doctors may pool their patients for weekend rounds and you may not see your regular doctor or consultants on those days. Difficult decisions are frequently “put off” until Monday.

Discharge

Being discharged from the hospital may be a slow process depending upon your needs after discharge. The case manager will order for you any equipment to be delivered to your home and give you instructions for

arranging delivery to your home. Not only the attending, but your consultants must agree to your discharge. This can lead to a delay when a consultant is slow to come by and see you the day of discharge.

Tip # 53

Be sure you know what your complete medication list will be when you go home.

Your nurse will fill out your discharge sheet that includes instructions from the doctor and your medication list to continue when you get home. The doctor will write out any new prescriptions or call them in to your pharmacy.

You may go home with a different list of medications than those prior to admission. Be sure you can read the list and understand the instructions given by the nurse. Ask the nurse to call the doctor and clarify instructions if the doctor did not specify what medications to take when you get home. Find out when your next appointment is with your doctor after leaving the hospital. You may be told to call the doctor’s office to make an appointment after you return home.

Tip #54

Ask to see the social worker and/or case manager if you and your caregiver feel that you are not well enough to be discharged to go home.

They can appeal to the doctor or make other suggestions for a visiting nurse at home or more help at home after discharge.

Tip #55

Realize you can always leave the hospital without a formal discharge if you feel that your discharge is being unfairly delayed for whatever reason.

This is called leaving against medical advice (AMA). When you do this, you risk severing your relationship with your doctor and going home without the proper medication list and prescriptions. Be as patient as you can until you are formally discharged. Leaving without adequate planning may result in a readmission because important details were not addressed before leaving the hospital.

The tips given here cannot be all inclusive. They do have a central theme which says that a safer hospital stay can be accomplished by an informed patient and caregiver who stay alert to what transpires during the stay. The tips are not intended to make you a difficult and unreasonable patient, rather an educated one, able to avoid complications from misunderstandings and lack of attention to details. Well informed patients demand the best in medical care, and that is what you need and deserve.

Sharon Conley MD