



The Transition Network's Caring Collaborative

2018

WHAT YOU NEED TO KNOW WHEN YOU GO TO THE HOSPITAL

BEFORE.....DURING.....AFTER

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FOREWARD

The Transition Network is an inclusive community of professional women, 50 and forward, whose changing life situations lead them to seek new connections, resources and opportunities.

Through small group interactions, programs and workshops, members inspire and support each other to continue a life of learning, engagement and leadership in the world.

As a national nonprofit organization, The Transition Network is a voice for women who continue to change the rules.

Go to: <https://www.thetransitionnetwork.org/> for more information.

In 2009, TTN members created a successful program in New York City called The Caring Collaborative. It demonstrates how reciprocal care-giving in the community can benefit members, especially those not supported by a family network. Many current TTN members live alone and are beginning to wrestle with health and care-coordination concerns. The Caring Collaborative is also relevant for a wide range of community organizations, whether they be churches, alumni associations, or high-rise buildings. This manual can help individuals of all ages prepare for health emergencies, as well as planned encounters with our complicated health care system.

What You Need To Know When You Go To The Hospital is one educational resource prepared by TTN's Caring Collaborative. TTN offers two other manuals: *Creating a Caring Collaborative in Your Community*, for community-based organizations and their members, and *Creating a Vertical Village in a High-Rise Building*, for creating a mutual-support network in apartment buildings or neighborhoods. The manuals were prepared in 2011 by a team of TTN members who were professionals in medicine, law, government, business, social work and journalism, supported by a grant from the New York State Health Foundation.

This revised and expanded 2018 edition of the *"Hospital Manual"* has been prepared by the leadership of New York City's Caring Collaborative, with assistance from additional healthcare professionals who are members of the Caring Collaborative.

The three manuals are available free of charge to organizations interested in offering a version of this program suited to their needs. We do ask that if you use these manuals, you respect our copyright and credit The Transition Network by keeping the copyright statement in the document. And, please let us know how use of these materials helped improve life for your community by contacting us at:

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Planning for the Best Health Care Outcomes

Even if you have not been hospitalized recently, you probably have a relative or close friend who had a recent encounter with a health care institution. The experience of being a patient is often very stressful for even the most intelligent and organized individuals. Knowing what to expect can ease some of the stress. That is why this resource manual was prepared.

This guide speaks to the importance of gathering the right information in advance. Anyone can have an unexpected accident or illness, but knowing where to go and what to bring can definitely ease anxiety and speed care. Arranging for someone to be with you is a critical component. If you are considering an elective procedure, this guide includes strategies for selecting providers, lining up post discharge resources, and finding the right team of people to help you. It details what to expect when going to an emergency department or hospital, offers tips and strategies on preparing for hospitalization, and suggests ways to make your hospital stay more comfortable.

The guide also provides web-based resources for researching medical providers, facilities, medical equipment and devices, and offers a sample template for recording the medical information you should keep with you at all times in case of an emergency or medical incident.

Preparing for Elective Procedures and Hospital Admissions

Advanced planning can help you have a more successful healthcare experience.

Select a friend or family member to be your health buddy

This individual (or more than one) will be the liaison between you and your community of friends and relatives, as well as a person you may want to have at your side when talking with your health care providers. Give each medical provider your buddy's name and cell phone number, and request that it be written in the provider's medical record. If you live alone, or family members do not live nearby or work full-time, you definitely should consider lining up a "Health Buddy" before scheduling surgery.

Complete a Health Care Proxy Form and share the details with your health buddy and family members

With a Health Care Proxy you appoint a health care agent who is empowered to make medical decisions if you are impaired and unable to make them yourself. The Health Care Proxy form, along with instructions and answers to some frequently asked questions, can be downloaded from the New York State Department of Health website at https://www.health.ny.gov/professionals/patients/health_care_proxy/ or from a state health department website in most states. Download this detailed guide from The Conversation Project for suggestions about selecting the person best able to handle the role of your health care proxy: <https://theconversationproject.org/wp-content/uploads/2017/03/ConversationProject-ProxyKit-English.pdf> Be sure your health buddy, Health Care Agent and close family members know each other, and that they all

understand your wishes in the event you cannot speak for yourself at any time during the hospital stay. The Health Care Agent named on your proxy form does not have to live nearby as long as they are available by cell phone to talk with your doctors if your medical condition prevents you from making decisions about care. The proxy form does not need to be notarized but be sure that form completion is witnessed by two persons who are not named as your Health Care Agent. It's also very helpful to review the following resource: <https://theconversationproject.org/starter-kits/> as you talk with the person who will be your Health Care Agent. It helps you think about the kinds of medical procedures you would definitely want, or not want, to be used if you were gravely ill and unable to verbalize your wishes.

Get as much information as you can about your elective procedure – before, during, and after

Ask a friend or relative, or better yet, your health buddy, to accompany you to all consultations with physicians. Your buddy can listen carefully, take notes and ask questions you may not have the presence of mind to ask. The National Institute on Aging (NIA) has a comprehensive guide on their website at: <https://www.nia.nih.gov/health/how-prepare-doctors-appointment>

Consider getting a second opinion

Nearly all insurance plans will pay for a second opinion before elective surgery. Consulting a second doctor can be very helpful if there are multiple surgical techniques for your condition. Medicare's website offers tips to get maximum value from your second opinion consultation: <https://www.medicare.gov/what-medicare-covers/part-b/second-opinions-before-surgery.html>.

Be alert for Out-of-Network providers

That great knee replacement surgeon recommended by your friend may not accept your insurance now. Confirm a potential surgeon's insurance participation by calling the insurance company directly. Provider listings on insurance company websites are often out of date, and the doctor's receptionist may not know that she is about to drop your insurance plan. If your surgeon belongs to a group or faculty practice, be sure to carefully read the surgical procedure consent form. If it states "Mary Smith and/or members of XYZ group," check that all group members are in your network.

Carefully review the surgical consent form

Note whether your surgical procedure consent states "Mary Smith and/or associates." You can cross out "and/or associates." If you want only Mary Smith to perform your procedure and are willing to delay surgery if she is not available, write that on the consent form and tell your surgeon. Anesthesiologists often are part of groups, so also check the anesthesia consent language and indicate if you have an MD preference.

Keep your primary care provider (PCP) in the loop

Talk to her/him before you seek care from a specialist. Ask your PCP for the names of specialty providers to consider and be sure to let her/him know once you have decided on elective surgery. Be sure your PCP receives a copy of all consultations and test

reports if she/he does not use the same electronic medical record as your specialist. It's a good idea to keep all your pre-admission test results with you -- just in case.

More tests are not always better

When a physician or surgeon orders tests or treatments, don't be afraid to ask why and how they can help you. Pay attention to what is being ordered and feel free to ask for explanations.

There is potential for a lot of duplication in pre-procedure testing -- lab work, x-rays and CT scans -- which are not always in your best interest. This is particularly true if you are going outside your usual hospital/healthcare network. It's best to bring digital copies of your radiologic studies on a disk if your consulting physicians are unable to access them on-line.

Evaluate home care resources in advance of admission

Ask for recommendations from friends and those with personal experience. Don't count on medical insurance to pay for daily therapy and home health aide visits, or in-home care, for more than a few weeks. You may need to also line up private pay services. There are hundreds of home care agencies in New York, with wide variations in quality. Call agencies in advance to learn their payment policies and how much lead time is needed for scheduling. If you wait until the day you leave the hospital to call for a home health aide or nursing help, you may have to wait a day or two for services to begin which could leave a dangerous gap in your care.

Evaluate skilled care and rehabilitation facilities in your area

If you and your doctor know in advance that you will need to transfer to a skilled nursing or acute rehab facility following your hospitalization, investigate your options. Talk with family and friends about their experiences as patients, caregivers or volunteers. Ideally, after you've identified several good facilities, make appointments to visit them. The New York State Department of Health website has extensive data on each facility and a detailed facility visit checklist: https://www.health.ny.gov/facilities/nursing/select_nh/

Call your insurance company to find out what is and is not covered after your elective procedure

Ask: Which Acute Rehab facilities are in their network? How many home PT visits are usually covered? What is their criteria for providing home health aide coverage? Except for Medicaid, insurances do not cover transportation directly to your home. Most patients come home via car or taxi. Take notes, and record contact information for insurance reps and preferred service providers. Share it with others involved in your care and bring the information, including phone numbers, with you. Keep receipts for all health-related expenses not fully paid by your insurance, including taxi and car service trips to medical providers. Some of you may be able to take a medical expense deduction on your income taxes.

Assess your physical living environment

Will you need special modifications or assistive equipment for the bathroom or bedroom? Do you have throw rugs that should be secured? Is the lighting adequate? Is the telephone within easy reach? Should you have a medical alert system in place in case you need help and are unable to get to a phone? Do you have sturdy chairs? Make a list of needed repairs or supplies and take care of them before you schedule your procedure.

Ask your surgeon or physical therapist about medical devices/aids/supplies you will need during your recovery

Be sure you know what devices (Durable Medical Equipment) and supplies will be covered by insurance if ordered by your physician, and be sure that you use an insurance-approved supplier. Check whether the home care agency will bring wound care supplies, or if you will need to take them home with you from the hospital. The hospital may offer you a cheap walker, but if you are planning to have elective orthopedic surgery, there are multiple devices that you should consider buying or renting. Ask the surgeon's office for an equipment checklist. The Resources section of this manual also lists stores and websites offering helpful products, aids and devices. Some will deliver AND assemble or install your purchases.

Some surgeons will also send your post-op pain medication prescriptions to your pharmacy in advance of your surgery. This is particularly helpful if you will be taking narcotics when you return home. Be aware that pharmacies have special requirements for releasing these meds to someone other than the patient. If you obtain post-op meds in advance, remind the doctors not to re-order them on the day of discharge.

If you don't already use a daily pill organizer to keep track of your medications, consider buying a 21-compartment 7-day pill organizer. You will be much less likely to skip a dose or take too much.

Develop a support network for reporting your progress and to help you when you return home

Develop a list of email addresses for friends and family who will want to know that your surgery was successful and be kept informed of your progress toward recovery. Give it to your health buddy to send out as you move forward. You may need help with neighborhood errands – e.g., getting prescriptions or groceries brought in – or help getting to and from doctor or physical therapy appointments. Don't be afraid to ask friends and relatives to visit you and provide help during the home recovery process.

CaringBridge.org: <https://www.caringbridge.org/> is a free patient website that helps family and friends share information during a significant health challenge. It offers a private space where those who are close to the patient can share health updates and leave messages of support. This website is a way to communicate with a wide circle of people without disturbing the patient or placing additional demands for updates on hospital or home care staff.

Cook meals in advance and freeze them and gather meal delivery resources

Then you won't have to think about meal preparation during your post-hospital recovery. Similarly, stock up on non-perishable food items and throw out perishables before you go to the hospital. Compile a list of websites for food delivery services and find your favorite restaurants' take out menus.

Pack a comfortable outfit for your return home

Look in your wardrobe for loose, comfortable clothes for your return home.

Hire a home cleaning service ***if you don't have a housekeeper already***

Arrange for a thorough cleaning just before your elective procedure, and line up someone to do weekly housecleaning and laundry until you have fully recovered.

Check out websites

Refer to the Resources section for more websites that will help you prepare for admission.

Hospital Survival Kit – What You Should Take to the Hospital

Health Information

- Copies of all health insurance cards, a photo ID, your health care proxy form
- Full name and phone number of your primary care physician (PCP) and all medical specialists you have seen in the past year
- Hard copy of pre-admission test results not already in the facility's electronic medical record system
- Pharmacy name, address, phone number; list of the name, dose and frequency of all prescription medicines/vitamins/supplements you take; list of medicine, food, latex or any other environmental allergies
- Summary of your health history (see a sample format in the Resources section)
- User name and password for the patient portal to all electronic medical records sites with your office visit/hospitalization summaries and test results (viewing this information on-line, if your providers use an electronic medical record, is always faster than calling individual doctors)

Communication Tools

- Name/phone number of your health buddy – the person who will be your health advocate during this healthcare episode (there may be more than one if you are in a facility for several days)
- Names/phone numbers of close relatives/friends to be notified immediately about your illness/operation
- Small spiral notebook and pen to record the names of medical providers treating you
- Cell phone and charger, including important contact numbers (IF YOUR PHONE IS PASSWORD PROTECTED, BE SURE YOUR HEALTH BUDDY KNOWS THE PASSWORD)

- Spare eyeglasses (reading glasses are essential for reading treatment consents and completing forms)
- Spare hearing aid battery

Personal Care/Necessary Items

- Prescription medicines/vitamins (if you are admitted to the hospital, all your prescriptions will be reviewed and re-ordered)
- Non-perishable snacks
- Cash in small bills for vending machines
- Shawl or sweater
- Eye mask for sleeping and sunglasses or baseball cap (some rooms have very bright, harsh light)
- Travel toothbrush, toothpaste, dental floss
- Comb
- Eyeglasses instead of contacts
- Comfortable clothes for the day of discharge (and rehab if you are going to a facility directly from the hospital)
- Sneakers or sturdy slippers for safe walking practice
- Spare house keys

What NOT to wear/bring to the hospital

- Jewelry
- Expensive handbag or luggage
- Perfume

Making your Hospital Stay More Comfortable

Identify a point person for your health care team

Before entering the hospital, you should select a point person who should be introduced to the health care team as your health buddy or “spokesperson.” You may need to sign a HIPAA waiver form to allow this person to have access to your medical information and be present during discussions with medical providers. This person should be available to be with you for part of every day as a health buddy and advocate.

Learn which physicians are in charge of your care and how to contact them

Before you arrive for elective surgery, bring the names and phone numbers for your surgeon and any members of the surgeon’s team who may see you before or after the procedure. Any non-surgical care issues that arise during a hospital stay will likely be overseen by a hospitalist -- an Internal Medicine specialist employed by the hospital. Be sure to give the hospitalist your primary care physician’s (PCP) name and contact information, and confirm that they have communicated. Write down the name, specialty, and contact information for any other attending physicians who visit you.

Relating to hospital staff

You will interact with a number of hospital professionals and support staff. This detailed resource explains your responsibilities as a patient and the roles of care team members: http://www.ntocc.org/Portals/0/PDF/Resources/Hospital_Guide.pdf

Most staff will be courteous and attentive. You may enhance your relationships if you are courteous and polite in return. Everyone likes to be thanked for good service. However, hospital staff are often busy, and may appear to be abrupt. Discuss any concerns about nursing services with the nurse manager.

Discharge planning starts on day 1

Ask the floor nurse for the name of the person in charge of planning your discharge and her/his contact information if you don't receive it when you arrive on the unit. Give the discharge planner the names of all post-hospital facilities or home care agencies you have already researched and clearly state your preferences.

Get the name of the patient relations representative

She or he is the hospital's point person who handles problems that patients encounter when in the hospital. It's good to have a name and phone number -- before you need it.

Consider keeping a journal or diary

You may want to record discussions during daily doctor visits; changes in diet or medications; suggestions from the physical or occupational therapist; conversations about issues you may be experiencing. Encourage your health buddy and visiting family/friends to contribute information that will be helpful to your recovery.

Be inquisitive

When a new test is being ordered or medication is changed, ask why. If you don't understand medical terms being used, ask for an explanation. Don't be afraid or embarrassed to ask questions -- and make sure you understand the answers.

Check the medications that are being administered

Keep track so you can avoid having a medication or dosage incorrectly administered. If your usual medicines were held before surgery, ask when they will resume. Before a new medication is administered, always ask for the medication's name, exact dosage, what condition it treats, and whether there are any medication side effects or interactions to watch out for. If you receive a pain medication, ask if you can have the dosage adjusted via IV pump or receive a partial oral dosage with more if pain relief is not adequate. Write down the names of all of your in-hospital medicines and the time you should receive them. Be sure your health buddy has seen your list of in-hospital medicines and the dosage schedule.

Be sure people coming in and out of the room are washing their hands

This means family, friends and health professionals. Hospital-acquired infections are common and can be a serious setback to your recovery. All hospital rooms have hand-sanitizer dispensers – no excuses!

Trust your instincts

If you think something is wrong, SPEAK UP. Ask questions. Even in the best hospitals, the doctor isn't always right. Here are examples of additional care situations where errors could happen: <https://www.jointcommission.org/assets/1/6/speakup.pdf>

Preparing for your Discharge from the Hospital

Put home care services in place before you leave the hospital

Speak to your discharge planner/social worker about the types of services you will need – and what you are eligible for. You may need more or different services than you anticipated before admission. You may decide to pay privately to supplement the hours of home health services covered by your insurance. If you've looked into home health care agencies before entering the hospital, you can make the call and reserve appropriate staff. If not, the discharge planner can provide a list of home care agencies (they cannot, however, make a recommendation). Having a home care agency in place while you are still in the hospital will improve the odds of a smooth transition home.

Schedule an appointment with your primary care physician (PCP) and your specialist(s)

This should be done before you leave the hospital. The visit typically takes place within a week of your discharge so your PCP can go over details of your hospital stay and/or surgery, and any new medicines. Your first post-op visit should also be confirmed before discharge.

Ask about a timeline for your hospital discharge

The hospital is required to notify you 24-hours in advance of your discharge. If you think you are being discharged too soon, you must tell the hospital representative exactly why you think it may not be safe for you to be discharged. Example: If you live alone and are not yet able to get out of bed without assistance from hospital staff it would not be a safe discharge. What must be done in the hospital to get you ready for discharge?

The hospital must provide you with written instructions about immediately appealing your discharge. The NY State Health Department Patients' Rights website explains the full discharge appeal process: <https://www.health.ny.gov/publications/1449/>

Ask for a firm departure time

Hospitals do not always provide advanced notice of your actual discharge time. This makes coordinating transportation home difficult. You need to be proactive. If you've

arranged to have a private-pay aide with you on your first day home, have the aide come to the hospital to accompany you home.

Ask the discharge planner/social worker about transportation options

Ask whether any supplies will be going home with you. Patients are sometimes surprised to find they need a large box of supplies or bulky medical equipment that they cannot transport by car or cab. Medicare will only cover the cost of an ambulance or ambulette service from hospital to another care facility. Transportation from hospital to home is not covered by insurance. In New York City, an ambulance will cost at least \$300 depending on the length of the trip; an ambulette will be approximately \$100, paid in advance. If you would be more comfortable taking an ambulette, the discharge planner or social worker will arrange for it on the day of discharge.

Medication reconciliation at discharge

Your primary nurse will review all post-hospital medications, with instructions on dosage and timing. Medications you were taking before you were hospitalized should be compared with the post-discharge medication list to ensure there are no duplications, omissions or harmful side effects. Will the hospital transmit your discharge prescriptions to your neighborhood pharmacy, or is there a pharmacy at the hospital where you can get your new prescriptions more conveniently? Be sure you have a plan to obtain your new prescriptions promptly. Don't be afraid to ask questions. And ask whom to contact if medication questions or problems arise on your day of discharge.

If you're not sure it is safe to go home, say so

Express your specific reservations to your doctor and the discharge planner. They may be able to help you pinpoint the reason and will come up with a plan to address your concerns. If you still feel you are not ready to go home, you do have the right to appeal the hospital discharge order. Tell the nurse immediately about your concern and that you want the decision reviewed. If they are not responsive, contact the patient representative or administrator on call. You can remain in the hospital until the case is reviewed and decided – generally, two days. But, be forewarned -- appeals are rarely successful. If your appeal is denied, you will be financially responsible for the significant costs incurred for the extended stay.

Be sure you receive and understand the written hospital discharge plan

It is generally a two-to-three page summary describing your hospital care and instructions for follow-up care. It should include your diagnosis, results of hospital procedures and tests, medical consultants involved in your care by type and name, your condition at discharge, medications prescribed and dosage instructions, a follow-up care plan and contact information. This is a major part of your hospital experience, so ask questions and keep asking until you or your caregiver feels confident about the instructions. Make sure you receive hard copies of lab tests, pathology and radiology reports, and operative procedures so you can provide them to your primary physician.

Request discharge education for yourself and a designated caregiver
The New York State CARE (Caregiver Advise, Record and Enable) Act requires hospitals to ask patients if they want to name a person to be their caregiver, who will then be part of planning for discharge and care at home. Many other states have enacted similar regulations.

As long as the patient gives consent in writing, hospital staff can share information with a person you select about the patient's diagnosis, treatment, and plans for follow-up care. It could be your health buddy, a family member, or a home care aide you have hired. Hospital staff must teach the caregiver how to help and what to do when problems come up at home after discharge. The hospital must provide the patient's designated caregiver with instructions before discharge about tasks such as how to manage medicines, take blood pressure, change bandages, give injections, help with bathing, use medical equipment, prepare special meals or arrange transportation.

Be aware of possible adverse signs and symptoms that might occur and require medical attention

Be clear about whom you should contact should problems arise; for instance, in some situations you should call your own primary care physician (PCP) physician, or the surgeon. When is it best to go directly to an emergency department? When should you immediately call 911? Review a variety of scenarios before you are discharged and make notes of the appropriate actions.

Settling in Back Home

The transition to home is a major part of the hospital experience and a juncture during which things can go wrong. Chances are you will be tired, woozy, sore and possibly in pain. Here are some tips to prevent adverse events and to speed your overall recovery.

Ask a friend or family member to stay with you for the first 24 to 36 hours, or arrange for a private-pay aide

She/he can help you readjust to being home -- perhaps changing some of the furniture around, providing medication reminders, getting you squared away with home care services, or preparing a home-cooked meal. If this is not possible, arrange in advance for either a private pay sleep-in aide or two aides (day and night) to stay with you. Home health aides covered by insurance typically do not visit until the day after you are discharged from the hospital.

Keep emergency contact information with you, as well as in your cell phone

Accept help from family, neighbors, and friends

You will likely need a lot of rest during the immediate post-hospital period. Even if your illness or injury is fairly minor, chances are you won't be able to do everything you used to do around your home. For example, a woman with a broken elbow had her routine

disturbed more than she had expected because she couldn't sleep well, she couldn't pick up objects, and she was in pain. Don't be stoic and try to go it alone.

Take your medicines as prescribed

If you have problems with side effects, contact your physician or pharmacist immediately. The **My Medicine List** form from the American Society of Health-System Pharmacists may be helpful to integrate the new prescriptions into your daily medication schedule. http://www.ntocc.org/Portals/0/PDF/Resources/My_Medicine_List.pdf

Keep track of your home care providers

Medicare and private insurers may cover some or all of your skilled home-care providers (nurses and physical therapists). But custodial care -- home health aides who help with personal care and activities of daily living -- will likely come out of your own pocket. Monitor who is coming, the service being provided, how long they stay, and, importantly, whether or not you like them and if they're doing a good job. Preparing a weekly schedule with the day and time each care-giver is expected at your home, as well as your follow-up medical appointments, will help you with time management. United Hospital Fund's Next Step in Care has a guide for organizing home care visits: https://www.nextstepincare.org/uploads/File/Guides/Care_Planner/Care_Planner.pdf

Consider keeping a journal on how you're feeling

Record unusual symptoms or pain, problems you didn't anticipate, or concerns for your well-being. Share this information with your physician at your follow-up appointment or even before if it is serious.

Follow through on medical appointments

Keep appointments that were made when you were in the hospital, not just with your primary care physician (PCP) but with all other specialists.

You will likely receive multiple follow-up calls from a nurse to check if you have any problems related to your hospital stay or surgery. Be sure to talk with the nurse. Speak candidly about your stay and how you are feeling.

Check your mail for bills from doctors and other medical providers, and promptly follow up on unexpected charges

The amount of mail received after a hospital stay can be overwhelming but read everything carefully. Billing mistakes are common, and there are strict timeframes to appeal coverage denials, or to re-submit claims denied due to incomplete insurance information. Details of the Medicare appeal process are found here:

<https://www.medicare.gov/claims-and-appeals/file-an-appeal/appeals.html>

New York State residents covered by commercial insurance can utilize the "external appeal" process if their insurance plan appeal was denied:

<https://www.dfs.ny.gov/insurance/extapp/extappqa.htm>

If you received care from a doctor who was not part of your insurance plan, and the amount billed was extremely high, try asking for a significant discount if you agree to pay promptly.

Take It Easy

Recovery from any illness or injury takes time. Be patient with yourself.

Navigating a Hospital Emergency Department

Before you go, consider whether Emergency Care is really needed – can another facility handle your urgent problem?

If your illness or injury is not life-threatening, consider whether you need the emergency department. An Urgent Care Center, particularly during evenings and weekends, may be an appropriate resource if you need stitches for a cut, x-rays to check for possible fracture after a fall, or IV fluid administration after a prolonged bout of vomiting. It is never the right choice for someone having a seizure, chest pain, or symptoms of a stroke.

Call your primary care physician (PCP) for advice. Perhaps an office visit the next morning can offer the help you need. If you have chronic medical conditions or are undergoing treatment for an active medical problem, it is especially important to confirm with your physician exactly when it is safe to visit a Walk-in Medical Office/Urgent Care Center vs. when to call 911 for immediate transport to an Emergency Department.

A reference to bring to that "what if" discussion with your physician is:

<http://www.mountsinai.org/patient-care/service-areas/urgent-care/what-is-urgent-care>

Then visit a few Urgent Care Centers near your home on a quiet weekday, before you need their services. Ask these questions:

- Do they participate in all your insurance plans? Is there a visit co-pay?
- What is the training of all on-site medical providers? Is a board-certified physician present at all times?
- What tests/procedures are performed on site?
- Do they regularly refer to your preferred hospital/health system?
- How will they communicate with your personal physician? Phone? Written report? Documentation in a system-wide electronic medical record?

But even when care is taken, serious accidents may happen, and illness can strike without warning. Here are some tested strategies for navigating the emergency department.

Put emergency contact information in your cell phone

Some phones are programmed with an ICE (In Case of Emergency) button. Emergency personnel are trained to look for ICE numbers. This provides immediate contact

information for your physician and close family members. Always carry a hard copy of your contact list too, in the event your phone is not with you.

Prepare a Health Emergency “Go Bag” in advance

Preparing a small tote or backpack with the following items in advance can make your medical emergency trip less stressful:

Health Information

- Copies of all health insurance cards, a photo ID, your health care proxy form
- Full name and phone number of your primary care physician (PCP) and all medical specialists you have seen in the past year
- Name/location of your preferred hospital
- Pharmacy name and address; list of the name, dose and frequency of all medicines/vitamins/supplements you take; list of medicine, food and latex or other environmental allergies
- Summary of your health history (see sample format in Resources section)
- User name and password for the patient portal to all electronic medical records (EMR) with your office visit/hospitalization summaries and test results (viewing this information on-line, if your providers use an EMR, is always faster than calling individual doctors)

Communication Tools

- Name/phone number of your Emergency Health Buddy – the person who will be your companion/health advocate during the health emergency
- Names/phone numbers of close relatives/friends to be immediately notified about your illness/emergency (your Emergency Health Buddy will make the calls if you are not able)
- Small writing pad and pen to record the names of medical providers treating you
- Cell phone and charger, including important contact numbers
- Spare eyeglasses (reading glasses are essential for reading treatment consents and completing forms)
- Spare hearing aid battery

Necessary Items While Waiting for Care

- Prescription medicines/vitamins (pack several days' supply)
- Water bottle
- Non-perishable snacks
- Cash in small bills for vending machines
- Shawl or sweater

Provide detailed medical information to emergency department staff. Keep information about medications, chronic diseases, allergies and insurance in your wallet in case of an emergency when you are not at home - like a fall crossing the street - not just in your cell phone, which can be lost or stolen, or in your emergency “Go Bag”.

Be prepared for a long wait

If you arrive alone, call your health buddy and ask them to keep you company. If all Emergency Department staff are busy caring for patients with more serious conditions, they may not be able to review test results with you as quickly as you would like.

Inquire about your “Status” – will you be admitted to the hospital, or stay as an outpatient in ***“Observation Status” for up to 48 hours?***

If you are being evaluated to rule out a serious illness, such as a myocardial infarction, you may be transferred from the Emergency Department to an “Observation Unit.” This is not considered a hospital admission.

Medicare patients must receive formal notice of their prolonged stay in an Observation Unit as a hospital outpatient, as this affects eligibility for Medicare payment for services, including transfer to a skilled nursing facility. More information is found here:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9935.pdf>

Ask if all Emergency Physicians and Specialty Consultants are part of your insurance network

Even if the hospital participates in your insurance plan, individual physicians may not. Before a specialist is called to see you, confirm whether or not they accept your insurance. If not, ask that an in-network physician be contacted.

Speak Up

Ask the staff what is needed to address your current medical issue, and when they will be able to update you on progress. If you have a non-medical issue, such as inability to take care of a family member while you are at the hospital, ask to speak with a social worker.

Have your discharge plan in hand before leaving the emergency department

Your discharge plan should include written instructions about the treatment you received and any needed follow-up care. It should describe medications prescribed, care for wounds or injuries, and any specialists who should be contacted for further care, such as an orthopedist or plastic surgeon.

Useful Web-based Resources

Information on Doctors

- <https://www.nydoctorprofile.com/> Detailed information on every doctor licensed by NY State, including any medical malpractice actions. Maintained by the NY State

Health Department, but some information supplied directly by the doctor could be out of date.

- <https://apps.ama-assn.org/doctorfinder/home.jsp> Information on over 80,000 individual physicians compiled by the American Medical Association, but data displayed on doctors who are not members of AMA is limited.
- <http://Nymag.com/bestdoctors> Doctors selected based on a peer review survey. It links to the <http://www.castleconnolly.com/doctors/index.cfm> which includes additional NYC area doctors. All are excellent doctors, but be aware that, due to their professional reputations and success, it can be difficult to get an appointment and not all insurances may be accepted.
- <https://projects.propublica.org/surgeons/> Historic Medicare complication data for several elective procedures. Review after preparing a “short list” of potential surgeons,

Information on Hospitals and other Healthcare Facilities in your Area

- <https://profiles.health.ny.gov/> Quality and safety information on New York's hospitals, nursing homes, home care agencies, and hospices.
- <https://qualitycheck.org> Comprehensive listing of health care facilities and organizations, and reports on their quality from the Joint Commission on Accredited Health Care Organizations.
- <https://www.medicare.gov/hospitalcompare/search.html> Compares the quality of care at hospitals according to outcomes of medical conditions and surgical procedures.

Information about All Components of the Continuum of Care: In-Home, In-Hospital, or in Other Facilities

- nextstepincare.org 30 downloadable guides for patients and their caregivers about all aspects of healthcare services. For example, the Home Care Guide includes questions to ask before hiring a home health aide.
- <https://www.caregiver.org/> National Center on Caregiving - Family Caregiving Alliance - services and support for families and caregivers.
- health.state.ny.us/professionals/patients/discharge_planning a discharge-planning guide prepared by the NYS Department of Health.

Reliable Sources of Information on Diseases and Health Conditions

- healthfinder.gov A gateway to reliable consumer health information from the federal government and other organizations.
- <https://www.nia.nih.gov/health/topics> - National Institute on Aging
- <https://www.aarp.org/health/conditions-treatments/> - AARP Health Center
- <https://www.mayoclinic.org/diseases-conditions> - Mayo Clinic

Looking up a condition before a doctor's appointment can help you determine what questions to ask your doctor, but web browsing is never a substitute for in-person medical diagnosis and care.

Websites that Offer Products, Aids, and Devices for Mobility and Safety

NYC retail stores that deliver Durable Medical Equipment:

- <http://www.chateaudrugandhomecare.net>
- <http://neergaardpharmacies.com/contact/>

Additional resources:

- <https://www.activeforever.com/>
- <https://www.rehabmart.com/>

Health Profile Template

Download this form and fill it out. Keep it in your wallet for instant reference, put it in your Health Emergency “Go Bag”, and post it in on your refrigerator.

YOUR NAME

ADDRESS

DATE OF BIRTH

EMERGENCY CONTACTS (Name, Phone #, relationship)

Your health care agent (Name, Phone #)

Attach a copy of your **Health Care Proxy Form**

INSURANCES

PRIMARY INSURER (Name & Number):

SECONDARY INSURER:

PRESCRIPTION INSURER:

DENTAL INSURER:

PROVIDERS

PHARMACY (Name, Address, Phone #)

PREFERRED HOSPITAL (Name & Address)

PRIMARY CARE MD (Full Name, Address, Phone #)

SPECIALIST MDs MANAGING CHRONIC HEALTH CONDITIONS
(Full Name, Address, Phone #/what condition)

BLOOD TYPE

MEDICATIONS

List all Prescription Meds here

Include Name, dose, route, frequency, and date first prescribed

OR complete and attach this form to your Health Profile:

http://www.ntocc.org/Portals/0/PDF/Resources/My_Medicine_List.pdf

List non-prescription medicines, vitamins, and nutritional supplements here

ALLERGIES

List any medications (prescription and non-prescription), foods, latex or other environmental substances that trigger allergic reactions, and what happens

HOSPITAL ADMISSIONS or SURGICAL PROCEDURES IN PAST YEAR

(Date/Facility Name/Diagnosis or Procedure)

CURRENT DIAGNOSES/ HEALTH CONDITIONS (check all that apply)

- ◆ Anxiety Disorder ◆ Diverticulitis ◆ Kidney Disease ◆ Arthritis ◆ Fibromyalgia
- ◆ Kidney Stones ◆ Asthma ◆ Gout ◆ Leg/Foot Ulcers ◆ Bleeding Disorder
- ◆ Has Pacemaker ◆ Liver Disease ◆ Blood Clots ◆ Heart Attack ◆ Osteoporosis
- ◆ Cancer – what type? _____ ◆ Heart Murmur ◆ Polio ◆ Coronary Artery Disease
- ◆ Hiatal Hernia or Reflux Disease ◆ Pulmonary Embolism ◆ Claustrophobia
- ◆ HIV or AIDS ◆ Reflux or Ulcers ◆ Diabetes – Insulin ◆ High Cholesterol ◆ Stroke
- ◆ Diabetes – Non-Insulin ◆ High Blood Pressure ◆ Tuberculosis ◆ Dialysis ◆
- ◆ Overactive Thyroid ◆ Hypertension ◆ Memory Issues - Dementia
- ◆ OTHER – describe _____

SENSORY/MOBILITY ISSUES

- ◆ Hearing Impairment ◆ Vision Impairment ◆ Difficulty walking
- Method of correction _____

SIGNIFICANT PRIOR ILLNESSES AND SURGERIES

MEDICAL IMPLANTS/PROSTHESES

- ◆ Hip ◆ Knee ◆ Pacemaker ◆ Heart Valve ◆ Dental /Bridge/Denture
- ◆ Other -

REVIEW AND UPDATE THIS INFORMATION REGULARLY

Especially when you receive a new diagnosis, have a hospital stay or surgical procedure, or your medications are changed.