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*Healthcare Advocates*



**Preparing for Your  
Hospitalization**

# A Message From the President .....

Let's face it, no one likes being hospitalized—even if it's for something as joyous as having a baby. That's why *Healthcare Advocates* created this informative booklet. It's designed to take away some of the worry that comes with being hospitalized by answering questions, informing you of your rights, and letting you know what you can expect from everyone around you who wants to see you get better.

Part of easing your mind about hospitalization comes from being prepared for it. This booklet tells you what you need to do before admission to the hospital. It gives you a run down of questions to ask of those who will be caring for you. And it gives you the information you need to stay in control of your own care and recovery in true partnership with your doctor and other medical personnel.

If you're getting ready for a trip to the hospital, read this booklet now, and then take it with you to the hospital. Feel free to share it with family and friends who also have an interest in your health and well-being. And by all means, use it as a resource for working with your doctors and other care givers who all share one common goal—to make you well.

Sincerely,



**Kevin Flynn**  
**President**

***Legal note:***

This booklet is for informational purposes only. The true authority in your hospitalization is your physician and the hospital's staff. Be sure to notify your physician and hospital staff of any problems as they are your partners in your recovery. *Healthcare Advocates* accepts no liability for the actions you take as a result of the information contained in this booklet.

# Before You Are Admitted to the Hospital:

Make sure your physician has explained the natural history of your ailment, including:

- a) Alternative treatment plans and options
- b) Long-term and short-term effects of the procedure and whether it is palliative or curative
- c) Morbidity and mortality rates (death and complication rates)
- d) All physical and emotional side effects
- e) Rehabilitation program
- f) Dietary considerations

Make sure your physician or nurse has explained what you need to do before the procedure. Some examples might be:

- a) No food for 12 hours before surgery
- b) No strenuous activity
- c) No aspirin for 10 days

Ask your physician if rehabilitation, specialized nursing or home healthcare will be necessary and, if so, if it will be covered by your health insurance.

Ask your physician, insurance company representative, or physician's office how many days of hospitalization your insurance company allows for your procedure, what happens if complications arise, and who pays for any additional days of hospitalization. If your insurance requires authorization, be sure that your insurance company has approved the procedure.

Ask the hospital what the nurse-to-patient ratio is on your floor and how that ratio compares to other local hospitals. The higher the nurse-to-patient ratio, the more attention you will receive from the nursing staff.

Ask the hospital what the nosocomial (hospital-caused) infection rate is and how it compares with other hospitals in your area.

Ask the hospital if a clinical nursing specialist (CNS) or physician's assistant will be assisting in the procedure and, if so, whether or not that person will be taking part in your treatment and/or follow-up care.

Ask your physician if your insurance company's payment will be accepted as payment in full. If not, what are the additional charges?

**Ask your physician how many years he or she has been treating patients with your condition(s) and what is his or her success rate?**

**Research your physician's credentials:**

- a) Is your physician board-certified in this type of medicine?**
- b) Is your physician in good standing with the hospital?**
- c) Where did your physician do his or her internship and residency?**
- d) What schools did your physician attend?**
- e) Has your physician kept current and attended seminars recently for this type of procedure?**

**NOTE: A physician referral system can often answer most of these questions for you free of charge. Contact your hospital or look in the yellow pages under "physician" for a physician referral number.**

**Ask your physician what you can do to guard against infection after surgery.**

**Ask your physician who will do the surgery: the physician, a resident, or some other specialist? Feel free to demand that your surgeon perform the procedure.**

**If you participate in an HMO and your physician has referred you to a specialist, ask him or her about the qualifications of this specialist. Also ask if there are other specialists he or she would recommend.**

**Some HMOs restrict participating physicians from offering treatment plans not approved by your HMO. For instance, if you have an ailment for which there are currently five different treatment options, but your insurance covers only two, your doctor might inform you of only those two options. Ask your physician if he or she is under any such restrictions. Ensure that your physician explains all the alternatives regardless of whether they are covered by your insurance or not.**

**Be sure to:**

**Inform your physician of the following:**

- a) Medications or drugs you are currently taking**
- b) Medical, food or other allergies**
- c) Concerns you may have**
- d) Past illnesses or surgeries not previously mentioned**



Investigate your health insurance procedures and requirements before receiving any medical procedure, even if covered by Medicare and Medicaid. Some health insurance plans require second opinions and other authorizations before coverage of a medical procedure is granted.

Prepare a written list of all your questions before seeing your physician so that you may thoroughly explore your concerns.

Verify that your hospital is in good standing by contacting the Joint Commission on Accreditation of Healthcare Organizations at (630) 792-5000.

*U.S. News and World Report* publishes America's Best Hospitals, and the Department of Health in your state has a wealth of information. In addition, contact physicians in your area. They will be able to help you make a decision about your physician and hospital.

Leave all jewelry (including wedding rings) and valuables at home. Take only enough cash to satisfy your needs.

Bring a signed copy of your living will or advanced directive to the hospital in the event of unforeseen complications.

## While You are in the Hospital:

Before receiving an injection or IV drip, or before taking medication, remember to ask the nurse or physician the following (remember to do this every time):

- a) Is this medication meant for you?
- b) What medication are you being given?
- c) Why is the medication being given?
- d) Is the dosage correct?
- e) Will the medication conflict with any other medications? Be sure to tell your physician of every medication you take while at home.
- f) How many hours will you be receiving IV medication?

If you are given an IV drip, look at the IV lines from time to time to make sure they have not become tangled or disconnected. If you are unable to do this, have a friend or relative help you.

If you see blood in the IV needle site, alert the nurse. Also, note any swollen or reddened areas around the IV needle site. This may indicate that the IV is not properly seated or that the area may be infected.

If you are being monitored or have any equipment that relies on electricity, be sure to check the electrical outlet on occasion to be sure that you did not disconnect the plug by moving around. This equipment has a battery backup and a built-in alarm in the event such an incident occurs. Nevertheless, keep alert for these occurrences.

If you are on a special diet, be sure to inspect the meal that the hospital has given you to be sure it meets your dietary needs. If your meal conflicts with what your physician has prescribed or recommended, notify your nurse immediately and request a consultation with the dietitian/nutritionist.

Before allowing anyone to touch or examine you (including relatives), make sure they have washed their hands and are wearing protective gear. Often, infections are caused by person-to-person contact.

If you have been catheterized, be sure to check the bag for urine from time to time to ensure that it is flowing properly.

**Keep In Mind:**

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Your doctor is your partner, not an authority figure. You are a team working together toward your full recovery.

If you are financially able, hire a private duty nurse to care for you at night. Private duty nurses stay at your bedside and care for only you. In addition to the added care, they often help patients feel better and more relaxed about their hospital stay. Your hospital should be able to provide a nurse for you at a reasonable rate.

Always get a second opinion for surgical procedures. Reports indicate that a large percent of operations are unnecessary.

If your hospital stay will be brief, make arrangements for somebody to pick you up from the hospital prior to your admission to the hospital.

From volunteers to the chief surgeon, many hospital staff wear white lab coats or scrubs. Hospitals have made this change in order to create a sense of unity and to promote team work and pride amongst the staff. While these changes make it difficult for a patient to identify who is who, reading a worker's name tag or badge, or asking about his or her job in the hospital will help you identify care givers and their positions.

When you are hospitalized, do not be afraid to request medications, ask questions, or speak with the hospital staff. Be assertive when communicating your needs. Remember,

however, to always be polite, respectful, and appreciative of the staff. The better the relationship you can develop with the hospital staff, the better experience you will have at the hospital.

Although you may not be feeling your best, you can show your appreciation to the hospital staff by keeping a bowl of candies and a few pieces of fruit on your night table. Make sure the staff understands the candies and fruit are for them. Invite them to help themselves.

### **Your Rights:**

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You have the right to contact *Healthcare Advocates* at any time and request their assistance to resolve problems and concerns.

Let your nurse know if you have any pain. Pain management is a large part of a medical staff's responsibility.

Do not be afraid to take pain medication. It is more important for you to lower your pain and be able to move around than it is to be unable to move due to the pain.

In the back of this booklet you will find *A Patient's Checklist*, written by the American Civil Liberties Union. This is a simple and clear overview of everything you should know when being treated. If you do not want to use this booklet as a reference tool when speaking with your physician, use *A Patient's Checklist*.

On the last page of this booklet you will find *A Patient's Discharge Checklist*. This checklist, developed and supported by *Healthcare Advocates*, could be a very valuable part of your hospitalization. Today's healthcare system is pressuring physicians to discharge patients as quickly as possible. While being discharged quickly does not mean a patient is receiving sub-standard care, *Healthcare Advocates* does not want to take any chances with its members. This checklist is designed to ensure that you will not be discharged prematurely.

In the back of this booklet you will find a sample copy of a *Hospital's Standards of Care*. Please read this document to educate yourself on what is expected of the medical staff, and your rights under a hospital's standards of care. Every hospital has a similar document. Do not be afraid to request any documents prior to, or during, your hospitalization.



# People Who Help While You are in the Hospital:

Hospitals have a wide range of personnel to assist you during your hospital stay. Below, you will find a listing of personnel. While reviewing the list, please keep in mind that not every hospital employs every one of these positions; sometimes the social worker works as the patient advocate, and so on.

- **Clinical Nursing Specialist (CNS):**  
A clinical nursing specialist is a nurse with a master's degree. This person has a specific area of expertise and often follows the patient along with the doctor. He or she is an excellent resource for questions and concerns.
- **Discharge Planner:**  
The discharge planner's role is to speak with your physician and determine what, if any, additional treatment plans will be needed upon discharge. Some treatment plans may include home healthcare, nursing homes or rehabilitation centers. The discharge planner's role is to make sure your transition from the hospital to your next treatment phase goes smoothly. Sometimes, a social worker or case manager assumes this role.

- **Nurse Manager:**  
The nurse manager is in charge of the nursing staff and all activities within the unit. Address any concerns with him or her.
- **Pastor:**  
Most hospitals have a pastor or other religious personnel available to their patients to assist both the patient and the family in dealing with your hospitalization. These services are free.
- **Patient Advocate (representative):**  
Many hospitals have a patient advocate. This person's role is to work with you in resolving any problems you may be experiencing.
- **Psychological Services:**  
Many hospitals have psychological services available to patients and their families. This service is designed to help you or your family work through any emotional pain you may be experiencing.
- **Volunteer Services:**  
The hospital's volunteer services can be extremely helpful at times. In addition to bringing around snacks, they offer companionship during your stay.

# A Model of a Hospital's Standards of Care

## **Each patient can expect:**

1. To receive an orientation to the hospital that explains the room, care, environment, and applicable policies, procedures, and expectations.
2. To have nursing care managed by a registered nurse.
3. To be assessed for care needs including physiological, emotional, educational, and safety, as well as potential needs after discharge.
4. To have an individualized plan of care formulated from the initial assessment that will be:
  - implemented by each patient care provider;
  - continuously evaluated and revised as necessary.
5. To receive such care on a daily basis:
  - personal hygiene, including bathing, mouth, skin, and hair care;
  - range of motion as needed;
  - a clean, safe and orderly environment;
  - provisions made for privacy, rest, and sleep;
  - proper positioning and body alignment maintained.
6. To have medications administered according to procedure.
7. To receive prompt response to call light and patient needs.
8. To have nutritional requirements addressed.
9. To have elimination needs addressed.
10. To receive emotional and spiritual support through:
  - the opportunity to verbalize fears and concerns;
  - reassurance from care providers;
  - referral to appropriate support services.
11. To receive education pertinent to care needs which includes:
  - an explanation of all treatments and procedures;
  - self-care measures;
  - discharge instructions.
12. To have life-threatening conditions treated immediately.
13. To have patient information maintained in strict confidentiality.

# A Patient's Checklist

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1. I know the name and nature of my injury, illness, or disability, and know what the dangers or disadvantages of not treating it are.
2. I know the nature of the procedure which is recommended for the specific purpose of dealing with my problem.
3. I know whether or not there are other ways of treating my problem, and if there are, I have been told of the risks and benefits of these other procedures. I believe that the procedure proposed is the best one for me.  
I know what the advantages and benefits of this procedure are.
4. I know what the risks, disadvantages, and side effects of this procedure are.
5. I know what the probability of success is.
6. I know what is likely to happen if I am not treated.
7. I understand all that I have been told, and I can explain the procedure in my own words.
8. My doctor has answered all of my questions openly and has offered to discuss any additional concerns with me.
9. I understand the meaning of all the words in the consent form.
10. I agree to everything in the form I signed and have crossed out things I did not agree with (or added in some new requirements), and my doctor is aware of these changes.
11. I know the identity and qualifications of the person or persons who will be performing this procedure.
12. I have a clear head and alert mind, and I am not so anxious or so harassed that I feel my decision is not my own free choice.
13. I think that the benefits I might get from this procedure are sufficiently important to me to outweigh the risks I am taking.
14. I know I do not have to consent to this procedure if I do not want to.

# A Patient's Discharge Checklist

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Please spend a few minutes with your physician and have him or her answer the following questions prior to discharge. These questions are designed to ensure you are fully informed prior to leaving the hospital.



1. Have I been given a discharge plan?
2. Have I been informed of any and all complications?
3. When is my follow-up appointment?
4. Am I being discharged prematurely?
5. Have you been pressured into the decision to discharge me?
6. Do I have medically acceptable arrangements to get home?
7. Have you expressed all of your concerns?
8. Have all medications been prescribed?
9. If needed, has rehabilitation, specialized nursing or home healthcare been arranged?
10. Do I have any outstanding charges?



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