

HEALTH & SAFETY: HOSPITALIZATION

“Admission to and Duration of Hospitalization”

BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual’s health and safety and to improving their quality of life. This is the first of three Fact Sheets regarding Hospitalization.

Objectives

Reader will understand actions necessary to facilitate a successful hospitalization.

Definitions

Discharge Planning: Medicare defines discharge planning as, “A process used to decide what a patient needs for a smooth move from one level of care to another.”

Facts

- Hospital admissions can be planned: after surgery, for diagnostic workup or for illness.
- Hospital admissions can also be unplanned: from the emergency room, or after surgery, if further observation is necessary.
- Spending time with a person during their hospitalization will enhance communication and may enhance rapport with facility staff and minimize errors in following the person’s plan of care.
- It is best practice for an assigned person (healthcare coordinator, nurse, QDDP), to maintain routine contact with the hospital staff.
- For planned admissions it is appropriate to begin discharge planning during or prior to admission.

Recommended Actions and Prevention Strategies

1. Planned Admission:
 - Take essential information about the person with you to the hospital including but not limited to a photo ID; insurance information; list of diagnoses; list of medications, dosages, frequency of administration and when last received; allergies; dates of and types of prior surgeries; diagnosed health issue or illnesses; guardianship status; contact information for guardian/Health Care Representative, and Provider. See “Health Record Form” available at the Outreach Services website DDRSOutreach.IN.gov under Outreach Services Resource Material.

- Arrive to the admitting or other designated area at the scheduled time.
- Check in with the receptionist or admitting clerk upon arrival to the facility; introduce yourself and the individual you are accompanying.
- State reason you are there; encourage person to participate as able.
- Discuss accommodations needed in waiting room such as a more private space if such arrangements were not made ahead of time.
- Provide information to the receptionist as requested such as insurance information, photo ID.
- Maintain positive, supportive environment while waiting. Engage the person in preferred activity as needed.
- Alert the receptionist and establish a method for him/her to contact you if need to leave waiting area for any reason.

2. Moving to the assigned room:

- Accompany person to the hospital room and assist the hospital personnel in orienting the person to the room, bed, call system, bathroom, etc.
- Ensure all health and contact information provided during admission is transitioned with the person to the hospital unit.
- Review health related information with hospital personnel and discuss supports that may be necessary.
- Stay with the individual to provide support and assist with communication until admission completed or otherwise directed by hospital personnel.
- Encourage and facilitate communication with the individual. Inform hospital staff of any special means of communication or augmentative communication devices used by the individual.
- Refer the healthcare provider to a contact person in the provider agency, a guardian, and/or to written information if you do not know the answer to the healthcare provider's question.
- Inform hospital personnel of the individual's needs including use of adaptive equipment.
- Discuss whether any equipment or personal items need to be brought from the home.
- Be sure all personal belongings and equipment that has been brought to the hospital has the person's name on it and it is inventoried by the hospital.
- Establish a contact person at the hospital. This may be a nurse, case manager or discharge planner. Inform guardian/healthcare representative and provider contact or healthcare coordinator (HCC) of the name and phone number of that person.
- Discuss the need to be notified ahead of time of any discharge plans.
- Discuss with the contact person the best time of day to call for information and visit the person. Explain that someone will be calling or visiting periodically to follow the person's progress and treatment course. Encourage the hospital staff to call the agency contact person for any problems, questions or concerns.
- Discuss anticipated difficulties or resistance with procedures/examinations with the healthcare provider
- Assist with explanations and provide support for procedures/examinations. This may include providing diversions or requesting shorter, simpler events or steps with breaks in between.
- Assist with transfer and positioning.

3. **DO NOT give verbal or written consent** for invasive procedures—refer the healthcare provider to the guardian or healthcare representative if individual cannot give own consent.
4. Ask hospital staff to keep you informed, ask what tests or procedures are being ordered/ performed and request the results of those tests.
5. Keep Guardians/Healthcare Representatives and agency personnel informed of the recommendations and actions while at the hospital.
6. Assist in supporting the person but **do not give the person any medication or anything to eat or drink** without hospital personnel’s assistance and guidance.
7. Document all events that occur during hospitalization, including all tests performed and all conversations with hospital staff (identify staff by name and title) and record per agency policy upon return to the home.
8. Keep a notebook with a pocket folder in the room for note taking and storing information, phone numbers, business cards etc. that are provided during hospitalization.
9. It is recommended that a familiar staff person be with the person during waking hours or at least some period of time daily to assist with facilitation of care and communicate regarding the status of the person.
10. Phone calls should be made daily at a specified time by the healthcare coordinator in order to stay abreast of the person’s condition and physician’s recommendations, treatment and testing. (see Hospital Call Log at www.IN.gov/fssa/ddrs.4066.htm)
11. Plans for discharge should be discussed during the admission process. Establish a contact person to assist with discharge plans; explain the need to ensure appropriate supports and training are in place in the home prior to discharge. (See Fact Sheet “Managing Hospitalizations: After Discharge”).
12. **If at any time there is a concern regarding the care of the person or the status of the person’s health, notify the hospital personnel and your supervisor, nurse or guardian of your specific concerns.**

Learning Assessment

Questions that can be used to verify a person’s competency in the material contained in this Fact Sheet:

1. It is appropriate to do all of the following during hospitalization except:
 - A. Assist with positioning a person
 - B. Voice a concern regarding a person’s health
 - C. Give consent for a procedure
 - D. Bring needed adaptive equipment
2. True or False: Discharge planning should wait until the person is ready to come home.
3. You should establish with the hospital:
 - A. When is the best time to call
 - B. When is the best time to visit
 - C. Who is the person to talk to when you call
 - D. All of the above

References

“A Family Caregivers Guide to Discharge Planning”
www.caregiving.org/pubs/brochures/familydischargeplanning.pdf

Related Resources

National Alliance for Caregiving www.caregiving.org

United Hospital Fund www.uhfny.org

Hospitalization Series Fact Sheets: “Preparing for Discharge” and “After Discharge”

Hospitalization Series Checklists: “Admission to and Duration of Hospitalization”, “Preparing for Discharge”, and “After Discharge”

Outreach Services Form: “Hospital Contact Record”

Learning Assessment Answers

1. C
2. False
3. D

Outreach Services

outreach@fssa.in.gov • DDRSOutreach.IN.gov

As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit DDRSOutreach.IN.gov.



Indiana Family & Social Services Administration
Division of Disability & Rehabilitative Services
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