

The Hazards of Hospitalization: Ways to Avoid Preventable Issues and Readmissions

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One of the best advances in medicine over the past 100 years is our ability to provide state-of-the-art technologic procedures and treatments that improve people's lives and longevity. For some, this requires being admitted to the hospital. You may have the expectation that if you went into the hospital for surgery, a procedure, or treatment, you would improve enough to leave, hopefully better off than before you arrived.

For the elderly, however, hospitalization itself can result in worse outcomes — even when the original issue is repaired or cured. In fact, it can result in complications that have nothing to do with the problem that caused the hospital admission in the first place. Some of these complications are explainable and unavoidable, but others are simply preventable.

Hospitalization Takes a Toll on the Body

Normal aging brings a host of bodily changes: Reduced muscle strength and lung capacity, lower bone density, and altered appetite and thirst, to name just a few. Of course, all of our organs age as we do, but we often don't see the result of their decline until our body is under stress. And hospitalization — with its inherent bed rest and sensory deprivation — is a *huge* stressor. Add in any of these factors, and a vulnerable elder may be thrust into a state of irreversible functional decline by a hospital stay. Let's put it this way: Your average 85-year-old does not deal with pneumonia the way your average 35-year-old does. In fact, these days, average 35-year-olds with pneumonia might not even be admitted to the hospital. But, even if admitted, it is

unlikely they would suffer from the same added stressors that a frail elder may face: Cognitive impairment, weight loss, increased risk of infection, risk of fall, constipation, or urinary incontinence. Providers nowadays understand that these factors contribute to a cascade to dependency, which occurs when an older adult's normal aging decline combines with immobility and results in irreversible changes, both to the body and mind. Thus, hospitals spend a lot of time and energy trying to avoid these factors by deemphasizing bed rest, removing hospital bed rails, actively facilitating ambulation (walking/wandering) and socialization, and having an interdisciplinary team of caregivers who focus on discharge planning from the first day the patient arrives at the hospital.

The Cost of Hospitalization

Clearly, being in the hospital can be physically and emotionally stressful for a patient — it is also extremely costly both from a monetary and outcomes perspective. Gone are the days when an expecting mother goes to the hospital to deliver a baby without complications and stays for ten days. We now realize it isn't practical for patients to spend added time in the hospital for recovery and recuperation. First, it puts the patient at risk for more of the hazards of hospitalization. Second, it isn't cost-effective. So, for decades, hospitals have tried to move patients to more appropriate sites of care (such as rehabilitation hospitals or skilled nursing facilities) or send them home with in-home care rather than extend their hospital stay.

Either way, discharging patients from the hospital is a complex process that is fraught with challenges. To give you a sense of the scope of the problem: More than 36 million people are discharged from a hospital in the United States annually. Three-quarters of these folks will go home, and the remaining 25 percent will go to an alternate site of care first. Almost half of those discharged are Medicare members and of those Medicare members, nearly **20 percent are readmitted to the hospital within 30 days**.

A Shared Goal: Reducing Preventable Hospital Readmissions

The Centers for Medicare & Medicaid Services (CMS) and anyone else concerned with health care reform, including doctors, hospitals, and insurance companies, consider this an unacceptable rate of readmission. As such, it has become a targeted priority for us all to decrease.

In 2012 CMS began penalizing hospitals that have excessive readmissions; and in 2017 CMS started grading health insurance companies on how successfully they prevented readmissions within 30 days of discharge for their members.

One way we are working to lower the rate of readmissions is by understanding, and then minimizing, the preventable causes of readmission. These include inadequate discharge support, insufficient follow-up with the doctor, adverse drug reactions, therapeutic errors, complications following procedure, infections acquired in the hospital, pressure ulcers, and falls.

Planning for an Unexpected Hospital Stay

As a patient, there are steps you can take ahead of time to prepare yourself if your hospitalization is scheduled. But what if you have an emergency? As a physician, I

always recommend that people keep an emergency hospital bag on hand for those times when they may need to be in the hospital. Your emergency hospital bag should include:

- 1 Copies of your identification cards (driver's license or photo ID)
- 2 Copies of your insurance cards
- 3 The name and telephone number of your doctors
- 4 A list of your current medications
- 5 Telephone contact information of your family
- 6 Your Living Will or Durable Attorney for Health Care

Pro Tip 1: The reason I say "copies" is because it is very easy to lose track of things in the hospital. *Never* bring anything valuable to a hospital if you can avoid it.

Pro Tip 2: Consider bringing items to help you sleep, such as a sleep mask or ear plugs (just like you would for an airplane ride). Hospitals can be noisy and bright 24/7.

Stay Informed During and After Your Stay

Let's be honest — life can be hectic, and no one expects to be admitted to the hospital. So, if you aren't exactly prepared, don't fret. The National Patient Safety Foundation has developed a simple model of patient materials called ASKMe3, which will be helpful if you are admitted. ASKMe3 consists of three simple questions to ask when staying in the hospital:

- 1 What is my main problem? (Translation: Why am I in the hospital?)
- 2 What do I need to do when I leave? (Translation: How do I manage at home? Do I have medication to pick up at a pharmacy? What should/can I do to avoid being readmitted?)
- 3 Why is it important for me to do these things?

You can ask your nurse or doctors these questions every day if you wish, but it is *most* important to ask them and understand the answers at least once before you leave.

The Effort is Worth It

You go to the hospital to be cared for, and it can be taxing to take care of every detail alone. If you can, ask a loved one to be your eyes and ears while you are there. The hospital has immense resources to help take care of you and avoid you having to return for another admission, so don't be afraid to ask questions. A wonderful resource in addition to your doctors and nurses is the case manager or social worker on your floor. And, by the way, if you move to a skilled nursing facility or rehabilitation hospital, treat your stay the same way you would a hospital stay — ask questions! When you leave, be sure to review and understand your discharge papers and bring them with you when you see your doctor after you return home.