



# Managing a hospital visit

By Carol Edwards

For most members of the public, a trip to the hospital is like being thrust into a foreign country without the guidebook! We don't know the language, are dependent on the healthcare professionals and just hope for the best.

However, the first priority for a family caregiver of an aging loved one is usually to avoid hospitalization as much as possible. This becomes increasingly difficult with complex medical conditions or emergency situations, but not impossible.

For family caregivers, the burden of care can be onerous. Achieving the cooperation of their loved one or siblings may be a challenge, but many hospitalizations can still be avoided if a proactive approach is adopted through a partnership between family, elder and community-based health professionals.

### *When there's an emergency*

Nevertheless, for many of us, a 911 call and a trip to the emergency room will be a reality. In 2008–2009, Ontario seniors visited emergency departments 960,000 times—an increase of

100,000 visits over five years.

When you do need to dial 911, the ambulance will arrive very soon after the call so be prepared with the following:

- Make a list of medications (or put the medication bottles in a bag), including over-the-counter medications and supplements.
- Write down your loved one's medical history and details of current conditions.
- Always have the most suitable family member or the care provider accompany your loved one to the hospital. Having a person present who can give, receive and interpret information is extremely important for the outcomes.
- Consider what you want to happen in a life-threatening situation. You will always be asked such questions while in the emergency department.
- Be prepared to act as an advocate for your loved one. This means asking active questions and not being a passive bystander.
- Find out which hospital your loved one is being taken to and don't be afraid to ask for the hospital of your choice.

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### **In the emergency department**

When you reach the emergency department, you will usually undergo a very stressful and prolonged experience with endless waiting. Plan for at least five hours from the time of arrival to completion. It's the waiting for attention that generally wears out the average family member.

While the emergency department is a necessary evil, it's not really the best of environments for the elderly.

While assessment and initial treatment is usually timely, it often exhausts and disorients the elderly person. Staff are working on a purely "pass-through" treatment basis and rarely have time to attend to the "waiting needs" of the elderly while they are tackling other, high-priority patients. This is not good, but is nonetheless a reality. Keep an eye on your loved one yourself. Does he or she need assistance with toileting, require food or medication, or feel scared or lonely?

The power of attorney (POA) role is important in this environment because the elderly person requires active "advocacy." In fact, it often takes special skills and experiences to navigate hospital care and the POA or his or her designate will need to be on the lookout for the elderly person's well-being.

### **When admission is inevitable**

Please don't dither over this one! Since families cannot be present 24/7, the best option is to obtain personal support worker (PSW) care overnight for their loved one. A well-suited PSW knows when and what to report on a timely basis to care managers, the hospital nursing staff and family members.

It is exceptionally difficult to be available at all times for medical updates, but it's essential to understand the details of what you're being told and to prepare for your loved one's discharge.

Family members can ask for a staff meeting, but most don't know this is an opinion. A meeting can help the family and elders understand the treatments, risks and outcomes of their condition and subsequent care.

While in the hospital, it is important to access specialists such as gerontologists, who

can review the medication mix and perform cognitive assessments. This is the time to access referrals with the CCAC for homecare services and physiotherapy. I also recommend that a follow-up appointment is made, post discharge.

### **Risk factors in the hospital**

A hospital visit poses a number of risks for the elderly. Become friends with your primary nurse so he or she will create more time to answer your questions. On that note, keep a notebook and pen by the bed to record every medication, including the shape and colour of each pill, and to write down questions for the doctor before you forget them. As silly as it seems, if surgery is necessary, mark the body part to be operated on; mistakes are made every day.

To prevent the spread of disease and superbugs common to hospitals, watch that doctors, nurses and anyone else entering the room washes their hands and puts on a clean pair of gloves. Ask visiting family and friends to do the same or use a hand sanitizer upon entering.

### **Discharge planning**

The trick with a hospitalization is to not rush out, but not stay too long—a difficult judgment call. A geriatric care manager can give guidance on this issue, since often even attending physicians are mandated to discharge promptly post-treatment.

Contrary to most families' expectations, discharge is not a "drive-by" pick-up situation!

Even a relatively short hospitalization is a significant event for an elderly person, and lessons must be learnt and preventative strategies incorporated in the care and recuperation routine.

Sometimes, post fractures, strokes and even cardiac surgery, a rehabilitation facility may be recommended. This is usually well received by the family.

Here are your discharge planning instructions:

- Request a meeting with the CCAC discharge planner to discuss homecare and other professional services such as physiotherapy.
- Speak to the physician about the results of treatment, and future care and follow-up visits.
- Speak to the nurse about care requirements.
- As required, a dietitian, physiotherapist, speech-language pathologist and occupational therapist should all provide discharge instructions. In fact, any service that has been involved

## **Do**

It's best to pack as little as you can for a hospital visit.

Be sure to bring:

- ▶ Medicines, both prescription and over the counter
- ▶ Nightclothes, bathrobe, sturdy slippers
- ▶ Comfortable clothes to wear home
- ▶ Deodorant and razor
- ▶ Toothbrush, toothpaste, shampoo, comb and brush
- ▶ Important telephone numbers

## **Don't**

For security reasons leave the following at home:

- ▶ Jewellery including rings, necklaces and earrings
- ▶ Watch
- ▶ Cash and credit cards
- ▶ Other valuables like iPods and cell phones

Source: [medicinenet.com](http://medicinenet.com)

during the hospitalization should give a debriefing prior to discharge.

- Most importantly, speak to the physician about medications for discharge, and be sure to get a written report of the discharge summary and a complete list of medications for the family to follow and for the pharmacist to dispense immediately. Be sure that your loved one's GP—as well as any other specialists or a geriatrician—are copied on the discharge summary, and any blood results and medication changes.
- Make sure that you have all the required services and equipment ordered prior to discharge and know the date and time of their arrival.
- If needed, this may also be the time to access palliative care in the community.

Remember, it is impossible to retrace your steps after discharge. The sooner you get your hands on this information, the more complete your preparation for discharge will be. Needless to say, geriatric care managers are skilled in this area, ferreting out all the minute details and coordinating equipment, medications and care requirements. This may include private assistance in the home post-discharge.

I recommend a family meeting with all members of the healthcare team present, in preparation for discharge, to establish details and set everything up for the family and their loved one to function effectively at home. This can ensure that further hospitalization is avoided. It is well worth the effort and the cost, and is time-saving in the long run.

For non-medical emergencies and scheduled surgery of the elderly, plan ahead and follow all of these recommendations, if possible arranging 24/7 coverage in hospital.

### *At the end of the day*

Hospitals are a challenging environment for elderly people, their families and even professionals. It is very difficult to cover all the necessary bases when hospitalization is an emergency. But by following these guidelines, and bringing in outside help as necessary, families can ensure the best outcomes for their loved ones. ●



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