



## Admission to and Duration of Hospitalization

BQIS 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 document provides general information on the topic and is not intended to replace team assessment, decision making or medical advice. This is the first of three Fact Sheets regarding hospitalization.

### Intended Outcomes

Reader will understand actions necessary to help make a hospitalization a success.

### 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 work-up, 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 individual during their hospitalization will help communication and relationships with facility staff and minimize errors in following the individual's plan of care.
- It is best practice for an assigned person (health care coordinator (HCC), nurse, Qualified Intellectual/Developmental Disabilities Professional (QIDDP)) 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:
    - photo identification (ID)
    - insurance information
    - list of diagnoses
    - list of medications, dosages, frequency of administration, and when last received



# HEALTH & SAFETY: HOSPITALIZATION

## FACT SHEET

- 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 <http://www.in.gov/fssa/ddrs/4247.htm>.)
2. 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 the reason you are there; encourage the individual to participate as able.
  - Discuss accommodations needed in the 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 and photo ID.
  - Maintain a positive, supportive environment while waiting. Engage the individual in preferred activity as needed.
  - Alert the receptionist and establish a method for him/her to contact you if you need to leave the waiting area for any reason.
3. Moving to the assigned room:
- Accompany the individual to the hospital room and assist the hospital personnel in orienting the individual to the room, bed, call system, bathroom, etc.
  - Make sure all health and contact information provided during admission is transitioned with the individual 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 is completed or otherwise directed by hospital personnel.



# HEALTH & SAFETY: HOSPITALIZATION

## FACT SHEET

- Encourage and help the hospital staff to communicate with the individual. Inform hospital staff of any special means of communication or augmentative communication devices used by the individual.
  - Refer the health care 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 health care 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 is inventoried by the hospital.
  - Establish a contact person at the hospital. This contact person may be a nurse, case manager, or discharge planner. Inform the guardian/health care representative and provider contact or 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 individual. Explain that someone from the provider organization will be calling or visiting periodically to follow the individual's progress and treatment course. Encourage the hospital staff to call the agency contact person for any problems, questions, or concerns.
  - Discuss challenging situations that may come up with procedures/examinations with the health care provider.
  - Assist with explanations and provide support for procedures/examinations, which may include providing diversions or requesting shorter, simpler events or steps with breaks in between.
  - Assist with transfer and positioning.
4. **DO NOT give verbal or written consent for invasive procedures;** refer the health care provider to the guardian or health care representative if the individual cannot give own consent.
  5. Ask hospital staff to keep you informed, ask what tests or procedures are being ordered/performed, and request the results of those tests.
  6. Keep guardians and health care representatives and agency personnel informed of the recommendations and actions while at the hospital.



## HEALTH & SAFETY: HOSPITALIZATION

### FACT SHEET

7. 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.
8. 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.
9. Keep a notebook with a pocket folder in the room for notetaking and storing information, phone numbers, business cards, etc., provided during hospitalization.
10. It is recommended that a staff person familiar with the individual be with the individual during waking hours or at least some period of time daily, to assist with facilitation of care and communicate regarding the status of the individual.
11. Phone calls should be made daily at a specified time by the health care coordinator in order to stay informed of the individual's condition and physician's recommendations, treatment, and testing. (See "Hospital Call Log" at <http://www.in.gov/fssa/ddrs/4247.htm>.)
12. Plans for discharge should be discussed during the admission process. Establish a contact person to assist with discharge plans; explain the need to make sure there are appropriate supports and training in place in the home prior to discharge. (See Fact Sheet "Managing Hospitalizations: After Discharge.")
13. **If at any time there is a concern regarding the care of the individual or the status of the individual's health, notify the hospital personnel and your supervisor, nurse, or guardian of your specific concerns.**



### Learning Assessment

The following questions can be used to verify a person's competency regarding the material contained in this Fact Sheet:

1. It is appropriate to do all of the following during hospitalization except:
  - A. Assist with positioning the individual
  - B. Voice a concern regarding the individual's health
  - C. Give consent for a procedure
  - D. Bring needed adaptive equipment
2. True or False: Discharge planning should wait until the individual 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 caregiver's guide to hospital discharge planning. National Alliance for Caregiving and the United Hospital Fund of New York. Retrieved 07/20/2015 from <http://www.caregiving.org/pdf/resources/familydischargeplanning.pdf>.

Guidelines for a hospital stay for patient, family & caregiver. National Transitions of Care Coalition. Retrieved 07/20/2015 from [http://www.ntocc.org/Portals/0/PDF/Resources/Hospital\\_Guide.pdf](http://www.ntocc.org/Portals/0/PDF/Resources/Hospital_Guide.pdf).

Hospital discharge planning: A guide for families and caregivers. Family Caregiver Alliance: National Center on Caregiving. Retrieved 07/20/2015 from <https://caregiver.org/hospital-discharge-planning-guide-families-and-caregivers>.

### Related Resources

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