

GOING TO THE HOSPITAL FOR AN INVASIVE PROCEDURE



STATE 50th WIDE
ANNIVERSARY
1972-2022
New York StateWide Senior Action Council, Inc

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TEACH IN PRESENTATION

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Today's Teach in Will Cover:

- What are frequent problems (adverse events) that patients may face when undergoing an invasive procedure?
 - Steps you can take to prepare for an invasive procedure.
 - Questions to ask during the pre-admission phase to prepare for treatment.
 - What to do in case there is a problem or if you need to raise a question or concern about a change in a patient's status.
 - How to communicate with hospital staff that will be caring for the patient during their stay.
 - How to use a caregiver's log to track the care of patient during their visit to the hospital.
 - How to file complaints about poor care.
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Who We Are

- New York StateWide Senior Action Council is a grassroots membership organization made up of individual senior citizens and senior citizen clubs, and organizations from all parts of New York State.
- StateWide has a strong history providing outreach and education to senior citizens and their families since 1972.
- StateWide is governed and directed by seniors and advocates for seniors on a grassroots level.



Our Programs

Patient's Rights Helpline

- Toll free number to assist hospitalized and institutionalized patients and their families with their rights.

MCCAP (Managed Care Counseling & Assistance Program) Inform, educate and assist seniors and their families in making the best and most informed decisions regarding their healthcare insurance and RX coverage in NYS.

CALL US FOR HELP DURING OPEN ENROLLMENT!



STATE WIDE
New York StateWide Senior Action Council, Inc

Patient's Rights Helpline
Medicare and EPIC
1-800-333-4374

275 State Street, Albany, NY 12210 • (518) 436-1006 • Fax (518) 436-7642
www.nysenior.org

NYS Senior Medicare Patrol (SMP)

The SMP mission is...

- To empower and assist Medicare beneficiaries, their families, and caregivers;
- To prevent, detect, and report health care fraud, errors, and abuse;
- Through outreach, counseling, and education.



Patients Rights Program

- **Patient's Rights Helpline – 1-800-333-4374** StateWide has a toll-free number to assist patients and their families with their rights. This valuable service was established forty years ago when hospital payment policies began seeing patients discharge quicker and sicker to maximize reimbursement.
 - Consultation to helpline callers on appealing discharges or complaining to CMS or NYS DoH.
 - Monitoring trends in patients' rights to help suggest policy and program changes to improve the systems.
 - Advocating for Consumer Education: Help older persons and family members and aging network professionals stay informed about health care issues, care quality, and patient's rights through monthly Telephone Teach Ins by knowledgeable experts and through presentation to community groups.
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Everyday, Thousands of People Undergo Invasive Procedures

These are therapeutic or diagnostic procedures where the body is pierced.

Some examples:

- knee or hip replacements or other artificial joint insertion
 - removal of a tumor, cosmetic surgery, gall bladder removal, heart bypass surgery
 - coronary stenting or angiograms
 - valve replacement, endoscopies and colonoscopies, radiologic chemotherapy
 - installation of invasive medical devices such as catheters, intravenous lines, PICC lines and central lines, feeding tubes, pacemakers and defibrillators
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Invasive Procedures Always Include Risks

- The medical system works hard to make sure these procedures are successful, and patients are safe.
- Often these procedures are deemed "routine" in that they are done frequently, and the average patient has satisfactory outcomes.
- Such invasive procedures carry risks to the patient no matter how routine they are.
- Sometimes unintended negative events, even death, can occur.



For Seniors, Hospitals are a Very Dangerous Place

According to an Office of Inspector General report:

- More than one in four (27%) of Medicare patients in the United States experience some harm while in a hospital.
- 13.5% experienced adverse events.
- 13.5% experienced temporary harm as a result of their medical care.
- 1.5% of those experiencing adverse events died.

<https://oig.hhs.gov/reports-and-publications/featured-topics/adverse-events/>



In NYS Hospitals Reported a Significant Number of Events

Hospitals often report many of them through the New York Patient Occurrence Reporting and Tracking System (NYPORTS*)

Summary data for 2014-2017 shows:

- NYS averaged over 3.7 million hospital discharges annually (all ages).
- NYS averaged 2,146 adverse events per year during that time.
- In over 5% of the time a reported adverse event occurred.

[*https://www.health.ny.gov/facilities/hospital/nyports/](https://www.health.ny.gov/facilities/hospital/nyports/)

Adverse Events Cause Death

An analysis* done by Johns Hopkins University indicates that Medical errors are the third leading cause of death in US.

- They cause one in ten deaths.
- Over 250,000 deaths per year.
- About 685 people die from these causes each day.

[*https://www.hopkinsmedicine.org/news/media/releases/study_suggests_medical_errors_now_third_leading_cause_of_death_in_the_us](https://www.hopkinsmedicine.org/news/media/releases/study_suggests_medical_errors_now_third_leading_cause_of_death_in_the_us)

Adverse Events Are Expensive

- The OIG determined that the costs to Medicare associated with adverse and temporary harm events totaled an estimated **\$324 million for one month alone.**
- This would equate to an estimated **\$4.4 billion per year.** This does not capture the economic and emotional losses suffered by patients or their families.
- Nearly half (44%) of these events were deemed preventable.



What Can Go Wrong?

- Medication errors that result in patient harm, near death, or death
- A new pulmonary embolism or deep vein thrombosis
- Falls resulting in fractures, hematomas, cerebral contusions, hemorrhages or internal trauma.
- Post operative infections like urinary tract infections, IV line infections, C-Diff infections, MRSA or dangerous responses to infections like SEPSIS
- Operations on the wrong patient or wrong surgical site.
- Incorrect procedures
- Unexpected deaths
- Cardiac or respiratory arrest
- Loss of limb or organs
- Crimes resulting in death
- Suicide or attempted patient suicide
- Elopement resulting in injury or death
- Poisoning
- Malfunctions of equipment during treatment or diagnosis or defective products that adversely affect the patient and result in injury or death
- Unintentionally retained foreign bodies (sponges, guide wires, drill bits, needles, towels, drains, etc.)

Caregiver and Patient Involvement Are Critical

- Good communication between family members and care providers is critical and can improve outcomes and even save lives.
- Family members can play an important role following a procedure as they often may recognize a problem such as unusual behavior, pain, discomfort or a downturn in patient condition before hospital staff.



Care Act (Caregiver Advise, Record & Enable Act)

- Hospitals are required to ask if you have a designated caregiver.
- Caregiver does not have to be a spouse or family member-can be a neighbor or friend.
- The caregiver is entitled to education and information prior to discharge of the patient.
- Important to reduce readmission.
- Hospital can get ok verbally and then in writing. Can assist with HIPPA forms and health care proxy also.

Get Critical Documents in Place

These can be prepared during the before or during pre-admission visit.

- Electronic medical records
 - Obtain access to electronic medical records through the hospital patient portal, provider portal, and the regional record exchange. Record usernames and passwords. Load applications on your cell phone for use at the hospital. If you need help your library may be able to assist.
 - health care proxy
 - living will
 - do not resuscitate orders
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Get Critical Documents in Place

Links for regional exchanges in NYS

<https://www.nyacp.org/i4a/pages/index.cfm?pageID=3760>

Obtain health information releases through HIPAA forms.

- Information about sharing medical information with caregivers:

<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/sharing-family-friends.pdf>

Caregiver Tips for Admission

- Compare care providers (quality/cost).
- Avoid scheduling procedures on Fridays, vacation months, and holidays.
- Know where a surgeon will be after the procedure and get contact information for practice.
- Tell primary care doctor of your plans
- Identify a primary and secondary contact for HIPPA, health care proxy and living wills and any power of attorney designations.



Caregiver Tips for Admission (cont.)

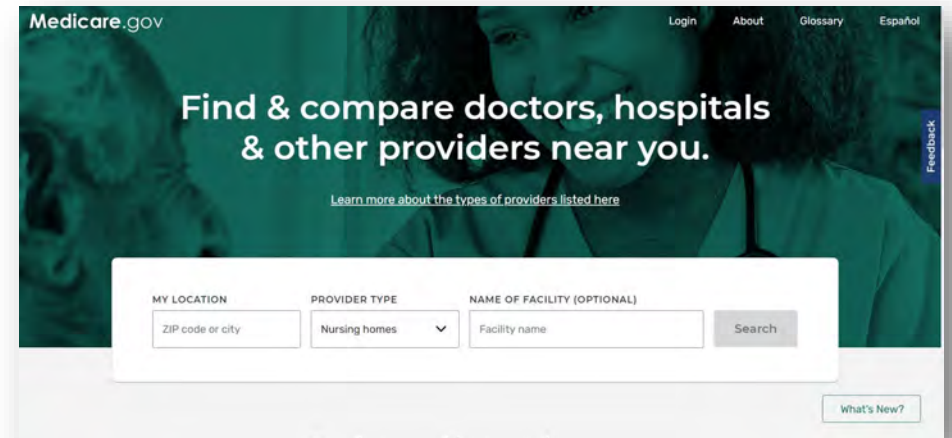
- Introduce yourself to hospital staff & identify your role. Get name on face sheet of chart and on the white board
- Set up a ring binder, tabs for different procedures/doctors/RX, a Caregivers Log)
- Bring your PERSONAL HEALTH CARE JOURNAL
(Free - order from NY StateWide Senior Action Council call 1-800-333-4373)
- Bring the RX list
- Bring items to help patient (blanket, sanitizer, masks, hydration, books, medications to give to staff to administer)
- Come prepared to stay for the duration.



Comparing Providers

Most information about hospital quality comes from word of mouth. If you are not familiar with the hospital, or if you are a long-distance caregiver, you can look at hospital quality through Medicare's hospital compare website that uses the 5 STAR rating system:

- Can compare up to 3 facilities at a time
- Look at reports for categories for –
 - Patient survey ratings (things like communications with nurses and doctors, understanding care plans, room cleanliness).
 - Timely and effective care (ER timely care, sepsis care, cataract surgery, colonoscopy, chest pain/possible heart attack, % patients leaving ER before being seen, stroke patients receiving timely scans and imaging, use of preventive care.)



Comparing Providers

Look at reports for categories for (cont.) –

- Complications and deaths (complications for hip replacements, serious complications, deaths, infections, MRSA, C.diff. rates, patient death rates for: COPD; heart attacks; pneumonia; stroke; coronary arterial bypass.)
- Unplanned hospital visits (readmission rates by medical condition; unplanned hospital visits after outpatient colonoscopy; chemotherapy; outpatient surgery)

website: <https://www.medicare.gov/care-compare/>

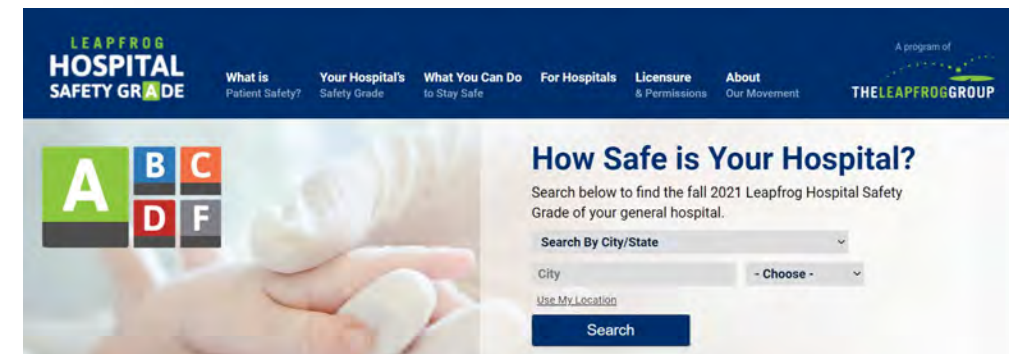
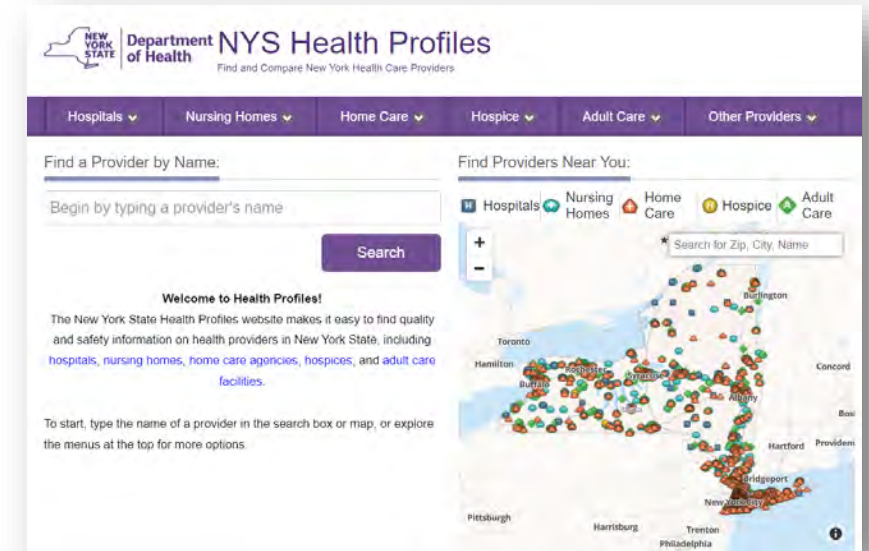
Other information about quality

- **State Department of Health Information to Compare Doctors, Hospitals, Nursing Homes, Hospice**

✓ <https://profiles.health.ny.gov/#5.05/42.84/-75.88>

- **Leapfrogs Hospital Safety Grade reports -**
uses a report card grading system

✓ <https://www.hospitalsafetygrade.org/>



Find out what is going to happen in the hospital and beyond

Questions to ask prior to admission:

- What is the diagnosis?
- What type of procedures will be used, what is the recovery time?
- What types of risks are there, what post surgery rehabilitation or care will be needed?
- What types of problems or changes should be reported?



Find out who to talk to if things go wrong or you have concerns

- Prior to admission, the patient will have a pre-admission meeting with their doctor or specialist and often the anesthesiologist at the hospital. During that time, they will ask for consent and discuss risks.
 - Try to get a clear idea of what the risks associated with the procedure are. This is particularly important to communicate if the patient has other risk factors such as pre-existing conditions such as cardio-vascular disease, high blood pressure, diabetes, or reactions to medications.
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Contact with referring physicians

- QUESTIONS TO ASK THE REFERRING PHYSICIAN (examples: primary care doctor; orthopedic surgeon, cardiovascular surgeon, oncologist, etc.)
- What role will they or their group have in the patient's hospital care. (Remember while a referring doctor or practice may be conducting the procedure many hospital staff with no prior knowledge of the patient will be responsible for monitoring their progress).
- Find out the best way to contact their practice with any concerns about the health status of the patient or quality of care while in the hospital.



Obtain a number you can call after hours in case you need to talk to someone if you have a problem, question or concern.

Contact with staff

- Ask the referring physician or hospital admission staff **who you can contact at the hospital if you have any concerns or problems.**
 - If they do not know, you can ask the hospital pre-admission staff who you can contact.
 - Some hospitals have staff that serve as patient navigators or patient advocates.
 - Ask who you can call and who you can speak to if they are unavailable. This may be the charge nurse at the station of the section of the hospital where the patient is being cared for. Get their contact information.
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Prepare for the Visit

- Follow all pre surgery requirements for diet, medications, disinfecting.
- Update medications list.
- Have contact information for all key parties: doctors, hospital, insurance, pharmacy, other family members, etc.
- Check directions to facility and within facility (what is the unit, what are the phone numbers, who can you speak to)
- Clear your schedule
- Prepare transportation



When You Are At the Hospital

- Many different doctors and care providers are involved in seeing the patient during their stay (and there may be many coming in during their stay).
- Typically, a representative from the group performing the hospital will check on the patient after the procedure and the morning after the procedure.
- Each shift you will see a new assigned nurse and there will be new nurses' aides.



When You Are At the Hospital (cont.)

- You can ask for their card to keep a record of who has been involved. If the person has no card, write down their name, their department, and the time that they were present for future reference.
- Bring a ring binder with plastic card holder pages to hold on to your notes, cards from providers, and any key reports, medication lists, or discharge plans provided at the hospital. You can also use this when the patient leaves the hospitals and obtains follow up or rehab care or treatment.



Keep a Caregiver Log

- Use the "Caregiver Log" to keep a timed record of your own observations about changes in a patient's status, concerns, or complaints that you make to staff at the hospital and/or the referring physician.
- This information may be extremely important if you need to document critical gaps in attention, assessment, or treatment by hospital staff that result in complications or injury during the patient's stay.
- Be sure to record the time of any changes that you observe and when you reported it to staff as well as the staff response.

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Watch for Unusual Changes

Caregivers know the person best and may detect changes in condition before hospital staff notice.

For example:

- Unusual or out of character behavior or confusion
- Changes in overall affect
- Changes in skin coloration
- Discomfort or pain
- Bloating
- Appetite and thirst
- Lack of bowel movements or urine output
- Rashes, bleeding, redness or infection
- Feverish feeling, sweats, chills, nausea, dizziness

If You See Something, Say Something

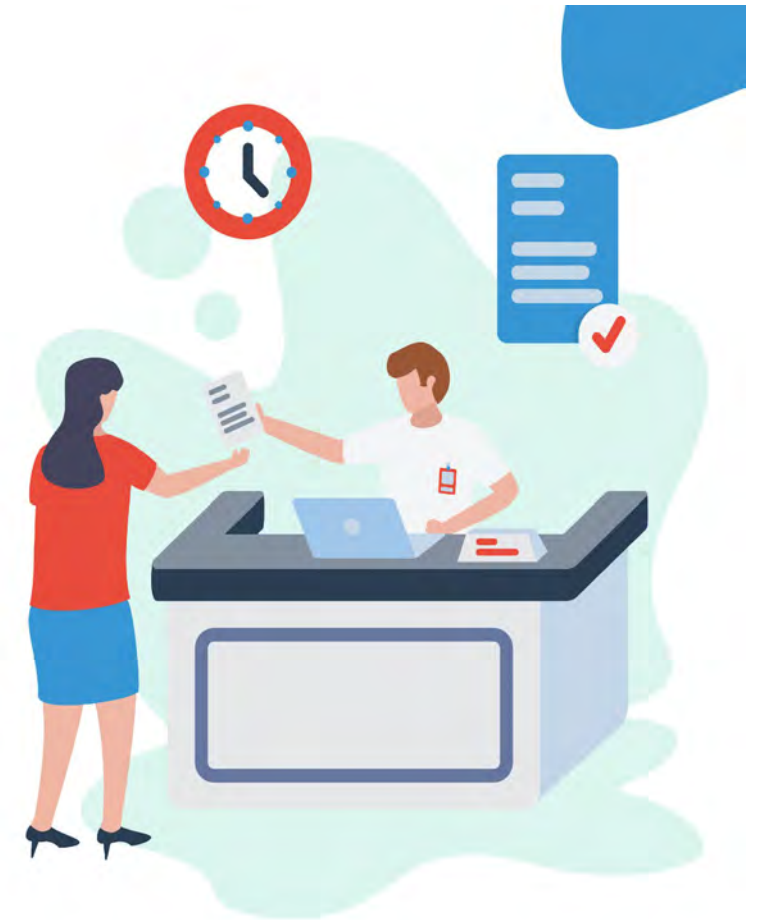
- Caregivers know best when something has changed or isn't going right that should trigger action.
- DON'T BE AFRAID TO MAKE A SCENE IF YOU CAN'T GET THE ATTENTION OF STAFF AND YOU HAVE A SERIOUS CONCERN.....BE VOCAL.
- Minutes can count.
- Ask for a consult, ask to speak to the attending physician, if necessary, ask for a second opinion.

**if you SEE
something
SAY
something**

Discharge Plan and Instructions

Hospitals discharging a patient must provide a plan to:

- Tell you what to do if symptoms come back or other symptoms needing follow up occur.
- **Make appointments or referrals for follow up care needed.**
- Address medications needs.
- Communicate with your primary care physician to notify them of any ED visit or admission or discharge.
- Refer you back to the appropriate MD if you have one.
- Inform you of your rights to complain or appeal.



Caregiver Tips for Discharge Planning

- Bring a HIPPA form with you (personal representative).
- Have a patient verbally note that you are their care provider and should be included in care discussions.
- Take notes, get cards to put in your notebook
- Ask to get number of discharge planner, care coordinator, patient advocates.
- Ask for a case conference.
- Ask them to teach instructions back to see if you understand.
- If not satisfied ask to speak to supervisor.
- Appeal a discharge if patient not ready or can't go home safely.
- Complain if quality is poor.



For Medicare Hospital Discharge or Quality of Care Complaints or Assistance

- Examples of concerns or complaints:
- A medication mistake
- More information needed at discharge
- Disagreeing with the timing of a discharge
- A change in condition was not treated
- Receiving an infection while in care
- Excessive wait times for emergency or urgent care



LIVANTA is the CMS designated entity for these issues
866-815-5440

Email:

BFCCQIOArea1@Livanta.com

Website link is:

<http://www.bfccqioarea1.com/mghelpline.html>

NY State Department of Health Must Accept Complaints for All Patients



- Try to resolve a problem with your care provider but if that fails you can contact the state.
- NYS Dept. of Health is responsible for the ongoing surveillance of acute and primary care facilities in NYS.
- Health Department regulations allow individuals to register complaints about the care and services provided by hospitals and diagnostic and treatment centers.
- To initiate a complaint about a hospital or a diagnostic and treatment center, you may call the toll-free number at **1-800-804-5447**, or email at **hospinfo@health.ny.gov**

Where to Make Complaints About Care in NYS

Adult Care and Assisted Living	866-893-6772
Funeral Homes	518-402-0785
Home Care and Hospice Care	800-628-5972
Hospital Patient Care	800-804-5447
Hospital Diagnostic and Treatment Center	800-804-5447
Laboratory	800-682-6056
Medicaid Fraud	877-87FRAUD
Managed Care	800-206-8125
Nursing Homes	888-201-4563
Professional Medical Conduct	800-663-6114

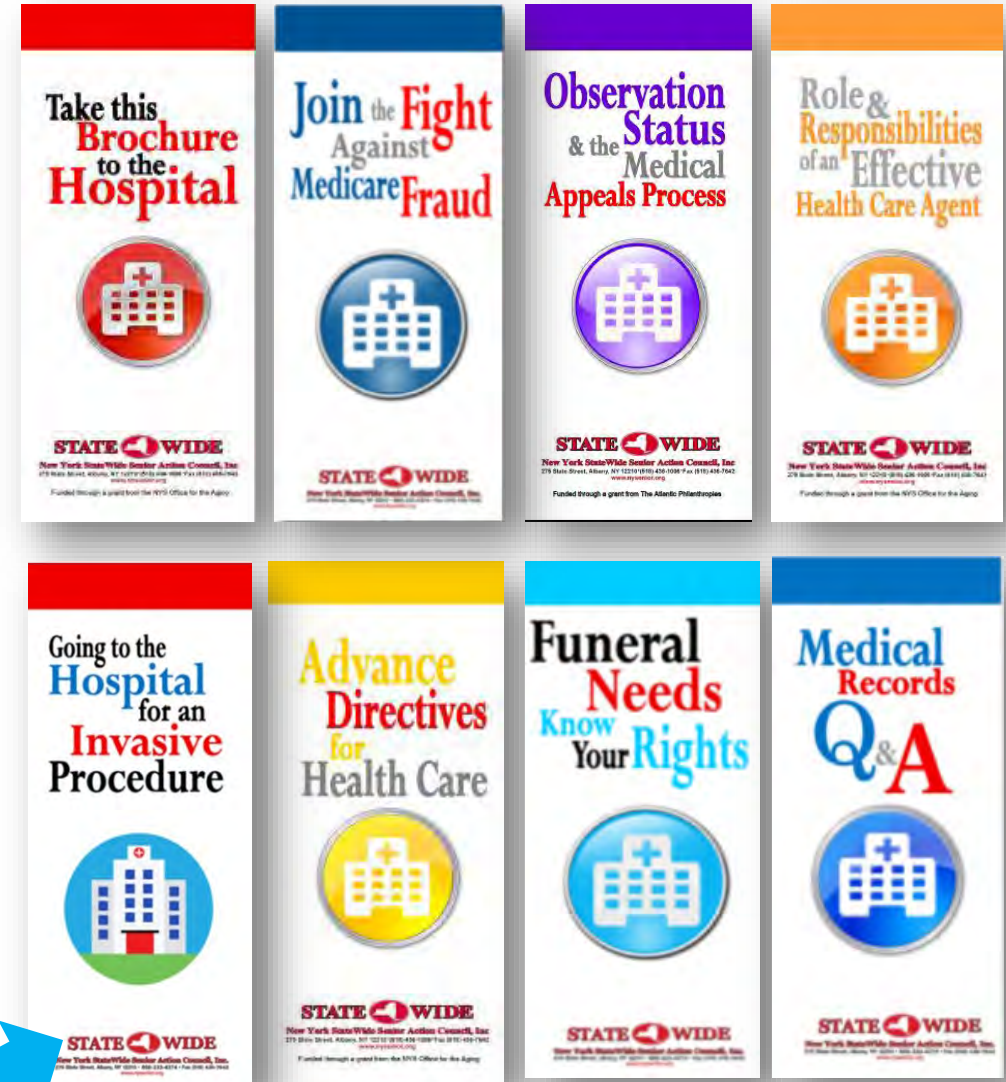
Consumer Empowerment

StateWide created a **PATIENTS' RIGHTS TOOL KIT** which is **available for free online** our website **nysenior.org** or **call our toll free number: 1-800-333-4374**

The Tool Kit includes: a Health Care Journal

Easy to read brochures on:

- How to fight Medicare Fraud
- Questions and Answers about Your Medical Records
- Take This Brochure to the Hospital (information to help make your stay a healthy and safe one).
- Advanced Directives
- The Roles and Responsibilities of an Effective Health Care Agent
- Funeral Needs: Know Your Rights
- Observation Status and the Medicare Appeals Process
- **NEW: Going to the Hospital for an Invasive Procedure**



Information About the Cost of Care Online Resources



These sites only provide ballpark estimates. New York StateWide Senior Action Council does not endorse any private systems or websites.

- <https://www.medicare.gov/procedure-price-lookup/>
- <https://www.fairhealthconsumer.org>
- <https://www.healthcarebluebook.com>

Knowledge is Power

Here are some resources for additional patient education resources that to help empower patients and caregivers and promote patient safety.

- **The Take Charge Campaign** <https://takecharge.care/the-5-steps/>
 - **PULSE** <https://pulsecenterforpatientsafety.org/>
 - **Joint Commission**
<https://www.jointcommission.org/resources/for-consumers/speak-up-campaigns/>
 - **Center for Medicare Advocacy** free Webinars
<https://medicareadvocacy.org/webinars/>
 - **CDC** <https://www.cdc.gov/HAI/patientSafety/patient-safety.html>
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If you hear of patient problems, possible fraud, have a question, would like to become an SMP Volunteer, or want to share your story

- **Email:** patientsrights@nysenior.org
- **Call:** Patients Rights Helpline **1-800-333-4374**
- **Stay informed:** Register for our monthly Teach Ins (see www.nysenior.org for more information)
- Use the services of your great local Office for the Aging!

