Hospital Stay Rights

EMPOWERED ELDER WORKSHOP
The Hospital Stay: A Checklist for Patient and Caregiver
by Linda Silver

Any stay in the hospital, whether anticipated or emergency, presents challenges for both patient and caregiver(s). Navigating through the complex medical bureaucracy, as well as dealing with the social and emotional fallout, is made easier with patience and planning. Knowing what to expect will minimize anxiety and enable you to collect the information and access resources you will need. When hospitalization occurs following an emergency, a checklist can minimize confusion.

Patient and caregiver (whether spouse, adult child, other family member, or close friend) working together as a team provides valuable mutual support during a difficult time. Here are some considerations to help make it go more smoothly.

Prior to the hospital stay, for the patient:

- When a hospital stay is planned, have your caregiver attend the doctor visits with you. It is good to have two sets of ears hearing the information. Take a list of questions with you, and have your companion take notes during the session. Follow up with any questions that occur to you after the appointment.

- If a procedure/surgery is scheduled, make sure you understand what it will entail. What is the pre-op preparation? Where will the procedure/surgery be performed? Can somebody be with you? How long will it be? What is the anticipated recovery period? Will aftercare be necessary, and, if so, what form will it take? What is the best way to communicate with your doctor?

- Check your insurance to know the costs involved. If aftercare or homecare will be needed, what will your insurance cover?

- Make sure you have updated Advanced Directives and Power of Attorney documents readily available. Let people know who has them and where they are kept. Those who need copies are your agent(s) (i.e., the individual(s) named on the documents), your primary care physician, and the hospital system. Bring copies with you to the hospital.
• Determine who will take over your personal and/or professional responsibilities. Who will undertake routine chores, such as picking up the mail, caring for a pet, watering plants or paying bills?

• Determine whom you would like—and would not—like to receive notice and updates of your condition. How will updates be distributed? Phone, email, or online? Who will be the person to provide the updates and handle inquiries?

• If there will be surgery involved, consider who can be present with the caregiver during the procedure. Make sure that the doctor will come and talk to those waiting when surgery is done.

• When being admitted to the hospital, leave all expensive jewelry at home. Bring objects of comfort: pictures, cell phone, comb and brush, slippers, and toothbrush.

• Bring your driver’s license, insurance ID card, and copies of your Advanced Directives and Power of Attorney documents.

The hospital stay, for the caregiver:

• When visiting the patient in the recovery room, be prepared that he or she may look quite frail and have equipment attached. Ask the nurses what the equipment is, if you want to know.

• Learn the routine of the unit where the patient is staying. When are meals served? When do shifts change? When is medication dispensed? Learn the names of the staff, including nurses, attendants, and others, and introduce them to visitors. Be aware of the visiting hours; in most places these are flexible.

• Consider the patient’s needs and wishes about the number and duration of visits, and if they should limited. Be mindful of the impact of your visitors on others.
• Be aware that the hospital environment, room layout, furniture, and so on, may not be particularly comfortable or convenient. Ask for instruction and assistance in moving things around.

• Locate the cafeteria and local restaurants where you can eat and take breaks. A short walk outside can be stress-reducing and restoring.

• During the stay, especially if the person is too weak to advocate for him or herself, consider a schedule of people to be with the patient as much as possible. These should be people with whom the patient is comfortable and who will be comfortable in the hospital environment.

The purpose is to have an extra set of eyes and ears assuring the patient’s needs are communicated and safety assured. These advocates can question actions/events that are not anticipated or understood by the patient, such as what medications are being given, what procedure is being performed or the patient is being sent for. They can notify the staff in the event of pain or other distressing symptoms, and keep the area around the patient’s bed and beside table clean and straightened, making sure the patient can reach what is needed. Mostly, they should sit quietly and allow the patient to rest.

• Cultivate patience. Healing does not occur in a straight line. Often, things will not go as planned: Schedules are changed, new problems arise. Consideration of the patient is not necessarily the hospital’s priority. If you think the patient has immediate needs that are not being addressed, and he or she is suffering unduly, ask to speak to the Charge Nurse or Unit Manager. Speak respectfully and appeal to the caring side of the staff.

Planning for Discharge, for patient and caregiver:

• As soon as possible after admittance, establish a relationship with the discharge planner. This will often be a nurse or a social worker, who can be contacted by your assigned nurse.

• Find out how discharge readiness will be determined and express any needs and concerns. Will homecare or aftercare be needed? Will it be
covered by insurance? What types of services can be provided and for how long?

- If discharge is planned and the patient does not feel ready to leave the hospital, he or she has the right to say, “This does not feel like a safe discharge.” You can request a review of the plan by calling: 1.877.588.1123 or faxing 1-855-694-2929 (Mon-Fri 9am-5pm, Sat-Sun 11am-3pm).

- Caregivers need to be honest about their limitations as far as what they can do for the patient at home. It is okay not to do things that are too difficult. Ask for help finding other resources, whether professional or on an informal basis, such as a personal network (see below).

- Create and mobilize your network of friends, family, neighbors, coworkers, and so on. Consider the needs of both the patient and the caregiver, and then determine who can do what. Some tasks will be repetitive, such as grocery shopping or preparing meals; some will be one time only, such as transporting the patient from hospital to home, picking up a pet, and so on. Again, think about how this will be coordinated. Phone? Email? On-line?
THOUGHTS ON WHAT IT TAKES
TO BE A PATIENT ADVOCATE:

Overview: Acting as a Patient Advocate is both challenging and eye opening. Hospitals and Doctor offices are inherently problematic. Their goals and the Patient’s goals are stated as the same. The reality is that we need advocacy specially when we are in a critical care meeting with MD or we cannot speak for ourselves.

1. Do no harm: be kindly all the time to Everyone, especially those in the care environment. [Kind]

2. Be observant of cleanliness of room and during the treatments. “Clean gloves” is the operative phrase. [Focus]

3. Ask the hard questions. Coach the Patient and be their back up. [Direct]

4. Stand up to authority, always with respect. Emotions can seep out in later talks. [Courage]

5. Stay focused on many fronts simultaneously: spread out visitors; staff adhering to “clean gloves” rule; keep people in the loop [Caringbridge.org] of information. Bring in other people in the Web of Relationships who can also be an observer as well as a visitor. [Organizer]

Prepared by Marcia Peterzell for Community Living Campaign
Beware of “Observation Status” at the Hospital

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Even if you are not being discharged to a nursing facility, you could still face thousands of dollars of costs because some Medicare supplemental plans won’t cover costs unless you are admitted.

Under the rules, Medicare picks up the whole tab for the first 20 days in an approved skilled nursing facility for rehab or other care, but only if someone has spent at least three full days in the hospital as an admitted patient. If instead, a patient has been under observation — for all or part of that time — he or she is responsible for the entire cost of rehab. (This situation applies only to Medicare coverage in skilled nursing facilities and not to rehabilitation hospitals or inpatient rehabilitation facilities.)

Why is this Happening

Hospitals are placing more and more patients under observation to protect themselves against new policies that penalize hospitals for unnecessary admissions and frequent readmissions of the same patient. Meanwhile, hospitals are allowed to place patients in observation at any time during their hospital stay — even retroactively. They are only required to inform patients of their status before they leave the hospital.

Protect Yourself and Your Loved Ones!

Here’s what you can do to protect yourself if you, or someone you’re looking out for, is placed under observation in the hospital:

- Ask about your status each day you are in the hospital, as it can be changed (from inpatient to observation, or vice versa) at any time.
- Ask the hospital doctor to reconsider your case or refer it to the hospital committee that decides status.
- Ask your own doctor whether observation status is justified. If not, ask him or her to call the hospital to explain the medical reasons why you should be admitted.
- If, after discharge, you need rehab or other kinds of continuing care but learn that Medicare won’t cover your stay in a skilled nursing facility, ask your doctor whether you qualify for similar care at home through Medicare’s home health care benefit, or for Medicare-covered care in a rehabilitation hospital.
- If you go to a skilled nursing facility and have to pay for it yourself, you can appeal Medicare’s decision. When you receive your quarterly Medicare Summary Notice, make a copy and highlight the facility’s charge. Send this to the address provided on the notice with a letter saying you want to appeal Medicare’s decision of noncoverage because you should have been classified as an inpatient during your hospital stay and not placed under observation.

Work for Change

The California Alliance for Retired Americans sponsored California legislation in 2014-15 legislative session to address this issue. The Bill SB 483, sponsored by Senator Beall, would prohibit hospitals from providing “observation services” for more than 24 hours. The bill would have imposed specified regulatory requirements on hospitals that provide observation services in an observation unit. The bill did not make it out of the Appropriations Committee, but the author will re-introduce. If you would like to help CARA work on this bill, contact them at (510) 663-4086 or contact jreid@californiaalliance.org.

The Center for Medicare Advocacy has also filed a lawsuit against the federal government in an attempt to abolish this unfair policy. Learn more about this issue and how to fight back at http://www.medicareadvocacy.org/medicare-info/observation-status/. The Improving Access to Medicare Coverage Act of 2015, pending in both the House (H.R. 1571) and the Senate (S.843), would also address this issue. For more information, contact the Center for Medicare Advocacy at www.medicareadvocacy.org or by calling (860) 456-7790.

This Resource Sheet was prepared the Community Living Campaign and the California Alliance for Retired Americans – this and other Tools for Change Resource Sheets will soon be found at www.sfhealthaging.org.
Hospital Discharges: "I think I'm too sick to leave the hospital."

You have the right to appeal a hospital discharge if you feel you are too sick to leave. You can do this even if you are in a Medicare Advantage (MA) plan. Ask for an updated Important Message from Medicare that explains how to appeal your discharge. Do not leave the hospital.

After you get the updated Important Message, you, a family member, or friend should call Livanta—the Medicare Quality Improvement Organization (QIO) for California—no later than your planned discharge date and before you leave the hospital. We will review your medical record to decide if you should stay in the hospital. We will let you know what we decide.

- You do not have to leave the hospital.
- You do not have to pay for the extra days you are in the hospital while we review your record.
- You, a family member, or friend can place the initial or any follow-up calls regarding your case.
- For questions regarding hospital discharges, call Livanta 1.877.588.1123. or TDD 1.800.881.5980 (7 days a week).
- For all other concerns, call Medicare at 1.800.663.4227 or (for TTY/TDD) 1.877.486.2048.
You have the right to appeal your discharge.

Discharge Planning: "I'm leaving the hospital, but I need a wheelchair at home."

You have the right to "discharge planning." This means the hospital must arrange for any health care you will need after you leave. The kind of discharge planning you should have depends on your health needs. It could include:

- Home health care.
- Outpatient therapy.
- Home medical equipment (such as wheelchairs and beds).
- A nursing home.

If a discharge planner does not visit you soon after admission, ask to see one.

To Appeal a Discharge: "Who do I call to appeal a discharge?"

If you have Medicare or a Medicare Advantage plan, and you are being discharged from

- Hospital care,
- Skilled nursing facility care,
- Home health care,
- Hospice care, or
- Comprehensive outpatient rehabilitation facility care

before you are ready to be discharged, you have the right to appeal.

Call Livanta, the Medicare Quality Improvement Organization for California, at 1.877.588.1123 or TDD 1. 855.887.6668 (7 days a week) to request a review of your case. For additional information regarding your Medicare rights, go to http://www.bfccquoarea5.com.
Appeals

Give us a call, we're here to help!
It's helpful to have as much background information on hand as possible when calling, including:
- Name on Medicare card and Medicare number
- Address and Phone number
- Date of birth
- Date of service
- Full name and contact info of healthcare professional

Mon-Fri - 9am-5pm - Local Time
Sat-Sun - 11am-3pm - Local Time

1-877-588-1123

Phone messages left after normal office hours, will be returned the next business day.

Mailing address:

BFCC-QIO Program
9090 Junction Dr., Suite 10
Annapolis Junction, MD 20701

OR

Fax number:
Examples of appeals:

- I was discharged too soon.
- I did not receive all the treatment I needed.
- I did not receive instructions for care when I was discharged.
- My condition changed, and I did not receive treatment.
- I was forced to stop care before I got all of my treatment.
Your Discharge Planning Checklist:

For patients and their caregivers preparing to leave a hospital, nursing home, or other care setting
Name: ________________________________
Reason for admission: ________________________________

During your stay, your doctor and the staff will work with you to plan for your discharge. You and your caregiver (a family member or friend who may be helping you) are important members of the planning team. You and your caregiver can use this checklist to prepare for discharge.

Instructions:

- Use this checklist early and often during your stay.
- Talk to your doctor and the staff (like a discharge planner, social worker, or nurse) about the items on this checklist.
- Check the box next to each item when you and your caregiver complete it.
- Use the notes column to write down important information (like names and phone numbers).
- Skip any items that don’t apply to you.

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<thead>
<tr>
<th>Action items</th>
<th>Notes</th>
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<tbody>
<tr>
<td>☐ Ask where you’ll get care after you leave (after you’re discharged). Do you have options (like home health care)? Be sure you tell the staff what you prefer.</td>
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<tr>
<td>☐ If a caregiver will be helping you after discharge, write down their name and phone number.</td>
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<td>☐ Ask the staff about your health condition and what you can do to help yourself get better.</td>
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<tr>
<td>☐ Ask about problems to watch for and what to do about them. Write down a name and phone number of a person to call if you have problems.</td>
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<tr>
<td>☐ Use “My drug list” on page 5 to write down your prescription drugs, over-the-counter drugs, vitamins, and herbal supplements.</td>
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<tr>
<td>☐ Review the list with the staff.</td>
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<tr>
<td>☐ Tell the staff what drugs, vitamins, or supplements you took before you were admitted. Ask if you should still take these after you leave.</td>
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<tr>
<td>☐ Write down a name and phone number of a person to call if you have questions.</td>
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<tr>
<td>☐ Ask if you’ll need medical equipment (like a walker). Who will arrange for this? Write down a name and phone number of a person you can call if you have questions about equipment.</td>
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<tr>
<td>☐ Ask if you’re ready to do the activities below. Circle the ones you need help with, and tell the staff:</td>
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<tr>
<td>• Bathing, dressing, using the bathroom, climbing stairs</td>
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<tr>
<td>• Cooking, food shopping, house cleaning, paying bills</td>
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<tr>
<td>• Getting to doctors’ appointments, picking up prescription drugs</td>
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<tr>
<td>☐ Make sure you have support (like a caregiver) in place that can help you. See “Resources” on page 6 for more information.</td>
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<tr>
<td>☐ Ask the staff to show you and your caregiver any other tasks that require special skills (like changing a bandage or giving a shot). Then, show them you can do these tasks. Write down a name and phone number of a person you can call if you need help.</td>
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<tr>
<td>☐ Ask to speak to a social worker if you’re concerned about how you and your family are coping with your illness. Write down information about support groups and other resources.</td>
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<tr>
<td>☐ Talk to a social worker or your health plan if you have questions about what your insurance will cover, and how much you’ll have to pay. Ask about possible ways to get help with your costs.</td>
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### Action items

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<tr>
<th>☐ Ask for written discharge instructions (that you can read and understand) and a summary of your current health status. Bring this information and your completed “My drug list” to your follow-up appointments.</th>
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<tbody>
<tr>
<td>☐ Use “My appointments” on page 5 to write down any appointments and tests you’ll need in the next several weeks.</td>
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<tr>
<td>☐ Do you have any questions about the items on this checklist or on the discharge instructions? Write them down, and discuss them with the staff.</td>
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<tr>
<td>☐ Can you give the patient the help he or she needs?</td>
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<tr>
<td>☐ What tasks do you need help with?</td>
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<tr>
<td>☐ Do you need any education or training?</td>
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<tr>
<td>☐ Talk to the staff about getting the help you need before discharge.</td>
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<tr>
<td>☐ Write down a name and phone number of a person you can call if you have questions.</td>
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<tr>
<td>☐ Get prescriptions and any special diet instructions early, so you won’t have to make extra trips after discharge.</td>
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### More information for people with Medicare

**If you need help choosing a home health agency or nursing home:**
- Talk to the staff.
- Visit Medicare.gov to compare the quality of home health agencies, nursing homes, dialysis facilities, and hospitals in your area.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

**If you think you’re being asked to leave a hospital or other health care setting (discharged) too soon:**
You may have the right to ask for a review of the discharge decision by the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) before you leave. A BFCC-QIO is a type of quality improvement organization (a group of doctors and other health care experts under contract with Medicare) that reviews complaints and quality of care for people with Medicare. To get the phone number for your BFCC-QIO, visit Medicare.gov/contacts, or call 1-800-MEDICARE. You can also ask the staff for this information. If you’re in a hospital, the staff should give you a notice called “Important Message from Medicare,” which contains information on your BFCC-QIO. If you don’t get this notice, ask for it.

For more information on your right to appeal, visit Medicare.gov/appeals, or visit Medicare.gov/publications to view the booklet “Medicare Appeals.”
Resources

The agencies listed here have information on community services, (like home-delivered meals and rides to appointments). You can also get help making long-term care decisions. Ask the staff in your health care setting for more information.

Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs): Help older adults, people with disabilities, and their caregivers. To find the AAA or ADRC in your area, visit the Eldercare Locator at eldercare.gov, or call 1-800-677-1116.

Medicare: Provides information and support to caregivers of people with Medicare. Visit Medicare.gov/campaigns/caregiver/caregiver.html.

Long-Term Care (LTC) Ombudsman Program: Advocate for and promote the rights of residents in LTC facilities. Visit ltcomбудsman.org.

Senior Medicare Patrol (SMP) Programs: Work with seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error, and abuse. To find a local SMP program, visit smpresource.org.


State Technology Assistance Project: Has information on medical equipment and other assistive technology. Visit resna.org, or call 1-703-524-6686 to get the contact information in your state.

National Long-Term Care Clearinghouse: Provides information and resources to plan for your long-term care needs. Visit longtermcare.gov.


State Health Insurance Assistance Programs (SHIPs): Offer counseling on health insurance and programs for people with limited income. Also help with claims, billing, and appeals. Visit Medicare.gov/contacts, or call 1-800-MEDICARE (1-800-633-4227) to get your SHIP's phone number. TTY users should call 1-877-486-2048.

State Medical Assistance (Medicaid) Office: Provides information about Medicaid. To find your local office, visit Medicare.gov/contacts, or call 1-800-MEDICARE.

The information in this booklet describes the Medicare program at the time this booklet was printed. Changes may occur after printing. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

"Your Discharge Planning Checklist" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.
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