

# GO TO THE HOSPITAL OR STAY HERE?

A Decision Guide for  
Residents, Families, Friends  
and Caregivers





## Did you know that almost half of transfers to the hospital may be avoidable?

This Guide will help you understand why these transfers are made and how you can be involved in the decision.

### CHANGE IN CONDITION

The question of sending you to the hospital or keeping you here may come up if your condition changes. This change could be a fever, shortness of breath, pain, an injury from a fall, or other change in your condition. If this happens, your medical provider has the responsibility to explain the change and the decisions that may need to be made to provide you the best possible treatment.

### WHY THINK ABOUT THIS NOW?

This information is being provided to you so that you can make an informed decision if the question of going to the hospital arises.

It can be difficult to weigh the pros and cons of a transfer to the hospital when you become ill or to decide what treatment you prefer in the middle of a crisis.

### IF IT IS NOT AN EMERGENCY

If this is not an emergency, the nurse will assess your condition:

- Ask you what happened, how you feel, where it hurts
- Listen to your heart and lungs
- Take your temperature, blood pressure, oxygen level
- Test your blood and urine

You can ask for the results and tell the nurse if you think your doctor, family, a friend or caregiver need to be called. If you have concerns about going to the hospital, this is the time to express them.

### IN AN EMERGENCY

In a life threatening situation, the staff may call 911 to transport you to the hospital emergency department right away unless you have given them a Do Not Hospitalize request. They will also call your doctor or other medical provider (such as nurse practitioner or physician assistant) and a family member, friend or caregiver. You have the right to tell the staff ahead of time who you want called in an emergency.



*“I want to be involved 100%.”  
(Patient)*

*“We do our best to keep them here. We do tests first, the proper assessment, diagnostic tests, whatever we can do here before we would transfer to the hospital.”  
(Nurse)*



“It depends on what is going on, the severity of the illness. Give me a run down on what the hospital can do for me and what they can do for me here.”  
(Patient)

“I don’t want to push the panic button and send her to a hospital if it can be kept under control here.” (Son)

## REASONS TO PREFER BEING TREATED HERE

Many tests and treatments can be provided in the nursing home:

- Medications
- X-rays
- Blood tests
- Oxygen
- Wound care
- Checking on you and reporting to your doctor or other medical provider
- Comfort care (pain relief, fluids, bed rest)
- IV (intravenous) fluids in some facilities
- Physical or Occupational Therapy
- Speech Therapy

You can ask your nurse, doctor or other medical provider what else can be done for you here.

## REASONS TO PREFER BEING TREATED IN THE HOSPITAL

Hospitals can provide more complex tests and treatments including:

- Heart monitoring
- Body scans
- Intensive care
- Blood transfusion
- Surgery

## THERE ARE ALSO RISKS TO GOING TO THE HOSPITAL

Being transported to the hospital can be stressful. You are likely to have to explain your concerns to nurses and doctors you do not know. You are also at greater risk for skin breakdown, exposure to infections or falling in an unfamiliar place. You may feel more comfortable staying here and being cared for by staff who know you. You should carefully consider all factors when making your decision.



## BEING INVOLVED IN THE DECISION

You have the right to know what is happening to you, what treatments are available, the risks and benefits of these treatments, how decisions about your care are being made and how you are involved in making them.

You may want to talk to the following people about your choices:

- Nurses
- Doctors and other medical providers
- Social workers
- Spiritual advisor
- Family members
- Close friends
- Caregivers

These are very personal decisions. It's up to you who you talk to and whose opinions you respect.

You can make your preferences known by:

- Talking with the people listed above
- Putting your wishes in writing and telling people where the documents can be found
- Completing advance directive documents including:
  - Power of attorney for healthcare
  - Health care proxy (naming someone to make health care decisions for you if you cannot)
  - Living will (specifies your preferences for end of life care)
  - Request for a DNR (do not resuscitate) to allow a natural death or DNH (do not hospitalize) order
  - Physician Orders for Life Sustaining Treatment (POLST), Medical Orders for Life Sustaining Treatment (MOLST), or similar form that is accepted in your state

## WHAT CAN WE DO TO HELP YOU WITH THIS PROCESS?

If you still have questions, please ask your nurse, social worker, doctor, nurse practitioner or physician assistant to talk with you. They may recommend others talk with you as well, such as a legal advisor.

"They (resident and family) can only make an informed decision if they have all the information."  
(Doctor)



## INFORMATION FOR FAMILY, FRIENDS AND CAREGIVERS OF RESIDENTS WHO CANNOT EXPRESS THEIR WISHES

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“I usually ask her, what do you think? I explain and go over everything with her.” (Husband)

“Letting the family know, making sure they are aware of the tests being done, the results, definitely helps with the decisions. Her well-being is my primary concern.” (Sister)

### 1. How can the resident participate in the decision about transfer to the hospital?

*The resident’s wishes always need to be respected. Alternate forms of communication should be considered.*

*If the resident has an advance directive that appoints someone as the health care proxy or durable power of attorney, that person may make decisions for the resident based on what the resident would want if able to express his/her wishes. Advance directives should also be consulted.*

### 2. If the resident cannot express his or her wishes, should we still tell him or her what is happening?

*Yes. The resident has the right to know what is happening and should be treated as if he/she understands the situation. Some people may become anxious or frightened if they are moved to an unfamiliar place without explanation. Be sure to use simple, direct words (“You are sick”, “Your doctor thinks you should go to the hospital”), a quiet voice and a calm manner when explaining the situation to the resident.*

### 3. How can I (as a family member, friend, or caregiver) be involved in the decision?

*You may need to complete some legal forms to do this. Ask your doctor, other medical provider or the social worker here for more detailed information. It’s best to do this before a question about treatment or hospital transfer comes up.*

# FAQs

## (Frequently Asked Questions)

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### ABOUT TRANSFERS TO THE HOSPITAL

#### 1. What is a “medical provider”?

*Your medical provider may be a physician (MD), doctor of osteopathy (DO), nurse practitioner (NP) or physician assistant (PA).*

#### 2. Why would my doctor or other medical provider consider sending me to a hospital?

*If you experience an injury or a serious change in condition, your medical provider may recommend you go to a hospital for treatment.*

#### 3. When would staying here be the best choice for me?

*If we are able to provide the care you need, then staying here may be the best choice.*

#### 4. What kind of care can be provided here?

*This varies from one facility to another but most are able to give you medications by mouth or injection, IV (intravenous) fluids except blood transfusions, order common lab tests and x-rays, and make periodic checks on your condition.*

#### 5. What other reasons would I have for preferring to be cared for here?

*There are several reasons. The staff and routines are familiar to you. The staff already know you, your health history and your needs and there is less disruption to your routine if you stay here. The transfer itself may be tiring, even stressful for you. You may be at greater risk for complications in the hospital.*

#### 6. When would going to a hospital be the best choice for me?

*Hospitals have more equipment and staff than nursing homes. They can do more complex lab tests, x-rays and scans, monitor your condition more closely, give blood transfusions and do complex procedures such as surgery.*



## FAQs (Frequently Asked Questions) *continued*

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### 7. What is a hospitalist?

*Hospitalists are doctors who have specialized in providing hospital care. In many hospitals, it will be a hospitalist that will oversee your care, not your primary care provider.*

### 8. Who will make the final decision as to whether I should be sent to a hospital or stay here?

*If you are able, you may make the final decision. Consulting with your medical providers, family and friends may help you make a sound decision.*

### 9. How much say do I have in making this decision?

*Person-centered care requires that you decide if you are able. People differ in terms of how much information they want and how much of a say they want to have. If for some reason you decide you want to be transferred or stay here against the advice of your medical provider and nurses, you may be asked to sign a form taking responsibility for your decision.*

### 10. What happens if it's an emergency?

*If 911 is called, you will receive on-the-spot treatment from the EMTs (ambulance crew) and then be sent to the nearest hospital.*



## FAQs (Frequently Asked Questions) continued

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### 11. Can I request a certain hospital?

*You may make this request but in an emergency, the EMTs will take you to the closest hospital if it can provide the care you need. If it is not an emergency and your preferred hospital is close by, they may be able to take you there.*

### 12. Will my family, friends, or caregiver know where I am? Will they know what is happening to me?

*Sometimes during a 911 emergency, there isn't time to call family members, friends or caregivers until you are on your way to the hospital. You can ask that they be called as soon as possible. Both your medical provider and nursing home staff have a responsibility to keep them informed. Make sure the staff know in advance who you want contacted and how to reach them.*

### 13. Will I be able to continue receiving physical, occupational, or speech therapy if I go to the hospital?

*That depends on why you are going to the hospital and how sick you are. If therapy has to be discontinued, it will begin again when you are ready.*

### 14. Will I return here after I am discharged from the hospital?

*In most cases, you will return here but in some instances going to a rehabilitation hospital, assisted living facility, a different nursing home or even going home may be the better choice for you.*

### 15. Will the facility hold my room for me while I'm in the hospital?

*Most of the time, the nursing home will hold your room for several days. But these policies vary so you should ask someone at the nursing home what their policy is and how it will affect you.*

### 16. What happens to my personal belongings if I am transferred to the hospital?

*Your personal belongings can be stored for you here.*

### 17. Why are we talking about this now?

*It is difficult to carefully consider options and your personal preferences in the midst of a crisis, such as being sick enough to be sent to the hospital. You may be upset, worried, or feeling too bad to talk about your preferences with your medical provider and your family, friends or caregiver at that time.*



## FAQs (Frequently Asked Questions) continued

“It’s my lungs. There’s nothing they can do for me any more so I would rather stay here where they know me and I can be comfortable. It would be different if, when they were finished, they could say ‘you can get up out of that chair and go to the ball’. But that is not going to happen.”  
(Patient)

### 18. Why is this decision so important?

*There are several reasons why this decision is important. Sometimes residents, their family members, friends or caregivers become very anxious when a resident becomes ill and ask that the person be sent to the hospital when treatment could be provided here. There are some risks and discomfort associated with being sent to the hospital. The transfer itself, a new environment, new staff and new routines can be sources of discomfort. The risks include falls, skin breakdown (pressure sores) and more exposure to potentially dangerous infections. Both the transfer and hospital care are very expensive. Some of these expenses may not be covered by your insurance. You may want to ask about this so that you can consider this information in making your decision.*

## COMFORT CARE, PALLIATIVE CARE, AND HOSPICE CARE AS WELL AS ADVANCE DIRECTIVES

### 1. What is the difference between hospice and palliative care?

*Hospice care and palliative care are similar but hospice care is intended for those who are in the final months of their life (usually 6 months or less) while palliative care can continue for many months, even years. hospice care focuses on pain control, symptom management, emotional and spiritual support.*

### 2. What is “comfort care”?

*Comfort care or palliative care focuses on easing pain and other symptoms such as nausea, fatigue, depression, breathing problems, constipation or diarrhea that are the result of your illness or the treatment of your illness. Palliative care teams also help you cope with your illness, providing practical solutions, emotional and spiritual care. The goal is to preserve your peace, comfort and dignity as much as possible.*

### 3. What happens if I am getting hospice care when I go to the hospital?

*If you go to the hospital, you may have to re-qualify for hospice after returning here. If there is time, hospice should be called before you are transferred to the hospital.*

**4. What are advance directives? Should I have them?**

*Advance directives are documents that tell your health care providers what kind of care you want to receive if you are unable to be involved in the decision. You can say you don't want certain treatments such as CPR (resuscitation) if your heart stops, to be put on a breathing machine if you can't breathe on your own, or if you want a feeding tube if you cannot eat. You can also state that you want all the treatment available if that is your preference. You can designate someone to make decisions for you if you cannot (or do not want to) do it yourself.*

**5. If I have advance directives, will my wishes be honored?**

*To make sure that your wishes are honored, review them with the staff, your family, a friend, or care provider ahead of time. Be sure a copy is on your chart at the hospital and available here as well. It's a good idea to give copies of your advance directives to your family, a friend, or caregiver and medical care provider ahead of time. You can update your advance directives at any time.*

**6. Once I have expressed my wishes in advance directives, can I change my mind?**

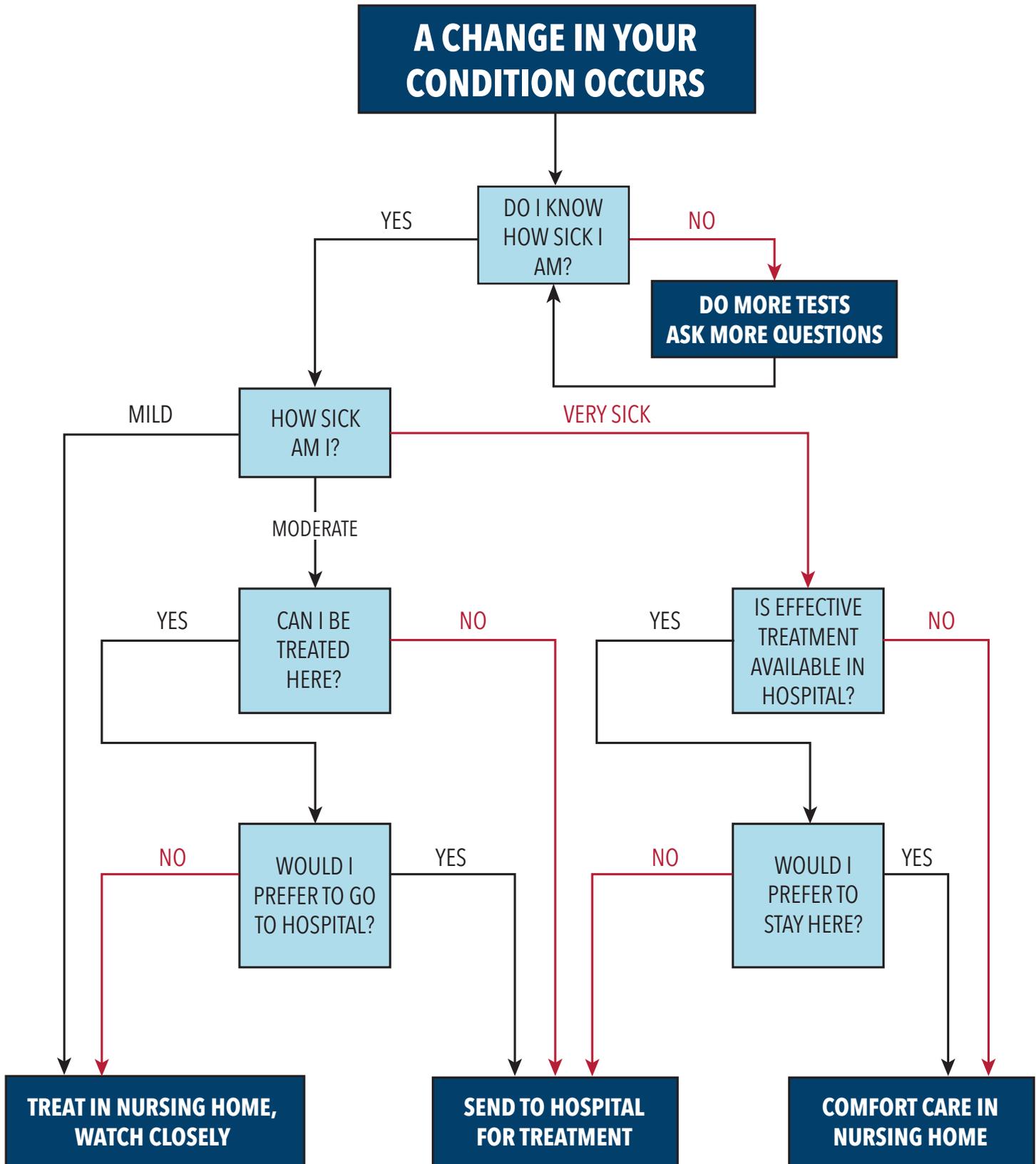
*Yes, you can change your mind and your advance directives at any time. If you want to change your advance directives, tell your care provider, family, friend or caregiver what changes you would like to make.*





# Decision Tree

## GO TO THE HOSPITAL OR STAY HERE?



## ***Continuing the Conversation...***

### ***What Residents Say About Going to the Hospital or Staying in the Nursing Home When a Change in Condition Occurs***

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“I make my own decisions. I am capable at this point and don’t need anybody else.”

“I listen to the doctor, listen to the nurses and then I come to my own decision.”

“My son and three daughters would help me make the decision. We would talk it over.”

“I would leave it to the people who work here, my doctors and the nurses. They know more about it than I do. They just tell me if I have to go.”

“I have had instances when I have stayed here and others when I needed to go to the hospital. I would rather stay here. I have been happy here and been treated very well.”





## ***What the Families Say about Going to the Hospital or Staying in the Nursing Home When a Change in Condition Occurs***

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“This would be something we would discuss. If I thought she needed to go to the hospital, if she would get the best treatment there, I am more likely to recommend it to her.” (Daughter)

“No one wants to see a parent in the hospital – it really stresses me out but I realized she was in good hands. She was in intensive care but came out and is back to normal now.” (Son)

“I think families should know what is happening, that is very important. I want to be in the loop. The most important thing to me is the honesty of the staff, them being level with me about the problem. Then I could make the correct decision. He has to be comfortable with the decision.” (Wife)

“Lord knows, whatever they think they can cure, that would be alright.” (Husband)

“If it was cancer where there is no cure, then no question we would want hospice to come here. But if it was a serious infection I think he should go to the hospital to be treated.” (Wife)

“I want to be fully involved in the decision, want to know all the facts. Absolutely.” (Brother)

“My brother has power of attorney but we all make the decisions concerning him together.” (Daughter)

“I would want to know how serious it is and what outcome is expected.” (Lifelong friend who is health care surrogate)

“If it was just minor, then the nursing home can take care of it. Here they can do oral antibiotics, things like that. Depends on what it is.” (Stepdaughter)

“I would discuss it with my husband but I am more involved because I am here every day.” (Daughter-in-law)

## **What Care Providers Say About Going to the Hospital or Staying in the Nursing Home When a Change in Condition Occurs**



"We try treating the patient in the facility prior to transfer. We tell the patients, 'we can take care of this here for now. But we have to watch it and if it's not getting better, we will send you to the hospital'." (Doctor)

"Most long term residents want to be involved in the decision because they prefer to be treated here. Rehab patients, too, if they are making good progress." (Nurse)

"Most families want to have a voice. Patients, too, if they can." (Doctor)

"Some families are very involved; others just leave it to the facility and the doctor but want to be kept informed." (Nurse)

"The doctor is usually the gatekeeper." (Administrator)

"Sometimes we say you need to go and they say no – that is their choice. They have a right to insist on what they feel is best after you have explained it to them, reassured them." (Nurse)

"The benefit of them staying here is that they know the staff." (Nurse)

"It's about the resident. I prefer they be treated here if possible. We try to respect their preferences, get the doctors involved and the family as well." (Administrator)

"They might be more comfortable here. But if we can't manage the pain or if they need some diagnostic test or procedure we can't do here, they truly need to go to the hospital." (Social worker)



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