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GO TO THE HOSPITAL OR STAY HERE?

A Decision Guide for Residents and Families

About half of all hospital transfers are avoidable. This guide will help you understand why transfers are made and how to get involved in the decision.

A change in your condition—a fever, shortness of breath, pain, an injury from a fall or other change—may raise the question: Should you be transferred to the hospital? This booklet can help you weigh the pros and cons of a transfer, so you and your family can make an informed decision.

If it is an emergency...

Staff may call 911 to send you to the emergency room. They will also call your doctor or other medical provider and your family.

If it is not an emergency...

Your caregivers will assess your condition by:

- Asking you what happened, how you feel and/or where you have pain
- Listening to your heart and lungs
- Taking your temperature, blood pressure and/or oxygen level
- Testing your blood or urine—You can ask your caregiver for the results

If you have concerns or questions about being transferred, now is the time to speak up.

Reasons to Stay Here

Tests and treatments are available here, including:

- Medications
- X-rays (in some nursing homes)
- Blood tests
- Oxygen
- Wound care
- Comfort care such as pain relief, fluids and bed rest
- Intravenous (IV) fluids

Your caregivers will check on you and communicate with your doctor or other health care provider.

Reasons to Transfer to the Hospital for Care

Hospitals can provide more complex tests and treatments, including:

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

But going to the hospital can be stressful and expose you to greater risks for falls and infections. It may be more comfortable here with health care staff you know and who know you.

8. How much say do I really have in the final decision?

That is up to you. Some people want to make the decision. Others want a medical provider to make the decision for them. Your medical provider can talk to you and your family and our staff, and we can make a decision together. If you want to be transferred to the hospital or stay here against the advice of your medical provider, you may be asked to sign a form saying you take responsibility for your decision.

9. What happens in an emergency?

If 911 is called, you will receive on-the-spot treatment from an ambulance crew and be sent to the nearest hospital.

10. Will my family know where I am?

Sometimes in an emergency there is not time to call family until you have already left for the hospital. However, both your provider and our staff are responsible for keeping your family informed.

11. Will I come back here when I leave the hospital?

In most cases, yes. In some cases, though, you may go to a rehabilitation hospital, a different nursing home or even home, if that is the best choice for you.

12. Will the nursing home hold my room while I am gone? What will happen to my things?

Policies differ from nursing home to nursing home. In most cases, though, your room will be held for several days. If you are concerned, ask someone about what happens with your room and your personal belongings.

13. Why are we talking about this now?

It is better to plan ahead and make your preferences known now, in case there is an emergency or you are too sick, worried or upset to make a decision when the time comes. Talk with your family and your medical provider. Make sure you understand what expenses your insurance covers, if you are ever transferred to the hospital.

FAQs - Frequently Asked Questions

1. What is a medical provider?

A medical or health care provider could be a physician (MD), doctor of osteopathy (DO), nurse practitioner (NP) or physician assistant (PA).

2. Why would my medical provider consider transferring me to a hospital?

If you experience an injury or a serious change in your condition, your medical provider may consider sending you to the hospital.

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

If we are able to provide the care you need, then staying here at the nursing home may be your best choice.

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

Nursing homes are different, but most facilities can give you medications by mouth or injection, give you intravenous (IV) fluids except blood transfusions, order common lab tests and x-rays and keep a close eye on your condition.

5. What are some benefits of being cared for here?

Our staff are familiar. We know you, your health history and your needs. There would be less disruptions to your care here. Transferring to a hospital might be tiring or stressful, and complications could happen.

6. When would going to the hospital be the best choice?

Hospitals have more equipment and staff than we do. They can run more complex lab tests, x-rays and scans. They can give you blood transfusions, if necessary. They can also do complex procedures such as surgery.

7. What are some other benefits of going to the hospital?

If you have only been at the nursing home for a short time, you might not be comfortable yet. You may also have a doctor or medical provider at the hospital who you like and cannot treat you here.

You can be involved in the decision.

You have the right to know what is happening to you. You have the right to know how decisions about your care are being made.

You may want to talk to any of the following people:

- Nurse
- Doctor or medical provider
- Social worker
- Spiritual advisor
- Family
- Close friend

You can make your preferences known by:

- Talking with any of the people listed above
- Writing down your wishes and telling people where to find what you have written
- Completing advance directive documents such as
 - Power of attorney for health care
 - Health care proxy: Names someone to make health care decisions for you if you cannot
 - Living will: Documents your preferences for your end-of-life care
 - Request for a DNR (do not resuscitate) order or a DNH (do not hospitalize) order
 - Physician Orders for Life Sustaining Treatment (POLST) or similar form



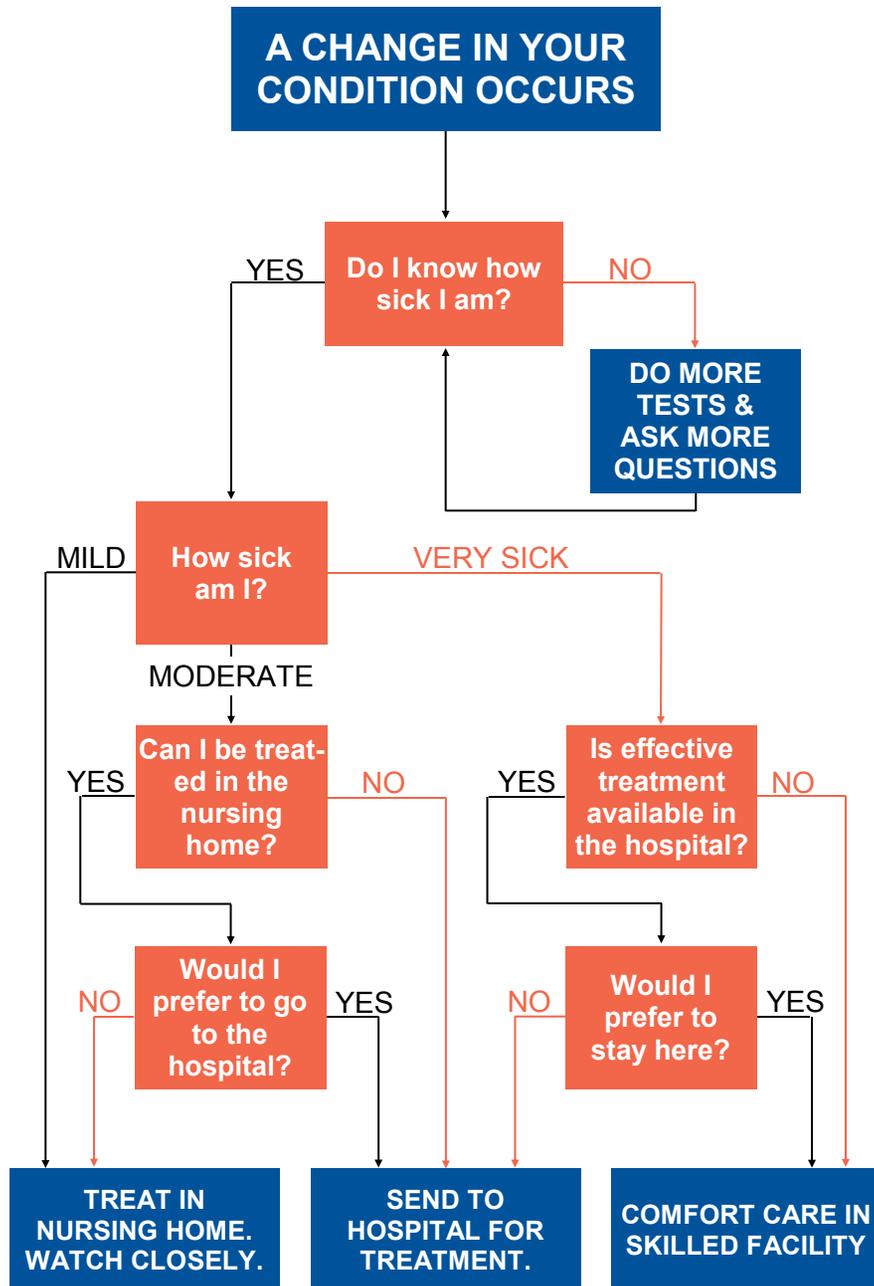
What can we do to help you?

If you still have questions, please ask someone here at the nursing home to talk with you. He or she may help find others to talk with you, too.

“[Residents and family] can only make an informed decision if they have all the information.” – Health Care Provider

Decision Tree

Go to the hospital or stay here?



Special Information for Family Members of Residents Who Have Dementia

- 1. Will my family member be sent to the hospital even if he/she has Alzheimer’s disease or dementia?**
Your family member will be sent to the hospital if needed, unless he or she is in the advanced stages of the disease, is in hospice or has advance directives specifying no hospital care.
- 2. Can my family member still participate in the discussion about a possible transfer to the hospital?**
That depends on how advanced the memory problem is and how sick your family member is at the time. Those who are in the early stages of Alzheimer’s or other forms of dementia are capable of expressing their wishes. Those in advanced stages may not be.
- 3. Even if my family member cannot express his/her wishes, should we tell him/her what is happening?**
Yes. Your family member has the right to know what is happening and may become anxious or frightened if moved to an unfamiliar place without explanation. Be sure to use simple, direct words such as “You are sick” or “Your doctor thinks you should go to the hospital.” Use a quiet, calm voice when explaining the situation to your loved one.
- 4. How can I, as a family member, make sure I will be fully involved in the decision-making process?**
You may need to complete some legal forms to do this. Ask your loved one’s doctor or other medical provider or the social worker at the nursing home for more detailed information. It is best to do this before a question about treatment or a hospital transfer comes up.

“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
