

Making Decisions About Hospitalization

Considerations for Staff

Why are decisions about going to the hospital important?

Hospitalization has both risks and benefits, and decisions about hospitalization should be carefully thought out. The decision to go to the hospital should be based on a resident's overall goals of care and medical needs. Many urgent situations require prompt hospitalization, but on some occasions, residents may be able to receive best care by staying in the facility. Particularly when the main goal of care is to keep the resident comfortable, it may be possible to provide supportive care in the nursing home and avoid hospitalization.

What are the benefits of going to the hospital?

Transfer to the hospital should occur when appropriate treatments cannot be provided at the nursing facility. 'Appropriate treatment' means something that is required to achieve the outcomes that are desired by the resident, their family, and the healthcare team. It may include treatments that are curative, life-prolonging therapy (when that is the goal of care), or symptom management when it is not possible to adequately manage symptoms in the facility. Oxygen, antibiotics, and other medications can be given in the nursing facility and some diagnostic tests can be performed as well. Hospitalization should be considered if more intensive treatments or monitoring are needed such as CT scans or continuous EKG monitoring.

What are the risks of going to the hospital?

Transferring to another setting for care can be disruptive for the resident and involves inherent risks. For older adults, hospitalization may result in harms including drug reactions, delirium (sun-downing or confused thinking), falls, hospital-acquired infections, loss of independence due to being bed-bound, malnutrition and/or dehydration, a decline in self-care, and pressure ulcers. For patients with dementia, a change of setting and environment may be stressful and lead to worsening cognition and confusion.

What are the benefits of staying in the nursing facility to receive care?

For patients that do not have an urgent reason to go to the hospital, there are many benefits to receiving care in the facility. These benefits include being in a familiar environment with personal belongings, receiving care from staff and clinicians who know the resident well, and avoiding potential hospital-associated medical problems and risky transfers. If the initial decision is to keep the resident in the nursing home and the resident's condition does not improve with treatment and monitoring provided in the facility, the care team and resident/family can reconsider the need to hospitalize.

What are the risks of staying in the nursing facility?

If the decision to provide care at the facility has been carefully made by the resident, family and the care team, the risks are minimal. However, hospital clinicians have access to some tests and treatments that are not available in the nursing home. For example, neither CT scans nor surgery can be performed in the nursing home. These tests and therapies may be necessary to diagnose and treat certain conditions, such as a pulmonary embolism causing shortness of breath. A resident's condition may worsen without hospital-level treatment.

What can staff do to provide high-quality care to sick residents?

- Clearly define, document, and be aware of the resident's goals and expectations for care upon admission to the nursing facility. Tools such as the POST (Physician Orders for Scope of Treatment) and code status orders (e.g., Do Not Resuscitate) should be used to clearly document resident treatment preferences when appropriate. Goals of care should be reviewed at regular intervals (at least yearly and/or when the resident has a change in condition) and documentation updated to reflect any changes.
- Promote preventive measures in the facility to help avoid hospitalizations such as proper hand washing, vaccinations, infection control measures, and fall precautions.
- Have a standardized process in place to quickly recognize and respond to a change in status, including education to support recognition of early warning signs of acute illness.
- Use standardized communication tools and protocols, such as the SBAR, to communicate with clinical providers regarding a change in status.
- Work with clinical providers to implement diagnostic and treatment plans.
- Monitor residents with a change in status closely and communicate with clinical providers regarding response to treatment.
- Provide active treatment for symptoms such as pain and shortness of breath.
- Early and regular communication with residents and families is important when a change in status occurs so that they can participate in and actively support the plan to manage the condition.



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