Daughterhood the Podcast
Episode #53
Navigating a Hospital Stay, Rehab and Home with Dianne Savastano

Tue, Dec 12, 2023 6:54PM • 1:07:10

SUMMARY KEYWORDS

loved, hospital, care, health care proxy, mother, facility, discharge, information, emergency room, admitted, quantifiable goals, work, invaluable, home, physician, insurance company, person, insurance, case, podcast

SPEAKERS

Rosanne, Dianne Savastano

Dianne Savastano 00:00
This is The Whole Care Network helping you tell your story one podcast at a time. Content presented in the following podcast is for information purposes only. views and opinions expressed in this podcast are solely those are the hosts and guests and may not represent the views and opinions of the Whole Care Network. Always consult with your physician for any medical advice. Always consult with your attorney for any legal advice and thank you for listening to the whole care network.

Rosanne 01:06
Hello, and welcome to Daughterhood the Podcast. I am your host Rosanne Corcoran, Daughterhood circle leader and primary caregiver. Daughterhood is the creation of Anne Tumlinson who has worked on the front lines in the healthcare field for many years and has seen the multitude of challenges caregivers face. Our mission is to support and build confidence in women who are managing their parents care. Daughterhood is what happens when we put our lives on hold to take care of our parents. We recognize this care is too much for one person to handle alone. We want to help you see your efforts are not only good enough, they are actually heroic. Our podcast goal is to bring you some insight into navigating the healthcare system. Provide resources for you as a caregiver as well as for you as a person and help you know that you don't have to endure this on your own. Join me in Daughterhood. No matter the reason you enter a hospital. It's intimidating, and the process is not self-explanatory. Each step from admission to discharge to rehab to home is fraught with managing communication and decisions. My guest Dianne Savastano can help. Diane is founder and principal of Health Assist a Massachusetts based company founded in 2004 that specializes in helping clients navigate the complexities of the healthcare system, beginning as a registered nurse providing direct patient care. Dianne's 25-year career includes roles as a hospital insurance and employee benefits executive. And

as a management consultant. Her experience has taught her to ensure that the healthcare consumer is at the center of the health care equation. In our conversation today, Dianne will share how to prepare yourself for navigating a hospital trip the tools you need the questions to ask throughout the entire process, and how to make yourself part of the care team from beginning to end. I hope you enjoy our conversation.

Rosanne 02:59
Anytime the thought or happenstance of going to the hospital whether planned or emergent comes up for a caregiver, it adds another layer of stress. And while caregiving is built on trying to plan ahead and be prepared for issues that come up, how do we navigate the hospital and plan ahead for a hospital visit?

Dianne Savastano 03:15
So planning is key. Most definitely. However, most hospital visits happen with an emergency, right? Yes, there are definitely a few things that you could do in advance. I am a firm believer that we have to control and manage our own medical records. So one of the things that I advocate for everyone is that they put together their own little paper medical record, in the form of what we call a grab and go kit. And every circumstance is different. So if you're dealing with an older adult who's vulnerable, who's living alone, that's a different circumstance. And maybe you know, you're gonna go with your husband or your wife or you know, your child. But the concepts are the same. So when you go to to the hospital, and are you talking about an emergency admission or you miss an emergency visit or an emergency visit? Yeah. Okay. So if you could grab this grab and go kit, it could help you tremendously. And I you know, I have a personal experience with my mother recently who fell and I of course have a grab and go kit for her. And it was very helpful actually on site with the emergency personnel, because I had at my fingertips, a few things that were invaluable to the emergency personnel and will be equally as invaluable to the personnel at the emergency room when you get there. So one is it's just a list of your medical conditions. And again, if you have if you're a good enough planner to be having access to your, your patient portals, sometimes you can use some of the tools on the patient portal to create your own little paper list or you can create another I don't depend on the patient portal because at a given point in time, first of all, the emergency personnel can access your patient portal. And when you get to one entity, it doesn't necessarily mean they have access to any of your other medical records that might be at another entity. So I go back to paper. So in my, in my grab and go kit, it's usually a plastic sleeve. And in that plastic sleeve, I have this list of medical conditions, sometimes I separate them by system, you don't have to be so fancy. But you know, just having a list of the medical conditions that you manage. Second huge thing is having, you know, having a note about any allergies that you might have, because that's really important, then it's your medication list. And it's the list of the meds you take how often you take them the dosage at which you take them. That is incredibly important to emergency personnel. I like to have in there my health care proxy. Because again, if God forbid, I'd find my way, my way to an emergency room, and I can't make a decision for myself, well, who is my healthcare proxy, and you've got it sort of right there, right, there's usually a face sheet that I have on the front of these that basically has sort of my kind of information. So my name, my address, my phone number, my date of birth, and my emergency contact with a phone number. So you know, you can kind of see that. But then further in the packet, you've got the health care proxy. So if money health care, my emergency contact is my husband, that's also my health care proxy. So because if you look at the

health care proxy, you don't always have you know, who it is, you don't always have the contact information for that person. Exactly. Other things that, you know, these are like, you know, those are the basics that I absolutely want to have in every one. But there might be a couple of other things. And for some of our you know, clients, again, that are vulnerable will have a signed what I call a HIPPA release form. So for example, my clients give me permission to access their medical care and speak on their behalf, I'm not their health care proxy, that's different, I'm not making distances for them. So having a signed HIPPA release form is an important pieces well, so that way it gives permission, especially if it's not a family member, because oftentimes emergency personnel will speak with your with your close family members, you know, but I'm not a family member. So they really have to have permission to speak with me, if there are any form of advanced directives that you have already executed having those in there as well. Some of our clients might have, you know, the hub that have healthcare proxy, they might have the durable power of attorney, which kind of gives people permission to make financial decisions for them. But a more important piece is if they've ever signed something like we used to call them Do Not Resuscitate orders, or now there are forms called MOLSTst or POLST forms, if those are part of someone's life at that point in time having them right there. So those are the main things that you kind of want to be able to grab when you when you go to the, you know, to a hospital or are encountering hospital personnel for yourself or for a loved one.

Rosanne 08:12
And it's interesting, because it is an emergent situation. And then, but But you have to be prepared for that emergent situation. So you have to have those conversations with your care partner about your health care, who's going to be the health care proxy, if you're going to fill out a post or a most because they are, you know, they are deeply in depth conversations. So you have to have that to bring with you. And a lot of people don't like to have those conversations. But it's important, especially when there is an incident that dent brings you to the emergency room.

Dianne Savastano 08:44
Yeah, there's a way to, you know, you ease into these things. Right, right. Right. So if I were to say, what are the basics, you know, your list of medical conditions, you know, your face sheet list of medical conditions and your medications, if you haven't been able to go there in terms of deciding what someone wants an end of life? Well, a precursor to that is at least establishing who's can be who can make decisions on your behalf. So that's the health care proxy. So at least if you have that, that's it. And hopefully, your loved one that you've designated, has had a conversation with you, because that's the missing piece sometimes. But maybe you haven't yet. So I always like to look at you don't have to have everything, it doesn't have to be perfect. Just have the basics, and then you'll progress towards the other things that you might need. You have to try to plan that out, at least to give yourself a chance, because it's confusing. There. It is. Well, what I found now with especially, well they always ask the questions in an emergency environment or in a planned admission, do you have a health care proxy? Do you have it with you? I'm finding hospitals asking you to sign when on the spot. So to say you have something and to me that can get confusing, right? So it's really great if you've got your own and you can produce it. If you've done this in advance, these are, that's something that should be on file with your primary care physician, if possible. Not that the emergency place you might go has access to it, but you never know.

Rosanne 10:11
Right Right no at least you have it done. And you've taught, and if you have it on file somewhere, it means you've talked about it. And you can at least have that conversation. Because it's, you know, when you enter an emergency department, they have their own systems in place. And we are visitors, and we don't have their playbook. So how do you navigate that department? How do you communicate with with doctors? And who are you talking to?

Dianne Savastano 10:36
So of course, it's very tricky. And you have to be very politely assertive. Right? So it depends on the circumstance, of course, so so I'll use the example of going say, with someone who is in pain, who is, you know, not able to maybe relay if, you know, effectively, so one of the things that I always do, you know, oftentimes you can't go in with them. Or like, I followed the ambulance with my mom, right? So she went in the back way, I went in the front way, they didn't want to let me in. Right. So, and I, you know, said, I have invaluable information to share with the personnel who will be, you know, seeing my mom or treating my mom, I really like to speak to whomever is seeing or treating them as soon as possible. Sometimes every situation is different. So sometimes, so they really pushed me away, they wanted me to leave, you know, and I said, You know what, I'm just gonna sit over here, because I also have insurance information. I bet you're gonna need that, right?

Rosanne 11:39
Yes, there you go.

Dianne Savastano 11:41
Oh, okay. Well go sit over there. And then I sat over there. And then they gave them the emergency the, you know, insurance information. And then I just kept sitting. And literally, within about 15 minutes, the caregivers, the doctor, and the nurse practitioner came out, and they wanted to ask me questions. And so I started to relay a lot. And they were like, coming in. So I was, I was politely assertive, but I was assertive. And I guess, again, if you can position yourself as I have invaluable information that you are going to need in order to treat this person i and that goes back to those, you know, knowing their allergies, knowing their medications, knowing their medical conditions, knowing what happened. So now let's say you're not letting you in, you're out there, you're waiting, and you're waiting, and you're waiting, you know, when can I speak to someone who can give me an assessment? Oh, by the way, I have a signed release form, like, you know, so these are all these. And so sometimes you do just have to wait. And then generally, the person that will come out will generally be, I'd say a physician or a physician extender, you know, whether it's the physician's assistant, or maybe it's a nurse practitioner, like it depends on the entity that you're in. And then you know, obviously, in an emergency situation, you want to know what's going on at that moment. But you also want to know who it is you're speaking to. So hopefully, when someone and I say this about everything in a hospital, you always introduce yourself, and you say, and you are if they haven't introduced themselves. Oh, could you please describe your role to me, I'm trying to assimilate a lot of information from a lot of different people, right? Having notebooks is really, really important, you know, so that you're, you're making notations but say someone comes out, they usually introduce themselves, they describe their role, but if they haven't, you ask them for that. And then you know, you want an assessment of what's happened, but then you want to know what the next steps are. Can you tell me what the next steps are, you know, it could be further

diagnostic testing in the ER, it could be that now we're going to wait for it, you know, admitting or your your loved one is going to be admitted. All along the way. You have to constantly figure out the hierarchy of who people are and how they fit in this sort of hierarchy. If you're in a, you know, academic teaching institution, it's a very different experience sometimes from being in a local community hospital is so when you're in an academic institution, it's a little harder sometimes because you may be interacting with interns, residents, fellows, attendings, hospitalists, pas and NP, so physician's assistants and nurse practitioners. So again, always asking what their role but then asking about, could you describe the hierarchy of the care that's being delivered to my loved one? Because they might say, Oh, they've been admitted to Dr. Smith. She's a pulmonologist, she also works so the fellow is so and so the resident is so and so the intern is so and so because there is a hierarchy. I always like to establish a consistent time so now let's Should we move on to if someone's admitted?

Rosanne 15:03
Yes, now that you you're admitted, or you're in observation, then what?

Dianne Savastano 15:08
Again, keep asking questions. One of the keys, politely assertive, what I mean by politely assertive is, again, always introducing yourself, always asking them to introduce themselves and who they are. But I also like to position whomever I am interacting with in a healthcare setting, as an expert, who's there to teach me. And so I think acknowledging your own anxiety and fear, I'm saying that upfront, you know, I'm interacting with you, I might be speaking quickly, I'm really anxious and really anxious about my loved one and anxious to hear from you. I appreciate now that you've described your role, I really appreciate your role, I know you've got a lot to share with me. And I'm here to listen and positioning yourself even saying the words you're here to teach me, I think is really important. You've got so much to, you've got so much experience, and you're going to teach me about what those all those diagnostic tests are that you just described. So it really puts the hospital personnel, they feel respected, you want them to feel respected, it's good to acknowledge your own anxiety, you know, so that way it kind of like almost de escalates the situation a little bit. But then when you put them in that position of you're here to teach me and I'm here to learn and listen, again, as a healthcare professional, that's what I was years ago, as a nurse, that that was I loved teaching, most healthcare professionals want to share they want to teach, but you get so immersed in the everyday life, that you're not even sensitive to the fact that this person has never heard that acronym before, or whatever. So, so always positioning people in that role, I think it's really helpful. But let's say you're in the ER and you're in, you're struggling. So again, you kind of have to talk to whomever you can talk to tell me what the next step is, tell me what your protocols are, you know, will I be able to go in and see my loved one and sit with them, you know, in a little bit. Again, the COVID environment, of course, threw everything up in the air. So there are still lots of restrictions depending on what's going on. But, you know, ideally, you want to get by their side, if you can, so that you then have the ability to interact with whomever is in I mean, I went through this with my husband last year with an emergency admission, following surgery with a complication, it was invaluable for me to have made my way to his side. So that because he was in tremendous pain, and so he couldn't really hear and he was incredibly anxious. But if you can make your way to that person side, so that you can directly interact with whomever is coming in, in the room, that's where you really want to get to, okay. And I think sometimes you can say, my loved one is in extreme pain, you're gonna get better information from me, or my, my mother doesn't hear very well. And I didn't think to grab her

hearing aids. And so I can help relay I can help you, you want to position yourself to be of assistance to whomever it is that you're interacting with. So that's the ideal. Sometimes you can't, you know, sometimes you have to go home. So let's say you do go home, and now you're waiting for them to be admitted, you always want to get a contact, who can I call in an hour to see where we stand to I call the ER, you can always call the ER, they they would then direct you to other places. But let's say they've been moved to observation. Is there a contact person at observation? Let's say they're in the hallway waiting for room? Well, how about admitting, you know, so you're you try to get direct numbers so that if you do need to go home, you can still be making phone calls and be checking on things. If you have access to someone's patient portal. Again, depending on the system in real time, you can see information. When my mother went to the emergency room right before I left for my my, my vacation. I was driving to them at four in the morning, and I was getting emails on my phone saying test results were coming through because they have my email address on her patient portal.

Rosanne 19:27
Right. Right, right.

Dianne Savastano 19:28
So now, in some settings, diagnostic testing does not get posted until later. But in some settings, you can see it all in real time. You can see doctor's notes in real time. So you're always trying to figure out a way to stay connected to what's going on.

Rosanne 19:45
Yeah, no, that's that's fantastic. And then when you are admitted, trying to deal with the rotating doctors who come in, and if you're there if you're not there, what's the best way to navigate that portion?

Dianne Savastano 19:57
Yeah, so let's say someone's admitted and let's say you're not physically there, or even if you are, alright, yeah, I asked the same questions of multiple people. So but I usually start with the nurses, right? And I usually ask who the nurses that's assigned to my loved one or to me, right. And it's usually written on the board. And I say, I'd like to have a conversation with you. I really want to be able to communicate, I want to appreciate how your structure on this particular unit. So I'm, sometimes I'm asking about the nursing structure. So you're here right now it's eight o'clock in the morning, are you working? A day shift from seven to three? Are you working 12 hour shifts? And then how do your shifts work? Who do you work with? Are you uh, do you also have medical assistants who are working with you? So what's the structure? What's the nursing structure on a unit? Because that's where you're interacting with most often, right? Okay, so let's move over to the to the structure, the physician oversight structure helped me to understand it. What is your structure and what is the hierarchy in a community hospital or even a teaching institution, it might be a hospitalist structure. A lot of people are unfamiliar with what a hospitalist is.

Rosanne 21:13
Right, just for clarity. a hospitalist is a physician who cares for inpatients, they only work inside a hospital.

Dianne Savastano 21:20
Right Oh, okay, and what's the rotating schedule for the hospitalist? Because again, sometimes they will do 12 hour shifts or eight hour shifts, and then they also will do days in a row. So it could be that, oh, I'm going to see the same hospitalist for the next three days or no, that's the end of the three day shift. I'm gonna see another hospitalist tomorrow. So appreciating that, if it's a structure that does involve a teaching institution that has, you know, interned it's usually goes intern, resident fellow, there could be multiple interns, multiple residents, usually one fellow, it could be, again, one of these physician extenders, the PA will be coming in every day, who who was I assigned to? Was I admitted to the pulmonary service. So the surgical service, who is the attending, right, because usually start out with the attending at the top. So, but then your next question is, Who do I communicate with regularly? And do you have phone numbers to share with me, another way that it might work is, let's say, I know, for various clients, it might be that it's the resident who is assigned the role of communication with the family member. And you know, these days admissions go so quickly, but let's say it's going to be a five day admission you think because this person's pretty sick. Okay, so I'd really like to speak with Dr. Smith. Okay. And then once you speak with Dr. Smith, Dr. Smith, I know that every morning you do rounds with your team, right? And I know by probably late morning, you've got a plan for that particular day, chances are you've reviewed all the diagnostic testing that happened the day before you've reviewed what's going on with my loved one the day before. And now on a given day, by around 11 o'clock, I think you've got a plan for today, right? Can we speak every day around 11 o'clock? Can I call you are you going to call me like, I was like to have control over calling by the phone. But that has worked really nicely. For regular communication within an academic medical center, you can then figure out whether you feel like you need to speak to someone else, you know, might be that you want to speak to the attending at some point or, gee, I'm really questioning this, you know, you've obviously even a resident has someone above them, you know, you talk this over. But trying to establish a regular communication time, both with the nursing team and with the physician team is important. And if you can get a sense as to how that unit works, that really helps you. And then we'll also talk about the case manager when you want to go there.

Rosanne 24:09
Let's go there now.

Dianne Savastano 24:10
Okay. So, you know, most healthcare consumers don't realize this. So we want them to know this, that the minute you walk into an emergency room and or admit get admitted into the hospital, someone is planning for your discharge immediately, immediately. Yep. Okay, so in other things, in an emergency room setting, they're there, you know, ideally, they would hope to be discharging you from the emergency room. Hopefully, you're you they've got you under control, and you've got what you need and whatever. So that's important. But let's say that you make your way to an admission and you are in it kind of depends on where you go. So let's say you're in a CCU, right. Your

Rosanne 24:52
Critical care,

Dianne Savastano 24:53

Critical care you're sick and ICU CCU. Chances are they're not thinking as much about your admission as if you were admitted to a regular unit, but what they're thinking about is when you're going to be transferred out, right? So that might be that those might be the questions that you ask, you know, again, hopefully you're communicating with someone in the ICU or the CCU. And you might be saying, Okay, what's the plan of care for today? Is my Do you think my loved one is going to be staying there today? Do you have a transition plan? You always want to know, do you have a transition plan. But let's say now you're on a regular unit. And so most regular units have an internal person who is assigned, sometimes they're called a case manager. Sometimes they're called a discharge planner. And so what you want to do is when the minute you, you're on a unit, you can ask the nurses this, you could say, I know, you plan for discharge upon admission, I don't want to be caught unprepared. I want to participate in my loved ones care, and discharge. Do you have an assigned case manager for my loved one? Often times they do. Oh, yes, it's, you know, Jim Smith, and here's Jim's number, or Jim Smith is down down the hall. There's his office, you know, whatever. And because you want to reach out right away to Jim Smith, and you want to say, I am Dianne Savastano, I am, you know, my mother's person. And I am the one that wants to communicate with you about her status and about her impending discharge. Let's talk about that right away. Because what happens is that case manager generally rounds every morning, along with the physician team and the nursing team, the case manager is right by their side, because the case managers role and responsibility is to be communicating with the family, and primarily focusing on discharge. So you want to know who that person is right away. And it might be that that becomes your clinical liaison. Every day, in addition to the physician. Well, we just rounded on your mother. And although we had planned for a discharge four days from now, we're actually thinking based on their clinical status, they we might plan for discharge earlier. And oh, the discharge is going to involve going straight home, or possibly transferring to a skilled nursing facility for short term rehab. As a family member, you're like, what is that? Right.

Rosanne 27:29
Right? Absolutely.

Dianne Savastano 27:30
And oh, Jim Smith, you just use the terminology, the terminology I'm completely unfamiliar with, obviously, you're very familiar with this, please educate me, again, positioning that person to educate you. What they're also responsible for doing is appreciating someone's insurance coverage, because their job is also to be a liaison to the insurance company. So they have checked to see what your insurance coverage is. But let's assume that it becomes critical at this point for you to appreciate what your insurance coverages. So let me give you an example. So they're saying to you, gee, your mother, you know, we believe your mother will be probably need some short term rehabilitation. And, oh, I see your mother has a Medicare Advantage plan, and it's a PPO plan. And, gee, I've already communicated with the insurance company, this is Jim Smith saying this hopefully. And here's a list of the skilled nursing facilities that are considered in network for your mother, you may want us to hopefully, he's going to say to you, you may want to start researching these. And and again, that person, it becomes critically important to planning for that discharge and for you to be prepared, because you've got a lot of work to do at that point.

Rosanne 28:54

Yes. And it's better to know this going in then talking to Jim Smith on Tuesday at 11 o'clock, and Jim saying, Oh, your mom's getting out at two o'clock. And then here's, here's your choices. You cannot, there's no way to go through that list and figure out where what the best placement for your mother is at that point. So you really do know that

Dianne Savastano 29:15
And I failed to say this. And I think this is really, really important. And you can use this all the way from the emergency room all the way through. I have information that's valuable to you. I'm here to represent my mother's baseline, you're seeing my mother and my husband, whatever, they're sick. Let me tell you what their home environment is like, right? So my mother lives alone with no added support except for me. She lives on a multi level house. Her bedroom is upstairs. Her bathroom is upstairs. You know, so you're representing the environment that potentially someone could go home to, because that really factors into a recommendation for what whether or not someone will be referred to go to a skilled nursing facility, when it is discussed that someone might might go to a skilled nursing facility, it is actually a physical therapist who comes in and does an evaluation of someone to help in that determination about where are they should go based on their capabilities. But you have to represent what they were before, right? Because especially for older adults, they have seen someone in the bed who's confused and might be confused, as in pain, who's whatever, you know, assumptions might get made that are inaccurate. The other piece is that if you want to take your loved one home, you have to be able to represent that as well. So my preference would be to take my loved one home, they live with me land using another example. I could, I can take care of them. I'm a nurse, or I'm not, we're like, Oh, I could, you know, you want to represent what you're capable of. It could be I work full time, there's no way I could take my mother ball, I have children or whatever, you know. So that's where a good dialogue between you and a case manager is really, really important. They're representing what the clinical team is saying about someone's capabilities and their clinical status. And you're representing what you know about your loved one and the environment that they might be leaving to go to.

Rosanne 31:26
Right. That's great. And it's it's the communication, you have to be able to, you have to be able to communicate all this and hear what they're saying, how do you then if they go to skilled nursing, then you're repeating this cycle again, at skilled nursing. Correct.

Dianne Savastano 31:41
Absolutely well hopefully, so what you have to do if indeed, let's say it's determined, it's pretty much determined that your your loved one can't come home, they need to go to a skilled nursing facility, you have to run home and do your due diligence. So a couple of things to pay attention to one is the insurance and don't, don't believe everything you're told. Yes. So when I went through this with my mom, about two years ago, I came home and I'm looking at all the skilled nursing facilities that are within a certain facility, I'm looking at their ratings, I'm looking at whether they're considered in network for my mother, and, and I'm going to quickly drop everything. And I'm going to call the admissions people there. And I'm going to say, I'd like to come in for a quick visit today, because I want to see this place, I want to talk to people, whatever, the case manager is just giving you a list, you know, they're not, and they're almost there almost not supposed to give you an assessment of the quality of what goes on there. And so they're being very neutral. But what happened with my mom is there was a

facility that I knew I wanted her to go to. And the case manager at the hospital said that's not a network. And I said it is a network. I'm looking at it right here it she said, I've already called there it's not considered a network. And I said, You know what, I'm gonna get off the phone right now. I'm going to call the insurance company. I'll call you back. So now I get the insurance company on the phone. And they say no, they're in network. Now I got the facility on the phone and I now this is the facility, not even the hospital. They're like we are? Yes, you are.

Rosanne 33:18
Oh, my goodness.

Dianne Savastano 33:19
So had I not been that now I call the hospital case manager back. And now I've got the facility on the line, I let the insurance company go and they're like, yep, we are in network, okay. But see how assertive you really need to be. And you do have to kind of go back off into your insurance company and get people on the line and, and confirm things, even if you read it online. Networks can change. So yes. So now I knew of this facility of the quality of this facility, but I still wanted to go over for a visit. So you might want to go to five places for a visit. What happens is you feel tremendous pressure, because the you feel like the hospital is pushing your loved one out. And sometimes you have to know when to push back. But if you've demonstrated to them, Listen, I am very motivated to care for my mother, I am very motivated to work with you. I know you're working within the confines of your protocols. We are also all working within the confines of insurance. But I have a responsibility to do due diligence to facilitate my my loved one going to the best place that I determined they can go to, you need to give me a day to go visit these three places. Because what happens is you've got a list and hospitals. Take your list and you could put them in order of priority. All right, here's my list of five. I want I numbered them one to five. They put out what's called a screen to these facilities in this is all done electronically. These facilities look at the medical documentation that's all share. And they look to see whether you're a good match for them. But also whether or not there are even beds available. And so and so there's this dance, I call it the discharge dance. There's this dance that goes on. And I always feel as though even though the case manager is communicating with these facilities, you need to create a relationship. This is why I say go to the facility, ask for the admission people, I'd like to come in for a quick tour, to learn, you're gonna learn a lot when you go, blah, blah, blah, right? So now let's say you've given your list and you've given your list, you've rated them 1-5. And the case manager comes back to you and says, Well, we want to discharge your mom tomorrow. And your fifth choice is go to bed tomorrow, I'm on the phone with my first choice and saying, If I can assure you don't have a bed tomorrow, do you have a bed the next day, we're pretty sure we're gonna have a bed the next day. Well, now I'm talking to the case manager and saying, it looks as though my preferred facilities go to bed on the next day. And we you know, there's some compromising that goes on. And there's a stance that goes on, but you have to be really, really assertive. And sometimes you have to say, I don't want my loved one just just charged yet. I'm not ready. But you've got to demonstrate that you are scurrying, and that you are doing your due diligence, and you're doing it quick, you're not trying to just put off their discharge, you're trying to do the best buy your your loved one.

Rosanne 36:35

Ooh, that's tough. It's tough, because, you know, they're like, don't care. We're cutting them loose. They're leaving today. And it's, it's hard to then look at those other options. And between the people that you know, who may have people there, and it's it's the medicare.gov site that you there's at the site that you're checking all of these

Dianne Savastano 36:59
Medicare.gov, and then even the state sites as well. Okay, there's a couple of different places you can go but medicare.gov, and then, you know, your state website that's got lists of places. And you're you're calling around? Yeah, like,

Rosanne 37:14
Yeah, like a mad person. Yeah. What do you know, what do you know? Yeah. And because they changed so quickly. And now now that we're in the staffing shortages, it's really hard to figure out what the best placement will be, because what was on the website may not have caught up with the staffing shortages and the change of care. So then when you go to the skilled, skilled nursing, or when you call them, what are you asking them? My my, my care partner is coming from the hospital And what do you ask them?

Dianne Savastano 37:44
Well, generally, you know, you're identifying a contact within their admissions or marketing team, because that's kind of how you start you explain that, you know, I have a loved one I may be interested in in your facility, I'd like to come in for a quick visit and tour. And so when you get in, you could say, I'd love to meet whomever I can, who you know, of your, you know, of your team members. So ideally, if you've got more time, and again, you've got to match up what your loved ones needs are. So let's, let's say someone had a massive stroke. And that's a whole different thing than, well, they fell at home, they didn't break anything, but they can't really walk effectively yet, like that's a whole different, you know, areas filthy. So when you go in, you want to read about the facility, before you go, you listen to the salesperson tell you about their facility, then you want to again, know how they're structured. And generally, you can find that on the web website, generally, you'll see that there's an executive director, there's usually a director of rehab, that's an important person that you might like to meet on your tour. There's usually a director of nursing, there's a director of case management. And so ideally, they'd be giving you a tour and then you know, if you're going into the gym, let's say, Gee, is there any chance I could meet your director of, of rehab, tell me how your rehab this is really important. Tell me how your rehab services are structured? Oh, so you've got a director of PT and a director of OT and speech therapy? And, um, let's see you, you know, you have all of your therapists, how many therapists do you have? How do they work together? Do you employ all of these therapists? Are they contract employees? So you want to ask the same questions of therapy as nursing? You know, you Oh, I'd love to meet your director of nursing. How are you structured on the units? How many nurses around the units? What are their roles? How many medical assistants around the units? What are their roles? Who develops the care plan for my loved one, you know, so you want to ask a ton of questions. When you go there and you try to meet as many people as possible. Tell me about your discharge planning. Remember even before you get there, they're thinking about your discharge. So you got to duplicate almost everything that you did when you were at the hospital. Now, as you're trying to assess these facilities, so I mentioned that so say, you know, there might be facilities that really have a specialty in

stroke care, or they might have a stroke specialty, and someone who's had maybe a traumatic brain injury or special, you know, tea and caring for patients with Parkinson's disease. So, you know, depending on what the needs are, you're trying to match up the needs to the best of your ability, and then you get a flavor for the culture of the organization, which is very important. And I usually guide people to make have may have to make a list of their priorities, and then also rate those priorities in order of importance. For example, clinical care, and the maybe the specialty care of that your loved one might be weighed, you know, you that's the most important to you, it might not be for someone else proximity to you might be more important because you need to be able to get there or get your older adult dad there to visit your mom or whatever. The quality weightings, the whether or not they're privately owned or owned by a big conglomerate, when you walk in, how does it feel? How are you greeted? What does it smell like? What does it look like? How what does it look like with other patients in the milieu? How, you know, are you observing the healthcare team interacting with patients? How does that sound, that's why it's really important to go, you get so much you assimilate so much that you get over the phone or by reading, you know, in my face with my mom, I would say I had this list of five. And although the one I really wanted her to go to was probably third on the list of for certain criteria. It's literally 200 steps for me to walk out my door and get to the front door of that facility. So because my dad was here to every morning, we brought her coffee at seven o'clock in the morning, one or the other of us, we went in and out all day long. We couldn't have handled, it couldn't have done that we couldn't have been as present if it was five miles away. Right. So I made that a higher priority knowing I might be compromising on a couple of other things. Sure. Obviously, the clinical care was way up.

Rosanne 42:23
Right, right. No, and it's, and I'm, I'm sitting here like, wow, because I, you know, I think we've all been in that position of here's your choices, you know, leaving today. Good luck. And my favorite question is, if it was your mother, which place would you want her to go to when you can't get to these places, because it's hard to be able to do that. It's hard to be able to go and visit and do a full scale assessment on these facilities. And I don't know, it's important and I'm not saying this important because it is because this is this is the next step. This is the helping them getting better, getting better getting back to being independent, or at least back to their baseline before they were in the hospital because that's the other part. Anytime a hospitalization occurs, it kind of takes the wind out of the sails a little bit. And their baseline then becomes different. And it's I think, all of this and everything that you just that you just said, which is invaluable seriously, it all goes towards that end, and I don't know, after a hospitalization, what do you look for, to to see if this is their new baseline? Or is this a problem that is still recurring.

Dianne Savastano 43:38
That's really really tough, and especially with older adults, or people who have had, you know, major insults like a stroke or a head injury or whatever. And so, now, when your person is in that facility, your job is to do all the same things, you need to befriend everyone that you interact with, and you need to say, I'm very motivated to participate in my loved ones care. One of the things that I suggest so most people don't realize that within 48 hours of your loved one getting to a facility insurance requires there's requirements that they have to be fully assessed. They have to have their medical assessment, the nursing assessment, PT, OT, speech, all of that in case management. And within that assessment of potential discharge date has been established. What also people don't realize is that they also have to

outline a plan of care for your loved one. And each individual entity establishes what I call objective and quantifiable goals. So for example, and again, you know, hopefully maybe you were there during these assessments so that you could represent your loved ones baseline invaluable information. I have invaluable information to share with you.

Rosanne 44:56
Yup

Dianne Savastano 44:57
So now, what most healthcare consumers a loved you know, family of health care of a loved one doesn't know what to do is to say, I know that you have done your assessment, you've got to do it within 48 hours, 72 hours, I know you've established a plan of care for my loved one, I'd like to have a family meeting right away so that you can share that information with me so that I can support all the wonderful things that you're doing with my loved one. Now, you have to fight for that, because sometimes, they don't want to do it right away, because they have to pull the whole team together because a really good caveman at family meeting includes each of those entities. So you have a fallback position, okay, well, maybe you can't get the physician there. But how about if we meet with the rehab team, I want to compute kit and you want to you want to ask them, please share with me a copy of those objective and quantifiable goals. So let me give you an example. If the baseline that the PT just assessed with my mother is that she's not able to get out of bed except with it's called a two person assist. And so I see that your goal is for to get my mother, you know, for my mother to be able to get out of bed with a one person assist. And then it's with, you know, what's called contact guard. Like there's all these, all this phraseology and terminology. But what you want to know is that for the first week, what they're really focused on is going from a two person assist to have one person assist. And you could say, I can participate, maybe and then executing things you're trying to teach them when you're not here, let's say they are able to walk and take 20 steps. And maybe the new goal is for them to take 30 steps, or there's and there's all these exercises they should be doing in the meantime, and they should be keeping their leg up. And they should be having ice on like, you want to know what the care plan is from the nursing perspective. And from the from the therapy perspective, so that you can say, so let's say you're with your mom, mom, you know, Mary wants to get you out of bed. And you know, that's one of the goals that you have to achieve before you can come home. Come on, let's go. So you become the cheerleader. But now you know why they're pushing mom to get out of bed. Right so you want to be part of that team. And you want to know what those objective and quantifiable goals or that they're working towards. Because, again, you your goal is to get your loved one back to their baseline. But let's say your loved one is not making progress on these goals you want and they have to reassess every week. So now let's say they say gee, next week, you know, your your mom refused to get out of bed or your mom refused or your mom only got out of bed once and now they're kind of moving towards Well, uh we plateauing with this person, are they never going to be able, but you don't have the opportunity to problem solve. So what you want to do is problem solve. So we had an older woman fell recently, she had phenomenal anxiety and fear about getting out of bed. It wasn't that she wasn't physically capable. But now how are we going to address the anxiety and the fear? So then we had a, you know, a psychiatric evaluation, we eventually got her on some medications, like, so you can't you have to like look at all these moving pieces. But if you keep saying, I know you have objective and quantifiable goals, and I know you've got a proposed discharge date, what is that? Now that

discharge date can be fluid, as long as your loved one is continuing to make progress. So having the words in the beginning and positioning yourself as a member of the team to support and reinforce what they're doing. Not only is my mother learning from you, I'm learning from you can be invaluable and then trying to be present during sessions, you know, oh, you're gonna see, do you know what time you're gonna see my mom tomorrow, I'd really love to come and observe, I'd really love to learn from you always position them as teacher, that can be really, really helpful. So you know, not everyone can do this, but I'm talking about the ideal. Do you have family members, you can share some of these responsibilities with you know, Do you have siblings, so they're, you know, does your parents have a sibling like you can recruit other people to be your eyes and ears. I know that when I'm coaching some of my clients, I'm coaching the children, adult children, sometimes, I can't physically be there all the time. I'm like, here's if I'm, if I were there, here's what I want you to observe while you're there. Right I want you to ask questions about this, and then we can come back and we can talk about it.

Rosanne 49:46
You know, it's it's hard because, of course, you can't always be there. But the overriding thing that's running in my head is you have to be involved to try to get the best care that you can from the minute you walk in the hospital door to the minute you leave the skilled nursing facility

Dianne Savastano 50:03
And then you'd be advocate with the with the home care company

Rosanne 50:06
With the home care company exactly, exactly. But you have to you have to put yourself in there. And it's very important that you do so then you leave the skilled nursing facility, and you're going home, what do you need for home? Who do you talk to about what do you need for home? Because they're like, you know, sign the paper. See you later. What? Hold on everybody, what do we need?

Dianne Savastano 50:26
Okay, from day one, the nursing facility from the day you went to visit, you said, Tell me about your case management team. Because from day one, you introduce yourself to the case manager, and you say I'm very involved in my loved ones care, I want to work with you towards their discharge, let's talk about that date. Let's talk about the equipment that's going to be needed when they get home. Let's talk about the referral that's going to be made to the homecare agency when they get discharged home. And this is where it gets really challenging because you've got this overlay of insurance, right? Yeah. So I'll relay this experience when my mother fell, literally, it was eight hours later, where I got the first phone call from her Medicare Advantage plan, insurance company case manager telling me they were going to approve two weeks in the skilled nursing facility. My mother wasn't even there yet. Wow. And so but at least now I've contact right to figure out who the who the contact is. Many insurance companies have algorithms now that they use to determine the discharge date, not based on their it's supposed to be based on their clinical status. And it is somewhat because that gets factored into the algorithm. But this case manager had never met my mother. She didn't know, you know, now. But anyway, but you start you start there. So now you're working with the internal case manager at the facility, and you're talking right, and things can morph and change quickly. But in the beginning, you're like, Oh, my God, do I need a hospital bed? I'm watching my mother. Do I need a hospital bed? Do I

need a commode? Do I need a wheelchair? Do I need a walker? Like what am I going to need in order to take my loved one home? Right? What you don't know is what their capabilities are going to be at discharge, right? Because you're all working towards those objective and quantifiable goals. But to give you an example, depends on the health status of the individual. The insurance company deemed my mother as not being eligible for rehab for 12 weeks, because she was supposed to be non weight bearing for 12 weeks, which was true non weight bearing for right, right left arm and left foot. So they want to send her home. Well, my mother was non-weight bearing.

Rosanne 52:43
Right, right. What do you what am I supposed to do? Right? Yes.

Dianne Savastano 52:46
Now when a referral is made to a local homecare company, they're coming in to do skilled care. So a nurse comes in determines if she has needs PT OT. So it's maybe a nurse visit for an hour a day a week, a PT for maybe two hours a week and OT for maybe two hours a week? What about all those other hours?

Rosanne 53:08
Right? Right,

Dianne Savastano 53:09
So this is where so much pressure is placed on family members. So and so you want this case manager to help you with, you know, getting the equipment for my mother I needed. I needed a stair lift, not paid for by insurance, I had to have that installed so I could get her down the stairs, I had to get a ramp to get her in the house. My cost, right to get her in the house. The wheelchair came, it was covered by Medicare, we could rent a hospital bed covered by Medicare. So the case manager helped make those arrangements. The commode helped me those arrangements, but I had to purchase all the linens, all the other supplies. You know, depending on someone's circumstance, we ended up over time getting her a transport chair, I bought that myself a bench to get into the shower like all these things, all of it. So when when someone is in the facility, you're talking to the case manager, but you're also really talking to the therapists, because they have great ideas sometimes when you ask for a home visit. So the OT came here with the PT 200 steps away, which made it easy. Right? They came and they saw the environment and you and this can be paid for by insurance. So they saw the environment. So they could practice a little bit while my mother was still there. How to get in and out of a car, how to you know, just you could practice what was going to be needed. But when they came home when she came home, I physically cared for her and then I hired private help to help me not everyone can afford that.

Rosanne 54:56
No

Dianne Savastano 54:57
My father, you know who's 89 years old between the two of us. I can't We laughed a lot. I can say that when we dropped her. But I mean, I was fearful, even though I know how to do this, right, you have to

be trained, you know. So someone who's never moved, a person who can't bear weight on their foot has to be taught how to do it. But then you need to practice. And there's a lot of I had such anxiety every time we got her up and out of the bed for fear that we would drop her. And I really, we really needed two people for a while. So it was me and dad, you know, the caregivers. Were here for four to five hours a day, there another 20 hours to go, you know.

Rosanne 55:38
Yeah, yeah, well, it's in it. And that's part of the pressure too, because it's like, Alright, we'll see you later. And it's you, you're not a nurse, you're your a nurse, but you're not, you know, you're not a nurse, you're not trained in this. And it always it falls on on us as the caregiver.

Dianne Savastano 55:53
And you know, who is really helpful. And I, we forget about this, right? Because we're always talking about the PT and the OT, and the nurse and the skilled care, medical assistants can be invaluable at teaching you. So I was watching the medical assistant manage my mother in the bathroom with a bar, she was by herself, you know, and I was like, Oh, that's a really good strategy. And then even when the medical assistants that I hired to come into the home, although the OT was trying really hard to teach me I learned more from the from the aides that I knew, you know, and how they've managed and they had all these little tips and whatever. And I was like, wow, that, you know, they because they have to manage often by themselves, right? You know, there's equipment that you can use sometimes to that can be really helpful. But you have so much to learn. And there's just there's just, it's not every family can do it. So in that circumstance, had my mother not been able to come home, my father was faced with, well, she could stay here for the next nine weeks while she's non weight bearing, but you have to pay privately for that, right? At a cost $200 a day or $500 a day right now, not that it didn't cost us money to bring her home. It did a lot of money for all of this stuff. But but a lot of families are faced with that. Because they can't bring them home. They just can't do.

Rosanne 57:14
It's impossible situations and where you think insurance would actually help. They're a hindrance

Dianne Savastano 57:20
It's just very limited help. Right? It's right. That's the way I like to look at it. It's limited. Even the PTO and OT who came to our home, again, had to get to know that whole team salutely. Yeah, grateful for that team. I can't tell you. But again, they have to develop objective and quantifiable goals. And they have to certify every you know, so many weeks. So again, communicating with what what is the care plan for my mother, what are we working on? How can I reinforce? Okay, so now time for recertification comes up. She's made good progress. Well, now they'll set new goals. So then it can continue. But you have to appreciate that process goes on. And and so I'm grateful. But it's limited in terms of what and then you move. So then families forget, though, that you then move to outpatient physical therapy and occupational therapy once someone is not homebound anymore. So it doesn't have to end but now you have to go to a place. So then that's different, you know, right. Right. And the same process? Yeah, I mean, my mother fell on December. What was it 19 I think are discharged from outpatient physical therapy after all of that was June 1. Wow. Right. So long time.

Rosanne 58:38
Yeah. Yeah. A lot. A long time. A lot of information, a lot of energy, a lot of resources a whole lot. Just one thing to circle back to Diane, what can you do if you meet resistance along the way?

Dianne Savastano 58:52
Um, again Why? Why is it that you think, you know, you tell me the clinical status of my loved one, and what is the follow up care and if they, you might say, I am not ready to take them home, I don't have the resources at home to take them home safely. Always talk about safety. Or, or, again, if they're talking about they're being transferred to another facility, you know, you need to give me time to go and evaluate these facilities and to create my list of priorities. I know you get screens, you know, you I know this is hard terminology. But I know you have to put out you know, you have to ask these facilities who might accept my loved one but I need a little more time. I'll call the insurance company as well. Like you could say I'll plan to call - getting through to the appropriate people at the insurance company is always challenging, but you know, an asking what pressures are being placed on you to have my loved one move today? I need a day you know, or whatever, push back. And then you know, I don't often have to do this, but there's always the hierarchy within an organization when you are not feeling satisfied with your interactions, say in the hospital, so if you've had, you know, if you don't feel like you're informed, if you don't feel like you're getting the information that you need, you know, you, you go up the hierarchy in an organization, oftentimes it might be, I'd really like to speak with the nursing supervisor, or, you know, I and or you might go up the administrative chain of a particular organization. In most hospitals, there are designated patient advocates and doing air quotes with that patient advocates within a hospital. And if you ever and they're called different things, you know, that there's, there's a, there's a role, those departments are usually associated with risk management, okay? No one ever wants to be sued. No, I can find I have found when I've been dissatisfied, I go to that department. And I say, I'm really struggling with what's going on with my loved one. Those people can be incredible problem solvers. They can be incredible facilitators of communication. That's their job. That's their role. And so, so So if I'm not satisfied on the units with who I'm asking to talk to the information I'm getting, I will go to that department. And, you know, I'm anxious, I'm not feeling as though I've, I've heard adequate communication, it's feeling as though I'm being pushed to take my loved one home or transfer them that I don't feel that they're ready. They can be a huge help. I've gone all the way up to the, you know, to the president of the hospital, when you walk into the president of hospitals office and you interact with usually with their assistant, and you say why they're there. They're trying to protect the administrator from having to interact with you, they'll get on the phone. Wow. So I bear that I have to do that. You try everything else first. Know that that's there.

Rosanne 1:02:04
Okay.

Dianne Savastano 1:02:04
Ombudsman, you know, they call them different things in

Rosanne 1:02:07
Right right in the nursing home, it's the ombudsman. Right, right. Okay. Okay. So you can you can kick it up the up the ladder to try to be like, this is this is crazy, or Yeah, okay.

Dianne Savastano 1:02:17
And so often, you know, if I were to say, what's the crux, the crux of the problem is lack of effective communication amongst all of the moving pieces. So I had a client, remember it, so clearly, she still my client was to that is 2017, excuse me. And I was so impressed with this internal, you know, person in this department, we had a meeting with four different physicians from four different departments because she was so complex, plus the nursing team, plus the case management teams, like she pulled it together. And wow. And then when we all got in the same room, we were not nearly as far apart as we had thought. But because care, even in hospitals, often siloed, my client had made it from one service to another unit to a different service, and then a different service after that. And so, so often, it's a lack of, of really effective communication that is at the center of why there's so much frustration, and if you can overcome some of that you can make a lot of progress.

Rosanne 1:03:26
We covered a tremendous amount of information here Dianne, are there any final thoughts or advice you would give to family caregivers?

Dianne Savastano 1:03:33
Oh, well, one is to be as prepared as possible, again, with all those tools that we talked about in the beginning, so that you're not caught off guard. And then and then in the end, so have like, sort of an emergency procedure in place. Also, aside from the Grab and Go Kit, depending on someone's life circumstance, do they live alone? Or do they live with someone else? Like we're what's your emergency procedure? And and then, you know, you have to, and then I would say, respond quickly. And I and I would say if you can go to them, if possible, if not the fallback position is the phone. You know, there are times when I cannot go. When was it? It was recently? I call the emergency Oh, my father had a quick emergency. I forgot about him because he's always so healthy. But he had an emergency visit in August. And my mother called me and I was not, you know, I was scared. But you know, they live alone, you know, and, I mean, they live with each other. But anyway, call the ER, right away. And hi. Introduce yourself. Hi, I'm Mr. Savastano's Daughter. I understand. Emergency personnel just took him to your emergency room. I have information about him. You know, they didn't grab the grab and go kit I had on him I'd like to share. Could I speak with someone who's interacted with him at this point. She said he just got here. He said, he's in the he's in the waiting room. We haven't even seen him yet. Oh, okay. So I'll call, you know, I'm going to make my way there. But if I don't care for a couple hours, I'm going to call back. And and now Yes, it's good. So you can always use the phone and try to get to whomever has interacted with your loved one. So that's, you know, you've got some fallback positions, but if you can go to them and and then you know, I would say just put yourself in the, in the position of Chief communicator, you know, that you've got invaluable information to share about your loved one, but you also have to be a really effective listener. And again, position every, every person you interact with in a role of someone who can teach you something and someone who can share information with you. And then always be asking about the next steps. So and you can say it, I don't want to be caught off guard position yourself as a participant in their care. Those you know, I guess those are my my words of wisdom.

Rosanne 1:06:04

A big thank you to Dianne Savastano, for being my guest today. To find out more about Dianne, visit our website, health assistcorp.com I hope you enjoyed our podcast today. Head over to Daughterhood.org and click on the podcast section for show notes, including the full transcript and links to any resources and information from today's episode. You can find and review us on Apple podcasts or anywhere you listen to your podcasts. We are also on Facebook, Twitter, and Instagram at Daughterhood the Podcast. Feel free to leave me a message and let me know what issues you may be facing and we'd like to hear more about or even if you just want to say hi, I'd love to hear from you. Also a very special thank you to Susan Rowe for our theme music. The instrumental version of her beautiful song Momma's Eyes from her album lessons in love. I hope you found what you were looking for today, information, inspiration or even just a little company. This is Rosanne Corcoran. I hope you'll join me next time in Daughterhood.