Older adults living at home sometimes need to be treated in a hospital. Many hospital stays are planned; others are the result of a sudden illness or accident. This video will help you as the person’s family caregiver plan for a hospital stay and ease the stress of entering an unfamiliar environment. This resource guide has three main sections: what to bring and what to leave at home; health care and legal documents; and the admission process.

What to Bring and What to Leave at Home

The video shows Mr. Ramirez and his son Hugo packing a bag to take to the hospital for a planned procedure. For an unplanned hospital visit, even though you hope an emergency or accident won’t happen, it is a good idea to prepack a bag just in case.

The first general category includes personal items. Examples are clothing, personal hygiene items, and items to help pass the time.

**Clothing**

> A few items of personal clothing, such as a robe or sweater to wear over the hospital’s standard gown, will be enough for the first day or two.
>
> When your family member or friend is able to get out of bed, loose-fitting clothing such as sweatpants and tops that are easy to put on and take off will be useful.
>
> A pair of slippers with good grips on the soles helps prevent falls.
>
> Socks to keep feet warm (the hospital will also have these) are useful.
>
> A sleep mask for over the eyes to aid sleep, if used at home, should be packed.
>
> A pillow, throw blanket, or other comfort item can be packed.

**Personal Hygiene Items**

> The hospital will provide toothpaste and soap and other personal hygiene items, but your family member or friend may have allergies to some brands or just prefer a different brand.
>
> Bring travel-sized items in a zipper bag.
>
> These items seem unimportant, but they help make the hospital feel a little more like home.

**Items to Pass the Time**

These items will vary depending on your family member or friend’s interests and abilities. They will help individuals with cognitive impairment stay oriented and comfortable. Some examples are as follows:

> Books or magazines
>
> Crossword puzzle books
>
> Small notebook and pen
>
> Family photos (make sure you have copies)
>
> Electronic devices such as a cell phone or laptop, especially if the person you care for already knows how to use them. Bring a charger as well. Remember that it is easy to misplace items in a hospital, so make sure there is a case or bag and a place to store them.

**What to Leave at Home**

> Jewelry
>
> Expensive watch or pen
>
> Anything that is one-of-a-kind, such as a photo album without photo duplicates

**Health Care and Legal Documents**

Another important category is your family member or friend’s medication list and other documents.

**Identification**

> Remember to bring some form of identification for the person (such as driver’s license, social security card, passport).
>
> Bring the person’s health insurance card (or cards if he or she has more than one). Make sure you know which insurance is primary.
>
> If there’s any confusion about the spelling of the person’s name, or any other aspect of the documentation, be prepared to clarify the data.
Medications
> An up-to-date list of all the person's medications is essential. You can prepare this list in advance and date it so that you can make any changes necessary just prior to admission.
> You may be asked to bring the actual medication bottles or packages. If so, put them in a plastic zipper bag.
> These steps are important to ensure that all necessary medications are maintained and that interactions with newly prescribed medications are avoided.
> Also see the video in this series on “Managing Medications” at www.aarp.org/nolongeralone.

Advance Directives
It's a good idea to have advance directives in place. These are instructions that tell hospital staff what the patient wants to happen (or not) in case he or she is unable to make decisions about care. If the person you care for has already completed some form of advance directive, be sure to bring it to the hospital. If this conversation has not happened yet, it is still important to start talking about the person's wishes.

There are many forms of advance directives, with different names, such as Living Will, DNR (Do Not Resuscitate) Orders, POLST (Physician Orders for Life-Sustaining Treatment), and Five Wishes. All these forms depend on a prior choice: who will make the decisions if the person is not able to? That requires the person to appoint someone, usually a family member or friend, to manage this responsibility.

Putting in place an advance directive can be accomplished in a number of ways, typically by completing a form called a Health Care Power of Attorney or Health Care Proxy. Naming a proxy gives the person named the authority to make decisions. (This is different from a power of attorney for financial affairs.) It is important that the decision of who to name is carefully considered and that the person named is able and willing to take on that responsibility. These decisions are often best discussed with other family member or friends so that they are aware of the person's choice and don't object.

These are legal documents that differ somewhat by state. They are usually available online or through a community agency that serves older adults, or from the hospital. The forms must be witnessed by people other than the designated proxy, but they usually don't have to be notarized.

If you bring the completed forms with you to the hospital, make sure you have a copy at home. It's a good idea to give other family member or friends copies as well.

The Admission Process
Your family member or friend's bag is packed, and you are ready to go. The admission process will differ depending on whether this is a planned admission or an emergency, but the basic elements are the same. A physician or nurse practitioner will examine your family member or friend, ask questions about his or her medical history, and conduct some basic tests like blood work and oxygen levels.

Costs
If the hospital stay was planned, you may have already discussed costs with the physician and hospital. If any items are not going to be covered by insurance, you can ask to speak with a social worker or care manager about options for coverage. Some of these items may be hospital services but others may be bills from providers who are not hospital staff members.

Bring some form of payment to the hospital for any immediate bills or purchases. When the bills arrive, be sure to review them carefully. Mistakes do happen, and it's best to correct them early.

Some hospitals are asking patients to prepay portions of the hospital bill that insurance won't cover. You are not obligated to pay up front, and if your family member or friend has government-issued insurance such as Medicare, Medicaid, or Tricare, the hospital cannot refuse to treat the patient if he or she won't prepay. Federal law requires hospital emergency departments to stabilize patients and discharge them safely even if they have no insurance. When the patient is stabilized, the hospital may ask for payment for the treatment.


Observation Status
Some people who come to the emergency department need to stay overnight or for a few days to monitor their
condition. In these cases, the patient is admitted “for observation.” While this has been common practice for years, more recently hospitals are allowed to bill these patients differently—as “outpatients” in which every service, pill, or procedure is billed as it would be in a health care provider’s office. The total bill is typically higher than it would be if the person were an inpatient. Equally important, the person under observation is not officially admitted to the hospital, and therefore does not qualify for Medicare’s three-day stay requirement for post-discharge admission to a skilled nursing facility for rehabilitation or continued treatment. This provision has been temporarily discontinued (see p. 16 in the linked document) by the Centers for Disease Control and Prevention to reduce hospital crowding during the coronavirus pandemic.

Ask the physician or nurse practitioner in charge of your family member or friend’s care if your family member or friend is on observation status. Since the person you ask may not be sure, verify your family member or friend’s status with the admissions office.

Medicare patients admitted under observation must be given a MOON (Medicare Outpatient Observation Notice) form as well as an oral explanation of the form. There is no process in place to appeal an observation status decision; only a physician can approve the change in designation, and then once approved, the hospital can change the designation from admitted to observation.

Some commercial insurance companies are following Medicare’s observation status rules. Check with the company to learn its policies and billing practices (see https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.0774).

The CARE Act

As part of the admission process, the person you care for will be asked if he or she has a family caregiver. If yes, the hospital will ask if he or she wants to provide the family caregiver’s name and to have it included in the electronic health record. The patient is not obligated to name anyone, but it is a good idea to prepare the person you care for on this question so that he or she doesn’t feel insulted or worried when it comes up.

This is part of the Caregiver Advise, Record, and Enable (CARE) Act, which is now law in more than 43 states and US territories. Although the laws vary in wording, the basic elements are the same in all states that have passed the CARE Act. Hospitals are required, under the law, to do the following:

> Ask the patient if he or she wants to name a family caregiver, and if so to include that information in the electronic health record.
> Let the named caregiver know when the patient will be discharged.
> Secure the patient’s consent (written required in some states) to share health care information about his or her condition and care.
> Offer instructions on the medical/nursing tasks that the caregiver will manage at home.

Final Steps in Admission

The hospital website is a good source of information on visiting hours and restrictions as well as parking instructions and advice about location and other features. If the patient needs mobility assistance, ask ahead to have someone meet you at the entrance with a wheelchair.

As a final step in the admission process, the patient will be given an ID band displaying his or her name, date of birth, and possibly a bar code. Check to see that the information is accurate, since nearly every person who comes into your family member or friend’s room will ask to see it.

Managing Visitors

As the family caregiver, you will probably be in charge of managing visitors. Much depends on the hospital’s current visiting policy. Even in non-pandemic times, too many visitors bearing gifts and goodwill can be exhausting. Try to limit the visitors to people the person knows well.

Here are some tips for managing visitors:

> Ask the person you care for whether he or she want visitors. Some people do not want friends or family to see them when they are not at their best.
> If the person is eager to see friends and family, try to schedule visits when no other activities or treatments are planned.
> If you notice that the person you care for is becoming tired or frustrated during a visit, gently encourage the visitor to say goodbye and thank him or her for coming.
Additional Resources

> The United Hospital Fund’s Next Step in Care website (www.nextstepincare.org) has many relevant guides—such as one for emergency room visits (https://www.nextstepincare.org/Caregiver_Home/ER_Visits/) and one titled “Hospital Admission: How to Plan and What to Expect During a Stay” (https://www.nextstepincare.org/Caregiver_Home/Hospital_Admissions).

> For information on the CARE Act, go to AARP’s report The CARE Act Implementation: Progress and Promise (https://www.aarp.org/content/dam/aarp/ppi/2019/03/the-care-act-implementation-progress-and-promise.pdf).

> Medline Plus, an online publication of the National Library of Medicine, has extensive information about advance directives. Go to https://medlineplus.gov/ency/patientinstructions/000472.htm.

> Medicare has information about observation status at https://www.medicare.gov/what-medicare-covers/what-part-a-covers/inpatient-or-outpatient-hospital-status. Also see Center for Medicare Advocacy, at https://medicareadvocacy.org/medicare-info/observation-status/.

> On hospital bills, see “Should You Ever Prepay a Hospital Bill?” (https://www.consumerreports.org/healthcare-costs/prepay-hospital-bill/), published by Consumer Reports.

For more information, go to www.AARP.org/nolongeralone.

AARP Public Policy Institute
Prepared by Carol Levine, United Hospital Fund