# Critical Role of Family Member or Patient Advocate of a Patient Admitted to Hospital or LTC

#### Santosh S Deshmukh

PMP, SCM, MSBA, Senior Member, IEEE

Abstract: There were over 35 million hospital admissions in the United States in 2015. Due to the increasing elderly population, this number may shoot up in the near future. When a patient with a chronic illness is treated in the hospital or Long - Term Care (LTC) facility or rehabilitation center; the role of the patient caretaker or advocate is very crucial in ensuring the well - being, comfort, and effective management of the patient's health. Irrespective of the treatment and medical services provided in such facilities, the goal of the caretaker should be to ensure the Quality of Life of the patient during the treatment duration. The focus should always be insisting on "patient - centric care". This article explains the importance of the patient advocate/ caretaker role and the significance of "patient - centric care". However, this article also discusses the situations and challenges for caretakers. The reference "caretaker" here in this article refers to a person from a family member and not someone from a care facility.

Keywords: Healthcare, Caretaker, Patient Centric Care, Patient - Centered Care, HIPAA, Communication, Hospital Management

# 1. Introduction

By 2050, the population of adults aged 65 or older will more than double and their health care utilization, particularly ED visits and hospitalizations, will exceed the ability of the health care system to meet these needs [3]. According to the report published by the Institute of Medicine (IOM), patient - centeredness is one of the six aims for quality improvement in healthcare. While healthcare institutions are improving healthcare quality, the problem however isn't a lack of understanding of the definition but putting patient - centric care in practices. The culture of control is so rooted in U.S. health care that a major change in thinking is needed. In hospitals, caretakers, often referred to as healthcare aides or nursing assistants, work alongside nurses and other medical staff to provide direct care to patients. They assist with activities of daily living, help with patient transfers, and provide emotional support to patients and their families. Caretakers in hospitals also play a vital role in maintaining a clean and safe environment, assisting with medical procedures, and documenting patient information accurately. The reference "caretaker" here in this article is referred to a person from a family member and not someone from a care facility.

However, at the same time healthcare institutions invest in educating their staff and associates to implement patient centric care, and caretakers can provide personalized support to these efforts. It's a shared responsibility of the healthcare settings and caretaker to ensure the patient's health outcomes as a response to the treatment. Caretakers play a pivotal role in patient - centric care by helping tailored to the individual needs and preferences of each patient. The caretaker will help in filling the gap between the patient's definition of "quality of life" and the treatment provided by the physicians. Caretakers act as advocates, ensuring that patients' voices are heard, and their concerns are addressed within the healthcare system. Below are some of the important guidelines every caretaker should be aware of and use to ensure the patient's healthy outcome during hospitalization or long - term care facilities where patient need utmost care.

#### 1.1 Insist on Communication

When a patient enters the hospital, there are reasons. A patient is admitted due to chronic illness or multiple complexities. One of the major factors to be considered here is, the patient is away from home and patient needs special care and additional medical services. A primary care physician group is mainly responsible for coordinating care work with hospital physicians and ordering consultants from various specialties to access and treat patients effectively. Sometimes, depending on the patient's health condition, there are more than dozens of specialists treating the patient simultaneously. Due there to this, could he miscommunication or loss of communication which can impact the patient care plan and eventually patient health outcome. Effective communication is paramount for caretakers which include physicians, nurses, family members, or any individuals responsible for the patient's direct care. Here's how communication plays a critical role and ways to ensure everyone stays on the same plane:

**Ensuring Consistency of Care**: Different specialists may provide varying instructions and treatments. Effective communication helps in integrating these diverse perspectives into a cohesive care plan, minimizing the risk of conflicting treatments or duplications. As a parent caretaker, you may experience several specialist visits, and access and treat patients throughout the day. As a parent caretaker, all important information about the patient's medical history, medication, and recent changes in their condition should be well communicated to these consultants.

**Safety and Error Reduction**: Miscommunication can lead to medication errors, incorrect treatments, or missed diagnoses. Clear and precise exchanges between healthcare providers ensure that everyone is aware of the patient's current condition, medications, allergies, and treatment plans, thereby reducing errors. Note their response with timestamps and keep them open for regular communication with these healthcare teams including doctors, nurses, and other medical professionals/ consultants. This keeps everyone on the same page and avoids nuances and misassumptions.

Enhanced Patient Outcomes: When caretakers effectively communicate with the healthcare team, they can better understand and adhere to the care plan, ask pertinent questions, and advocate for the patient's needs, leading to improved health outcomes. This open communication and recorded notes also help in care coordination when a patient is transitioning from the hospital to Long Team Acute Care (LTAC) or rehabilitation center. When a patient transfers from a care facility, a family member usually provides the patient's medical history to the new facility. Physicians expect the patient or caretaker to be responsible for this transition, so the caretaker should be aware of what needs to be done while the patient transitions from hospital to rehab or LTAC or vice versa. Normally hospitals send a two - page discharge summary and a few thousand pages of medical records, which is impossible for any physician to read, summarize, and decide the next action plan. That's where the caretaker/ or patient advocate steps in.

**Emotional Support and Understanding**: Clear communication help caretakers understand the patient's condition, treatment options, and prognosis, enabling them to provide emotional support to the patient and make informed decisions. A caretaker must communicate the definition of patient "Quality of Life", patient wishes, and will to the physicians, and nurses so that they can align their treatment, and care plans accordingly. This consistent communication from the caretaker is critically important.

Effective communication in a healthcare setting is a dynamic and continuous process. It requires commitment from all parties involved, including healthcare providers and caretakers, to ensure that information is accurately shared, understood, and acted upon, thereby providing the best possible care to the patient.

#### 1.2 Expect The healthcare system to be broken

There is no perfect world, even though the healthcare system is modernizing its operations and strategies, there are always gaps and broken links. Despite the fact healthcare entities and healthcare workers always try their best to deliver good quality care to the patients. Healthcare systems are complex, there are challenges and shortcomings in healthcare delivery, accessibility, affordability, and overall effectiveness. There are disparities in healthcare access and outcomes mainly insurance coverage, geography, benefit coverage etc. According to WHO's World Health Report 2000, which introduced the World Health Organization's World Health Systems Performance (WHSP) ranking; US healthcare stands 37th in overall system performance [2].

#### From the HAI Hospital Prevalence Survey

On any given day, about 1 in 31 hospital patients has at least one healthcare-associated infection. Patients in the 2015 HAI Hospital Prevalence survey were at least 16% less likely than patients in the 2011 survey to have an HAI.

•3% of hospitalized patients in the 2015 survey had one or more HAI

•There were an estimated 687,000 HAIs in U.S. acute care hospitals in 2015. About 72,000 hospital patients with HAIs died during their hospitalizations

Source: Source: https://www.cdc. gov/hai/eip/antibiotic - use. html

Even though having state - of - the - art facilities and a hygienic environment, many hospitalized patients have HAI (Healthcare - associated infection). For a variety of reasons, medical errors happen to patients at every hospital, and in every city, no matter the education or concern of providers [1]. Almost all the care facilities now use electronic health records (EHRs) or other digital platforms where all patient related information is documented and accessible to every member of the healthcare team, including caretakers, can ensure that everyone has up - to - date information. However, there are possibilities for miscommunication, updating electronic medical records with errors, missed medication, unintentional failure in following standard protocols, and unhygienic practices that can cause quality issues in provided care. As a patient advocate, remember to keep records and alternate provisions when systems fail. Observe and monitor the patient's condition closely. Report any changes or concerns to the healthcare team promptly. Be vigilant about symptoms related to chronic conditions and communicate with them effectively. As a caretaker, one must expect a glitch in the system and be proactive in handling unexpected situations.

The complexity of healthcare administration, including insurance processes and billing, can overwhelm patients and caretakers, detracting from the primary focus on health and well - being. Caretakers should be aware of these systemic issues to navigate the healthcare landscape more effectively, advocate for the patient's needs, and seek the best possible care amidst these challenges.

# 1.3 Ask Questions

Unfortunately, our healthcare system is provider - centric, so all care elements are aligned keeping in mind the provider can control the care elements. This is one of the reasons the healthcare system is less transparent to patients and sometimes beyond the primary care setting. There is less to no collaborative approach between providers and patients.

or patient advocates. This can raise lots of questions and doubts about care systems. Due to the absence of collaboration or inclusiveness, some treatments are absolutely not required and can be easily avoided. These unnecessary treatments not only toll the cost of the care but also bring discomfort to the patient's conditions. This non transparent behavior of the healthcare system raises many questions that providers are not even aware of. The providers won't fix it unless they know something is wrong.

# International Journal of Science and Research (IJSR) ISSN: 2319-7064 SJIF (2020): 7.803

Patients and patient advocate/ caretaker have the right and responsibility to under the plan of care. Caretakers should be encouraged to ask questions and advocate for the patient's This includes clarifying treatment options, needs. understanding medication purposes, and communicating the patient's preferences. Ask for printed material and diagnosis, procedures, medications, and reports from EHR/EMR systems, and ask for reference material or more information on suggested treatment or diagnosis. Understand why one treatment is chosen over another treatment, and is that strictly necessary, when in doubt ask questions. May be patient or patient advocate have better alternate treatment suggestions which may benefit the patient more effectively. Discuss the alternatives with numbers, dollars, and cents, sometimes expensive treatments can be avoided with less cost if they are discussed collectively. Especially in scenarios where the patient is receiving intense care, critically ill, sedated, or otherwise incapacitated and may not be in a position to express their needs, preferences, or discomforts. This situation becomes even more pronounced when the patient is away from home-either in a hospital or a healthcare facility far from their familiar environment and support network. In such contexts, the caretaker becomes the voice of the patient, ensuring their needs and comfort are prioritized and communicated to the healthcare team. Caretakers can express the patient's known wishes, concerns, and preferences to the medical team, acting as a bridge between the patient and the providers, by asking questions.

#### 1.4 Schedule regular multidisciplinary meetings

Schedule regular meetings with all the healthcare providers involved in the patient's care, including specialists, primary care physicians, nurses, and caretakers, can facilitate face to - face discussions about the patient's progress, treatment plans, and any concerns. Request to assign a primary nurse or a care coordinator who interacts with all the specialists and communicates consolidated updates and plans to the caretaker can streamline the flow of information. Review a comprehensive care plan in the meetings that outlines the goals of treatment, roles of different healthcare providers, and specific instructions can help caretakers understand the big picture and ensure consistency in the patient's care. Provide consistent feedback about the treatment, suggestions, progress, patient reactions, wishes, feelings, and communication process can help identify gaps and areas for enhancement.

#### **1.5 Insist on Patient - Centered Care**

Patient - centered care is an approach to healthcare that prioritizes the preferences, values and needs of patients, resting them at the center of the decision - making process regarding their own health. We have the right to demand patient - centric care, if the physician doesn't embrace patient - centered care, change the physician. If a nurse refuses to collaborate on a plan of care, change the nurse [1]. In patient - centric care, patients are treated with respect, dignity, and empathy. Healthcare providers collaborate with patients in making decisions about their care. Providers aim to create a non - judgmental and supportive environment that nurtures open communication and trust. Patients should be considered as full partners in their care. It's very important in patient - centric care to understand that care plans are always designed to meet patient goals, lifestyle, emotional and cultural background. They are customized to the unique requirements and situation of each patient. NCQA PCMHs cut the growth in outpatient ED visits by 11% over non -PCMHs for Medicare patients [5]. The reduction was in visits for both ambulatory - care - sensitive and nonambulatory - care - sensitive conditions, suggesting that steps taken by practices to attain patient - centered medical home recognition may decrease some of the demand for outpatient ED care [5]. As a patient advocate, patient quality of life during the treatment is utmost important and one should always strive to insist on everything in favor of the patient. Understand that implementing or insisting Patient -Centric Care is challenging as it needs to change the mindset and re - align various organizational resources. As a patient advocate, he or she should make consistent efforts in bringing the patient to the center of the care. Always emphasize on care coordination, care access, quality of communication, measure outcomes, and increase patient engagement through shared decision - making. A high patient satisfaction score indicates positive patient - centered care.

# 2. Conclusion

A patient advocate or caretaker is the key person who plays a critical role in patient care delivery and the overall outcome of the patient's health. The goal of the patient advocate is, to improve the quality of life of a patient through the above important guidelines. Keep Good Records. With perseverance, relentlessly pursue your efforts for the betterment of the patient's health. speak in dollars and cents, ask questions. Overall, whether in long - term care facilities or hospitals, caretakers, a family member, serve as essential members of the healthcare team, contributing to the delivery of high - quality, patient - centered care by ensuring patients' physical, emotional, and social needs are met. Be present, speak up, refuse to be scared, and most importantly don't give up. Ultimately, the role of family members as caretakers in patient - centric care is indispensable, as they contribute to the holistic healing process and the promotion of dignity and respect for their patient, which can only be possible by being empathetic towards the patient all the time. Through their dedication and empathy, caretakers can enhance the overall quality of care by promoting holistic well - being and emotional support alongside medical treatment.

# Appendix

PHI - Protected Health Information

HIPAA- Health Insurance Portability and Accountability Act

SNOMED - Systematized Nomenclature of Medicine Clinical Terms (CT). Represents coded terms that may be used within EHRs to capture, record, and share clinical data for use in healthcare organizations.

EHR - Electronic Health Record

#### EMR - Electronic Medical Record

ED – Emergency Department, is a medical treatment facility specializing in emergency medicine, the acute care of patients who are present without prior appointment; either by their own means or by that of an ambulance.

WHO - World Health Organization

HAI - Healthcare Associated Infection

HITECH - Health Information Technology for Economic and Clinical Health Act. The American Recovery & Reinvestment Act of 2009 (ARRA, or Recovery Act), established the Health Information Technology for Economic Clinical Health Act (HITECH Act), which requires that CMS provide incentive payments under Medicare and Medicaid to "Meaningful Users" of Electronic Health Records

PCMH - Patient - Centered Medical Homes

# References

- [1] Terantine, R. A. (2014). Against all odds: How to move from provider - centered care to patient centered care. inCredibie Messages Press.
- [2] World Health Organization. (2000). Global health guidelines. WHO. https: //www.who. int/publications/i/item/924156198X
- [3] Lo, A. X., Flood, K. L., Biese, K., Platts Mills, T. F., Donnelly, J. P., & Carpenter, C. R. (2016). Factors associated with hospital admission for older adults receiving care in U. S. emergency departments. *The Journals of Gerontology: Series A*, 72 (8), 1105. Retrieved from https: //academic. oup. com/biomedgerontology/article/72/8/1105/2328597
- [4] Center for Disease Control and Prevention, Healthcare
  Associated Infections (HAI's). Retrieved form https: //www.cdc. gov/hai/data/index. html
- [5] Pines, J. M., Keyes, V., van Hasselt, M., & McCall, N. (2015). Emergency department and inpatient hospital use by Medicare beneficiaries in patient centered medical homes. *Annals of Emergency Medicine*, 65 (6), 652 660. https: //www.annemergmed. com/article/S0196 0644 (15) 00003 7/pdf
- [6] S. R. Abidi, S. Hussain, M. Shepherd, Ontology based modeling of clinical practice guidelines: a clinical decision support system for breast cancer follow - up interventions at primary care settings, Stud. Health Technol. Inform.129 (2007) 845–849.
- [7] D. Riaño, F. Real, J. A. López Vallverdú, F. Campana, S. Ercolani, P. Mecocci, R. Annicchiarico, C. Caltagirone, An ontology based personalization of health care knowledge to support clinical decisions for chronically ill patients, J. Biomed. Inform.45 (2012) 429–446, https://doi.org/10.1016/j.jbi.2011.12.008
- [8] Tiedje K, Shippee N, Johnson A, et al. 'They leave at least believing they had a part in the discussion': Understanding decision aid use and patient-clinician decision making through qualitative research. Patient

Educ Couns.2013; 93 (1): 86 - 94. doi: 10.1016/j. pec.2013.03.013.

- [9] Irwin B, Kimmick G, Altomare I, et al. Patient Experience and Attitudes Toward Addressing the Cost of Breast Cancer Care. Oncologist.2014; 19: 1135 -1140. doi: 10.1634/theoncologist.2014 - 0117
- [10] Ford Gilboe M, Wathen CN, Varcoe C, et al. How Equity - Oriented Health Care Affects Health: Key Mechanisms and Implications for Primary Health Care Practice and Policy. Milbank Q.2018; 00 (0): 1 - 37. doi: 10.1111/1468 - 0009.12349

# **Author Profile**

9

**0Santosh S Deshmukh. The author** is a seasoned IT professional, with an illustrative career of over two decades in Information Technology (IT) and a profound wealth of knowledge in the US healthcare

landscape. The author is an independent researcher, specialized in developing cutting - edge products, security implementation and large scale health systems. The Author is 48 years old and a current resident of McKinney, North Texas. The Author earned a master's degree in Business Analytics from Grand Canyon University, Phoenix, AZ in 2020. His fields of study are Computer science, Business Analytics and Healthcare.

He worked as Sr. PROJECT CONSULTANT (IT) for esteemed organizations like United Health, Blue Cross Blue Shield, CVS, Emblem Health, and General Motors. Currently, he has been working as a Project Consultant for Anthem Inc. since 2019. For the past 15 years, he has been at the forefront of managing complex healthcare IT initiatives, demonstrating a keen understanding of the dynamic and regulated healthcare environment. With a significant focus on Healthcare Analytics, he has seamlessly integrated his knowledge to address the unique challenges within the healthcare sector, contributing to the improvement of patient outcomes and operational efficiency.

Mr. Deshmukh is a certified Project Management Professional (PMP) since 2009. Mr. Deshmukh is an expert professional with a unique blend of technical acumen, project management expertise, and a significant impact on the U. S. healthcare system. Besides, Mr. Deshmukh is also a lifetime member of Sigma Beta Delta (SBD). An honorary member of IEEE since 2020 and Sr. Member since 2021. Mr. Deshmukh is also a member of the Advisory Board of Our Lady of the Lake University, Houston. Mr. Deshmukh served in a secretary position at a non - profit organization during 2022 - 23. Author email id is san\_desh3[at]yahoo.com

DOI: https://dx.doi.org/10.21275/SR24302002839