

Hospitals, Doctors & You:

All Working Together



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Who Are We?



- Deaf since birth
- Born in New York City
- P.S. 47 & Lexington (Early Grades)
- NTID at RIT (1979)
- Worked at Hospital (10 years)
- Worked at Deaf & Hard of Hearing Services (18 years)
- Currently at NCDHR



- ◆ Deaf at age 2
- ◆ Born in Vancouver, BC
- ◆ Mainstreamed Schools
- ◆ University of North Dakota
- ◆ Interned at Regions Hospital
- ◆ Interned MSAD
- ◆ Deaf Wellness Center at University of Rochester Medical Center and NCDHR

Workshop Process

- Informal
- Can ask questions anytime
- Presenters will sign questions from participants before answering
- Internet Links
- Where can I have this workshop information?

What will I learn?

- How to get best health care
- Different types of health care
- Inappropriate Emergency Department use
- Working with medical interpreters
- Family Health History
- End-of-life Issues
- Taking care of yourself

Types of Health Care

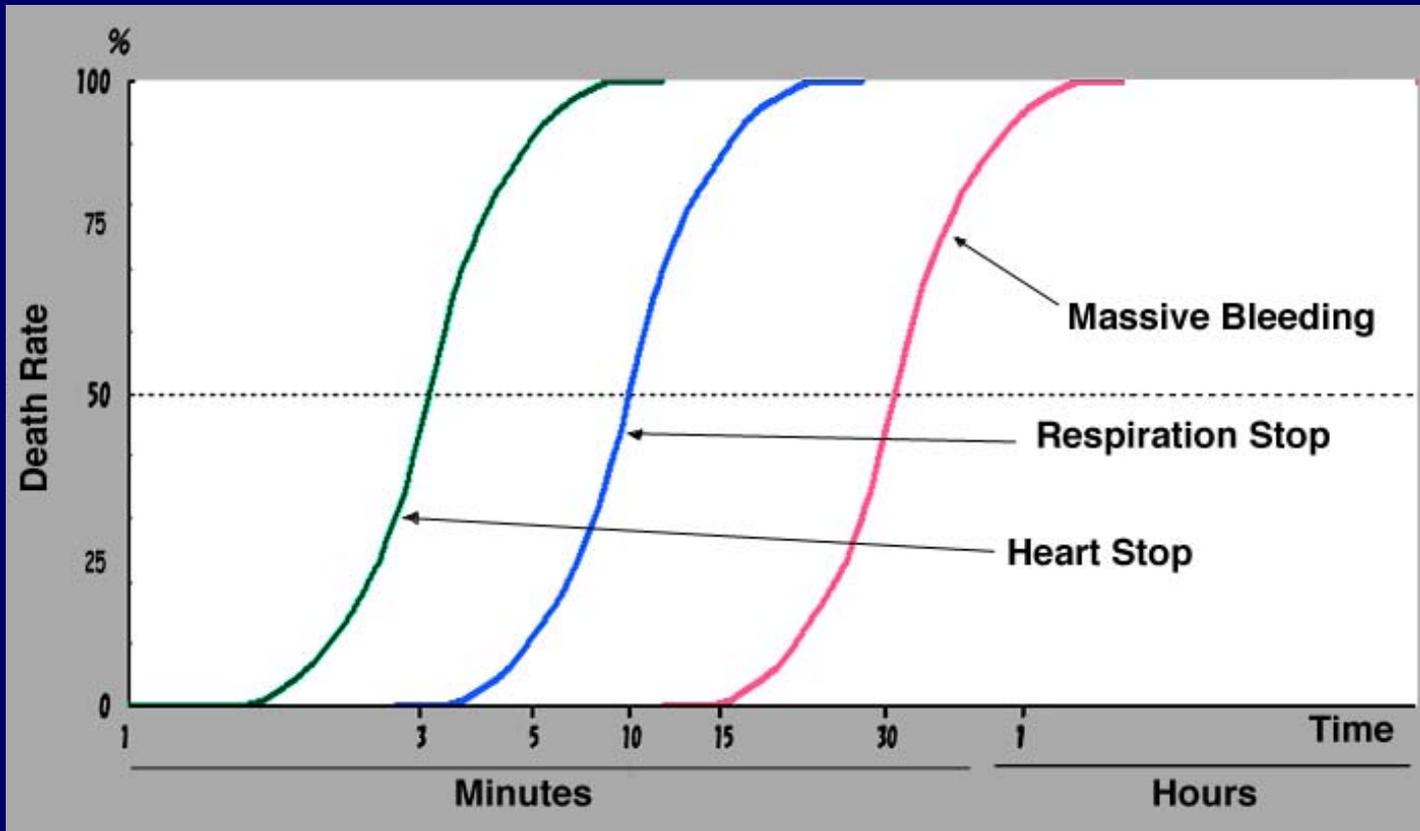
- Primary Care
- Specialty Care
- Emergent Care
- Urgent Care
- Preventive Health Care

Emergent Care

Demand an immediate attention & action to save a life and/or minimize permanent injury.

Examples: Heart attack, burns, car accident, seizures*

Golden Hour



Emergency Department (ED)

- Found in hospitals
- 24/7
- How to get there? (No appointments)
 - ◆ Ambulance
 - ◆ Walk-in
 - ◆ Doctor referral
 - ◆ Helicopter





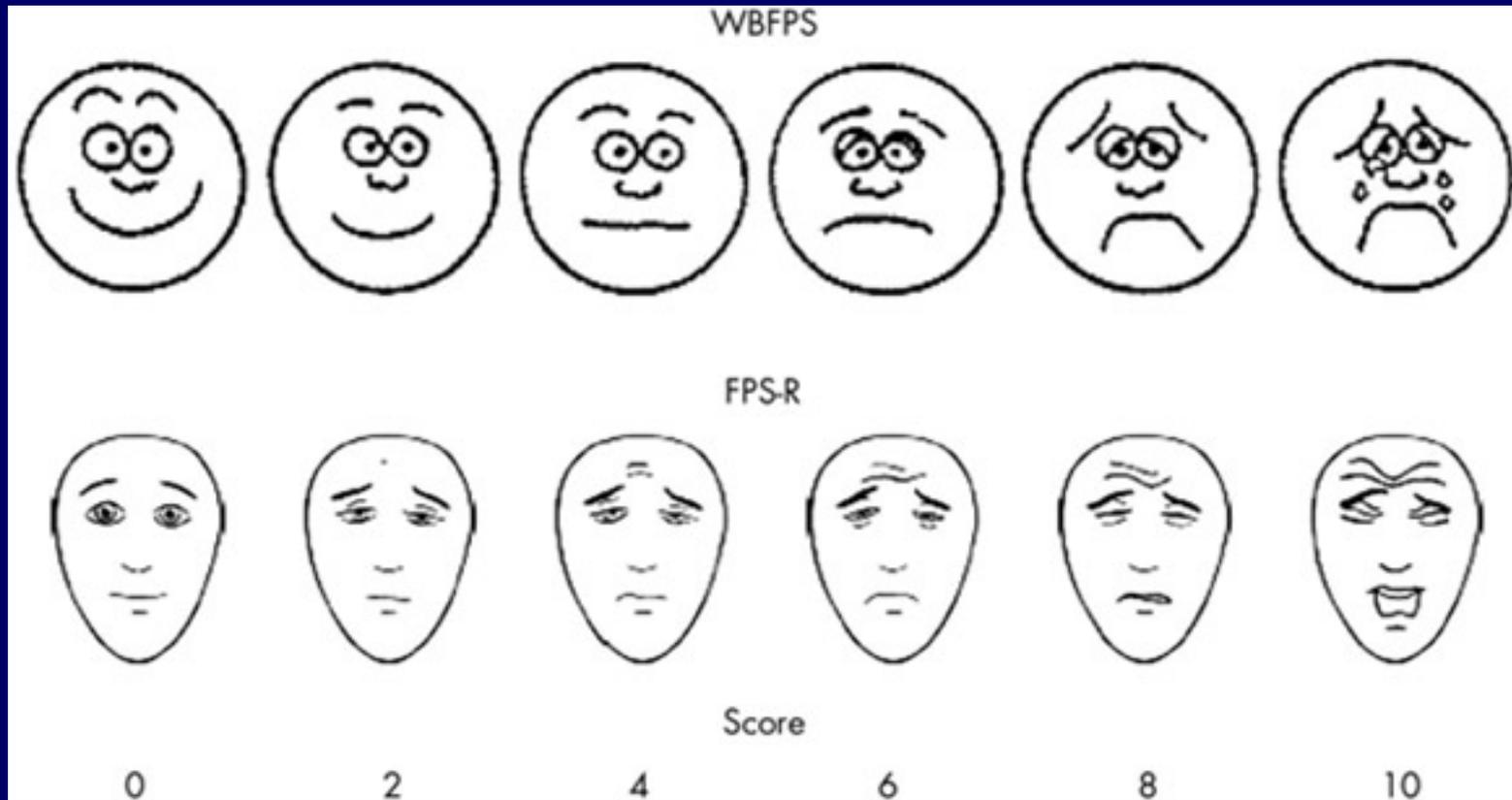
GO to an Emergency Department!

- If you have this, call 9-1-1!
 - ◆ Loss of consciousness
 - ◆ Unexplained drowsiness or disorientation
 - ◆ Shortness of breath
 - ◆ Sudden, severe pain (chest or abdominal pain)
 - ◆ Severe Bleeding
 - ◆ Poisoning
 - ◆ Symptoms of heart attack or stroke
 - ◆ Coughing up or vomiting blood
 - ◆ Major injury (for example: head trauma)
 - ◆ Severe allergic reaction

Symptoms??

- www.mayoclinic.com
- www.webmd.com
- www.urmc.edu/ncdhr
- Can I trust the information on the Internet?
 - ◆ Look for: HONCode

How painful?



Inappropriate ED Use

- If it is not an **emergency**
 - ◆ More expensive
 - ◆ Longer wait times
 - ◆ The doctor does not know you
 - ◆ Risk of “Aggressive treatment” or “Overtreatment”
 - ◆ Some hospitals may now require up-front payment (in cash)
 - ◆ No Preventive Services
 - ◆ Insurance may decline coverage

Overcrowding at ED

- Average waiting time:
4 hours and 7 minutes
(ABC News, July 2010)
- 400,000 waited 24 hours
or more



Overcrowding at ED

- # of ED visits: 119,000,000 (2006)
 - ◆ 400,000 waited 24 hours or more
- An ambulance is turned away every minute
 - ◆ “Golden Hour” may be delayed
- Caused by “boarding”
- Triage



Observation

- Affects patients with Medicare
- Not yet admitted to Hospital (“See-see”)
- Everyday medications very expensive
- Not covered by Medicare
- Example: Chest Pain R/O
- Newspaper story



Preventive Health Care

EDs do not provide Preventive Health Services

- Diabetes
- Blood Pressure
- Cholesterol
- Cancer screenings
- Glaucoma
- Immunization
- Periodic Physical Exams

EDs do not provide Preventive Health Services

■ For Women

- ◆ Bone
- ◆ Mammogram
- ◆ Pap Smear

■ For Men

- ◆ Prostate
- ◆ Testicular

Not an emergency!

- Earache
- Minor cuts
- Minor animal bite
- Broken bone *
- Sprain
- Sunburn or minor burn
- Insect sting *
- Skin rash
- Fever *
- STD
- Colds, cough, sore throat, flu *
- Low back pain

**If not sure,
call your
PCP!**

Urgent Care

- Non-Emergency medical problem
- Walk-in or appointment
- Shorter wait times
- After hours & weekends
- Less Expensive



Primary Care

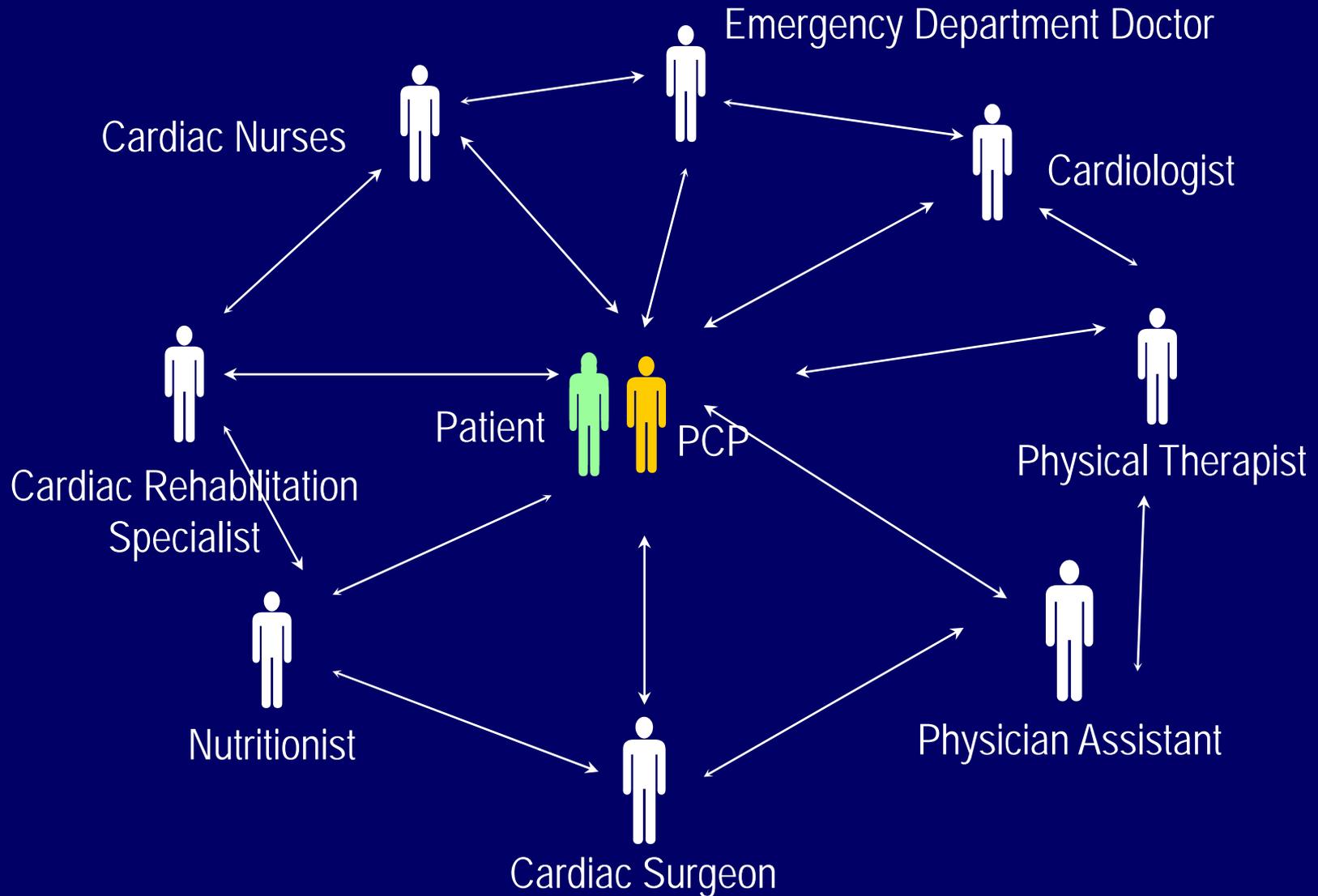
- Usually your first contact with a doctor
- Preventive Services
- Primary Care Physician (PCP)
- Examples:
 - ◆ Family Medicine
 - ◆ Internal Medicine
 - ◆ General Practitioner (found in rural areas)
 - ◆ Pediatrics
 - ◆ Obstetrics & Gynecology

Primary Care

- Treat the “whole” person (not specific organ)
- 90% of illnesses are treated by PCP
- Coordinated care
- Preventive care
- Acute and/or Chronic
- Helps with patient self-care
- **IMPORTANT!** Have a good relationship with your PCP

Primary Care is coordinated care

Example: Recovering from a heart attack



Doctor's Office

- Family History
- Be prepared. Write a list of:
 - ◆ Symptoms
 - ◆ Medications
 - ◆ Allergies
 - ◆ Bring a family member or friend *
 - ◆ Questions for the doctor

Family History

■ “I don’t know my family medical history. It doesn’t matter that much.”

◆ **Wrong!** It is very important to know your family history!



Family History

Why it is important

- Guide doctors to look for the disease affecting you
 - ◆ Many diseases “look alike” so family history may help find the right diagnosis
- Can help doctors to try to prevent disease
 - ◆ May require new treatments or procedures to avoid diseases

Family History

- Motivates people to live healthier
 - ◆ If you know that your father died from heart disease, you may try to lose weight to protect your heart
- Can screen better for specific diseases
 - ◆ If you have a mother who died from breast cancer, you would try to schedule mammograms regularly

Family History

- Only 1/3 of people keep their family history records
- No idea about Deaf people. Research thinks it's worse:
 - ◆ Many Deaf people have poor communication with their family
 - ◆ Many Deaf people do not understand that Family History is important

Family History

- E-mail your family to learn more
- Write down the family history
- Update this during holidays
- Can use free online:
 - ◆ www.hhs.gov/familyhistory/

Hospitals

- Community Hospitals
- Teaching Hospitals with Medical Schools
 - ◆ Medical Students
 - ◆ Interns
 - ◆ Residents
 - ◆ Attending

Specialty Care

- Health care services provided by doctors who may not have had first contact with patients
- Referred by PCP *
- Example:
 - ◆ Cardiologists
 - ◆ Psychiatrists
 - ◆ Ophthalmologists
 - ◆ Dermatologists
 - ◆ Oncologists
 - ◆ Thoracic Surgeons
 - ◆ Neonatologists

* Depends on insurance plan. Referrals not always required

Advanced Medical Technology



Computed Tomography (CT)

<http://6keysoptimalhealth.blogspot.com/2010/06/cat-scan-fever.html>



Hyperbaric Chamber

<http://www.perrybaromedical.com/sigma-40-hyperbaric-chamber.html>



Magnetic Resonance Imaging (MRI)

<http://www.howstuffworks.com/mri.htm>



Robotic Surgery

http://blogs.seattleweekly.com/dailyweekly/2011/01/uw_students_hack_kinect_to_per.php



Patient Safety

- Avoidable medical errors
 - ◆ 44,000 to 98,000 die yearly
- Healthcare-Associated Infections (HAI)
 - ◆ 1 in 20 hospital patients become infected
 - ◆ MSRA – Methicillin-resistant Staphylococcus Aureus
 - ◆ Found in surgical wounds/invasive devices
 - ◆ catheters
 - ◆ implanted feeding tubes
- 20 Tips to Help Prevent Medical Errors
 - ◆ www.ahrq.gov/consumer/20tips.htm

Medical Errors: What can you do?

- Ask questions!
- Bring a family member or friend to help with questions
- Make sure you understand what is happening
- Tell the doctors (Informed Consent)
 - ◆ Medicines you take (include OTC & dietary supplements)
 - ◆ Allergies (include reactions to anesthesia)
- Get 2nd opinion
- Keep a copy of your own health history

Sample Questions for Doctors

- What is this medication for?
- What happened if I refuse surgery?
- Did you wash your hands?
- Can you think of any other questions?



Patient's Rights

- PAST: Doctors decides for patients
- NOW: Patients & Doctors share decision-making
- Minnesota Patients' Bill of Rights
 - ◆ http://www.health.state.mn.us/divs/fpc/consumerinfo/mn_pts_rights_eng_reg.pdf



Filing complaint with the hospital

- Failure to provide an interpreter
- Malpractice
- Overcharging
- HIPPA violations
- www.health.state.mn.us/clearinghouse/complaints.html
 - ◆ Tips for effective complaints
 - ◆ Seek an advocate to help

Grading Hospitals

- www.healthgrades.com

Working with Interpreters: The Americans With Disabilities Act

- Key Words to Understand
 - ◆ Effective Communication
 - ◆ Qualified Interpreter
 - ◆ Undue Burden
 - ◆ Impartiality
 - ◆ Reasonable Accommodation: Who decides?

Working with Interpreters: Impartiality

- The interpreter's role is to facilitate communication between **Deaf Patient** and **Doctor**.
- The interpreter is not a participant or a witness in any discussions between the **Deaf Patient** and the **Doctor**.
- Sometimes the **Deaf Patient** asks an interpreter for his/her own opinion. For example: "Should I have this surgery?"
- Use of family members (or friends) to interpret not recommended

Working with Interpreters: Waiting & Examination Room

- Meeting the interpreter for the first time
- How much information should be exchanged?
- Should the interpreter stay with you?

Working with Interpreters: Cancellation Fees at Doctors' Office

- Canceling an interpreter will result in full fee
- Who pays?
- What does the ADA say?

Advanced Directives

- Important for end-of-life situations
- Written instructions showing how you want future medical decisions made
- Only if you are unable to communicate or make decisions yourself
- Orders health care professionals to follow these wishes
- For help, contact CHW

Aggressive care

- CPR
- Intubation
- Shock
- Feeding Tubes
- Intravenous fluids



Cardiopulmonary Resuscitation (CPR)

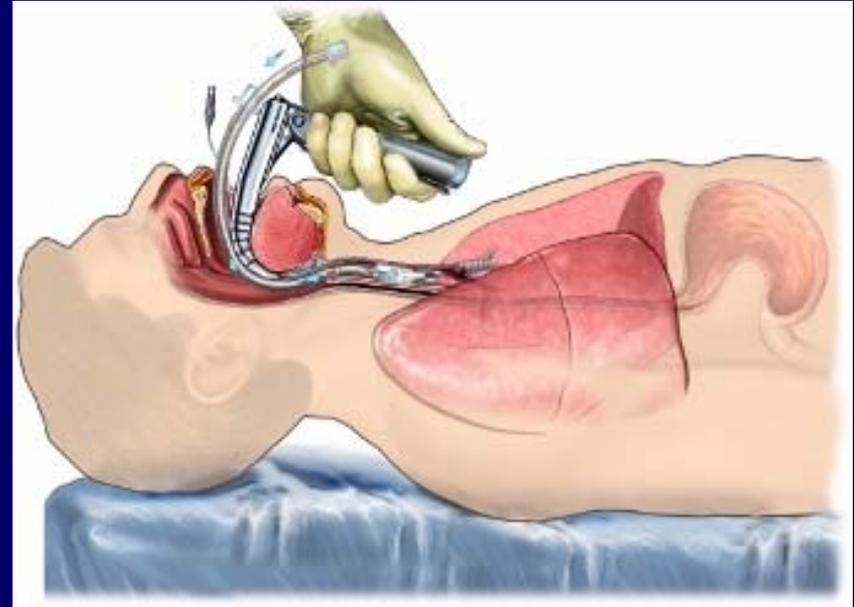
- What is the survival rate when a person gets CPR for the following situation:
 - ◆ Person is elderly
 - ◆ Less than 5%
 - ◆ Person has severe chronic disease
 - ◆ Less than 1%
 - ◆ Person is hospitalized
 - ◆ 15%
 - ◆ TV shows like “ER” or “Grey’s Anatomy”
 - ◆ 66%

Cardiopulmonary Resuscitation (CPR)

- Low survival rate for older individuals with severe illnesses
- Risk of CPR increases with age
 - ◆ Broken ribs
 - ◆ Punctured lungs
 - ◆ Bruises

Intubation

- Intubation often leads to mechanical ventilator (“machine breathes for you”)
- Can be difficult to get off of machine
- Sedation (placed asleep)



Shock

- Also known as defibrillation
- Effective
- Can leave a burn on body



Want to avoid Aggressive Care? Plan Ahead!

- Accept our own mortality
- Discuss with family & your doctor
- Less costly
- More peaceful, more humane care
- Hospice care
- Palliative care: relief suffering
- Better quality of life

Hospice

- Provides comfort and support to patients who are dying
- Provides support for families of dying patients
 - ◆ Counseling for grieving
- Goal is to improve quality of life of dying patient
- Provides all types of care but focuses on pain control
- Most hospices take place in the home or at nursing homes (not hospitals)

Dying

- Be careful with the meaning of word, “Dying” to avoid embarrassing miscommunications that someone has died

Community Health Workers

<http://www.deafchw.org/>

Taking Care of Yourself

- www.urmc.edu/ncdhr
- www.deafmd.org
- www.deafdoc.com
- Obesity is significant problem for Deaf Community