

# Consumer Reports on Health®

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## Staying safe in the hospital

**F**or most of us, a trip to the hospital is like being thrust into a foreign country without a guidebook. We don't speak the language, and find ourselves dependent on strangers for our most basic needs. With most of our energy directed toward healing, we might simply cede control to medical professionals and hope for the best. But we have more power than we think. And planning for a hospital stay can make for a smoother treatment and recovery.

"The best advice I can give is to be your own advocate," says Peter Pronovost, M.D., Ph.D., director of adult critical-care medicine and a patient-safety researcher at the Johns Hopkins University School of Medicine in

Baltimore. "Question, question, question until things are explained in a way you understand. A health-care system that doesn't address your concerns is a risky one."

Consider this your guide to a healthier hospital stay. We'll walk you through a visit, from check-in to discharge, describing how to prepare and providing tips on questions to ask along the way.

### CHOOSE CAREFULLY

Even people who conscientiously check ratings before buying a car or vacuum might not comparison shop for doctors and hospitals.

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### The doctor-patient communication gap

Poor communication in a hospital can cause errors and chaotic care. It's surprisingly common, according to an article in the Aug. 9, 2010, issue of the Archives of Internal Medicine. Researchers at the Yale School of Medicine asked 89 patients and 43 doctors about the patients' hospital experiences, and found startlingly different perspectives between the two groups.

PERCENTAGE OF DOCTORS WHO:	PERCENTAGE OF PATIENTS WHO:
Said patients knew the name of the doctor overseeing their care <b>67</b>	Could name the doctor overseeing their care <b>18</b>
Said patients knew their diagnosis <b>77</b>	Knew their diagnosis <b>57</b>
Did not discuss adverse drug effects with patients <b>19</b>	Said they were not told about adverse drug effects <b>90</b>
At least sometimes discussed patients' fears and anxieties <b>98</b>	Had fears and anxieties but didn't discuss them with their physician <b>54</b>

## Cover story

# Hospital survival guide • Continued from page 1

Most choose a hospital not for its record in treating conditions similar to theirs but based on their physician's recommendation, its location, or because it's affiliated with their health plan. That's according to surveys of 731 nurses and more than 13,500 subscribers by the Consumer Reports National Research Center in 2008 and 2009.

That's a shame, because not all hospitals and surgical practices are equal. For example, a CONSUMER REPORTS analysis of data from 926 hospitals in 43 states found a substantial difference in the rate of central-line infections, which are bloodstream infections introduced through intravenous tubing used to deliver fluids, medication, and nutrition to patients. Central-line infections are responsible for up to 30 percent of the nearly 100,000 deaths linked to hospital infections each year.

In a separate analysis done with The Society of Thoracic Surgeons, we found significant variation in performance among surgical groups that do heart bypass surgery. (For more on our Ratings of hospitals and heart surgeons, go to [www.ConsumerReportsHealth.org](http://www.ConsumerReportsHealth.org) and click on "Doctors & Hospitals.")

Patients who need specialized or especially complicated treatment, such as surgery for esophageal cancer or a brain aneurysm, should make an effort to find a hospital and surgeon with extensive experience in that surgery. Ask potential surgeons how often they treat patients with your condition and how they stack up against regional and national averages in performance measures such as complications and mortality. If they can't—or won't—share that information with you, keep looking.

### MIND YOUR MEDICATIONS

Drug errors are a leading cause of preventable injury in hospital patients. "We've found it's in the transition times, when people are checking in or out of a

hospital, or being transferred to another ward or facility, that are among the most risky," Pronovost says.

When asked about what hospital patients could do to ensure better care, 87 percent of the nurses we surveyed said that bringing a list of their drugs would help a lot. Be sure to include over-the-counter drugs and supplements.

And when you check out, update your list with any new prescriptions—and make sure you fill them right away. A recent study of patients who had undergone surgery to insert a coronary stent found that the risk of heart attack or death nearly doubled over the next 30 days if they didn't fill their prescription for a blood thinner within 24 hours of being discharged, compared with those who took their medication promptly.

The nurses in our survey said that it would also help prevent medication mix-ups if patients kept a log of the drugs they took in the hospital. "The nurse should always tell you what you are being given and what it's for," says Michael Howell, M.D., M.P.H., director of critical-care quality at the Beth Israel Deaconess Medical Center in Boston. "If you don't recognize a medication or have any questions, speak up."

Ask your doctor if the hospital has pharmacists who regularly visit patients, especially in intensive care units. That "reduces medication errors, interactions, and side effects," Howell says.

### GET COORDINATED

Disjointed care usually results from having multiple doctors involved in a case, which can lead to confusion and miscommunication. Thirty-eight percent of our surveyed nurses said that they saw problems in the coordination of care, and 29 percent reported unnecessary or duplicate tests or treatments.

One solution is to have your primary physician coordinate your hospital stay. Another is to have a hospitalist, a specialist



trained to manage hospital cases, oversee your care. "It takes a different set of skills and experiences to navigate hospital care," Howell says. And people who expect to spend any time in intensive care should ask if the unit is staffed with critical-care specialists.

If you don't think your admitting doctor or hospitalist is addressing your needs, ask for a case manager, patient advocate, or social worker to help coordinate your care.

### KEEP TRACK

Many hospitalized patients don't even know their diagnosis. "You are entitled to know what's wrong with you, or what the plan is to find out," Howell says. The next step is to understand the treatment process. He advises patients to ask specific questions, such as what's going to happen to them the next day, month, year, and five years. Howell also recommends that you record the tests, results, treatments, and diagnoses you receive, as well as the names of your caregivers, and the questions you want to ask.

There might be times when you're too sick or sedated to keep track of everything yourself. So make sure a friend or family member is with you to monitor your care, ask about options, and speak up when you can't. It's especially important to have visitors at night, if possible, and on the weekends, when staff members are scarcer.

### GUARD AGAINST INFECTION

The simplest and perhaps most critical step in preventing infection is to insist



Which hospital you choose can make a big difference in your experience.

on clean hands. Anyone who touches you, including your visitors, should first wash his or her hands with soap and water or use an alcohol-based hand sanitizer. If you don't see them do that, ask if they have.

If your surgery poses a significant risk of infection, a single dose of an antibiotic in the hour before your operation can be a lifesaver. But watch for overuse, too, especially of powerful, broad-spectrum antibiotics. Extended or excessive use of those drugs contributes to the spread of drug-resistant germs.

Since infections often stem from urinary catheters and other tubes, and increase the longer they stay in, ask every day whether any can be removed.

Potent heartburn drugs called proton pump inhibitors have been found to increase the risk of intestinal infections and pneumonia because they suppress stomach acid, allowing invading organisms to survive. In general, proton pump inhibitors should not be used to treat garden-variety indigestion. Instead, they should be reserved for more serious conditions, such as inflammation of the esophagus, gastroesophageal reflux disease, ulcers, or in certain critical-care patients.

### WATCH OUT FOR ERRORS

Our experts say if you see something that bothers you or gives you a sense that something is not quite right, trust your instincts and speak up. "Often when we go back and look at places where errors occurred," Pronovost says, "we find that the consumers' perception

was spot on but their concerns weren't voiced or were ignored."

Glaring errors, such as operating on the wrong body part or the wrong patient, are rare, but they happen. So before things get started in the operating room, make sure the surgeon has thoroughly discussed the procedure with you and, if applicable, initialed the surgery site.

Mix-ups with tests are far more common. So question those that don't make sense (a CT scan of your head before a hip replacement, for example). And ask your doctor to tell you about X-rays, scans, and other tests in advance.

Hospital staff members also sometimes overlook medications that can prevent serious surgical complications. For example, patients recovering from a heart attack should usually get several medications, including aspirin, an ACE inhibitor, a beta-blocker, and a statin. And many surgical patients should get blood thinners for several weeks after

the procedure to reduce the risk of blood clots.

### HAVE A DISCHARGE PLAN

One of every five Medicare patients discharged from a hospital is readmitted within 30 days, according to a 2009 study in *The New England Journal of Medicine*. It also found that more than half of readmitted patients with a medical condition hadn't seen an outpatient physician, suggesting a lapse in care.

To reduce the risk of winding up back where you started, plan ahead. If you are likely to need physical therapy, home-nursing care, or a stay in a rehabilitation facility, talk with a discharge planner when you first check into the hospital. At discharge, ask for specific instructions on whom to follow up with and when. If possible, leave with an appointment in hand. You should also get a list of the medications or devices you might need at home and instructions on how to use them. ■

### Hospital patients: Stay alert

The combination of illness, drug side effects, and poor sleep in a hospital can lead to delirium. It's particularly common among older adults. The consequences can be devastating. Patients who are not alert have more than double the mortality rate of those without delirium. Here's what you can do:

**Watch your meds.** Ask your doctor to avoid drugs with mental side effects or to use less risky ones and start with a lower dose. Common culprits include long-acting sedatives such as diazepam (*Valium* and generic) and flurazepam (*Dalmane* and generic); the allergy drug diphenhydramine (*Benadryl* and generic); the painkiller meperidine (*Demerol* and generic); acid reducers such as famotidine (*Pepcid AC* and generic) and ranitidine (*Zantac 150* and generic); steroids; and diphenoxylate combined with atropine (*Lomotil* and generic), often used for diarrhea.

**Get up.** Ask the nursing staff to help you get up and around as soon and as often as possible.

**Sleep well.** At night, ask them to dim lights, reduce noise, and schedule several hours with fewer interruptions for medications, procedures, or to take vital signs.

**Ask for a window.** The sunlight might help keep you oriented to night and day.

**Get support.** Ask friends or family members to take the following steps:

- Bring dentures, glasses, or hearing aids you wear to the hospital.
- Also bring a few familiar objects from your home, such as family photos, relaxing music, or a favorite blanket or book.
- Speak in a calm, reassuring tone. Keep conversations simple, stating one fact or instruction at a time.
- Stay with you as much as possible, perhaps arranging shifts of visitors around the clock.