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Bedside Manner: Advocating for a Relative in the Hospital

By MELINDA BECK

Don't go to the hospital alone, if you can possibly avoid it.

A friend of mine slipped on the sidewalk recently and broke her hip. She had surgery in one of the best hospitals in the country.

But it was my friend's grown daughter who noticed that she was having an adverse reaction to a pain medication. And that her IV drip had pulled out of a vein and was pumping her arm full of fluid. And that the hot compresses to reduce the swelling in her arm had left blisters on her skin. And that the blood-sugar test she was about to be given was meant for her roommate instead.

Having someone with you in a hospital who is alert and asking questions can help stave off all kinds of potential problems, from mistaken identity to medication mixups to MRSA infections. An estimated 100,000 hospital patients die every year in the U.S. because of preventable errors. Many hospitals are under financial pressures to keep nursing staffs lean. A personal advocate can be a valuable resource. It doesn't have to be a relative -- and it can be more than one person -- as long as they know you and are willing to speak up.

"If we could make only one change in health care, it should be to change the notion that families are visitors. Families are allies and partners for safety and quality," says Beverly Johnson, president of the nonprofit Institute for Family-Centered Care, which is leading a movement to involve families more.

A growing number of hospitals are doing just that -- including unlimited visiting hours, letting family members accompany patients to procedures and even stay during emergencies. "We're drawing on the strength of the family. They're not out in the waiting room, wondering what's going on," says Pat Sodomka, senior vice president for Patient and Family-Centered Care at MCG Health Inc., which runs a 630-bed hospital in Augusta, Ga.

Some hospitals now have nurses give change-of-shift reports at the bedside and encourage families to share observations.

"This is a huge cultural change," says Mary Chatman, Chief Nursing Officer of Pitt County Memorial Hospital in Greenville, N.C., which is giving family and patient advisory groups a voice in designing new facilities and interviewing physicians.

Initially, some staffers worried that family involvement would take up valuable

time, but in the long run, it saves time because doctors have more information, says Ms. Chatman. After MCG Health's neuroscience unit became more family-centered, average length of stay dropped 50% because discharge planning went faster. Patient satisfaction rose, and nursing turnover dropped.

Still, it can be difficult for family members to know when to raise an alarm and how.

Karen Aydtt Curtiss, a market researcher in Lake Forest, Ill., often felt helpless while her 71-year-old father was recovering from a lung transplant in a big teaching hospital in 2005. He was faring well until he fell, hit his head and was made to lie flat until a neurologist could evaluate him. While he waited -- all weekend -- his new lungs filled up with fluid. He developed pneumonia, then a pulmonary embolism and had three MRSA infections. He died seven months after the transplant, having never left the hospital.

"I wish I had grabbed the neurologist by the sleeve and dragged him to my father's room," says Ms. Curtiss, who is writing a book on how to help a loved one in the hospital, titled "Someone With You."

Among her suggestions:

- Ask everyone who enters the room if they've washed their hands and sterilized equipment. Use antibacterial wipes on surfaces.
- Ask nurses to read drug orders aloud and make sure they match the patient's ID bracelet. If it's a new medication, ask what it's for and what to expect.
- Be alert for pressure wounds, also known as bedsores, particularly in long hospital stays. Put a piece of sheepskin (available at medical-supply stores) under the sheet to provide padding and cut moisture. Make sure patients are moved often, and lifted, not slid, which can damage fragile tissue.
- Bring a deck of cards and other games to help patients work their minds and motor skills.
- Keep a journal for observations -- especially if you're sharing the watch with others.
- Never give a patient medications on your own.
- Don't help a patient get in or out of bed by yourself.
- Be respectful and appreciative and remember that other patients may have more urgent needs. But don't hesitate to speak up if you have concerns. Says Ms. Sodomka: "You have knowledge that the caregivers just don't have."

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