



8 SECRETS YOUR HOSPITAL KEEPS

From leaked records to medication mix-ups, it's what you don't know that can hurt you during your hospital stay.



JUDGING BY THE TV SHOWS SET IN hospitals, the most scandalous secret kept within the halls of healing is who's sleeping with whom. But the reality is, the biggest secrets in hospitals are less *Dangerous Liaisons* than simply dangerous. For instance, the person in the white lab coat carrying a clipboard? The hands holding that clipboard may not have seen a sink in hours, and you may not find "M.D." on the ID pinned to that lab coat.

The specifics of the secrets may vary, but they're all fueled by the same three factors: the threat of lawsuits, professional egos, and the pressure to preserve the profit margin. These can compel doctors to zip their lips when mistakes happen or protocol is ignored, says Martin Makary, M.D., M.P.H., an associate professor of surgery at Johns Hopkins Hospital and the author of *Unaccountable: What Hospitals Won't Tell You* and *How Transparency Can Revolutionize Health Care*.

Even a box of tongue depressors wouldn't get these doctors to open their mouths. That's why we asked hospital insiders to shine a light in the darkest corners of their wards and tell us what they found. (Hey, what are those two people doing in the supply closet?)

SECRET 1

Your doctor or nurse may have messed up your meds.

Pause before you pop that pill. It might be the wrong dose—or the wrong drug. “Medication errors can and do kill people,” says James Merlino, M.D., chief experience officer at the Cleveland Clinic. The scariest part: Hospitals hide these mistakes from patients 98 percent of the time, a new study from Johns Hopkins University reveals.

► **PROTECT YOURSELF** Never mind the bedside manner—you want bedside scanning. With this protocol, nurses match bar codes on your ID bracelet to labels on medication bottles. The computer then verifies that the scanned drug is the correct one and that it hasn’t expired, which cuts back on mistakes, says Michael Cohen, R.Ph., M.S., president of the Institute for Safe Medication Practices.

Pair this with your own low-tech check: Have your doctor list all the drugs you’re taking and why. Then each time you’re given a med, ask what it is and what it does—and check the answer against your list.

Suspect a slipup? Ask to see your doctor’s notes. (Some hospitals are adopting an “open notes” policy.) Scan for phrases like “incident report,” “near miss,” or “risk management.” These are often code for medical errors, says Sagar Nigwekar, M.D., coauthor of *Top 5 Questions to Ask Your Doctor*.

SECRET 2

Your medical records are not confidential.

You’re snug in your hospital bed, but your charts? They’re going viral. “A single hospital visit can trigger an avalanche of information that spreads among doctors, specialists, insurers, pharmacy benefit managers, care providers, billing companies, and electronic-health-record providers—just to name a few,” says Joel Winston, a New York City attorney who specializes in health care law. Why that’s bad: If your charts are an open book, it boosts the odds that sensitive details about your health will slip into the hands of people who could use them against you—employers, ex-spouses, or medical identity thieves, says Deborah Peel, M.D., founder and chairwoman of the nonprofit advocacy group Patient Privacy Rights.

► **PROTECT YOURSELF** Before you’re admitted, review the hospital’s disclosure consent forms, which list all the ways your records may be shared. Check for a section called “Right to Receive Notice of a Breach,” which requires the hospital to notify you if your records are stolen, hacked, or otherwise compromised. Once you check in, put a fraud alert on your credit. (Go to consumer.ftc.gov to find out how.) For the next 90 days, you’ll be contacted if anyone tries to open an account in your name, but your ability to access your credit won’t be affected, says Winston.

SECRET 3

Doctors in training look the same as doctors in charge.

There’s no universal way to distinguish med students and residents from staff physicians. In some hospitals, trainees wear shorter white coats than senior docs; other facilities use color coding to signal rank. This lack of standardization means a resident can easily be mistaken for a staff doctor, says Dr. Merlino. “Physicians in training are not licensed independent practitioners, so they can’t make independent decisions.” Plus, residents usually rotate to a different department every few months, so you may establish a relationship—and then they move on.

► **PROTECT YOURSELF** Card ’em. Hospitals often list the employee’s title on the ID badge, so a quick glance may help establish rank. If you feel uncomfortable being seen by a student, or the caregiver’s badge displays no clues, it’s okay to say, “I’ve never met you. What’s your role on the team taking care of me?” says David Mayer, M.D., vice president of quality and safety for MedStar Health, a health care system in the Maryland and Washington, D.C., area. Jot down the name of the attending doctor and consult him or her if you have any concerns. The one time to *always* request the head honcho: before scheduling surgery. Residents may not be able to clearly outline risks and benefits.

SECRET 4

The call button isn’t a surefire SOS.

You see the call light as an emergency flare, but your nurse may see just another blip on an already crowded radar. Heck, you may have time to watch another half episode of *Judge Judy* before help arrives: A 2012 University of Michigan at Flint study of four hospitals found that patients waited up to 18 minutes for a nurse or another staffer on the floor to respond to a call light.

► **PROTECT YOURSELF** Learn the hospital’s rhythms. As soon as you arrive, find out when nursing shifts change (some hospitals have eight-hour shifts; others rotate nurses every 12 hours) and when mealtimes begin. Both are peak times for calls, a study in the *Journal of Nursing Care Quality* reports. Then time your nonurgent requests, like bed adjustments, to avoid those periods.

You should also ask how to summon the hospital’s rapid response team. This crew, which can include a doctor, nurse, respiratory therapist, and pharmacist, is supposed to arrive at your bedside quickly, says Dr. Mayer. Rule of thumb: You (or a family member) shouldn’t hesitate to call for them if your symptoms or vital signs have changed or you just don’t feel right. Still concerned? Seek out a hospital with a wireless call system, where nurses are equipped with devices that immediately notify them of patients’ needs.

SECRET 5

You’re sharing your nurse with 12 other patients.

Nurses are the front line of hospital care. As a result, they usually account for the largest slice of a hospital’s labor costs—so when budgets are cut, one nurse may end up caring for more than a handful of patients, says Matthew McHugh, Ph.D., J.D., R.N., a University of Pennsylvania School of Nursing health care and policy researcher. The consequences go beyond a long wait for pain meds: Patients on understaffed floors are 2 percent more likely to die when their nurses are overworked, a study in the *New England Journal of Medicine* found.

► **PROTECT YOURSELF** Stick with the facilities that nurses favor. Choose one of 395 “Magnet hospitals”—these are hospitals that nurses rank highly in categories such as quality of care, leadership and education, and a positive working environment. (Find one at nursecredentialing.org/magnet/findamagnetfacility.) That translates to better care for you: Surgical patients in Magnet hospitals are 14 percent less likely to die, according to a new study in *Medical Care*.

SECRET 6

Hospital meals may be as bad as fast food.

Hospital food has always had a bad rep for its taste. Now it can be nutritionally revolting as well. “If you’re in the hospital for heart disease or diabetes complications, everything on the menu *should* be healthy,” says Lenard Lesser, M.D., of the Palo Alto Medical Foundation Research Institute. The reality: Patient menus often feature hot dogs, burgers, wings, and lasagna, according to the Physicians Committee for Responsible Medicine.

► **PROTECT YOURSELF** Keep an eye out for healthier offerings—veggie burgers, roasted vegetables, beans and rice—and ask the kitchen to build your meals out of those. You can also ask a hospital dietitian for specific guidance on foods that will improve your condition—or at least not worsen it—and then request those, says Dr. Lesser. Too much trouble? Select one of the 443 hospitals that have signed the Healthy Food in Health Care Pledge (healthyfoodinhealthcare.org/signers.php). They’ve committed to adding antibiotic- and hormone-free food and organic and local produce to their menus.

SECRET 7

Emergency room waits are only getting worse.

The principle of supply and demand doesn’t apply in the ER. The number of visits in the U.S. rose by a third from 1999 to 2009, while 158 hospital ERs, roughly 3 percent, closed between 1998 and 2008. Not surprisingly, wait times have grown by 25 percent; longer stretches spent waiting in the ER have been linked to higher rates of hospital admissions and deaths.

► **PROTECT YOURSELF** In a true medical emergency, the closest ER is the best ER. Report critical symptoms—trouble breathing, uncontrollable vomiting, a seizure—first so your care isn’t inappropriately delayed, says Harvard emergency physician Darria Long Gillespie, M.D. For less-urgent attention, such as a gash or broken bone, have a nearby ER already picked out. It should be staffed with board-certified emergency medicine docs, as well as specialists for any pre-existing problems, like heart disease or diabetes. Need a tiebreaker? Choose a facility where you’ve been treated before so the staff has fast access to your records.

SECRET 8

Your doctor’s hands may be filthy.

No one expects a hospital to make them sick. Yet one in 20 patients develops an infection that can be blamed on lax hospital hygiene, the CDC reports. One major factor: Hospital staff fail to follow hand-washing guidelines 60 percent of the time, a study review in *Infection Control and Hospital Epidemiology* found. Sink visits tended to occur after rather than before patient contact, and physicians were less likely than nurses to lather up.

► **PROTECT YOURSELF** Unless you actually see your doctor scrub up, request that he or she hit the sink or at least apply hand sanitizer. “It can be intimidating, but is your embarrassment worth getting an infection?” says Adam Higman, M.S., vice president of Soyring Consulting, a firm that specializes in hospitals and health care. If you’re really uncomfortable, try a funny approach: “Say, ‘I know you’ll want to wash your hands after touching me—would you mind doing it beforehand too?’” suggests Dr. Gillespie. And after your doctor obliges, be sure to express your thanks. ■

3 THINGS YOU SHOULDN'T HIDE FROM YOUR DOCTOR

The perfect patient doesn't necessarily have a clean bill of health. He's just honest.



YOU TAKE SUPPLEMENTS

Many factors, such as efficacy, side effects, and other drugs you take, go into a physician’s prescribing decision. But all too often the doctor is missing one critical piece of intel: your supplement use. Over a third of people don’t tell their M.D. they’re popping something, a new Harvard study found. To avoid risky interactions with Rx drugs, bring your supplement bottles to your appointment, says Reid Blackwelder, M.D., president-elect of the American Academy of Family Physicians.



YOU CAN'T GET IT UP

A pole that isn’t standing tall may be a red flag for serious medical problems, like heart disease or diabetes. Open the dialogue with your doctor by talking about treatment, says Dr. Blackwelder. Say, “I’ve been having trouble with erections. What are my options?” Once you know that solutions are available, a *Journal of Sexual Medicine* study suggests, you may find it easier to divulge details—when the problem began, if you still get morning wood, whether you’re depressed.



YOU OCCASIONALLY SKIP YOUR MEDS

More than half of Americans don’t always take their medications as instructed—even though 87 percent consider them critical to their health, according to the National Council on Patient Information and Education. If you’re part of the noncompliant majority, fess up and explain: The pills are too big, you’re experiencing unwanted side effects—whatever. Your doctor can switch your medication or tweak your dosage to address any concerns. —EVA MCENRUE

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