

Episode 52: Navigating the Hospital Maze: Dr. Monique Nugent's Expert Advice on a Smooth Hospital Journey

Please excuse any "wonkiness" as this transcript was AI generated. I tried to catch most issues, apologies if I missed any. I hope this helps.

Intro:

Do you have an upcoming hospital stay? Or does the thought of what if something happens and you end up in the hospital keep you up at night? A hospital stay under any circumstances can be overwhelming. Having the right knowledge, knowing the questions to ask, and working in partnership with your care team can impact your experience and outcome. Are you tired of the high cost of health care?

Get Savvy...Demystifying Healthcare - Commercial

Are you ever overwhelmed trying to navigate a complicated healthcare system? Welcome to Get Savvy Demystifying Healthcare weekly podcast where we take complicated healthcare topics and make them simple.

Imagine if you could stop feeling paralyzed with fear and frustration and instead be empowered to make smart healthcare decisions for you and your family?

Get Savvy with your host Sandy Kibling, a healthcare professional changing how healthcare knowledge is shared.

Sandy Kibling

Hello everyone and welcome to the show. A doctor's Guide for Navigating the hospital system and advocating for yourself with Dr. Monique Nugent. When you're already sick, injured or in pain, a hospital visit adds more stress to an already overwhelming situation. Every step is often too confusing and too cumbersome for you as a patient or caregiver to the patient, to feel fully in control.

With the right knowledge, hospitalization can be a positive experience, full of the comfort, communication and compassion you or your loved ones deserves. But how do you get this knowledge?

To help us get into this topic today is Dr. Monique Nugent. She is a practicing hospitalist and physician leader at a large independent health system in the Boston suburbs. She completed

both medical school and residency in internal medicine at Loma Linda University Medical Center. After completing her medical training, Dr. Nugent obtained her master's degree in public health while a Fellow in the Commonwealth Fund Fellowship and Minority Health Policy at Harvard University. Dr. Nugent has shaped her career to include leadership and advocacy alongside her clinical practice. As a physician, she advocates for every patient by working to make healthcare equitable, safe and high quality.

Welcome to the show Dr. Nugent.

Dr. Monique Nugent

Thank you so much for having me. I really appreciate your time.

Sandy Kibling

Well, I want to say I appreciate your time as a busy physician and all the great things that you're doing. I'm so grateful that you carved out a little bit of time for us and so excited about what you're doing and your amazing book. As we get started, I always love to start with you telling us your story and what inspired you to write your book, ["Prescription for Admission"](#) and the journey you are on today. Making healthcare safe and equitable.

Dr. Monique Nugent

I am a hospitalist. I'm a board certified internist who practices only in the hospital. What I tell people is that if you come to the emergency department and they think that you're too sick to leave, but you don't need the ICU, I'm the doctor you're likely to see. I've been doing this for a while. I trained on the West Coast. I now work on the East Coast, so I've been around and I really started seeing that patients were having the same exact issues over and over again.

I actually got inspired to write this during COVID the pandemic. I thought I was going to put pen to paper and write a guide for people to navigate the hospital. During COVID it was just a very different kind of dynamic going on, and I wanted to help as much as I could, but when I did that, I found that I wasn't addressing anything new. It was the same exact problem that I had already identified over and over and over, just kind of amplified.

So that's where it turned into a book really dedicated to teaching people about the hospital system, how to navigate the hospital, how to advocate for themselves and their loved ones, things they wouldn't expect, because, like I said, it's nothing new. Wherever you go, the system is so cumbersome and complicated. People really just find themselves hitched up in the same places with the same frustration.

Sandy Kibling

No, that is so true. I often, tell my listeners that there are two things. One, it's a partnership in health with you and your physician, your care team. I also like to say that our healthcare system can be complicated and fragmented and that's not a negative, it's simply us being aware of what we're up against and this is so important. I find today that providers are working in the system, are just overwhelmed with electronic health record system demands, and trying to

navigate that system and provide the care that patients need. So, it's so important to have that partnership and that knowledge to work together. I'm so grateful that you put this book together and created this guide for people.

Dr. Monique Nugent

Thank you. It's teaching people how to make that partnership, teaching people what the hospital is. I do dedicate a decent portion of the book to what types of different hospitals there are. That's often something that people will be surprised by. I saw someone recently on social media say they were at a hospital in their community, and they felt like they weren't getting anything. They were transferred to a cancer center. They had no idea that a different hospital would treat cancer in a different way and so it's just a system within a system within a system. Often when you talk about hospitals, and I want to help people really get as comfortable as they can, which is hard to kind of take on the behemoth that is the hospital system.

Sandy Kibling

It is, and you're right, there's so many, if you think about outpatient and inpatient options. Let's start diving into a couple of our questions that we have and maybe starting out with the basics and if you want to kind of highlight the differences in the hospitals, that's fine as well. Can you tell us what to expect during an average, maybe four to five day hospital stay and how does someone prepare for that?

Dr. Monique Nugent

So I really break down a five day hospital stay into different phases.

The first phase is the admitting and stabilization phase. When people come into the hospital, they're in pain, they're sick, they may not have stable vital signs, right. They may have low blood pressure or really high blood pressure. There's something that has brought you in. And so your medical team really is going to be addressing the immediate needs and then also getting information. What led up to this? What is your past medical history? What medications? How were you feeling when this thing happened? How long has this going on? Right. And so that's the admitting and stabilization phase of a hospitalization.

For that part of a hospitalization, I really encourage people to be the owner of their information. If you can give fair and consistent information or know where to get that information, that's going to be helping your team build your care plan. Now, things will change over time. They may ask you questions, and as you think about it, you may come up with different or more detailed answers over the time that you're there, but kind of the core things.

What are my medications, my past medical history? Who are the doctors that I see? When did I have a surgery? Just be the owner of that information, that's going to be the key in that part of your hospitalization.

The second phase I call the fact finding phase. This is where patients are going for different tests. You're getting MRIs or biopsies. You're meeting new consultants. You might need a

cardiologist, a psychiatrist, whatever it is. Now the medical team is really in fact finding mode. They're sending labs and they're trying to get more information to bolster their plan. How long do you need to done antibiotics? Do we need to send you to a more specialized hospital? Things like that.

That fact finding phase can be really tiring because things can move really quickly. I just recently spoke with a patient who got somewhat of a life changing diagnosis, and her concern was that things just kept moving. She said, *"you gave me this piece of information and then you just kept going, I need to process this information."*

That can really happen in a hospital stay is that as we get more information, it may lead to more tests, more consultants, different plan. And so that part can be a little dizzying. And for that, I encourage people to take notes, make sure you know who is who, what is what. What are your questions, what test you're going for and why. And it's an old tool, but the pen and paper never fails.

Make sure that you're writing things down so that you're getting all of your thoughts and you're understanding what's happening and how you're getting to the next phase.

The third phase which is the treatment phase of that hospitalization and sometimes the treatment phase, not sometimes, I should say often the treatment phase and the fact finding phase kind of meld together.

The treatment phase is when they figured out what's going on. Now they know what antibiotics you need or what specialists you need and so getting all of that stuff done for you so that they can make a plan for getting you out of the hospital and your success out of the hospital and that is most important, right, because you don't want to live there. Nobody lives in a hospital.

The fourth phase is how you're going to be successful outside of the hospital and continue your care plan or continue your diagnosis plan or your rehab plan, whatever it is, is going to be really important.

That's where you're going to lean on your case managers and your social workers, in addition to your medical team to help get you what you need. If it's a hospital bed in the home, let that be known. If it's physical therapy, how do I set up those appointments? Or can they come to the home? Or if home isn't the best place to go, sometimes you may be too weak to go home, or you may still need a decent amount of medical care that doesn't need to happen in a hospital but may not be comfortable or able to do that at home. You may have to go to a skilled nursing facility or a rehabilitation center. And if that's the case, how do you pick those? What's in your area, what's in your insurance? This is where the social worker, the case manager, really shines.

Then there's the fifth phase discharge. Discharge is really important because you want to be safe make sure that you have somebody who is helping you understand what new medicines you're having and what's needed in the home. You're using your walker that you may be going

home with. You have appointments for the cardiologist. The day of discharge is just as important as any other day. And I know people are itching to get out, but you really want to make sure you have all that information, and you understand the plan that you can thrive after a hospital. So that's how I think of the phases of a four to five day hospital stay here.

Sandy Kibling

Well, I love how you broke everything down. You don't think about all that really goes on, but you made it really simple with those five phases and some things to think about. I have a question for you. You talked about the patient that was overwhelmed over that diagnosis and just said, I just need to process this and what I liked about that is her taking a point, just to put a pause, if you will, and to say, let's kind of stop what's all going on for just a second and let me process. And I often say communication is essential, but as a physician, what was your reaction to that?

Dr. Monique Nugent

So being in a hospital is a dizzying process, and you really have to lean on your social support. I always encourage people to get your people together. Whatever your village is, whatever your community is, don't block them out. People can't be with you 24/7 but who are you texting? You call? Who can plan a visit or FaceTime? Because being plugged into that community that gives you that support over the years is really what's going to help you process things and again, set you up for success after a hospital stay, because those are the people who know your values, who know your capabilities, who know your hopes, who are enmeshed in all of those things can be a big part of that.

It is hard on my end sometimes to slow things down. Hospital stays have to move quickly because gone are the days of the where people could stay in the hospital for 70 days. Your insurer just doesn't allow that to happen anymore. And we're kind of held to those standards of, hey, why is this patient still in the hospital? Are you progressing their care? What else needs to be accomplished? Because we can run MRI machines 24 hours a day patients can be booked longer into the evening because you have on call trauma teams, right. All these things are available, and so the machine doesn't really stop. What I do in that time when people say, hey, I need some time to process. That's when I say, how can we help get you to call your sister? Would you like to talk to the chaplain? How can we help get you the headspace to process this while we continue to make a plan? Right. Because we've got to continue to make a plan.

Sandy Kibling

That's so interesting to really think about because what you guys are up against, trying to care for the patient and the bureaucratic side of things, and that you're up against, whether through the healthcare system or the healthcare insurance company's requirements, and certainly understand that, but also having that care team and to help support you as a patient through that, as you said, dizzying process. So those are some good points to make there for sure. Now that we kind of segue, I want to hear more about that behind the scenes look at the healthcare system, including urgent care and emergency medicine, because that was so valuable, what you said. And I like listeners to be able to think, I mean, it's so hard when you're going through

something and you're in the hospital, but also understanding what your care team is up against as well. And again, I think that communication is so essential, so maybe take us behind the scenes so we can kind of better understand what's going on while we may be a patient at a hospital.

Dr. Monique Nugent

So your hospital stay is really supported by, like I keep saying, a machine that people are unaware of being there. Your medical team is going to be responsible for your medical diagnosis, your safety, your plan, your treatment, all of this. And it takes, oftentimes a pretty big team of medical professionals to care for a patient.

There are some patients who have pretty straightforward issues, but people who are coming into the hospital oftentimes have a few comorbidities. They already have been seeing a specialist on their own. And so being tapped into that system where you can find support from other specialists with diagnosis, treatment, get people into the correct clinics that they need to be seen in. So, if you're diagnosed with something in the hospital, you're going to be cured for outside of the hospital. And making sure we can get you into those offices, surgical teams, all of that is really a big support to each other medically to make sure that we are creating a safe and effective plan for you. But there are other things that are happening. Right?

All of the MRIs, the echoes, the ultrasound, all of those things are run by professionals themselves who've had a ton of training to be able to carry out these diagnostic machines, processes, and make sure that we're getting that good information. So, we're also working with them to make sure that we can get you in because nothing is an unlimited resource. Right? So though you can run an MRI machine 24 hours a day, there are still just 24 hours in a day. So how are we using that resource to make sure we can get all of the good and necessary tests in?

And then you have all the people who to understand the financial and insurance implications, what goes on in the hospital. And that is something that your medical team is just not going to be able to do on their own because contracts between insurers and primary care, those change often and so this is where the case managers and the social workers who are pulled into that system and get those updates and understand what is really necessary to get you the most out of your plan, insurance wise, needs to happen in a hospital.

So, for instance, and this is something that a lot of people are unaware of, if you come into the hospital and you need to go to a rehab before you can go home, because you're not safe, like you may still be unsteady or weak or you still need some medical care before you go home, like wound care can't just really go from the hospital to that facility. A lot of insurers will require that you stay in the hospital like two midnights. And so we call that the two midnight rule. And that's something that the general public doesn't know about. But also during COVID that rule got waived. So all of a sudden, I as a physician now had this opportunity to say, hey, maybe I can move patients a little bit faster to that rehab. So it's busying for me as a physician to follow those rules. And that's where case managers get all of those updates and alerts, understand what's what, and they come to me and say, this patient needs X, Y and Z to be able to qualify,

or this patient will not qualify for a long term acute care, but they will qualify for a skilled nursing facility.

So how can we help them qualify for a long term acute care? Or they may not qualify for home hospice. I mean, for an inpatient hospice, but they may qualify for home hospice. What can we do to help them garner their resources at home? So like I said, those contracts and those rules change so often that there's a whole set of professionals who have been dedicated to making sure that you're able to follow those rules and get as most as you can out of your insurance.

Sandy Kibling

No, those are really good points. And you're right, it changes all the time and I know it can be so frustrating for a patient be frustrated at the medical staff when it's truly, there's nothing you can do as a physician if the rules of the patient's insurance company is going to kick in or have those certain requirements. I think two things come to mind. One, it's always best to be your best advocate and understand your insurance plan. I know it's not the best read, but it's so important to know what the requirements are or to call ahead if you can. I also think it's really important, to have your own care team. You mentioned whether it's a sister, whether it's a spouse or somebody that close friend, that can help, be that voice for you to help navigate that, because it can be frustrating when you're not feeling well, when you're concerned. Also, that was so good to know about the two midnight because as a patient you don't know why. You're like, why am I being held here? Why can't I go home? And so that's really important to know. Well, speaking of that, with all of this dizzying, the process and all that, the stay and all that you're up against, what are some tips that you would give people to help them stay mentally grounded? Maybe to communicate more effectively with their physician and care team in general?

Dr. Monique Nugent

To be that advocate? Yeah, this is one of my favorite questions. So, the first thing that I would say is if you use or prescribe a medication for your mental health, please let people know when you come into hospital, if you're taking an antidepressant, we should be able to continue that antidepressant unless it's unsafe because of another medication interaction. But we still need to know that. So being off of the medication that helps you with your own mental health is not going to help you through a time that's more, like I said, stressful. So that's the first.

The second thing is, like I said, be plugged into your community. If you talk to your therapist, talk to your therapist, let them know what's going on and see how they can extend themselves and be a bit more of a support to you or whoever it is who is that mental health support for you. But also, by being plugged into your community, you're not going to feel as isolated. And the hospital stays can be very isolating. Right. You're away from home, you're out of your element. You're sick and in pain, but everybody else still has to go to work, everybody else is still going to school. Right? And so if you are plugged in and you get to kind of see what other people are doing and you feel like you're a part of things, you have something to look forward to when you're leaving and make sure that you're thinking about those things that you're

looking forward to, because that's going to give you a reason to push through and participate in care and make plans for what you're going to do after the hospital.

As for communicating with the doctor like I said about you owning information. Write down your questions, because as soon as the doctor walks in the room, they're going to say, how are you doing? You'll say, I'm fine, and your question will go out of your right. That happens to all of us but write down all of your questions as they come to you through the day and night. This way you can literally make sure that you're getting things answered, or your support system, your friends and family might ask you questions that you didn't think of yourself. So that's a good way to make sure you're getting as much of that information and then advocate for yourself in real time.

Another thing is when something is amiss, you feel like you're not getting information or you feel like something is unsafe, talk about it in the moment and talk about it in the moment with the person who's closest to that event, right. Because you don't want it to have passed. Three days ago, you felt as if you were not getting communicated with, and now you still, three days later, you still feel like that you can talk about it immediately with the person who's closest to the event and you most times are able to really work things out and figure out what you need. I always tell people, try not to make a personality difference, be the reason why. Cut a hospitalization short. The last thing you want to do is say, I'm leaving because I'm angry and don't like somebody. Try to understand that they are people on the other end of that interaction as well.

I've worked with a ton of doctors and patients over the years where they both tell me the same interaction and they both had different experiences, right? So like a patient may say, like, oh, the doctor dismissed me, told me, don't worry about it, everything will be fine. Totally dismiss my concerns. Then I talked to the doctor. He was like, I really was supportive to them. I told them, don't worry about it. It'll be fine. Two people had two different experiences within the same event. Right. And so if you're able to talk about it right then, and you can find that maybe they don't know that they're not communicating their empathy the way they think they are or they're not picking up on your fears and concerns. And so just address it in real time, the person closest to the event so that you're able to work through things and have somebody else on your side. Because when you are in pain or scared, you're not thinking about things in the most effective way. Right. And so if you just have another set of ears there that are hearing things, communicating with you and your team, it's going to do nothing but bolster your care. Yeah.

Sandy Kibling

Communication. And we always go back to that, like the pen and paper. Right. But it is so true. I was thinking recently, I take care of my sweet mom and she has a retina condition, and she has the sweetest doc ever. But after the appointment, because I do go with her to make sure that I'm asking questions and I'm also listening because sometimes I hear things that she doesn't. But he always says, "oh, you're going to be okay. You're going to be okay." And she's type A. She worries about everything. God love her. She's sweet as pie, but she's a worrier. And he's like, oh, it's going to be okay. I did have a sidebar because he was being kind and just kind of

trying to deflect that worry when what mom really wanted to know is, if this treatment stops working, what are my options? Am I going to go blind? To your very point, he was like, oh, my goodness I was just trying to calm the situation down. And it was a great discussion. He came in and really just sat down and talked about, we're going to try this. And then if this doesn't work, this will be our next step. It was such a calming effect, and everybody had nothing but the best of intentions, but the interpretation was so different. I use that example in hopes it will resonate with listeners just as one way, but it's okay to ask and assume good intent, but communicate to make sure you're getting the information that you need.

Dr. Monique Nugent

Definitely. I think it's really hard because people often feel that they're up against something that maybe is a little bit more nefarious than it looks. And I will never tell people to not have their guard up right it's you and your loved one's health, well-being and comfort that you're really concerned about. I often say that it's not a separate set of saints who come down from the heavens to do a shift at a hospital who go back up. It's the same people who go back into the world with the same stressors as everybody else. And so how we're interacting in that health care system, how our humanity hits an interface with each other, is really going to be the key to getting the most that you can out of a hospital stay. But above all, I always tell people that if you're not feeling safe, that's when I want you to really put up the red flags and say like, hey, something's going on. I think that there's one thing to have personality differences or feel like you may not really jive with somebody, but if you feel like you're unsafe, that is a very different issue and that should be immediately escalated to people's supervisors and try immediately to resolve that. So please remember that safety is the number one thing.

Sandy Kibling

Now, I'm going to ask a basic question because I'm wondering in my head, so I'm sure my listeners are as well. So taking it to the very basics. When you say unsafe, help us understand in a hospital, stay, what do you mean unsafe?

Dr. Monique Nugent

So if you feel like. Do you feel like your concerns are not being heard and your treatment is not tending to the issue that's causing you to be ill or causing you to be in pain, if you feel like somebody is hurting you, if you feel like somebody is just doing things that would cause you more ill, that is the biggest issue.

I've met a ton of patients who don't like their doctors, but then will say the same thing, like, yeah, but I did get the right treatment, but then we read about things in the news all the time where patients are not getting treated or are being treated ill and it turns into an unsafe situation. So if you're looking at your loved one or yourself and you feel like, wow, I am getting worse, I am not getting better, I am not being listened to. My concerns are really around my well-being and safety instead of, I don't like his bedside manner or something like that, that's really what is, I'm going to say, the big red flag.

Sandy Kibling

I appreciate you answering that basic question, but just letting us know because we don't often think about it. And like you said, with so much going on, when you are at a hospital, that can get lost somewhere in between. So appreciate you breaking that down.

Well, this has been such a wealth of information, but there's so much more to. I mean, there's so many more questions in my mind. I have so many more I want to ask. I was hoping you could share more about "Prescription for Admission." Tell us about the book where we can get that and some additional nuggets of information, I'm sure, that are in there that we can get.

Dr. Monique Nugent

Thank you so much again for hosting me. I wrote this book because I want people to have it and have something to prepare themselves for the hospital stay. Prescription for Admission you can find anywhere you buy books online, Amazon or Barnes and Noble, there's a bunch of other sites but anywhere where you buy books online is where you can find "Prescription for Admission." It's a book that I really created to be used. Someone once asked me if it's going to be available in hardcover, and I said, no, I want it rolled up and thrown into people's bags as they're going to visit dad in the hospital. It's created in a way that walks you through the hospital, say, in those chunks that I talked about, admission, diagnosis, treatment, and planning for discharge. And there's some areas where you can fill out things like practice filling out your medication list and your past medical history.

I also have some spots for people to sit down and write out their thoughts around CPR and post statuses and what are their fears, what are their goals around these types of treatments, because that's something you're going to be asked in the hospital. I've got QR codes for people to scan where you can download some really high points of the book. And what I've created is a quick guide. I've really created this book to be used as much as possible and flipped through over and over again. I'm really hoping that you're able to get what you need out of it for yourself and for helping your loved ones through a hospital stay.

Sandy Kibling

I actually looked because I also went to your website and people can just as a preview, highlight and sign up one to stay in contact with you, of course, and get a checklist and the checklist was amazing. I was reading that thinking I wouldn't have thought of that, especially if it's an urgent situation. So, it's always good to take a pause and I love what you said about taking the book. Use it, open it, write in it and do that because I often think the cost of not knowing is a cost and it can be a financial cost. It can be a quality of life and worst case, so knowing is so essential. So I'm so grateful that you wrote this book to share with everyone who needs it and appreciate that we'll make sure and link to it as well as we draw to a close. I always like to leave any closing.

Dr. Monique Nugent

Thoughts to you, Dr. Nugent yeah, check out my website. Like you said, drmoniqueNugent.com. That's drmoniqueNugent.com. I've got some really great downloads there that I want people to

have. Just feel free to download. My favorite is around creating a family meeting so you can be prepared on how to create an environment to get a good meeting out of your medical team and get what you need to know to help make a good plan for the future for you or your loved one in the hospital and sign up. There's going to be a lot more coming from that website and newsletter and things like that. Also check out prescription for admission. I really appreciate having me and I really appreciate your listeners time and feel free really to get out there and get this information. I want people to be educated and ready for hospital stay.

Sandy Kibling

We are on a similar mission in different ways. I love that you take the hospital side and right now I'm on a big campaign for open enrollment, helping people gain knowledge because it's so essential. And having you on has been great because I've learned so much. So thank you for all that you do every day and for being on the show.

Dr. Monique Nugent

Thank you.

Sandy Kibling

I so enjoyed having Dr. Nugent on the call today. It is always my pleasure to have a busy physician take time out of their day to share their knowledge on the show. Make sure and check out the resources for the hospital guide and her book Prescription for admission. In our next show we have Greg Elliott who is a thought leader in the smartwatch and wearable space with a specialty in heart rate variability in health and well-being. His knowledge in this area is amazing and I really enjoyed our discussion of what is on the horizon with wearables and how we can be more proactive in living our best lives. Until next time, Get Savvy