

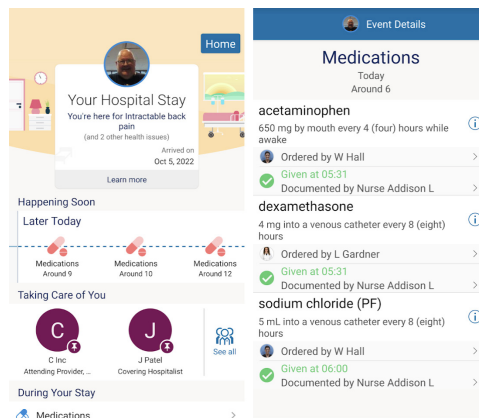


## Going to the Hospital? Take Your Smartphone!

YOU MAY ALREADY KNOW THAT I SPENT SOME TIME IN HOSPITALS LAST YEAR. MY SMARTPHONE MADE THE PROCESS A LOT MORE MANAGEABLE. HERE'S HOW.

Some hospital visits are planned, such as those for elective surgery; others are an unpleasant surprise, such as when you're injured. My experience was the second type: On the day I was supposed to meet a surgeon to discuss possible spinal surgery I was unable to walk even a single step. Instead of meeting the surgeon at his office, I met him in the emergency department of a hospital and had surgery the next day.

I'll explain my 68-day adventure later. First, though, let's consider how a smartphone made the process easier.



second issue and this is where your smartphone can help.

It was difficult to perform work related tasks on the device, but it immensely improved my stay.

Hospitals aren't conducive to clear thinking for patients: A doctor, nurse, technician, or therapist comes to your room, does something, and explains what was done.

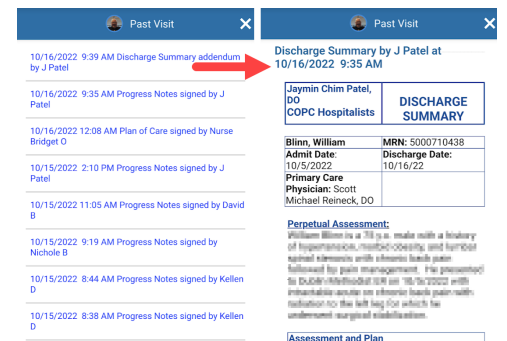
Some people may understand the message and retain it, but that's not always the case for me. Even if I understand the message, I may not remember it. This can be a serious problem with discharge instructions.

The patient who is being released will usually receive printed instructions, but it's even better if this information is forwarded to the patient's phone.

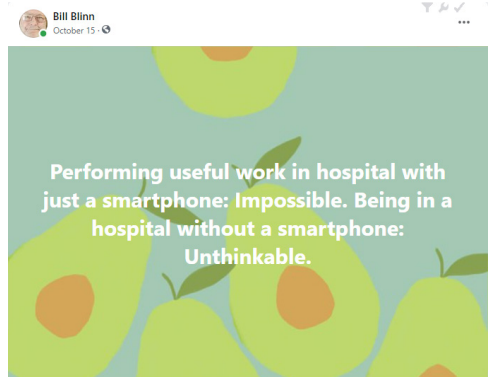
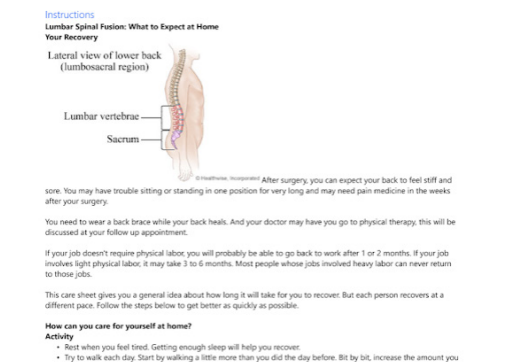
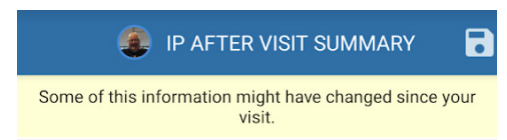
The days are long gone when medical personnel wrote observations on clipboards that hung from beds. Everything is recorded using a computer terminal

and that information is available immediately on the patient's phone.

When medications are administered, the patient's ID bracelet is scanned and so is the medication package. The phone app shows medications that have been given as well as those scheduled to be given in the next 12 to 24 hours.



As useful as this is, the discharge summary is even more important because it includes information about the process and about what the patient



I WAS SO IMPRESSED THAT I POSTED THIS FACEBOOK MESSAGE ABOUT A WEEK AFTER MY SURGERY.

It's probably safe to say that nobody wants to be in the hospital and it's probably even more accurate to say that nobody wants to suffer a lack of information while in the hospital.

Having immediate and up-to-date information about medication, schedules, tests, results, and care providers goes a long way toward addressing that

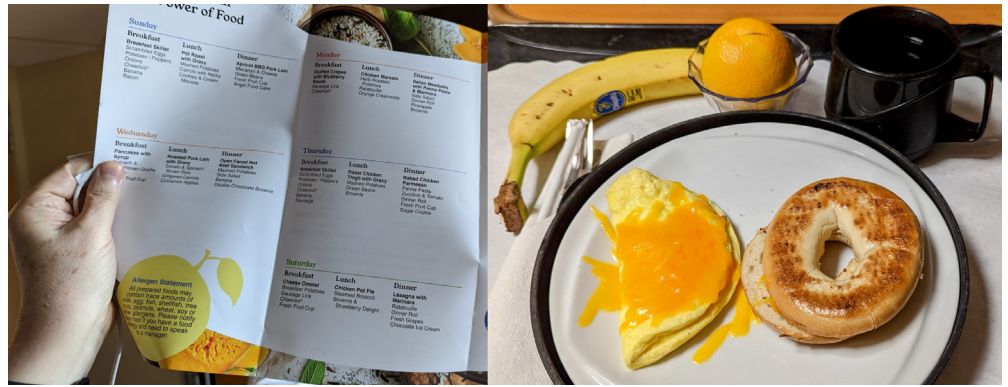
is expected to do after leaving the hospital.

Details of operations and procedures are also stored in the online chart so that details can be reviewed at any time. If the patient wants to know more, calling up the appropriate document is easy.

Claims			
<b>Orthopedic One Inc</b> <span style="float: right;">● Processed</span>			
Visited on Oct 06, 2022 For William II (Self)			
Amount billed	Plan's share	Your share	
\$15,988.00	\$5,977.54	\$0.00	
<b>Orthopedic One Inc</b> <span style="float: right;">● Processed</span>			
Visited on Oct 06, 2022 For William II (Self)			
Amount billed	Plan's share	Your share	
\$5,996.79	\$444.36	\$0.00	
<b>Midwest Physicians Anesthesia Services Inc</b> <span style="float: right;">● Processed</span>			
Visited on Oct 06, 2022 For William II (Self)			
Amount billed	Plan's share	Your share	
\$2,974.80	\$381.75	\$0.00	
<b>City of Worthington Division of Fire</b> <span style="float: right;">● Processed</span>			
Visited on Oct 05, 2022 For William II (Self)			
Amount billed	Plan's share	Your share	
\$384.00	\$780.81	\$79.00	

Some insurance companies maintain near-real-time summaries of procedures, requests, approvals, and costs. My wife and I have opted for one of the more comprehensive insurance plans that we believed would cover our needs as we grow older. Seeing large expenses reduced to low or no co-pays didn't eliminate pain or accelerate recovery, but it did relieve a lot of our stress.

*Hospital food* was once a derogatory term used to describe tasteless, overcooked, and under-spiced entrees and side dishes that were seemingly designed to put the patient entirely off food for the duration. Every patient



receive the same selections. Today's hospitals do a much better job. Patients receive a menu and can order a meal when they want it, much like hotel room service.

A smartphone is not needed to place an order, but the kitchen's number can be stored in the patient's phone

to eliminate the need to retrieve the room phone (which seems always to be out of reach), look up the 10-digit number, and enter it.

Smart phones may not be medical devices in any sense of the term, but they make dealing with medical problems much easier. Ω

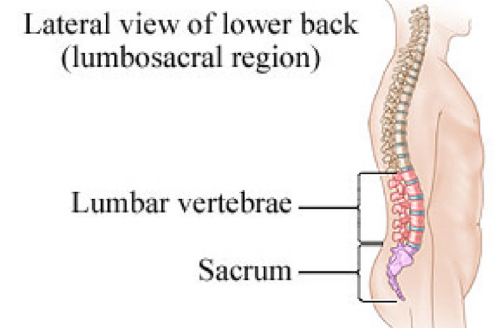
## 68 Days in the Hospital

**TL;DR VERSION: A SORE BACK WENT FROM BAD TO WORSE AND DOWNHILL FROM THERE, BUT THINGS BEGAN TO IMPROVE AND I WAS HOME BY MID-DECEMBER. THERE'S STILL A LONG WAY TO GO, BUT THERE'S A PATH TO THE DESTINATION.**

**FULL VERSION:** I'd been having a lot of back pain and the orthopedic surgeon who had performed an RF ablation on some spinal nerves a year previously scheduled me for an MRI because X-ray views already showed spinal misalignment.

Friday before the MRI, I fell in the front yard while picking up a package from the step. I couldn't get up and we called the fire department for help. In retrospect, I should have gone to the emergency department then, but didn't.

I drove to the MRI test on Tuesday and realized while driving home that the pain was so severe I shouldn't be driving. Phyllis drove me home and I managed to get upstairs and go to bed. Wednesday I was supposed to meet with another surgeon to discuss an



epidural injection and the possibility of surgery, but I couldn't walk even a single step from the bed on Wednesday morning. Fire department medics took me to the hospital.

Surgery was on Thursday, 6 October, and involved four of the five lumbar vertebrae (L2 through L5) and 34 staples were used to close the incision.

Patients are often out of bed and able to walk a day or two after this

**OhioHealth**  
Dublin Methodist Hospital

Room **4312** Phone **544-8711**

You are in the **Monday, Oct. 10** area on the **PT** Floor

Today's Date **Monday, Oct. 10**

Patient Name **Bill**

Nurse **Nina**

PSA **Lauren**

Physician \_\_\_\_\_

Expected Discharge Date \_\_\_\_\_

My Goal for Today: \_\_\_\_\_

Daily Activities: **Feel better! 1x10 reps 2-3x daily**

Last Pain Med Given **11:30 am**

Next Pain Med Available **3:30 pm**

My Pain Level Today is:

0 Very happy, I don't hurt at all

1-2 Hurts just a little

3-4 Hurts a little more

5-6 Hurts even more

7-8 Hurts a whole lot

9-10 Hurts as much as you can imagine

Dr: **Latine 1019**

Pain Goal **PT: Alic 1019**

**Exercises**

- ANKLE PUMPS
- QUAD SETS
- SNOW ANGELS

kind of surgery. This wasn't possible because of a painful hematoma near the surgery site, severe arthritis in my left hip, and paralysis in my left leg. I hadn't expected that, but the fall combined with spinal stenosis left significant nerve damage, particularly around L5 that holds the leg's nerves. Instead of several days of physical therapy at the hospital, I had one.



Then it was off to a low-level rehab facility because even I had to agree with the insurance company that I

wasn't ready for three hours per day of physical therapy at an in-patient facility.

Blood clots were forming on my lungs, reducing heart function and lowering blood oxygen levels. I fell during physical therapy and experienced chest pains, so it was off to another hospital.

Besides the blood clots on the lung, I had developed an extremely high heart rate, supraventricular tachycardia (SVT). Minimally invasive surgery via the groin removed the blood clot in the right lung, but the surgeon could not reach the clot on the left lung. That's being treated with a blood thinner and the SVT is being treated with Lopressor, a beta blocker.

Welcome to **Mary Carmel Rehabilitation Hospital**  
an affiliate of Good Samaritan Health

Room Number: **129**

Phone Number: **614 392-3629**

Shower Days: **Wednesday Saturday PM**

Weight: Stand / Bed: **302 lbs**

Date: **11/3/22**

My Preferred Name is: **Bill**

Previous History of Fall: **Yes No**

TODAY IS **Thursday** DATE **Nov 3rd, 2022**

MY REHABILITATION TEAM

Nurse: **hady** 3572

Rehabilitation Physician: \_\_\_\_\_

Medical Physician: \_\_\_\_\_

Extension: \_\_\_\_\_

Charge Nurse: **Renee**

Leadership: **Patrick**

Nursing Tech: **Hala**

Extension: 3575

Extension: 3471

Case Manager: \_\_\_\_\_

Estimated Discharge Day/Date: \_\_\_\_\_

Family Contact: **Phyllis**

Extension: \_\_\_\_\_

Number: \_\_\_\_\_

My Goal For Discharge: **To be able to walk and go home**

Mobility

Time **11:00** Time **12:00**

Do not ambulate. RED SHOE Wheelchair only.

minA stand p4 roll

minA leg roll

Special Diet

NO FOOD OR LIQUIDS

FOOD:  Skimmed  Full  Soft  Chewy  Other

LIQUID:  Thin  Moderately Thick  Thick  Other

PRECAUTIONS

Hip  Limb  Aspiration  Weight Bearing

Cervical  Back  Sternal

BRACE: **LS6 00B**

Other: \_\_\_\_\_

**CALL, DON'T FALL. YOUR SAFETY IS # 1.**

Clean With Soap and Water Only

Fortunately, pain was sufficiently under control by then that the insurance company approved two weeks of in-patient physical therapy, which did wonders. Midway through the process, I woke on Sunday morning, drenched in sweat, with a high heart rate. SVT was back, so it was off to yet another emergency department.

After 9 hours in the ED, the doctors doubled the Lopressor dose and sent

**BLINN, WILLIAM**

November 01, 2022 129/A

7	00	
	15	
	30	
	45	
8	00	
	15	
	30	
	45	
9	00	OT IP Treatment 30
	15	0185 Gym
	30	Kayla K., OT
	45	OT IP Treatment 30
		0185 Gym
		Kayla K., OT
10	00	
	15	
	30	
	45	
11	00	
	15	
	30	PT IP Treatment 30
	45	0185 Gym
		Jess A., PT 0185
12	pm	
	15	
	30	
	45	
1	00	
	15	
	30	PT IP Group 60
	45	0185 Gym
		Olivia H., PT
2	00	
	15	
	30	
	45	
3	00	PT IP Treatment 30
	15	0185 Gym
	30	Jess A., PT 0185

me back to in-patient rehab. I missed not a single day of physical therapy!

The final stop before home was an assisted living facility where I received a limited amount of physical therapy. I had expected to be there for 30 to 60 days, but decided quickly that I wouldn't stay for more than a month.

I can't yet negotiate stairs at home, so we had a stair lifter installed for access to the second floor. Physical therapists showed me how to use the front step and entrance, so we didn't have to spend several thousand dollars on an ugly ramp.

I have learned to appreciate physical therapists. My left leg is getting stronger, but the ability to walk normally remains in the future. Ω