

Continuity of Care: From Hospital to Home

PART 1

Mrs. C is an 87-year-old Chinese American woman living by herself in the community. She lives in a senior apartment building where she receives housekeeping services, but must provide and prepare her own meals. She is a widow (9 months) and has two sons who live in the area and a daughter who lives out of state. Mrs. C is fiercely independent despite recently experiencing some declines in her health including weight loss. Her son found her on the floor, mildly confused and disoriented, complaining of dizziness and hip pain. She reports, "I was on my way to the bathroom." She was transported to the hospital for surgical repair of a hip fracture with open reduction internal fixation (ORIF). Prior medical history includes osteoporosis and high blood pressure for which she takes a beta blocker. The nurse at the hospital notices that Mrs. C is not eating. She questions Mrs. C. about this and Mrs. C. responds, "It is painful for me to eat hot and cold food, it hurts my teeth".

Questions:

1. What do you know?
2. What do you need to know?
3. What primary post-op complications would you need to be aware of?
4. Discuss how you would address pain management for both her surgical and oral pain.
5. It has been determined that Mrs. C will not be able to go home from the hospital. What information would you need to communicate within the current health care team and to the facility to which she will be transferred?

PART 2

Mrs. C was transferred to a skilled nursing facility. At admission to the facility she was:

- walking with a front wheeled walker with minimal assist up to 15'
- transferring (bed, chair, wheelchair) with minimal assist
- self care was done in bed requiring set up and encouragement to perform brushing teeth and combing hair; assistance was needed for sponge bathing; assistance was needed for getting dressed, especially pants/socks/shoes; and she was using a bedside commode with assistance for toileting.
- Meds
- She rates her hip and leg pain as 6/10 on the numeric pain rating scale

Overall, she has been irritable and has resisted efforts by the nursing staff to participate in self-care activities (e.g. walking, bathing, and dressing). She complains to her son that she is missing her husband and does not like the food provided, stating, "They do not have tea when I usually have it and it is not my tea. All this is too much trouble to go through." Oral hygiene has declined due to problems getting to the bathroom and lack of desire to perform oral care so now she is experiencing bleeding and tender tissue and food impaction between her teeth.

Questions:

1. What do you know?
2. What do you need to know?
3. Mrs. C's current affect is not typical for her. What do you believe is going on with Mrs. C and what type of screening would you consider administering (see your handouts)? Who could administer this? What would be your follow-up after screening?
4. How could each discipline contribute to the management of Mrs. C's medications? Her pain?
5. How independent does Mrs. C need to be to be discharged to her home?
6. What would be the focus of each discipline in helping her return home?
7. What communication would you want to have with the Home Health Agency when she is discharged?

PART 3

Mrs. C was able to participate in rehabilitation and gained enough strength to return to her home with home health services (RN, PT, OT, & home health aide). At the time of discharge home she was:

- walking with a front wheeled walker independently (but slowly) in her 1-story home
- required assistance to get up and down the stairs into her home
- able to get in and out of bed independently
- able to stand up from most chairs in her home, but not her low toilet
- required assistance to get in and out of the shower (bath tub) and to shower
- relying on LE dressing aides
- concerned about meal preparation while using walker
- meds
- she reports her hip and leg pain as 3/10 on the numeric pain rating scale

At home, she continues to not drink fluids because she is afraid it will cause her to use the bathroom too much and fall again. While at home, she continues to have the same issues regarding dental health as in the care facility, but also now notices a bad taste and odor and has difficulties eating because her mouth is so dry.

Questions:

1. What do you know?
2. What do you need to know?
3. What would you communicate to the family?
4. What additional referrals would you make, if any?
5. What would each of your professional roles be at this time?
6. What criteria would you use to discharge home care services in your particular profession?
7. Any follow-up planning recommended?