Complex Discharge Planning Case Study

Patient ID Number:

Presenting Problem : Active home care patient with 6 falls in 6 months, would benefit from higher level of care but refuses to leave home	**Diagnosis** HX of seizures, CVA, Multiple falls, Fx secondary to falls, expressive aphasia	**Mental Status** alert and oriented expressive aphasia
Insurance: Medicare/medicaid	**Age** 68/divorced	**SOC date:** active with home care agency on and off since 1998. Latest admission 11/06 to present date
Disabilities Expressive aphasia, right hemiparesis		
Housing; Subsidized housing : Christopher Community. Private apartment		
Psychosocial support: Daughter who lives in White Plains, no local support		
High Risk Screening Criteria: Lives alone, no back up supports, total assistance with ADLs and IADLs, high risk for falls, can not get out of apartment in an emergency, Chronic illness		
Community agencies presently involved: Attends Medical Day Care 7 days/week from 8-3:00, VNACNY Home Care providing nursing visits to pre-pour patient's medications ,home health aide 2x per/day for a total of 28 hours per week of aide service, Nursing Home Transition& Diversion Waiver Program providing a life skills coordinator		
What discharge planning has occurred: Prior to patient's discharge from area hospital , informational letter sent to hospital discharge planner requesting conference prior to patient's discharge. Patient was discharged from hospital before meeting could be arranged. Daughter was contacted and instructed to find a local back up person for patient.		
Barriers to transition: patient cognitively intact but exhibits poor judgement and refuses higher level of care.		

Recommendations: Nursing home transition and diversion waiver program admitted patient to services but unable to provide personal care aide for increase supervision since patient is cognitively intact. Had a patient centered meeting with all community agencies presently involved with patient's care. Recommended patient agree to use of hoyer lift for transfers, Licensed Home Care Service agency personnel at risk for injuries due to patient increase in falls.

Discharge planning work group recommends daughter obtain guardianship.