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Case Studies Fails, Successes and something in the middle

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Case study #1

- 63yof Ms. C-Numerous referrals/multiple calls per day
- Demographics low income, Medicaid, lives with boyfriend
- Chronic alcoholic/pain medication abuser
- Mental Health Disorder, GI disorder

What did we do? Resources Given

- Involved the services Mental Health, Primary Care, Family, DHSS, Pharmacy, Hospital x2, GI Specialist, Medical Director, Police, SURRT
- Offered patient Rehab, Mental Health Resources, Substance Abuse Resources
- Declared patient non adherent

Fail or Success? Somewhere in the middle?

Clinically, yes!

Calls have actually increased

If our patient fails, does that mean that we failed our patient?

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Case study #2

- 65 y/o Mr. C
- Demographic- middle class, insured, lives alone, MA Degree; retired hospital administrator
- Progressive Neuro disorder-GAD similar to symptoms of MS. currently no use of legs
- Alcoholic

What did we do? Resources given

- Collaborate DHSS, prosecuting attorney's office
- Offered in home private duty
- Mental health resources
- Presented safe place move policy with 30 day notice

Fail or Success? Somewhere in the middle?

Somewhere in the middle

Decreased to 8 calls in 3 months.

He died in his home per his wishes.

Case Study #3

- 85yom Mr. B- enrolled as last ditch effort for patient to remain home
- Patient refused skilled care admission
- Hx of CHF exacerbation, CVA, Diabetes II

Treatment

- Medication Reconciliation
- Worked in collaboration with HomeHealth RN, PT, and OT to coordinate services
- Wound care provided
- In home lab draws with diuresis

Resources

Educated family on disease process

Mental Health resources given

Developed CHF Care Plan

Fail or Success? Somewhere in the middle?

Patient bedbound upon home arrival but thrived once at home

Graduated 30 day readmission avoidance program!

Died at home with his family surrounding him.

BIG WIN !

QUESTIONS?