

Senior, Client (SEN1000) Case Study

The Liberty County Health Department has an early intervention program aimed at keeping seniors in their home called Seniors First. This program has a multi-disciplinary team composed of a social worker, nutritionist, and public health nurse. Sally Social Worker receives a referral from a local doctor referring Mrs. Jensen (aka Senior, Client) to Seniors First. Dr. DoGood writes that Mrs. Jensen is a 75 year-old widow with no living relatives who lives alone in a small house. He has been her physician for 10 years. He was called to the emergency room last month to see her after she tripped on a throw rug in her house and lay unattended for 24 hours until a neighbor discovered her.

He reports that she is in relatively good health, takes Lovastatin 20mg daily for high cholesterol and Accupril 10mg daily for high blood pressure. He has also suggested that she take a Vitamin D and calcium supplement daily. He is concerned that she seems lonely and that she has steadily lost weight over the past months as she is not eating well. He requests a home evaluation from Seniors First.

Sally visits Mrs. Jensen in her home, which is unkempt. She notes several loose throw rugs. Mrs. Jensen is sitting in her living room and states that she knows a few neighbors but that most of her friends and all of her relatives are dead. She states that she is very lonely and would like to find people her age to talk to. She lives on a small social security check and her late husband's pension check. Her neighbor cashes these for her and "takes something for his trouble." The social worker looks at the checks and suspects that the neighbor has been taking up to \$250 per month from Mrs. Jensen.

She is afraid to leave her home due to the high crime rate in her neighborhood and is embarrassed at how messy her house is ("I used to keep such a neat house, but now it is just too much for me to handle"). She heats frozen meals in the microwave for dinner and eats tea and toast for breakfast and lunch. She denies any difficulty with chewing or swallowing; her teeth have no apparent problems. She has two cats and three dogs and often goes without food herself so that she can buy food for them. She says that she cannot afford the Vitamin D/calcium supplements that Dr. DoGood has suggested. Mrs. Jensen's gait is steady. She says, "I bought a cane at Walgreens. I am so afraid since I fell last month. I could have died! Thank God my neighbor came over to get my checks to take to the bank." Her glasses are very thick and she uses a magnifying glass to read. Only occasionally does Sally need to raise her voice so Mrs. Jensen can hear.

Sally performs a home safety assessment and discusses the results with Mrs. Jensen (throw rug safety, etc.). She explains and refers Mrs. Jensen to several senior services in her area, including Meals on Wheels, In-Home Supportive Services (for assistance with housekeeping, meal preparation, etc.), and the health department's Senior Alert system to help her call for assistance if she falls again or needs medical assistance. She offers to make the initial contact with these agencies and programs for Mrs. Jensen. She also reports her suspicions about the neighbor taking advantage of Mrs. Jensen to Adult Protective Services and to Mrs. Jensen. She suggests that Mrs. Jensen switch to direct deposit of checks into her checking account and explains how to arrange that. She arranges for a physical therapy consult for evaluation and makes an eye appointment for Mrs. Jensen's vision.

She tells Mrs. Jensen about programs at her local senior center and low-cost options to get there and back (Dial-a-Ride). She also discusses senior housing with Mrs. Jensen. She explains the services available there. "They have individual apartments with kitchens and have call lights for help. Meals are available there and there is a recreation room. A nurse even checks in weekly to set-up medications and to check on you." Mrs. Jensen says, "That sounds very nice, but I could never afford that." Sally explains the housing is subsidized and income based. She promises Mrs. Jensen to check

Elderly Waivered Services Pathway

Problem	Category	Target	Guide
Hearing	Assess (Surveillance)	medical/dental care	receives care when scheduled; hearing care
Hearing	Case Management	medical/dental care	schedule/provide services; utilization of care
Vision	Assess (Surveillance)	medical/dental care	receives care when scheduled; vision care
Vision	Case Management	medical/dental care	schedule/provide services; utilization of care
Oral health	Assess (Surveillance)	medical/dental care	receives care when scheduled; dental care
Oral health	Case Management	medical/dental care	coordination among providers; access to providers
Neuro-musculo-skeletal function	Assess (Surveillance)	signs/symptoms-mental/emotional	coping mechanisms: fear of falling
Neuro-musculo-skeletal function	Assess (Surveillance)	safety	mobility: history of falling
Neuro-musculo-skeletal function	Assess (Surveillance)	medication action/side effects	takes as prescribed; vitamin D & calcium
Physical activity	Assess (Surveillance)	mobility/transfers	daily activity level
Physical activity	Teaching, Guidance and Counseling	behavior modification	increase appropriate physical activity
Physical activity	Case Management	physical therapy care	coordination among providers: evaluation and potential treatment
Physical activity	Case Management	other community resources	health club/physical fitness center
Health care supervision	Assess (Surveillance)	end-of-life care	advanced directive
Health care supervision	Assess (Surveillance)	wellness	immunizations
Health care supervision	Assess (Surveillance)	continuity of care	coordination among providers
Health care supervision	Teaching, Guidance and Counseling	end-of-life care	advanced directive
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