

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Aging in Place
Session: Social Isolation
Name: Natalie Gorman LMSW
Date: 6/15/2023



Patient Information

Gender: Male Female

Age: 81

Race:

- American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander Multi-racial Other
 Black/African American White/Caucasian Prefer not to say

Ethnicity:

- Hispanic/ Latino Not Hispanic/Latino Prefer not to say

Strengths and Preferences (goals, motivators, preferences, important to the individual)

Member presents as a strong independent woman who is not shy and will boldly speak her mind. She has been known to tell you what she wants with no regard if you want to hear it or not. She would prefer to move back to her own home but is slowly accepting this preference is slowly fading away. What is important to her is for those who talk with her and treat her, do so with respect. She needs those who interact with her to speak in a calm voice, give her time to process information, educate her, and listen to her. Her goal is to live the rest of her days with the best quality of life she can, while improving on current or new relationships with peers (residents) and deepen her relationship with her adult children. She has never given much thought to material things as she will say “those are not important” She loves to talk about the places she has been and her life story. She is immensely proud of her children and each of their respected career paths.

Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Member currently resides in ALF and has since late 2018 after she developed an infection after her left hip replacement. She is no longer employed but did have quite a successful career in the food industry. She is of German descent and speaks it fluently. She lost her spouse some time ago and has two adult children. She will tell you losing her husband was “a good thing” as she reports their relationship was not a pleasant one. Her son lives within the state and her daughter is on the East coast. The member had also lived on the East coast for years. She is not in a current relationship with anyone and prefers it this way. She will tell you “men are messy and overrated.” She does not have any known legal history. She has a charismatic personality and is quite the talker. She enjoys music, dancing, theater, painting, loves her coffee and reading. Regarding her relationship with her children it is quite positive in nature. Her son comes to see her as often as he can; however, he does travel quite extensively for his job. Her daughter also travels but does manage to talk to her most every night. She has recently made friends with a gentleman who also speaks German and they have developed a friendship where it is beneficial for both and appear engaged and comfortable with each other.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>Member has a pretty significant medical history. She has the previous and current diagnoses:</p> <p>Hypertension Hx of Cancer- colon Overactive Bladder Chronic Kidney Disease Stage II Depression A Fib Cataracts Left Hip Replacement Degenerative Osteoarthritis- knee, hip Dementia HX of Malignant neoplasm of breast Hx of TIA and cerebral infarction without residual deficits Hypothyroidism Anxiety disorder Muscle Weakness</p> <p>Allergies: Penicillin, Latex, Clindamycin</p>	<p>Docusate Sodium 100 mg, BID Eliquis 5m BIS Levothyroxine 25mg, daily Cartia XT 240 mg daily Senna 8.6 daily Valsartan 320 mg daily Zolof 50 mg, daily Tylenol 650 mg, every 4 hours Hydrocodone 5-325mg every 4 hours or PRN</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>NA 138 K 4.5 CL 104 CO2 26 GLU 144 BUN 17 CREA 0.8 CA 10 TP 7.2 ALB 4.2 TBIL 0.7 AST 23 ALT 30 Chol 211 Trig 102 HDK 59 LDL 132 WBC 7.4 RBC 5.38 HGB 15.4 HCT 45.2 MCV 84 MCH 28.6 MCHC 34.1 RDW 12.1 PLT 216 MPV 11.6 NE 54.8</p>	<p>N/A</p>

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eGFR 68	
TSH 8.15	
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
There is no evidence or report of substance use or history of substances.	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
Member does not have any reports of self harming behaviors or suicidal attempts or thoughts. She does have a diagnosis of depression and anxiety. She takes medication for this.	
Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	
Member historically has struggled with being fully engaged in her treatment. Some examples are when she was recovering from her hip replacement, if she did not feel like doing her exercises to gain strength and increase mobility, then she would say so, and decline. With regards to her surgery when she had colon cancer removed, she had a colostomy for several weeks and during that time was less than engaged in learning how to clean and care for it. She would insist the nurse take care of it. With regards to taking her medication, she is resistant to taking her medication as prescribed stating "she doesn't need it" or "what is this for?" She also is at higher risk for getting UTI and it has been a challenge to get her to drink more fluids increasing her water intake for overall bladder and kidney health. She is also a high fall risk and would often refrain from using her walker when mobile.	
Barriers to Treatment	
There are a few barriers to treatment for this member, however, they all tend to fall under the larger barrier umbrella of decreased cognitive impairment. As mentioned, she has a strong personality, and this has not changed as she has aged. While the member is a strong advocate for herself and has no qualms with speaking her mind, with this strong personality comes a barrier when she is insistent on not actively participating in her treatment. It can be quite trying to care for her when she presents with this resistiveness. With this significant decline in her cognitive functioning she has started to "see" or "talk" to her parents and has reported events in time which occurred when she was young and presenting as if these events are currently happening. An example is she suffered a fall in May and this worker asked her if she remembers where she was when she fell. She said "yes, I was helping my mother outside by the car." She will get confused on where she is and will say she is "leaving" and will act as if she is eloping. She has also started to disrobe in public areas which has caused residents to feel uncomfortable. She also has significant pain in her knees and hip due to arthritis making any type of physical activity difficult. Finding balance in how one approaches her and provides for her is crucial to gain overall consistency in compliance. What has helped some is patience and taking time to listen to her and treat her with respect explaining what her medication is for, and the importance of maintaining overall health as it relates to her whole person.	