DEPARTMENT OF HEALTH

Case study: Vulnerable adults [preceptor version]

PHN RESIDENCY FOR NEW GRADUATES

Objectives

1. Determine appropriate referral resources.
2. Discuss essential assessments needed to develop interventions for clients related to safety, medication compliance, and diet.
3. Discuss financial aspects of caring for elderly clients.
4. Determine community resources available to assist low-income elderly clients.
5. Determine the need to complete Adult Protection reporting.
6. Discuss the potential for conflict when dealing with the right of self-determination.

Case study

Eleanor is an 85-year-old woman with diabetes and hypertension; both conditions were well controlled with medications until a year ago when her husband died. Since that time, she's been hospitalized twice, once for extremely high blood sugar and once after a fall. A home care nurse saw Eleanor six months ago to stabilize her diabetes and hypertension and scheduled a home health aide to assist with bathing, but Medicare will no longer pay for these services. Recently Eleanor developed a persistent cough, and she was diagnosed with active tuberculosis (TB). A public health nurse (PHN) who works in disease prevention and control receives a referral for Eleanor for case management of TB including directly observed therapy (DOT).

1. In addition to the usual TB assessment, what other areas does the PHN need to assess for Eleanor?

Answer:

- **Medication adherence**
- **Safety and environment (including risk for falls)**
- **Diet**
- **Self-care ability (activities of daily living and instrumental activities of daily living)**
- **General physical assessment**
- **Mini mental status exam**
- **Anxiety and depression assessment, grief assessment**
- **Access to transportation**
- **Current family and community supports**
- **Continuing health care supervision**
- **Finances, how she will attain services now that Medicare is no longer paying**

During the initial assessment visit, the PHN notices Eleanor has difficulty maneuvering around her home and she describes having difficulty performing her activities of daily living. She was coughing frequently during this visit and was observed having difficulty swallowing her medications. She also indicates she has not left the house in three months. Eleanor never learned to drive and was dependent on her husband.

2. What referral resources are available in the community for Eleanor?

Answer:

- **Home assessment by occupational therapy, speech therapy (for swallowing assessment), and physical therapy**
- **Personal Emergency Response System, preferably with falls detection (e.g., Life Alert)**
- **Falls prevention programming**
- **Church or faith-based resources**
- **Eldercare Locator from the US Department of Health and Human Services (resources include transportation, food)**
- **Neighbors and other family members**
- **Home delivered meal service**
- **Equipment recycling vendor**
- **Refer to social services**

Eleanor owns her home, and with the support of family members, she has chosen to live alone there. She has savings of $20,000. Her income is sufficient for her day-to-day expenses, but no more than that. Eleanor does not want to leave her home, but because of her assets/income she will need to pay for ongoing home care services out of her savings. Once her savings are gone, she may qualify for Medical Assistance[1] to pay for these services.

3. What are the next steps for Eleanor to be eligible for Medical Assistance?

Answer: MnCHOICES assessment to:

- **Determine eligibility for Alternative Care and Elderly Waiver options**
- **Discuss the rules for spending down assets**

After a month of TB DOT visits, the PHN realizes that even with the help of her family and home care services, it is becoming less safe for Eleanor to live at home alone, and she needs more care for her safety. The decision to live alone puts her in jeopardy for falls and other possible emergencies. Eleanor has mild cognitive impairment so there may be a conflict between the right of self-determination (autonomy) and preventing harm to the individual. She does not have a designated power of attorney.

4. What are the possible safety issues to consider?

Answer:

- **Fire hazards**
- **Frequent falls**
- **Medication non-adherence (TB, diabetes, hypertension)**
- **Inadequate nutrition**
- **Activities of daily living or instrumental activities of daily living**
- **Ability to contact help**
- **Increased vulnerability to crime**
- **Cognitive decline**

[1] Minnesota's Medicaid program is called Medical Assistance.

5. **When should the PHN consider reporting Eleanor as a vulnerable adult?**

   Answer:

   - **Inappropriate spending of money**
   - **Cognitive ability; poor decision-making**
   - **Inability to care for own physical needs, including nutrition**
   - **Resources available are not meeting client's needs**
   - **Family/client does not see the safety concerns in the situation**

6. **Consider what you think is best for the client. How closely does this match what the client thinks is best for her? How can you resolve the differences? Discuss your responses with your preceptor.**

Concepts covered

Elderly vulnerable adults (including reporting), referral resources, safety assessment, financial support, and right of self-determination

Additional resources

1. New York State Department of Health. (2015). *Home Safe Home: A Home Safety Checklist*. Online: https://www.health.ny.gov/publications/3106.pdf.
2. Naik, A., Kunik, M., Cassidy, K., Nair, J. & Coverdale, J. (2010). Assessing Safe and Independent Living in Vulnerable Older Adults: Perspectives of Professionals Who Conduct Home Assessments. *The Journal of the American Board of Family Medicine, 23*(5), 614-621. Online: https://www.jabfm.org/content/23/5/614.
3. US Department of Health and Human Services: Administration for Community Living: Administration on Aging. *Eldercare Locator*. Online: https://eldercare.acl.gov/Public/Index.aspx.
4. Minnesota Department of Health. *TB Information for Health Professionals*. https://www.health.state.mn.us/diseases/tb/hcp/index.html.

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