Case study: Vulnerable adults [resident 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?

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?

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?

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.

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

4. **What are the possible safety issues to consider?**
5. **When should the PHN consider reporting Eleanor as a vulnerable adult?**
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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