



**Valerie J. Richards, MBA
Alzheimer's Educator
Family Coach**

Working Well with Families through Transitions of Care: Case Examples

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CASE #1:

Seventy-nine-year-old Evelyn has come to your TCU for just a few days to recover and receive PT after an injury at home. She lives alone and has been quite independent since her husband passed away eight years ago. Her family has been following her progress closely and visiting her often. When she was admitted today, they were very surprised and upset to hear that her doctor's notes indicate a diagnosis of dementia, probably of the Alzheimer's type.

CASE #2:

Donna and Carl have been living in your AL community for almost four years after moving from the home where they raised their five children. She has had cancer for about three years and treatments had been effective until recently. She has lost weight and strength through this time and her health has significantly declined in the last few months. Carl always seems tired and never stops to talk with you like he used to do. You know the doctor has told them there is no further treatment that will cure her cancer.

CASE #3:

Jerry is a good-natured resident in your AL community who moved in over three years ago with a diagnosis of Alzheimer's disease. Over the last few months, he has been found wandering the halls at odd times, staff has noted that he has been testy with them more than once, and he recently slammed a door when he was upset because the shuttle was not available to get him to the store. His family is coming in for a regular care conference next week.

CASE #4:

Lloyd lives alone and manages fine, although his son helps pay his bills and coordinated the delivery of the medical equipment that your company provides. You have been to his place a few times, including for the original delivery almost two years ago, and Lloyd has always been very social. When you visited this week, he looked disheveled and instead of chatting with you he was quiet and withdrawn. You figured he wasn't himself because you know that he was in the hospital recently.

CASE #5:

Mary has moderate stage dementia and a recent fall has given her inoperable injuries to her back, which caused pain and a terminal prognosis. She is now receiving hospice services within your memory care setting. She has frequent visits by multiple family members, many of whom the staff do not know. One middle-aged man you have never seen before has come alone and spent time reading and singing to her.

Discussion Questions:

How could you best care for, or improve the situation, for the individual?

How could you make a difference for the family?

Is it time for a transition of care?