# **S:\Communications\GENERAL APNA\APNA Logo + Wave + Tagline\APNAlogo 400x200.jpgCase studies**: **Martha**

76 yr. old female.

Lives in eastern Melbourne, in a well maintained unit, which she has been in for the last fifteen years. Martha’s husband was a dentist but he passed away 7 years ago. Martha has 4 married daughters and eleven grandchildren, all living within a 10 k. radius of their mum. The family is very connected and each of the daughters talks to their mum on a daily basis.

Martha is well connected within her local community, she is a member of the local Anglican Church, the bowls club and has regular lunches and outings with a group of four long standing girlfriends.

Martha has a house cleaner who attends on a fortnightly basis, she gets her medications delivered via the chemist who has offered to put them into a Webster pack for her ease, up until this stage she has declined any help with meals.

Martha is a slightly built, refined lady who always presents immaculately. While in general, Martha has good health, she does have elevated blood pressure, which she takes medication for. Martha has a family history of bowel cancer, her father and brother both passed away due to bowel cancer.

Martha has been a long time patient of her local general practice clinic and used the same GP during that time. Of late Martha has been presenting more frequently than she should for her scripts for blood pressure medication. Martha has also been getting her appointment times a little confused. The local chemist has raised concerns with you that Martha is getting agitated with the chemist staff when she tries to pick up her scripts, not really understanding that they are being put into a Webster pack and she does not need to pick up specific scripts.

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| **Observations** | **Pathology** |
| Weight - 58kg | Triglycerides – 2.5 |
| Waist – 76cm | Cholesterol – 5.1 |
| Height – 162cm |  |
| BP – 161/95 |  |
| Urine: NAD  |  |

While in the waiting room you see Martha, you say “hi” as you have gotten to know her well over your time working in the practice. During the course of your conversation you notice that the way Martha answers your questions is very open ended and nonspecific. Testing your theory a bit further you ask her specific questions about her last evening meal…….. She is again general and nonspecific, this raises a potential red flag to you. You voice your concern with the GP.

The GP sees Martha and orders a set of screening blood and urine tests and wants you, the nurse, to follow up with a home health assessment. The GP has taken on board your concerns and after specific questioning of Martha, thinks it would be beneficial to see her in her own environment.

You have organised an over 75 home health assessment for Martha.

### Exercise 1: Preparation

* Have a 5 minute conversation, to introduce yourselves, and talk about the issue that’s brought you to Martha’s house.
* Discuss what homework would you do before you go to visit Martha?
* Are there any specific concerns that come to mind?
* What added resources would you make sure you have to take to Martha’s home.

### Exercise 2: Meeting the patient

* Based on what was learnt this morning, discuss as a table how you are going to introduce yourself to the patient- Keeping in mind their condition.
* ….Then have a go at introductions! Greet and introduce yourself at Martha’s home.
* One person be the lead nurse and one person the patient. The rest of the table contributes. Make sure you “step into your roles”. Think about how you speak, your tone of voice and words you may choose.

## Case Study Continued

During the home health assessment you note that Martha’s house is well presented, very clean and tidy and she has a good amount of fresh food in her fridge. When you ask leading questions she is able to answer- like what she is planning for dinner that evening. Martha is able to show all the phone numbers of her daughters on the white board near the telephone and she is able to give you all the names of her grandchildren whose photos are on the fridge.

In returning to the clinic you speak with the GP. You explain you were unable to find any real concerns about Martha, although you have a gut feeling something is not right.

### Exercise 3: Assessment

Key question:

Exercise:

* Discuss as a group the important elements identified in the case study provided (write down on butchers paper on table)
* Choose a health assessment template to use
* Choose one section of the health assessment template provided.
* Then role play using patient, lead nurse, and back-ups.
* What do you include in your health assessment summary?
* Populate the template.

### Exercise 4: Preparation care planning consultation

You now made a follow up appointment to do some care planning with Martha.

* What to review prior to the consultation with a patient.
* What can you prepare or consider in advance? (informed consent, interpreter services, documentation considerations)
* What elements do you think should be included in her care plan?
* Would there be any benefit in a care plan or a TCA for her?
* When/do you plan to review the patient again?

### Exercise 5: Care planning appointment

Key questions:

* What elements are important to include in care coordination for Martha?
* What would be included in the care plan?
* What would be Martha’s responsibility in the care plan?

Exercise:

* Step 1 Brainstorm: On butchers paper identify patient’s concerns, goals and health issues. This includes: Goal setting, objectives, those responsible.
* Step 2: Populate care plan.

### Exercise 6: Action plan development and care pathways

* How do you make sure Martha doesn’t fall through the cracks now that you have completed your health assessment?
* Identify additional health needs
* Identify referral pathways based on goals.
* Discuss care coordination needs (above care planning)
* What follow up do you recommendations do you make for Martha…
	+ Personal alarm?
	+ Local information?
	+ Family follow up for concerns?
	+ Advanced care planning?