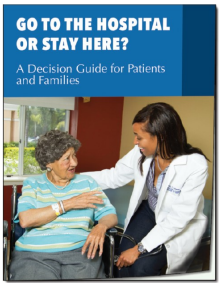


Decision Guide Case Study No. 1

Anxious Resident: Possible C. Difficile

Brief Background

Mr. St. John is an 89-year-old man admitted for post-acute care following a 5-day inpatient admission for pneumonia. The hospital discharge planner reported he was "clinically stable".

In the Hospital

- Pneumonia was treated with IV antibiotics; changed to oral antibiotics on the day of transfer
- Mr. St. John required continuous oxygen to maintain pulse ox greater than 93%
- Mr. St. John developed severe diarrhea on the day prior to discharge. A stool specimen was sent for C. difficile toxin assay

Change in Condition

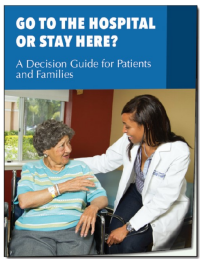
- The day after admission to the nursing home, the CNA reported to the nurse that Mr. St. John did not want to get out of bed for breakfast and seemed more tired and weak than the previous day.
- The nurse assessed the resident and found:
  - Mr. St. John was lethargic but could be easily aroused and knew his name/date/location
  - Mr. St. John reported 4 episodes of diarrhea overnight. He has no appetite and is feeling too weak to get out of bed. His abdomen had hyperactive bowel sounds and was diffusely tender
  - Clear lungs sounds, no cough

Actions Taken

- The nurse called the physician who said she would be able to see the resident within 2 hours and requested:
  - Bloodwork be done immediately (CBC and basic metabolic panel)
  - IV fluids immediately
  - Probiotic with p.o. antibiotic order
  - Call for results of the stool specimen sent for C. difficile
- The physician arrived 2 hours later and went to the resident's room with the nurse. They found the resident weak but easily aroused.
- Mr. St. John said to them: "I think I should go back to the hospital...I feel like I have been getting sicker by the minute since I came here."

Case Study Analysis for Discussion:

1) Using information learned from the Guide, what is your response to the resident?
2) Are there actions you can take to prevent hospital readmission?
3) Using information learned from the Guide, what is your response to the resident?
4) Should you have discussed possible readmission with the doctor before seeing the resident? What should you say?
5) Is it appropriate to discuss readmission issues with the resident at this time?



Decision Guide Case Study No. 2
Abdominal Tenderness

Brief Case History

Robert Timmons is an 86-year-old male who has lived independently at home for the past 7 years. His medical diagnoses include:

- Congestive Heart Failure (CHF)
- Hypertension
- Anxiety

Hospitalization

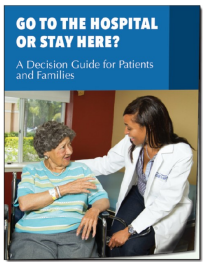
- His most recent hospitalization was one week ago for severe anemia of unknown origin.
- Mr. Timmons was discharged to your skilled nursing facility after a 6-day hospital stay. Upon admission to your facility, he tells you he has never trusted nursing homes because he knows "many people" that have died in them. He wants you to know that if anything "happens" he wants to go to the local hospital because they can take care of people.

Change in Condition

- One week after admission to the facility, the CNA on the unit noted that he doesn't seem to have an appetite. She told the nurse Mr. Timmons did not eat breakfast and refused to touch his lunch. Upon assessing the patient, the nurse discovered the patient had tenderness in his lower abdomen when palpated, but no elevated temperature.
- The doctor is given a detailed assessment of the patient's condition and asks the nurse to closely monitor the patient. She adds that her nurse practitioner is coming to the facility this afternoon to evaluate Mr. Timmons.
- The patient asks if something is wrong and if he should be transferred to the hospital right now.

Case Study Analysis for Discussion:

1) How would you respond to Mr. Timmons' question?
2) Are there actions the nurse and other facility staff can do to establish this patient's trust and enhance his nursing home experience?
3) Using the Decision Guide as a tool, what is your next course of action in this case?
4) Is it appropriate to discuss readmission issues with the resident at this time?
5) Using information learned in the Decision Guide, are there additional actions that could be taken to prevent hospital readmission?



Decision Guide Case Study No. 3
Probable Pneumonia

Brief Case History

Mrs. Hong is an 81-year-old retired schoolteacher who was admitted to the hospital for hip surgery (Open Reduction Internal Fixation or ORIF) after a recent fall and hip fracture. Her past medical history includes COPD, osteoarthritis, coronary artery disease, and congestive heart failure (CHF). She was transferred to your facility 5 days ago for rehab with the ultimate goal to return to living independently at home. She has never been admitted to a nursing home before and her family is very anxious about the quality of care she will receive. The hospital case manager told your admissions nurse that her family believes nursing homes are where people go to die.

Change in Condition

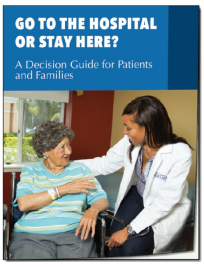
Two days after admission to your facility:

- The CNA notes that Mrs. Hong isn't herself early in the morning, that she is somewhat anxious and seems to be a little confused.
- Mrs. Hong is not interested in breakfast and did not go to therapy.

The Nurse Practitioner (NP) assessed the patient and concluded the patient has pneumonia that can be treated with antibiotics at the nursing home.

Case Study Analysis for Discussion:

1) Knowing this family is anxious, and using the Decision Guide as a tool, what is your next course of action in this case?
2) Is it appropriate to discuss readmission issues with the resident at this time?
3) Should you call the patient's anxious family, and if so, what would you say?
4) Should you discuss the possible readmission with the doctor or NP and if so, what should you say?
5) Using information learned in the Decision Guide, are there any other actions that will help to prevent a hospital transfer?



Decision Guide Case Study No. 4
No Advance Directives

Brief Case History

- Maria Rodriquez is a 67-year-old woman with cancer of the pancreas who has been at home receiving palliative care for the past 3 months.
- Her family moved to another state and you are not aware of any friends having come to visit her.
- Mrs. Rodriguez has no advance directives, but it is clear she is actively dying. Her physician wants her kept as comfortable as possible.

Change in Condition:

Four days after admission to your facility:

- Mrs. Rodriguez began doing "poorly," walking less, eating less, and seeming more "distant" when staff talk with her.
- Her physician ordered blood tests, physical assessment, and chest x-rays, but none of the results indicated an acute change.
- On her fifth day in your facility, Mrs. Rodriguez became very short of breath. Her family was notified and they insisted on admitting the patient to the hospital.

Case Study Analysis for Discussion:

1) What would you say to the family when they insist on sending Mrs. Rodriguez to the hospital?
2) How would you use information from the Guide to discuss this issue with the resident and her family?
3) What other actions can you take to keep the resident comfortable and her family reassured she is getting the care she needs?
4) Under what circumstances would you support a hospital transfer?
5) Should the facility recommend hospice care in discussion with the resident and the family? Why or why not?
6) Knowing this patient is actively dying and using the Decision Guide as a tool, what additional actions can you take?
7) Is it appropriate to discuss readmission issues with the resident at this time?
8) Should you discuss a possible readmission with the doctor and if so, what should you say?
9) Given this patient has no advance directives, and using information learned in the Decision Guide, are there any other actions that could be taken to avoid transferring this resident to acute care?