

ADDITIONAL COMMENTS: The Door-Through-Door Program continues to grow as awareness of the program expands. Formal conversations have begun regarding a partnership with Temecula Valley Hospital on replicating the success of this program in Temecula, Murrieta, Aguanga and Ansa. Readmission rates/ratios continue to be a focal point of concern for Hospital management. The successful deployment of the DTD program in the Fallbrook region has encouraged program participation elsewhere.

Revision Date: August 2019

FOUNDATION FOR SENIOR CARE

IMPACT NARRATIVE

DOOR-THROUGH-DOOR PROGRAM

Clients: Jonathan and Meredith

The following impact story is detailed and very complicated, but it powerfully captures the world that the Door-Through-Door Coordinator inhabits and the day-to-day demands of a job that is so vital and requires so much expertise. The names have been changed to protect the confidentiality of those involved.

Meredith was referred to us by her Veterinarian, because she kept calling for medication even though she already had picked up her beloved dog, Tippy.

At the initial home visit conducted as part of our protocol, Meredith was oriented and had mental capacity within the moment, but she was exhibiting short term memory loss. The Door-Through-Door Coordinator, Darlene, discovered that Meredith was the primary and only caregiver for her husband Jonathan, who was suffering from Alzheimer's. In addition, Jonathan was wheelchair confined, but was still able to ambulate. Darlene could see that Meredith was having more problems than anyone realized, especially after seeing 3 mice running around the house. Meredith was at the same time shocked that she could have mice, but when Darlene saw the rat traps on the counter, she realized the short-term memory loss was more severe than initially thought. Meredith confirmed the initial assumptions, when she mentioned that she had told Jonathan to set the traps. Darlene asked Meredith not to do that, because Jonathan did not have the ability to understand how to set them. Meredith said she knew that, because the rat trap had snapped Jonathan's fingers. This blatant disconnect required a degree of escalation.

Darlene asked Meredith for her daughter's contact information, because Jonathan and Meredith needed interventions from family. Their daughter later called and told Darlene that she would take care of her parent's needs. What Darlene did not know was that Meredith would reject the help that the daughter was trying to put in place.

In May of 2019, we were contacted by Adult Protective Service (APS), because Jonathan was suffering from multiple falls, and there was a revolving door with the local hospital. The hospitals were discharging Jonathan to skilled nursing facilities for rehabilitation, only to have Meredith repeatedly remove her husband from therapeutic and safe environments and hastily return him to an unsafe home living situation where Meredith could no longer provide the care that Jonathan needed. Meredith was a Nurse Practitioner, with two master degrees in the medical disciplines, and with a strong personality. Meredith truly believed that she was providing the care that Jonathan needed, but her short-term memory was preventing her from seeing the reality of her husband's decline, and her inability to care for him. Jonathan was no longer walking, he was only able to stand up and pivot, but with swelling feet,

the problems were escalating. Things had gotten so bad, that Adult Protective Services was told by the hospital that they found a dry bowel movement in Jonathan's adult supportive underwear when he was taken to the hospital.

The first home visit was contentious, Meredith was objecting that she could not care for her husband, but her short-term memory loss had declined severely. Meredith could not even remember in one sentence, that Jonathan had been placed by family at an assisted living facility, and in the next sentence she was accusing the assisted living facility of stealing his clothing. During the visit, Jonathan gasped, and expressed difficulty breathing. 911 was called, and Jonathan was transported to Temecula Valley hospital. Jonathan had a UTI.

Darlene worked with the case manager at TVH, to try to keep Jonathan in the facility, but after 2 -3 days Jonathan was released. When Darlene went back to the Home with the APS supervisor Amy, who was called in, because she told them that unless we addressed Meredith's mental capacity (which she does have within the moment), Jonathan could not remain in Meredith's care. Darlene and the APS rep discovered that Jonathan had fallen within two days of being released from the hospital and was now at a skilled nursing facility.

Darlene got the family re-involved, worked with the social worker at the skilled nursing facility to stop an unsafe release back to the home. At one of the meetings at the skilled nursing facility with a conference call with Meredith's son, nurse, dietician, Physical therapist, social worker we got everyone on the same page that Jonathan could not return home, and Meredith agreed to a Board and Care that I recommended for a month.

This was the turning point; people were afraid to tell Meredith that she was having memory problems. Darlene had to tell her in a kind but factual way. She eventually told Darlene that she was having problems, and she was tired of doing things on her own, but that conversation did not come until after a visit to an assisted facility that Darlene had taken her to.

Jonathan did fine for a week at the Board and Care, but by the end of the week, Meredith was trying to get Jonathan out. Meredith's son had left the country for a three-week vacation, but Darlene had recommended he compose a letter prior to leaving explaining why Jonathan was at the facility. The letter helped the first time the sheriff's office were called, when Meredith tried to bite the caregivers, and broke the screen door to the slider. The sheriff prevented Meredith from removing Jonathan. Darlene updated the sheriffs on the case, they were kind to come, but they never allowed Jonathan's release. Got additional documentation from Jonathan doctor, explaining the situation not only with Jonathan but Meredith. Within the month, that Jonathan was at the Board and Care. The Sherriff's were called 8 times. Darlene was working with APS, to figure out how to continue the care for Jonathan, because Meredith was refusing to pay for another month. The family was also wanting to step out of this complicated mess. We got the family re-involved, and we were working with the doctor's office, and APS, who because we had a plan, paid for a month of care for Jonathan to remain, at the Board and care.

By this time, the family and Darlene were in conversation to find a facility for the parents. Darlene toured Meredith to two facilities, but after touring, the first one, they said she would have to go into memory care herself, and the other faciality, said she would be too much of problem. The only

alternative was in home care. We tired independent caregivers, but Darlene believe because she is uncomfortable with a male, Meredith was constantly trying to remove the care. The son, came, removed the cars, repaired plumbing, and electricity, phones to make the home functional. There is a care company in place, Meredith is no longer trying to remove care. The Foundation provided equipment, Incontinence care products and help with the minor problems that still have to be ironed out.

Very often we can detail and measure impact in the Door-Through-Door program in discreet, easily contained cases with clear resolutions and defined outcomes. Those are ideal. But navigating the raging rapids of dementia with situations consistently arising where there is no safety net, no infrastructure that exists to help address such nuanced, mutating problems, is a testament to the dedication of employees like Darlene, and the essential support of the Fallbrook Regional Health District in allowing such a program to exist.

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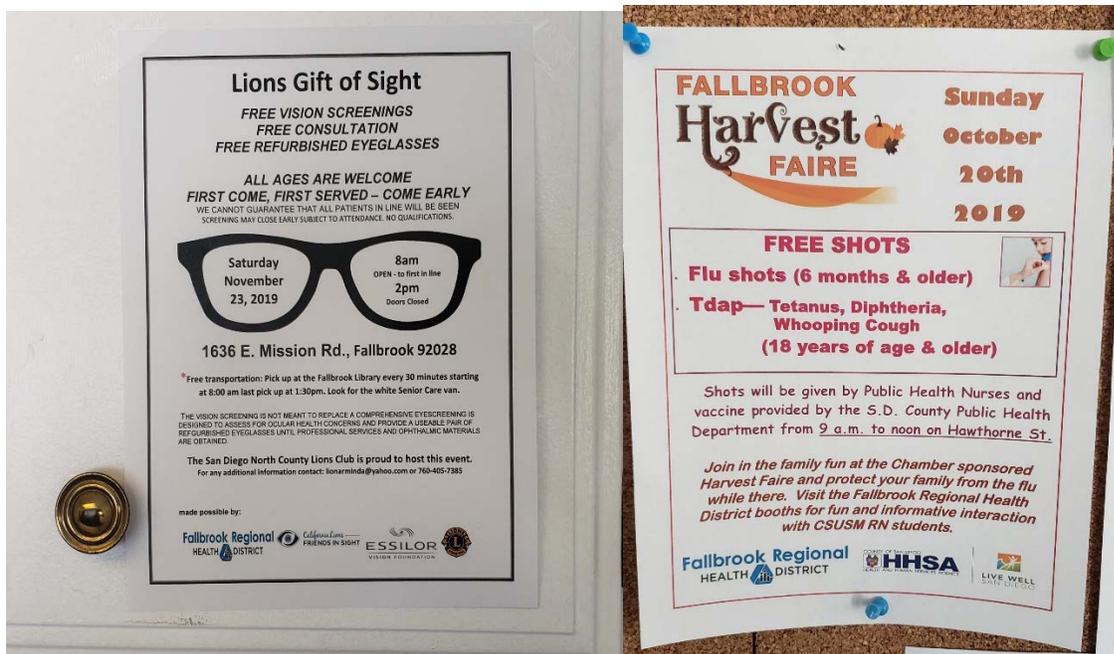
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FIRST COME, FIRST SERVED— COME EARLY
WE CANNOT GUARANTEE THAT ALL PATIENTS IN LINE WILL BE SEEN
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Saturday November 23, 2019
8am OPEN - to first in line
2pm Doors Closed

1636 E. Mission Rd., Fallbrook 92028

*Free transportation: Pick up at the Fallbrook Library every 30 minutes starting at 8:00 am last pick up at 1:30pm. Look for the white Senior Care van.

THE VISION SCREENING IS NOT MEANT TO REPLACE A COMPREHENSIVE EYESCREENING IS DESIGNED TO ASSESS FOR OCULAR HEALTH CONCERNS AND PROVIDE A USABLE PAIR OF REQUISITE EYEGLASSES UNTIL PROFESSIONAL SERVICES AND OPTICAL MATERIALS ARE OBTAINED.

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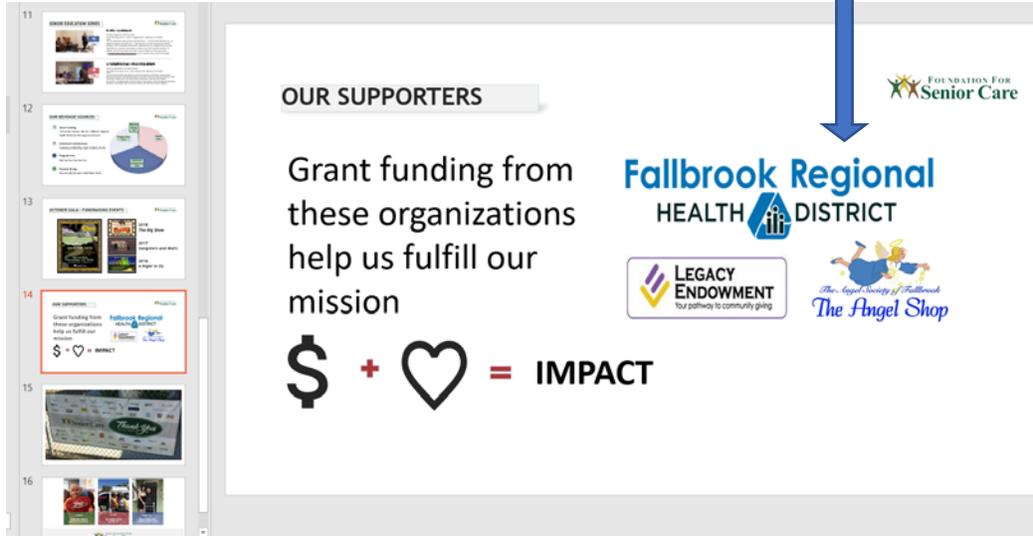
FREE SHOTS
Flu shots (6 months & older)
Tdap— Tetanus, Diphtheria, Whooping Cough (18 years of age & older)

Shots will be given by Public Health Nurses and vaccine provided by the S.D. County Public Health Department from 9 a.m. to noon on Hawthorne St.

Join in the family fun at the Chamber sponsored Harvest Faire and protect your family from the flu while there. Visit the Fallbrook Regional Health District booths for fun and informative interaction with CSUSM RN students.

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June 13 · 🌐

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#michellesplace #alinea #Fallbrookregionalhealthdistrict
#communityhealthsystems #foundationforseniorcare #freemammogram

Friday June 14, 2019
9:00 am - 2:00 pm

For those who qualify



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Fallbrook Family Health Center
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