

Care, Comfort and Hope

Wisconsin Hospitals Community Benefits

Social and Economic Factors that Influence Health

There is a strong association between social and economic factors and adverse health outcomes. Low socioeconomic status, including poverty, lack of education, and other factors are strong influences on health. Wisconsin hospitals are dedicating resources and developing programs to address these issues and improve the health status of those individuals that often cannot access even basic health services.

Three Aurora hospitals, one unique community program

Aurora Lakeland Medical Center, Aurora Memorial Hospital of Burlington and Aurora Medical Center Kenosha

Aurora's Senior Resource Coordinator program serves older adults in Racine, Kenosha and Walworth Counties by providing help with community resources, home safety evaluations and medication review to enable their safe and healthful independence. Senior Resource Coordinator Nurses link the resources and combined expertise of primary care physicians, discharge planners and community organizations to implement a comprehensive care plan for aging adults.

Aurora Senior Resource Coordinator Nurses are registered nurses who also conduct advance directive education sessions and community-based blood pressure clinic screenings, facilitate support groups, and are Master trainers for the "Living Well with Chronic Disease" community education program.

This innovative program offers a constellation of services provided free to the community.

Community partners include: county aging groups and aging networks; Triad East and West; area churches; senior apartments; parish nurses; local police departments; EMS systems; local food pantries and state aging services.

The following are stories shared by Senior Resource Coordinator Nurses about aging adults who are facing tough struggles to maintain independence and dignity.

Clara

In a multi-unit apartment complex in a low-income neighborhood, 69 year-old Clara waits for the Aurora Senior Resource Coordinator Nurse to visit and wonders if she can help with food stamps. She is hungry and alone and almost entirely immobile. Her fiancé of 13 years died a few months earlier; her son is incarcerated. She suffers from severe bilateral leg pain due to swelling and will be unable to manage this health issue when her medication runs out.

Clara's primary care office called on a Senior Resource Coordinator Nurse to deliver the medication, which created an opportunity for the nurse to evaluate the woman's personal living challenges. Imagine Clara's relief when the Senior Resource Coordinator nurse arrived with the medication.

While there, the nurse discovered poor lighting and Clara's inability to manage housekeeping. She also learned that Clara relies on others (a neighbor and the girlfriend of her incarcerated son) to bring her food, but it is not a reliable situation. She also noted deadbolt locks on the doors. When asked, Clara admitted that she makes sure the curtains are closed and doors are bolted when it gets dark so that no one can get in, "especially the neighbor who uses drugs."

The Senior Resource Coordinator Nurse arranged transportation for Clara to be seen by her primary care physician the next day and for Aurora Visiting Nurse Association services (such as Mobile Meals and other interventions) and a Family Care Case Manager to provide ongoing support.

Mrs. Jones

An Aurora Senior Resource Coordinator Nurse has supported Mrs. Jones for several years. Mrs. Jones is a woman who had a history of multiple emergency room visits and 911 calls. The crises were prompted by her husband's physical aggression, stemming from his behavioral problems associated with memory loss and episodic agitation. Over the course of her work with Mrs. Jones, Mr. Jones had been treated with medication for Parkinson's disease, which eventually exacerbated his agitation and triggered psychotic symptoms that led to a crisis call from Mrs. Jones.

(continued on next page)

Wisconsin Hospitals Community Benefits (continued)

The Senior Resource Coordinator Nurse secured a referral to a psychiatrist who diagnosed Mr. Jones with dementia. He was admitted to a psychiatric hospital for care and treatment. Upon his release, the Senior Resource Coordinator Nurse continued to work with Mr. Jones, making periodic home visits and referrals for adult day care, home care, transportation and respite care.

When Mrs. Jones began to experience her own significant health problems, the nurse worked to secure Veteran's benefits and Racine County Community Care benefits to enable this couple with limited income to be cared for in an assisted living facility. Once Mrs. Jones's health stabilized, she began to flourish in the supportive environment, asking the Senior Resource Coordinator Nurse, "We don't ever have to leave here, do we?"

However, as Mr. Jones's illness progressed to end-stage, the nurse referred him to the Aurora VNA Zilber Family Hospice. Mrs. Jones expressed gratitude to the many people who helped her husband, and continues to enjoy living with peace of mind in her beautiful assisted living residence.

In her own words: An Aurora Senior Resource Coordinator nurse describes an all-too-common referral. "I received a referral from one of our doctors. The elderly patient had multiple health issues – very poorly controlled diabetes, hypertension etc. He could not read or write, was living in a shelter, and was accompanied by a social worker. I sat with both of them and began working on medication assistance forms to help him understand.

When we finished, the social worker took my hand in both of hers, looked straight into my eyes and thanked me for taking time with the patient and treating him with respect. She stated others would ignore him and reported that a number of agencies had dismissed him as another problem to be dealt with.

Admittedly, cases like his are difficult to manage and time consuming, but I found it rewarding and it makes me want to continue to help others who suffer the indignities of being disadvantaged and old. I know that if we treat our fellow human beings well, hopefully we can elevate them to higher levels of functioning."

Aurora Medical Center Kenosha

Senior resource coordinator in West Allis responds to needs in growing population

When staff of the Aurora West Allis Medical Center community benefits team conducted a series of interviews in 2006 and 2007 they learned that "self-neglect" by the elderly was a growing concern reported by police, fire and paramedics teams.

In response, the hospital adopted the Senior Resource Connection program that originated in Aurora's Racine, Kenosha and Walworth County communities. Marge Hendrickson, RN, an Aurora parish nurse, accepted the challenge to run the program.

Within a few short weeks, Marge's practice took off – literally. It takes her out into the community and into the homes of elderly persons referred by community and senior service providers and agencies, as well as physicians concerned about elderly patients who don't show up for scheduled appointments and screenings.

It didn't take long for Marge to realize that what was described as "self-neglect" is often the result of a person growing old, being without help and worn-out from the challenges of managing multiple chronic conditions and the treatment protocols that go with them.

Such was the case with Evelyn, an 82-year-old woman who is a resident in the independent living section of a senior housing facility in West Allis. Evelyn has multiple diagnoses: COPD, hypertension, Meniere's disease, a history of breast cancer and falls due to macular degeneration.

Marge helped with the paperwork for ordering medications from Evelyn's mail-order pharmacy (provided through her insurance). She then made calls to the provider of Evelyn's oxygen (through another health system) to secure the smaller, portable oxygen tank that Evelyn would need, as she was overwhelmed by the prospect of arranging for this on her own.

During a subsequent home visit to ensure that Evelyn was taking her medications and using her oxygen properly, Marge was able to help her fill out an Advance Directive, which took more time than usual because of Evelyn's poor vision.

During a third visit, Marge ordered medication refills through Evelyn's mail-order pharmacy and arranged for Evelyn to have a chest x-ray and pulmonary rehabilitation. Evelyn was grateful to have Marge present when her nebulizer equipment was delivered and the treatment procedure was explained. She was able to demonstrate her understanding and competency using the equipment properly.

Aurora West Allis Medical Center, West Allis

Submit community benefit stories to Mary Kay Grasmick, editor, at mgrasmick@wha.org.



Read more about hospitals connecting with their communities at www.WiServePoint.org.