



WyCOA

Wyoming Center on Aging



UNIVERSITY OF WYOMING

Case Overview

How to better engage client and family in care and preventing future hospitalizations.

- Client (68 yo male) started care with team a little over a year ago. Has had 4 hospitalizations since then for osteomyelitis (x2), weakness (x2) and pneumonia, and most recently a fall.
- DM type II, neck pain, CAS w/ 3 stents, CHF, cervical radicularpathy, diabetic retinopathy, peripheral neuropathy, diabetic foot ulcer, sleep apnea, renal impairment

4 Ms

What Matters:

- To client/family
- To care team

Medications

Mentation

Mobility

Frustrations

- “Patient is non-compliant”
- “The Family just doesn’t care”



Palliative Care Needs

- Diabetic Management
 - Fragile diabetic
- Mental Health
 - Depression

Provide Support

- Care Coordination
 - One point person
 - Someone the patient can build a relationship with
 - Proactively reaches out to the patient
 - Check ins
 - Assess status
 - Use tools
 - Graph results



Provide Support

- Community Resources
 - Social interactions
 - Church Group activities
 - Connections with old friends
 - Family as a community resource
 - Small interventions
 - Connection with grandkids
 - Use technology
 - » FaceTime, Texting
 - Visits
 - » Attending activities



Family Involvement

- Understanding family dynamics
- “That is just how Dad is”
 - Providing insights on framing

Palliative Care is:

- Symptom management for better quality of life
 - Focus on positive experiences
 - Small steps to increase the positive experiences
 - Provide support and resources to patient and family
 - Palliative Care Team
 - Primary care providers
 - Care Coordinator
 - Community Resources
 - Family, grandkids, fishing buddy, friends

Questions



Presenters



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