



Case Study 3

- Intense Engagement -

ED visit turns into a Nightmare, then Triumph!

*All names have been changed to respect the privacy of the patients, family,
and care providers.



When Jason reached out to me about his father, Henry, I quickly found myself delving into a complex situation. Henry, an 80-year-old widower who had been living independently and was fully capable of meeting his

own needs, had fallen at home that resulted in a leg injury. It was only at a neighbor's insistence that he sought medical assistance from the Emergency Department at a local hospital. Jason, living hundreds of miles away, was unable to accompany his father and found himself struggling to comprehend the course of events that unfolded in the ED.

Upon Jason's arrival several days later, he was horrified to discover that Henry was experiencing severe psychotic episodes induced by potent medications prescribed during his hospital stay. Frustrated by communication barriers with the hospital staff and baffled by the sudden complexity of his father's situation, Jason sought my help as a patient advocate.

I agreed to meet with them to assess the situation at the hospital. When I first met Henry in the secured hospital unit, I found him weak but sweet, and his talk of 'bombing' and 'beheading' unsettling. As I introduced myself to the medical staff attending to Henry, it became clear that my presence was both appreciated and necessary. I found myself amid

a tension-filled situation where Jason was threatening to take legal action against the hospital for 'damaging his father's brain.'



The attending physician was eager to share her perspective with me and

denied any hospital-induced damage, pointing to Henry's prior medical history that indicated traces of vascular dementia. However, her unwillingness to share medical records until post-discharge made me conclude that they weren't totally honest... In any event, they admitted they were uncertain of the next course of action at that point.

I encouraged Jason to focus on Henry's recovery rather than dwell on the hospital's alleged missteps. I began searching for a suitable rehabilitation facility for Henry, but his classification as a 'psychiatric patient' led to most facilities declining to accept him. The only available option was a 'behavioral' unit within a sub-acute hospital.

On Henry's arrival at the behavioral unit, my concerns were confirmed. Most patients there seemed heavily medicated and spent most of their time sleeping. Jason even expressed that everyone on the unit needed an advocate; some



patients, despite seeming very intelligent, appeared helpless and stuck in the unit. I met with Henry's new physician and advocated for a reduction in his psychiatric medications. After some discussions, the physician

reluctantly agreed. I ensured that Henry was actively participating in physical therapies and receiving adequate mental stimulation, and he gradually showed signs of improvement, both physically and mentally.

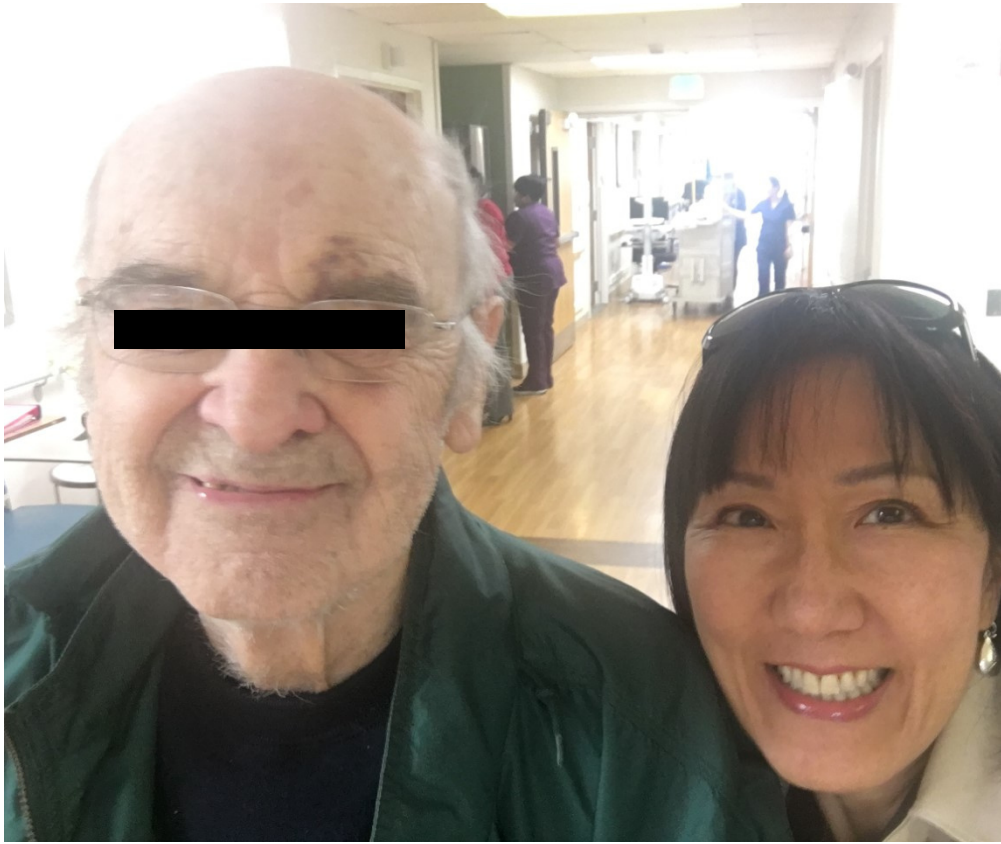
However, one day I found Henry sporting a black eye. The staff informed me of an argument with his roommate the previous night. Upon investigation, I discovered that the black eye was the result of Henry's roommate throwing a food tray at him. Believing Henry needed a better roommate—as there was no private room in that unit—I approached the doctor, which ultimately resulted in his discharge from the behavioral unit. This turned out to be a fortunate turn of events as Henry was moved to a spacious private room in a standard rehabilitation unit, where he could focus on his recovery!

Henry continued making progress with his therapy, until one early morning, he became confused and ended up striking a nursing assistant, who reported the incident. The

unit was on the verge of sending Henry back to the behavioral unit.

Knowing that this would be detrimental to Henry's recovery, I pleaded with the doctor in charge of the unit to reconsider. I assured the doctor that Henry would not cause further incidents as I was prepared to stay overnight in his room if necessary. The doctor granted us another chance but warned that one more incident would result in Henry's removal. I stayed by Henry's side overnight, accompanying him when he insisted to 'walk to the station to meet' someone at 4 am. Having built trust with the staff by then, they appreciated my efforts. Henry was satisfied with his early morning stroll, returned to his room, and had a good day.

This marked a turning point in Henry's recovery. He made significant strides in his rehabilitation and was eventually discharged. He transitioned to a comfortable assisted-living facility, where he found the perfect blend of safety, freedom, and support he required.



A photo of the client and me as we walked out of the rehabilitation facility. (You may still see the black marks around his left eye.)