Case Study 3
Intense Engagement
Emergency Department visit turns to disaster

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

Jason contacted me and told me about his father, Henry. Henry, an 80 year old widower, lived independently and was able to drive himself around and care for all his own needs. But one day, he fell in his home and injured his leg. At his neighbor's insistence, Henry went to the Emergency Department (ED) in a nearby hospital to check out his leg. Jason lived hundreds of miles away and couldn't accompany his father. He was also unsure what had happened in the ED, but Henry was admitted to the hospital and Jason traveled to see Henry a few days later. Jason became alarmed when he learned that Henry had been given some strong medications and was now experiencing serious psychotic episodes. Jason told me he was having communication issues with the hospital staff and needed help navigating the minefield.

I agreed to meet with them the next day to assess the situation at the hospital. When I first met Henry on his locked unit, he was sweet but very weak and talked of the 'bombing' and 'beheading' happening around him. I introduced myself to staff who were involved in Henry's care and everyone seemed glad that I was getting involved

(I soon found out that Jason was threatening to sue the hospital for 'damaging his father's brain'). Because I understand the medical staff's viewpoint, acting as a bridge between them and my clients has been an important function I play as a patient advocate. The doctor in charge came in right away and was eager to tell me her side of the story – Henry's prior medical record indicated that he had some degree of vascular dementia prior to this admission. Hence, she denied that the hospital caused any damages to him. However, the hospital refused to release any record to us until AFTER Henry's discharge, which was a very bad sign. The doctors also told me that they didn't know what else to do for Henry and wanted to discharge him to a rehab facility. I told Jason that our focus had to be Henry's recovery and that he needed a better environment and care, but the hospital created another challenge. Henry was now deemed to be a 'psychiatric patient' who also needed physical rehabilitation. Because of that designation, there was only one facility in the area that

would admit him – a 'behavioral' unit in a sub-acute hospital. Jason agreed to move Henry out of the hospital to the new facility with my support.

Once Henry was admitted to the behavioral unit, I saw that it wasn't the environment that he needed. Most of the patients were heavily sedated and inactive. I immediately met with his new doctor and asked if he could reduce Henry's psychiatric drugs because I felt he did not need the extra chemicals in him. After some discussions, the doctor reluctantly agreed. I spent large amounts of time with Henry to assure he would stay fully engaged in his therapy and stay mentally alert. I didn't want him sleeping all the time as the other patients were doing. Little by little, Henry was getting stronger and making progress, and his mind was gradually clearing. Jason told me that pretty much everyone on the unit needs an advocate, especially some of the ones who seemed very intelligent but stuck on the unit nonetheless. One day when I arrived, I saw that Henry had a black eye. The staff told me there was a fight with his roommate the night before. I investigated, and the night shift staff told

me that Henry's roommate had thrown a food tray at Henry. I was very concerned, and after some discussion, we were informed Henry was to be discharged from the unit. In fact, the doctor was tired of dealing with me and glad to see me —and Henry—go!

But this turned out to be a fortunate event for Henry. He was now moving to a regular rehabilitation unit whose focus is rehabilitation and recovery. Henry continued to make progress with his therapy, but one early morning, he apparently got confused and hit a nursing assistant who reported the incident. The unit was going to send Henry back to the behavioral unit. Knowing this would be detrimental to Henry's recovery, I made a plea with the doctor who was in charge of the unit to reconsider. When I told him I would stay with Henry overnight to control his behavior, the doctor agreed to let Henry stay. But one more incident, and Henry would be out! I brought my overnight bag and sat in the recliner next to Henry's bed all night. At about 4 a.m., Henry woke up. He was confused and said he must 'walk to the station'. I let him walk and stayed with him to make sure he was safe. Because I was there, the staff allowed him to walk around the hospital. Henry was satisfied and had a good day after that. This apparently was a turning point for Henry. He had no further incidents and got strong

enough to be discharged. He moved into a nice assisted-living facility where he enjoyed safety, comfort, freedom, and the support he needed.