

# There's No Place Like Home: Meeting the Needs of Long Term Patients in an Acute Care Facility

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# There's No Place Like Home: Meeting the Needs of Long Term Patients in an Acute Care Facility

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Today's complex medical issues often exceed the inpatient stay expectation causing healthcare organizations to meet sub-acute needs of patients in an acute care environment. This poster details how a 35-bed neuroscience unit in an academic, Magnet® community hospital implemented interprofessional care initiatives to meet the needs of patients who remain in acute care settings for extended periods of time. Case studies highlight federal and state agencies which provide services and guidance to return patients home.

## Interprofessional Team



## Care Initiatives

**Objective 1.** Describe care initiatives implemented to address mobility, personal care, nutritional requirements and diversion.

### Mobility

- Physical therapist develops daily exercise plan outlining distance walking
- Use of free weights to maintain muscle tone
- Daily ROM to affected joints to prevent atrophy

### Personal Care

- Salon Services by professional volunteers for hair and nails
- Charitable clothing donations
- Occupational Therapy assistance with ADLs
- Psychological counseling for drug use

### Nutrition

- Dietary consult
- Appropriate tube feeding schedule
- Change of caloric requirements based on daily activity/care issues
- Community volunteers donate homemade food

### Diversion

- Movies, music, books, puzzles
- On-line games via iPad or tablet
- CARE channel for visual/auditory stimulation

## Case Studies

**Objective 2.** Detail three case studies that demonstrate collaborative care initiatives utilized to prevent complications and monotony.

### CASE STUDY #1

**Diagnosis:** Epidural abscess secondary to IV drug use  
**Background:** Deemed incompetent due to harmful personal choices; unsafe to return to community related to ability to mainline drugs

**Needs:** Peripheral central line insertion for antibiotic therapy x 6 weeks; mobility plan to prevent muscle atrophy, deep vein thrombosis, skin care issues

**Care Initiatives implemented:** Diversional activities secondary to boredom

### CASE STUDY #2

**Diagnosis:** Subdural hematoma secondary to alcohol-induced fall  
**Background:** Homeless; HIV+; incompetent to make decisions secondary to cognitive impairment

**Needs:** Financial/insurance options for post-acute care; mobility plan to prevent muscle atrophy, deep vein thrombosis and skin care issues; personal hygiene, nutritional guidance

**Care Initiatives implemented:** Medicare/Medicaid assistance; rehabilitative services to address functional limitations; personal care assessment for self-care deficits related to dressing, bathing, hygiene, clothing; dietary consult for nutritional considerations related to caloric intake and HIV status

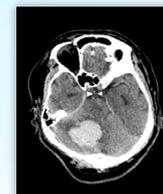


### CASE STUDY #3

**Diagnosis:** Subarachnoid hemorrhage secondary to untreated hypertension  
**Background:** Malaysian tourist with no care representative available

**Needs:** Discharge plan (unable to be placed in sub-acute/long-term rehabilitative facility due to inability to pay/lack of citizenship); daily range of motion (ROM) to all extremities to prevent contractures, subluxation, muscle atrophy; personal care assessment; nutritional guidance

**Care Initiatives implemented:** State Department to coordinate efforts to return home; care management interfaced with Malaysian counterparts to arrange hand-over of care upon arrival; dietary consult for consideration of caloric intake and limited mobility; innovative communication tools to engage patient



## State & Federal Agency Support

**Objective 3.** Discuss federal and state agencies that can be utilized to aid in medical cost, aftercare needs and travel outside of the United States borders.

### Medicare Coverage

- Inpatient hospital care - 90 days
- Nursing home care
- Skilled nursing facility care
- Medically necessary services to treat a disease or condition

### Medicaid Coverage

- Low-income children
- Pregnant women
- Individuals with disabilities
- Seniors

### United States Department of State

- Communicate with foreign embassies
- Facilitate VISA application for return
- Coordinate air transport

### Local Aids Activity Office

- Link to community resources
- Mental health and emotional support
- Risk reduction counseling

### Patient/Hospital Cost Responsibility



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### References:

- Medicaid Moving Forward: Improving Care & Transforming Medicaid Delivery Systems (2013). Center for Medicaid & CHIP Services, Centers for Medicare & Medicaid Services. Retrieved from <http://www.medicare.gov/medicaid-chip-program.../program.../mmf-2013.pdf>.
- Mitchell, P., Wynia, M., Golden, R., McNellis, B., Okun, S., Webb, C. E., Rohrbach, V., Von Kohorn, I. (2012). Core principles and values of effective team-based health care. *Institute of Medicine*, 1-30. Retrieved from <http://www.iom.edu/tbc>
- Resources for Medicare Beneficiaries (2013). Department of Health and Human Services, Centers for Medicare & Medicaid Services, 1-23. Retrieved from <http://www.cms.gov/Medicare/Medicare.html?redirect=~/home/medicare.asp>.



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