

“Hospital Discharge – A Danger to Older Adults? Eldercare Services Can Help”

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SAN FRANCISCO- Recent news about the high rate of Medicare patients being readmitted within 30 days should alert families to the importance of good follow through and follow-up after any hospitalization.

Eldercare Services, a Geriatric Care Management company (www.EldercareAnswers.com) announces a program for families and individuals that assists the newly discharged elder with the transition home. The program is called “An Extra Hand”. This program will help with medication reminders and scheduling of follow-up appointments with primary care physicians.

A major reason for re-admissions, according to the *New England Journal of Medicine*, is medication errors or confusion around the discharge medication list. The senior can be perplexed with medications and, for example, might take one pill of a new generic drug and a brand name of the same medication – thus resulting in a reaction that leads the patient back to the hospital. Lack of follow-up is another major contribution to re-admits. At least 50% of those discharged fail to schedule a follow-up doctor appointment.

Nearly 20% of all Medicare discharges end up being re-hospitalized. The Obama Administration and Medicare are developing financial disincentives for hospitals that re-admit within 30 days.

Single individuals that have been hospitalized for any length of time are most often coming home to a house without fresh foods. They might lack the energy they had prior to the illness and won’t be able to safely bathe or prepare meals. Also, the single elder without 24/7 observation, can suffer a change in status, and often won’t call the

health care provider with symptoms that might be a sign that more significant interventions are warranted.

Linda Fodrini-Johnson, MA, MFT, CMC, Executive Director of Eldercare Services, suggests that families at a distance or single seniors facing a planned hospitalization, prepare ahead of time with a program such as “An Extra Hand”, even for just a few days to allow for stabilization and readjustment to self-care. It might be that they need 24/7 care for a few days or just a few hours at morning or bedtime. It could be beneficial to have someone to remind them about medications and/or discharge after-care plans – that include things such as special diets, exercise or wound care.

Hospitals might propose some in-house systems to ensure discharge follow-ups in the future. Individuals who are pro-active might consider a Professional Geriatric Care Manager to assist with all the little details of running the home: such as starting up the mail, stocking the kitchen, picking up medications as well as creating reminders of routines that will prevent re-hospitalization and get that individual back to their optimum functioning levels. Fodrini-Johnson summarizes, “This is short-time help for long-term wellness.”

Eldercare Services is a pioneer in a unique delivery of services, providing counseling, geriatric care management, family support groups, classes and direct Caregiving with offices in Walnut Creek, Marin, Oakland and San Francisco, California.