Health Collaboration Challenge

explore the realities and possibilities of interdisciplinary care

THE UNIVERSITY OF SYDNEY

Harry White

Presenting Situation

Mr Harry White's general practitioner has just admitted him to the respite care unit of the local hospital. His wife, Gloria White has been booked for an elective colonoscopy and this stimulated the current respite booking. This is the Harry's third admission for respite care this year. Their GP feels Gloria is getting burnt out by the effort of looking after her husband and requests a team re-assessment of Harry's health care needs. Harry expresses a strong desire to go home, with his wife continuing to care for him. The GP has identified the following major issues:

- Harry's speech is becoming very difficult to understand.
- His symptoms fluctuate throughout the day due to the medication cycle. Despite several changes in his regimen it has been difficult to provide benefit during his local "on" time, compared with when the medication is not providing benefit, the "off" time.
- Harry feels isolated and frustrated because of these speech problems, increasing reliance on others for help, pain and general physical deterioration.
- Gloria is concerned about recent changes in her husband's personality and memory skills. Her husband exhibits frequent outbursts of unprovoked anger, and sexual behaviour that are definitely out-of-character. Harry also often forgets what he and his wife talked about earlier in the day. Gloria is worried that her husband may be in the early stages of dementia

Mrs. White has a history of cardiac problems. She has early congestive heart secondary to valvular heart disease secondary to Rheumatic Heart Disease**,** which she had as a child. She underwent mitral and aortic valve replacement in Adelaide in 2004. She finds it difficult to do the laundry particularly hanging out the washing. She can't carry heavy things, since she easily experiences shortness of breath. However, she is able to do household chores, and walk to the corner shop, though with considerable effort. She does not exercise anymore except walk around the house and stretching. She does however drive the family car, which enables her to go into town.

Medical History

Harry has a 15-year history of chronic Parkinson's disease. He used to travel to Adelaide by road in order to see a specialist dealing with Parkinson's disease. His Parkinson's medication was changed a year ago. He continues to have problems in remembering when the tablets have been taken. The specialist had wanted him to enter a clinical trial for a high dose form of liquid L-dopa and carbidopa (same as Sinemet) but which would be delivered continuously through subcutaneous administration (via the skin) by a belt-pump. He is now unable to make the journey to Adelaide and a local general physician and the GP manages him. He did have hypertension for many years, but his blood pressure

has not been regularly monitored. For pain he is given paracetamol and both his local doctors are reluctant to prescribe anything that might interfere with his Parkinson's treatment.

Harry wears dentures having had all his teeth out many years due to severe gum disease. He has swallowing problems, in oral and pharayngeal stages. He is sometimes able to feed himself some finger foods (e.g., chopped pieces of soft fruit). He suffers from long standing constipation, for which he is prescribed Metamucil and Senna tablets. He has occasional episodes of urinary incontinence. He has mild macular degeneration and dry eyes. He had had an indwelling urinary catheter during one of his admissions to hospital but had not tolerated it. He has been a long- standing smoker, and has a productive cough most mornings. He is unable to smoke unless Gloria assists. She is a non-smoker, but says she does it to stop him being nasty.

Medication history

Levodopa/carbidopa 250/25mg	2 TDS (ceased 12 months ago)
Levodopa/carbidopa/entacapone 200/50/200mg	1 6 times daily
Diclofenac 50mg	1 BD
Prednisone 25mg	MDU for acute swelling and pain
Prednisone 5mg	MDU for acute swelling and pain
Paracetamol 500mg	2 Q6H
Irbesartan/hydrochlorothiazide 300/25mg	1 D
Digoxin 62.5mcg	2 D
Lorazepam 1mg	1 - 2 N for his "nerves"

Social History

Harry is a right-handed 83-year-old retired miner. In addition to the pension he receives a small income from a tenanted souvenir shop he owns (and ran for 10 years after he left the mines). His wife Gloria is aged 79. They have one son, Ron, who lives in Geraldton (WA) and runs a caravan park. In addition to his marginal business, Ron has recently re-married and has young children. Ron tries to make a family visit to his parents at least once every year. Harry and Gloria live in their own home in Broken Hill, Far West New South Wales. Harry has become wheelchair bound. Their home is a small wheelchair accessible two-story house. There are two bedrooms on the second floor, a bathroom on the second floor, a kitchen/dining room, a ground floor toilet and a ground floor living room that has been converted into a bedroom for Harry. He often uses a portable commode that is stored in a hall closet when he feels he is unable to get to the ground floor bathroom. There is an outdoor yard and work shed which Harry used to spend a lot of time repairing things, including the family car, and Gloria reports having a smoke.

Harry enjoys watching television and seeing friends who drop by the house. Harry and Gloria have long-standing, strong ties with the community as they were both born and raised in Broken Hill. Reluctantly they had agreed to an Aged Care Assessment Team Visit (ACAT) last year. Friends and neighbours help out between visits by homecare staff, who help make meals, clean the house, and do the laundry. The White's receive homecare nursing services for half a day each week. The ACAT social worker had visited but her efforts to investigate funding for Harry's home care package were not well received.

Harry requires extensive assistance for most activities of daily living. He is able to wash his face and hands, but this is very slow. He is otherwise dependent to wash and dress. Harry's dentures seem very loose and he is slow to eat. Nursing staff report coughing/choking episodes at meal times and he has trouble taking some of his medications. Harry has elevated extensor tone in the neck and

trunk, which makes wheelchair positioning and transfers difficult and makes him unsafe to sit unsupported. He has rigidity in all limbs and demonstrates little spontaneous movement. Movements are slow and awkward and he has tremor. Joint range is generally restricted, especially in hip and knee extension. He reports pain in hands, hips, and knees bilaterally. He displays a "mask-like" facial expression. He fatigues easily, requiring several hours of bed rest during the day.

Harry is oriented to person, but not time or place. Recent memory appears more impaired than remote. He is unable to read due to visual problems. Although he is hard of hearing, he appears to understand simple verbal communication. His speech is very difficult to hear and understand, especially when he is tired. His hand-writing is illegible and reportedly painful. He seems unaware of the extent of his disabilities, stating "I get by alright". He often simply sits and stares into space until asked to do something or respond. It is difficult to assess his mood, because of his lack of facial expression, but when discussing his work as a miner, he said "I can't do anything anymore".

Your task

Ron wants his parents to move into a nursing home near him (Geraldton). Gloria and Harry are not sure about this. If Harry goes into a home in Broken Hill, Gloria thinks she will be able to visit him every day but sleep at their family house. They want some time back in their home to think about options. You are the community health team tasked with developing a comprehensive plan for Harry and Gloria in the short and medium term.

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