

NORTH DAKOTA INTERIM HUMAN SERVICES COMMITTEE

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Testimony on Hospital to Home Transitions

Penny Woodward

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Good morning Chairwoman Hogan and committee members. My name is Penny Woodward and I am speaking regarding my experience with a hospital to home transfer.

I am the only child of an elderly father and the only family member and DPOA-HC for my elderly aunt. Because I have been a social worker for 30 years and served most of that time working in services to the elderly, one might think I come well prepared for a hospital to home transfer. Unfortunately, that is not always the case.

In the spring of 2015 I was the responsible person for my elderly aunt. She was hospitalized for a knee replacement but experience complications with a pulmonary blood clot. Although she has no dementia, her extended stay, pain medications and changes to her routine prescriptions made the discharge more complicated.

Upon arriving to escort her home, all the discharge paperwork had been completed and reviewed with her. The nurse handed me the discharge folder and told me the new prescriptions were inside and that she was ready to go.

At the pharmacy, I notice the Hospitalist had forgotten to sign one of the scripts and of course the pharmacy would not accept the script. The wait was almost 2 hours for the pharmacy to get a phone order.

When I finally got my aunt to her home and set out her new prescriptions along with the previous, she became completely confused with all the changes. I was no help to her as the discharge process happened before I arrived.

Although my aunt is active, independent and otherwise healthy, the complication of her hospital stay and the changes in medications (especially the addition of a Coumadin regime) were overwhelming even for me.

To have the discharge reviewed with me, her listed family/responsible party, would have taken no additional time on the part of the hospital staff. This would have saved time with the pharmacy, time with call backs to the floor nurse and calls to her physician who did not yet know the changes made by the Hospitalist.

I have had the pleasure of working on both sides of this process as a hospital social worker and now as a family member. I understand the demands on hospital staff. However, that pales in comparison to the risk to the patient. Had I not taken on the role of sorting out the discharge orders, my aunt would certainly have been back to the hospital.

Thank you for your time and consideration.