Attachment C

Test Client (Brandi)

Nursing Health Home Assessment update: 10/8/14

Brandi is no longer going to Community Health Oral and Dental clinic as she disagrees with the dentist that the areas in her teeth are cavities. She states that they are cancer tumors. She plans on getting a second opinion from a medical doctor. Brandi still needs an eye appointment. She stated that she walks a lot and tries to eat healthy. She is 5'8 and weighs 213.8 lbs. giving her a BMI of 32.3 which makes her obese. Her weight in April was 224 lbs. so she has lost 11 pounds. She stated that she does not test her glucose daily right now because it was making her fingers too sore so the doctor told her to hold off for a while. B/P 119/74. Brandi reported that she did get her PAP and mammogram completed around July 2014 and had an IUD inserted to prevent pregnancy. She reported no other changes since April. Brandi completed the PHQ-9 depression screening indicating minimal depression. Her score in April was a 2 and today it was a 4. She reports that she has not been sleeping well and is feeling less calm during the day. She is working with her CNP on this issue.

Suggestions for CM to work on HH

1.) Needs an eye exam.
2.) Weight loss to decrease BMI 32.3 (obese). This will also help to decrease cholesterol, manage blood pressure and decrease complications with diabetes and lower her glucose.
3.) Depression screening = 4 (minimal depression)
4.) Dental is a little trickier. Brandy will not easily believe anyone that her cancer tumors are just cavities. She may need to hear this from an MD. Most of her delusions are typically somatic. Many of the diseases or disorders she has said to have are false.

Attachment A

Developing an IAP (Individual Action Plan) incorporating Health Home Assessment needs:

*(focus area is only on HH needs, IAP would also include other areas such as mental health, vocational, housing, etc. if applicable)

Nursing staff will complete Heath Home check list with the HH consumer. This information will be used to create a health assessment for the next 6 months. Information is forwarded to the CARE Team CM who will use that information to assist in developing the HH objectives and interventions.

The CM will meet with the HH consumer to develop an IAP. Will discuss assessment and create HH objectives that the consumer can agree upon.

Tips:
Spending time with the consumer to build rapport to allow for open communication and discussion of management of needs. There may need to be compromises and small steps taken to achieve outcomes.

Success story: Movement made within 6 months of the health home assessments on test client; Brandi. Will offer other successes verbally.