



**WHITMIRE**  
**& ASSOCIATES, LLC**  
Private Care Management

### Dollars and Sense

**LISTEN** We listened to a corporate trust officer's concern about his paraplegic client's trust pouring money into a skilled nursing facility that was producing poor health outcomes. We heard the client, who was 20 years-post injury, say his goal was to return to his own home, and was frustrated by being bed bound for more than a year with little improvements in condition. We listened to the providers who had insight on the client's history of poor hygiene and refusal of care, putting him in a high-risk category for repeated skin breakdown and thus multiple admissions. We identified that he hadn't seen his rehab doctor since he had been at the facility, or had a benefits analysis in many years.

**DREAM** We realized that validating our client's concerns and connecting back to a life outside his bed were the keys to eliciting his compliance with his care plan. After extended time bed bound, with additional challenges like wound and ostomy care, we let our client know we thought it was possible to get him out of bed for the majority of the day, and back to a place where he could transfer for self-care and independent living skills.

**PLAN** We were able to do the first comprehensive review of his benefits and financial resources to create improved spending. By attaining state Medicaid benefits, and making use of available health insurance, we were able to get him a seating evaluation to identify medical equipment that would prevent pressure wound both in bed and in his wheelchair. We coordinated routine visits with his rehab doctor and other outside providers to work together and create momentum to move him forward. We slowly saw him forming better social relationships and in the end, returning to home without the bounce-back admissions that had marked his last several years of care. By monitoring his progress weekly and initiating care conferences between the team, we were able to create wound healing and increased care plan compliance in an 8 month period that resulted in a savings of \$6500 per month in coordinated benefits and reduction in needs.

**CREATE** We created lines of communication between his care facility, his specialists, and himself so that he better understood how far he needed to go to heal, and what his options were. We enhanced facility accountability by closely monitoring his skin integrity and identifying miscommunications between the client, nursing aides, and specialists regarding his treatment plan and referral needs. We coordinated an in-home assessment and worked with builders to make his bathroom safer to navigate and easier to use, increasing compliance. Our care plan included addressing his social isolation and memory deficits, and assisting him in building trusting relationships with his team and allowing care.

**DELIVER** We are proud to say that our client is now able to sit up in his wheelchair for 10 hours per day, and is adhering to his hygiene plan. He made great strides in realizing that accepting consistent help at home was the key to staying home. His skin is completely healed and monitored by a private nurse. His trust has saved upwards of \$100,000 this year in nursing home costs and repeated wound surgeries. He has transitioned back to his own home, where he cares for his cats, and occasionally catches a football game on TV with his former roommate. He knows he has an advocate instead of an antagonist in Whitmire & Associates, LLC.