

Discharge Planners a vital part of hospitals

By L. WILLSON,
Herald Special

Today's Hospital-based Discharge Planners, such as Georgetown Hospital's Eunice McGowan, are routinely involved in many aspects of patient care.

The Hospital's Discharge Planning Department was established in 1990. Since that time, Discharge Planning has been acting as a liaison for the Hospital and the community, providing that all-important link for patients between their hospital recovery and convalesce at home.

"The Hospital uses a team approach in the Discharge Planning Program," Eunice McGowan explains. "We are involved in ongoing planning with physicians, occupational therapists, physiotherapists, and nursing staff who provide us with a patient's medical information. As well, the Discharge Planning assessments, related to the patient's social needs, allow us to fully evaluate a patient's readiness to return to the community or a Long Term Care facility," notes McGowan.

Understandably, a variety of forms and applications, including a five-page Assessment Form, ensure that top-quality patient care continues after discharge. Details such as the patient's medical data, as well as financial concerns, family, housekeeping requirements and many other issues are examined - all before the patient leaves the hospital.

"There are a great many factors involved in ensuring the patient makes a smooth transition



back into the community," McGowan says. "For example, a patient returning to his or her home after a lengthy hospital stay may often require additional counselling in order to make the recovery complete. For others with more serious illnesses, perhaps alternate living arrangements may be necessary.

"Ultimately, the same high level of patient care received in the hospital should be available to everyone, once they are discharged," adds McGowan.

Through its Discharge Planner, the hospital taps into countless outside services including Halton Helping Hands 'Friendly Visitor Program.' This service is one of many offered under the Ministry of Community and Social Services' Home Support Program. Other services in-

clude 'Meals on Wheels', homemaking or transportation services.

Alternatively, the hospital may turn to Home Care, a program funded by the Ministry of Health. Home Care provides additional medical care to patients in their own homes including nursing, physiotherapy and occupational therapy.

Or, perhaps a patient might simply require daily telephone checks, available through the Distress Centre. Whatever the case, the hospital reaches out to an extensive network of community-related services.

Interwoven in her role as Discharge Planner is Eunice McGowan's training in social work. Her experience includes psychiatric nursing and psychiatric social work at a number of large hospitals in western Canada. In addition, she was the acting Executive Director of Halton Helping Hands, and, most recently, the Director of the Home Support Program at Community Care, East York. Currently, she is the Chairperson of the Ontario Home Support Association, a 500-member agency organization.

"In some situations, a financial or family issue might be contributing to the development of an illness. By the same token, this same program could also be affecting the patient's ability to recover," notes McGowan. "Initially, we would assess the patient along with his or her family from a social work perspective. Discharge Planning, which would ideally begin on admission, follows all team members' assessments and subsequent treatment of the patient."

While the medical and social concerns may be dealt with, what about the patient's spiritual state of mind? The resources available at Georgetown Hospital include the recently-introduced Pastoral Care Program.

"We have on-call and visiting clergy available for the patients," says McGowan. "Frequently an individual might be wrestling with a problem that a minister or priest could better handle. We make the necessary arrangements for a member of the clergy to meet with the patient."

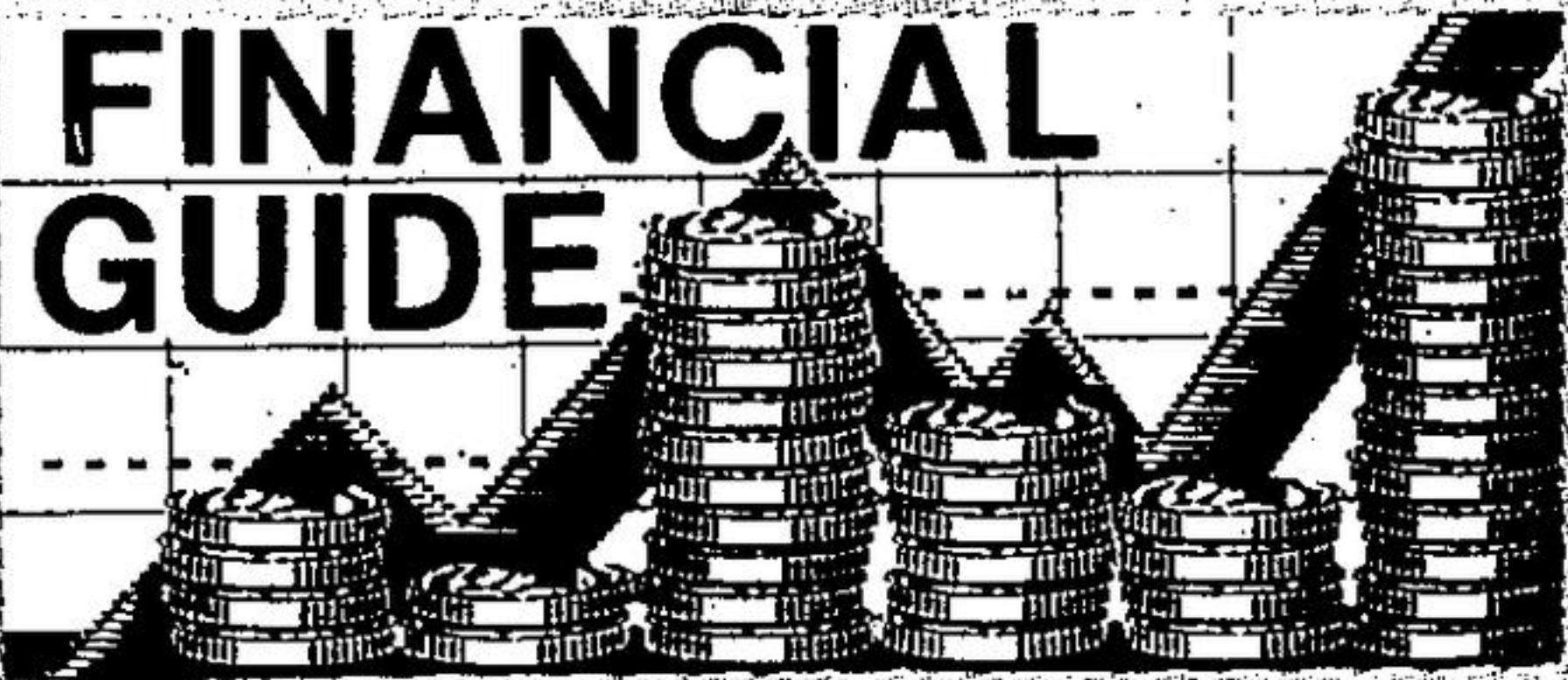
McGowan is also quick to point out that her work at the hospital is not limited solely to patient

care but frequently includes family members too.

"For example, the needs of a terminally-ill patient are a major concern. There may also be additional circumstances surrounding the illness which seriously affect both the patient and his or her family," adds McGowan. "In such cases, contact with outside community services such as Halton Social Services or the Region's Placement Coordina-

tion Services may be necessary."

She adds further that referrals to long-term counselling from a family therapist might be required. "Whatever the case, treating the patient, can often mean treating the family as well. Our foremost priority is to help each patient successfully handle and, hopefully, overcome their illness so that they can comfortably return to the community."



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KEVIN CHEMELNYTZKI

A. Yes, you may, but will automatically lose entitlement to the disability amount. Instead, it may be to your advantage to claim the deduction for attendant care expenses by completing form T297. This deduction is limited to the least of the of the amount paid to the attendant, two-thirds of your earned income, and \$5,000. By claiming the deduction for attendant care expenses, you do not lose entitlement to the disability amount. Because there are limitations involved in both methods, calculations should be made so that the most beneficial claim is selected.

Town Gardener

Jade plant is hardy

By TOM CAVAN
JADE PLANT

During the winter months, the majority of requests lean towards low light plants, and the majority of my column deal with low light, low maintenance house plants because of winter conditions. To make things even harder for the northern gardener architects and builders place heating units below the windows. This obviously prevents us from placing plants directly in the window, because the soil will heat up, the plant will dry prematurely and depression sets in. Comments usually are "I have a south facing window where I sacrifice most of my plants," or "My dieffenbachia looks like Maple Leaf bacon on a Sunday morning!" Now these sound a little funny, but the truth is we've all cooked a few in our time. The replacement plants I have found for this scenario are cacti and succulents. The stand out in this category of hot sun and fluctuating temperatures is Crassua argentea. Who?

More commonly called the jade plant and more uncommonly called the propeller plant or the money plant, common names change from here to Hillsburg! This tough succulent forms a shrubby bush and if given enough sun will flower! They are best know for their ability to withstand temperature fluctuations, full sun, drafts, air conditioning and in low light they will hang on to life until you see fit to give them another chance at a full sun window.

During active growth, they respond well to fertilizer. Use 20-20-20 at half strength to retain good jade green colour and plump leaves. As they age, the trunks turn grey but remain fleshy inside. If given full sun their leaf margins or the edges of the leaves will turn red; thus the true name California Redtip Jade.

If you have any questions call the Grapevine Hotline 519-833-2117 or write "The Town Gardener" R. R. 2, Erin, Ont. N0B 1T0.



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REGISTRATION

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Squirt Ages 8, 9 Bantam Ages 14, 15
Tyke Ages 10, 11 Midget Ages 16, 17

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T-Ball Pee Wee Midget
Tyke Bantam Juvenile

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Wed., Mar. 27 - 7:00-9:00 p.m.
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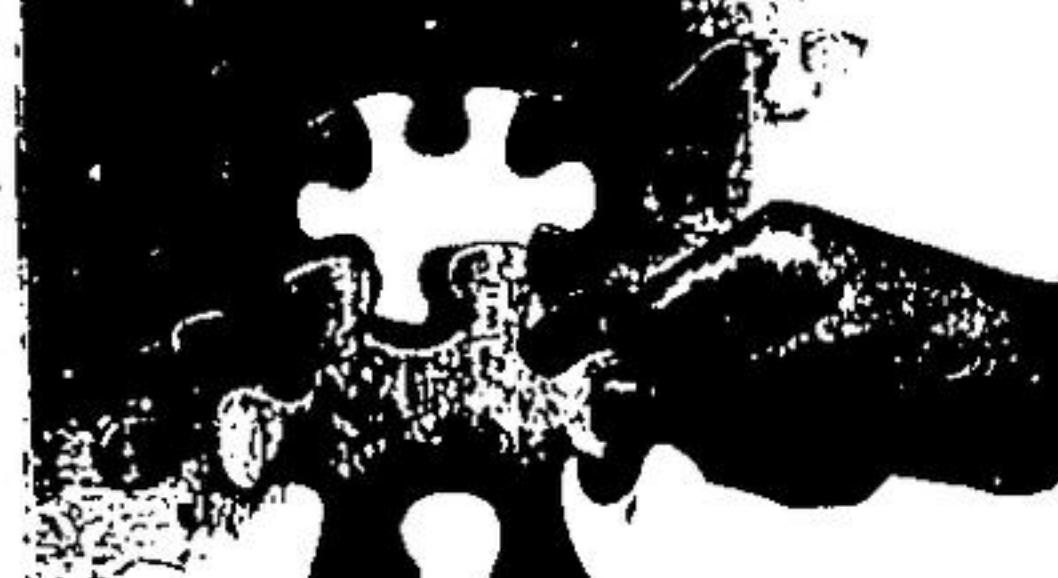
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