

Hospital to Home offers help, hope to patients

by Renée Shreve
STAFF WRITER

OAKLAND — Imagine you're a patient at Garrett Regional Medical Center. You've had excellent care while at the facility, with the medical staff attending to your needs. But it's time to be discharged.

What now? How will you cook your meals, clean your house, get to your follow-up doctors' appointments? If it's a serious medical issue, will you even be able to return home? Where do you go to get those and many other questions answered?

The local Hospital to Home team and its network of professionals are ready to help people age 60 and older and those 18 and over with disabilities.

"It's an opportunity for patients in the hospital to think about their transition



Staff photo by Renée Shreve

Garrett County Community Action's Lori Lewis, left, Maryland Access Point operation manager, and Pam Hageman, director of Aging and Nutrition Services, review resource options for Hospital to Home clients.

back home — what sorts of things they'll need to make that transition as easy as possible," said Pam Hageman, director of Garrett County

Community Action's Aging and Nutrition Services, about the program.

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The H2H team includes Hageman, Kendra Thayer of GRMC, and Jennifer Lee-Steckman of the Garrett County Health Department. Last March, they signed a memorandum of understanding to work together to assess patients' needs, connect them to resources and "promote the best possible outcomes in the community."

Mountain Laurel Medical Center, Garrett County Department of Social Services, and numerous other area agencies play valuable roles, as well.

H2H was made possible through state funding. Currently, the local program is affiliated only with GRMC.

"What this grant has afforded us is the opportunity for the hospital and Maryland Access Point staff to get together and discuss patients," Hageman said. "We've never had that opportunity before, to go into the hospital and know who would be needing community support."

H2H utilizes the MAP network of local and regional resources.

"MAP, by definition, is an information assistance program," Hageman said. "The whole thrust of the program is to be the initial point of entry to connect to other resources."

Patients returning home will find out about home-delivered meals, veterans' services, in-home care, housing options, personal care and chore services, support groups, energy assistance, social interaction opportunities and much more.

Lori Lewis is Community Action's MAP operations manager, and DeAnna Schroyer is the MAP coordinator. They meet with hospital social workers and nurses on a daily basis to identify eligible patients who might benefit from H2H. Either Lewis or Schroyer then visits them in their hospital rooms to discuss possible resources.

To help pinpoint specific needs, patients are asked a series of basic questions. Af-

ter this level-one screening is completed, referrals are set up with various agencies and programs.

"What we do is sort of options counseling," Lewis said. "We tell them (patients) about options that are available in the community for them for their certain needs."

Prior to discharge from the hospital, patients will receive a colorful sticker that is placed on the front of their information folders.

On the sticker, patients can fill in the names and phone numbers of their primary care providers; dates and times of follow-up appointments; the MAP staff member's name and phone number; the GRMC community health worker's name and phone number; and the name and phone number of a health department home health aide.

"It's a nice visual," Hageman said about the sticker. "They're going to know who to call."

Lewis stressed that GRMC social workers and community health workers take care of patients' medical needs, such as arranging for oxygen to be delivered to their homes.

"We do work very tightly with them, but it's the community supports that we really push," she said.

After patients are discharged from the hospital, Lewis and Schroyer make follow-up calls and set up additional referrals, if needed. Patients are also encouraged to call them.

"While they're in the hospital, some of them will tell you they don't need anything," Lewis said. "But I give them my card. They often call back if they think of something. It's just a way to connect with them, especially whenever they're in a vulnerable state, to let them know there are supports for them."

Some of those supports have multiple benefits. For example, a Meals-on-Wheels dinner delivered by a friendly Community Action staff member provides more than just necessary nutrition. It's an opportunity for a home-bound former patient to socialize with someone from the "outside world."

For more mobile patients, Flowery Vale Health and Fitness Center is available.

"We use instructors from the CARC (Community Aquatic and Recreation Complex) for different classes," Hageman said.

She noted that people recovering from certain ailments can socialize while benefitting from dance, yoga and balance-ball classes, and working out on a wide array of exercise equipment.

"There are so many community supports that we could talk about, and a lot of it is just adapting to whatever it seems the patient's needs are," Lewis said.

She noted that MAP's counseling is a free service.

"It doesn't cost anything for them to call here and talk to us and for us to give them different options that they might look into," Lewis said. "Even people I think are going to be overqualified financially for various services, I always encourage them to do the Level 1 screening anyway, because you never know."

She noted that rural Garrett County might have fewer resources than urban areas, but its networks are "tighter." People are willing to work together and find solutions. The long and growing list of networking professionals includes Shelly Argabrite at GCHD; social workers Jessica Selenas, Angela Mathias, and Diane Dunham, and nurse navigator Jannie Miller at GRMC; Scott Alexander at Social Services; Donna McClintock of the Alzheimer's Association; Donna Crawford, formerly of GRMC; and Mountain Laurel Center staff members.

"We're talking to them everyday to see what we can do for certain people," Lewis said. "That network allows us to probably provide better coverage with our limited resources than other counties do."

More information about H2H can be obtained by calling either Lewis or Hageman at 301-334-9431.

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