

# Patient Discharge Programs Studied

By CAROLYN PORTIER  
CHAPEL HILL — An elderly woman who lives alone comes home from a hospital after being diagnosed as diabetic. She has been taught how to give herself the required daily insulin injections, but she can't see well enough to draw the vital serum into the syringe.

Without some type of help, the chances are great the woman will have to leave her home and be admitted to a nursing home.

Help is what a patient discharge program provides. In this case the woman would be scheduled weekly visits by a public health nurse who could fill a week's supply of syringes that can be stored in a refrigerator until needed.

This is only one of the types of problems patient discharge programs can handle, according to Susan Jarrell, a graduate student in the department of health education in the School of Public Health at the University of North Carolina at Chapel Hill. Jarrell has been involved in designing and evaluating patient discharge programs as part of her field work requirement. Since September she has been working with the Forsyth County Public Health Department evaluating the effectiveness of the Baptist and Forsyth County hospitals' patient discharge programs.

The way the program works, Jarrell explained is a public health nurse is assigned to full-time duty in

a hospital. She has access to patient charts and admissions data and identifies those patients that might need some type of help upon being discharged from the hospital. The nurse then contacts the patient and the patients' physician and they discuss what types of services may be needed.

Follow-up visits with the patient's private physician may be arranged, Jarrell said, or the patient may be referred to several service agencies in the area. Services could include scheduling visits with social workers, public health nurses, nutritionists or appointments with public agencies providing advice and assist on financial problems.

"The needs are either medical, social, emotional or financial," Jarrell said. "Those patients most likely to need some type of service upon being discharged are surgery patients, patients needing dressing changes, stroke victims, cancer patients, diabetics and elderly patients, and those suffering accidents resulting in debilitating problems like broken hips, back injuries."

Some hospitals may offer aftercare services through social workers, Jarrell said, or some physicians may plan for services for their patients, but the services on the whole may not be coordinated. Some patients may be overlooked. Also, having a public health nurse coordinate all services, she said, assures that patient health care needs as well as financial and social needs

will be met. "Hospitals need one person who can sit down and figure out who will need help, and what types of services they will need," she said and then can see to it that these services are rendered."

If someone is not there to insure that patients receive this type of help, she said, many times their situations worsen and they often end up returning for another stay in the hospital.

"The idea is to identify patients who may need help and begin planning their discharge care needs on the day they are admitted," she explained.

"I met one woman in a hospital cafeteria once," Jarrell said, "who told me her husband had suffered spinal injuries from an automobile accident. He had been in three hospitals, she said, and probably would be partially paralyzed for the remainder of his life. The woman, who had also been injured in the accident, was traveling one hour every day to be with her husband. They had no income and no insurance."

"The hospital had no patient discharge program and so no one had contacted the couple to help them. They needed financial and emotional support. When the husband was released he would need rehabilitation training and home physical therapy. If a program had been active in that hospital the couple would have had the help and support they needed."

Jarrell said there are presently very few hospitals in North Carolina having a coordinated patient discharge program.

Her evaluation of the Forsyth programs will be complete in May and will be used as her master's thesis. The evaluation includes 140 diabetic patients grouped according to whether they saw the public health nurse coordinator and received referrals, didn't see the coordinator, or saw the coordinator and received no referrals. Jarrell intends to determine how many benefited from the services and how many could have benefited.

The Veterans Administration treats more than 1.1-million patients in 171 hospitals each year. Domiciliary and nursing home care is provided for another 30,000 patients.

# D. F. Walker Honor Roll Is Listed

Principal James A. Kinion has listed the following students included on the honor roll at D. F. Walker Jr. High School for the fourth six-week grading period:

## 7th Grade

### "A" Honor Roll

Paula Dunlowe, Valerie Jerkins, Laura Underkofler, Kathy Gard and Barbara Wright

### "B" Honor Roll

Susan Downum, Johnny Dunn, Mary Ann Hollowell, Shelia Cherry, Teresa Forehand, Darrell Gray, Stephanie Hampton, Gordan Jethro and Jamie Lane.

Also Charles Ledford, Rhonda Mizelle, Angela White, Denise Babeaux, Anna Goodwin, Darlene MacDonald, Amy Knox, Kim Maglione and Frankie Parrish.

Also James Slade, Kim Swanner, Al Bunch, Troy Wright, Wendy Hare and Bill Whichard.

## 8th Grade

### "A" Honor Roll

Laurie Everson, Carolyn Stepney, Cheryl Harmon, David Hibbard, Mona Nixon, Eliot Atstupenas, Lori Bage and Lynn Dale.

Also Susie Keeter, Kelly West, Paula Bass, Martha Gibson, Kellie Sopher, Stacy Waller, Allen Downum and Laurie Ledford.

### "B" Honor Roll

Antoinette Ferebee, Jacqueline Rountree, Randy Lowe, David Jordan, Terry Hoard, Graham Cox, Tom Dail, Ronald Stallings, Debbie Miller and Jean Goodwin.

Also James Goodwin, Sandra Spruill, Giacomo Belcredi, Sue Bunch, Patricia Hill, Jacqueline Rankins, Paul Roberson, Marla Jordan, Steve Lane and Susan Miller.

# BNC Expands American Express Card Program

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Hint #6  
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Dissolve 1 package (3 oz.) JELL-O Brand Gelatin in 1 cup boiling water. Add 1 pint vanilla ice cream by spoonfuls. Stir until ice cream is melted. Chill about 1 hour. For more tips send \$1.00 to The New Joys of Jell-O Recipe Book, Post Office Box 3168, Kankakee, Illinois 60901. Jell-O is a registered trademark of General Foods Corporation. © General Foods Corporation 1977.

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**Park Included In Guide**  
Pettigrew State Park and Merchants Millpond State Park are among 78 natural areas accessible to the public which are included in "The Living Land: An Outdoor Guide to North Carolina," written by Marguerite Schumann and published recently by Dale Press of Chapel Hill.  
The natural areas are described from the standpoint of access and their recreational facilities, as well as pertinent facts of geological, biological, and historical interest.  
Thirteen of the areas are operated by the federal government (parks, seashores, wildlife refuges, and forests), 25 are North Carolina State Parks and natural areas, 23 are recreational lakes and rivers, along with several gamelands and such forests as Bladen Lakes, Duke University, and four owned by North Carolina State University — Goodwin, Hill, Hofmann, and Schenck.  
City and county woodland parks near Fayetteville, Greensboro, and Asheville are listed, as are special interest areas such as Purgatory Mountain-North Carolina Zoological Authority near Asheville, the N.C. Botanical Garden at Chapel Hill, the Blue Ridge Parkway, the Intracoastal Waterway, and several commercially-operated natural parks of the mountains.

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