

Case 1:



Margaret, an 83 year old woman with peripheral arterial disease, lives alone in her downtown condo. Her two adult children both live more than 50 miles away in another state. She has seen the same PCP for 20 years, and he has gotten to know her quite well through her frequent visits and calls. She wants to stay at home, but also realizes she may need to move into an ALF someday. She is developing a toe ulcer and can't see well enough to follow the VNA instructions. Her children would feel much better if they knew she had some regular oversight.

Case 2:



Bill, 78 and his wife Sarah, 77, still live in the suburban home they raised their family in. Bill was diagnosed with Alzheimer's Disease 2 years ago, and although Sarah has managed to take care of him on her own so far, she is exhausted and his symptoms are worsening. She knows he would not qualify to move into the senior community they have been looking into, and the thought of having him in a separate memory loss unit breaks her heart. He won't easily interact with others and is having some cleanliness issues Sarah finds hard to discuss.

Case 3:



Frank is 80 years old, widowed, and is currently taking multiple medications to manage his congestive heart failure and diabetes. He has been to the emergency room two times in the past year; once after suffering a minor heart attack, and another time after a fall for which he was hospitalized and ultimately required surgery and a short term stay in a rehab facility. He has also become more withdrawn, and his doctor notes that he always has more swelling in his legs.