

## **“Mr. G’s Journey– A Story of Success with Failure”**

Very often, healthcare providers are so singularly focused on the immediate problem that we overlook the cultural and social impact of healthcare management for individual patients and populations. When we are able to expand care beyond the confines of a clinic, hospital unit or provider’s office, the rewards for the healthcare provider, as well as the patients, can be limitless. Some of our most difficult patient challenges and personal frustrations can become our most rewarding experiences.

Such a challenge presented himself to the Virginia Heart and Vascular Institute’s (VHVI) Heart Failure Clinic in February, 2009. Mr. G, a 42 year old Hispanic gentleman, arrived in the clinic following multiple readmissions to Mary Washington Hospital and several scheduled and missed appointments to the clinic. With his diagnosis of end stage heart failure, he suffered from recurrent shortness of breath, chest discomfort, and abdominal pain. In spite of an adequate medication regime and an implanted cardiac defibrillator, as well as education on heart failure, he frequently was readmitted to the hospital shortly after discharge. There was a growing discontent and frustration among healthcare providers with his suspected non-compliance with his recommended care management. In an effort to improve his adherence to medications, improve his quality of life, and limit readmissions to the hospital, he was referred to the VHVI Heart Failure Clinic for evaluation and management.

My initial contact with Mr. G was by telephone when he called to confirm his appointment. The language barrier was a challenge, but we were eventually able to communicate using the interpreter phone services, better known as the “blue phone”, and his appointment was verified. With my limited Spanish and Mr. G’s limited English, I had visions of an adequate, but frustrating visit using the blue phone services. Fortunately, Mary Washington Hospital, through their Cultural Services Program, had recently established an interpreter/ translator program. Their services were welcomed at the first clinic visit and each subsequent visit.

Through one-on-one interpreter services, it was discovered that accessing the local health care system outside of the hospital was very difficult for Mr. G. Non-compliance with his recommended care was not the issue. Mr. G did not understand his diagnosis, nor the need for continued medication adherence, and he could not afford to refill the prescriptions provided at each hospital discharge.

When I first met Mr. G, he had been in the United States for about 7 years. He had left his family in Mexico in hopes of finding a job and a means to send money home. At the time he presented to the Heart Failure Clinic, he was unemployed, having lost his job as a cook at a local restaurant as a result of absences due to hospitalizations. He was living in the basement of a friend’s home with no income or health insurance. Although married, he and his wife

were officially separated. His parents and sister still lived in his small village in Mexico.

At the time of our meeting, Mr. G had no primary care provider and the majority of his healthcare was provided by his cardiologist or the emergency department at Mary Washington Hospital. Each emergency room visit ultimately led to readmission to the hospital with his diagnosis of end stage heart failure with associated chest pain, shortness of breath and abdominal pain. Once admitted to the hospital, he responded to appropriate medical therapy and was able to be discharged. But when discharged, with limited resources, he went without the heart failure medications he could not afford, leading to cycles of recurrent symptoms and readmissions.

Once established in the Heart Failure Clinic, and through translator services, his social, economic, cultural and personal challenges were identified. We were able to coordinate Mr. G's care more effectively and he began to improve. The Moss Free Clinic was contacted and worked closely with the Heart Failure Clinic, providing primary care services, furnishing medications, and scheduling tests essential to his healthcare management and continued stabilization. The pharmacist at Mary Washington Hospital was instrumental in educating Mr. G about his medications.

Frustration with treating a patient with limited English skills motivated the staff at the Heart Failure Clinic to attend a short course entitled "Spanish for Health Care Professionals". This class, provided by Mary Washington Hospital's Cultural Competency Department, enabled us to better communicate with Mr. G. A simple greeting in Spanish assisted in dismantling barriers with his care and improved communication. It also brought laughter to the clinic visits when we mispronounced words and Mr. G would correct us with a smile.

After 2 months in the clinic, and only one readmission to the hospital, Mr. G informed me that he wanted to return to Mexico. His mother had recently died and his "Papa" was alone. His first thoughts were to return home "...in the back of a truck across the border", but this mode of transportation was unacceptable due to his health status. With his permission, I contacted the Mexican Consulate in Washington, D.C., and we began the process of getting him home. The Mexican Consulate was receptive in assisting with his travel home, but required specific documentation. They required information on his health status and his ability to receive follow-up care in Mexico. They also required documentation of his Mexican citizenship. Mr. G contacted his family in Mexico and they were able to send copies of his birth certificate and the other required documents.

The company supporting his implanted device, Boston Scientific, Inc., was also contacted. Through email and telephone contact, the Mexican Boston Scientific representative responded that services would be available for Mr. G upon his return home. Documentation of the type of device and recent

evaluations were sent to Mexico. Mr. G's father arranged for him to be followed at a clinic near their home. Also, the LUCHA Ministries, a local Hispanic ministry, provided translation services for Mr. G's appointments with the Moss Free Clinic. They also provided meal assistance and arranged transportation to Washington, D.C. once the travel arrangements for Mr. G's return home to Mexico were finalized.

During this time, Mr. G was readmitted to the hospital twice; once for defibrillator activity and once for hyperglycemia associated with new onset diabetes. When he was stabilized and discharged home, we reestablished contact with the Mexican Consulate. As we awaited his travel date, I was able to refer Mr. G to Diabetes Management for insulin instruction and dietary management.

After extensive coordination, Mr. G left Virginia to travel home to Mexico. It was through the combined efforts of the translator services of the Cultural Services Program, the LUCHA Ministries, Moss Free Clinic, Diabetes Management, his cardiologist at Virginia Cardiology Consultants, Boston Scientific, Inc., the Mexican Consulate, the Heart Failure Team, the Pharmacy Department and the Heart Failure Clinic, that Mr. G was able to return to Mexico on August 12, 2009. On August 18, 2009, the Heart Failure Clinic was notified by the Mexican Consulate that Mr. G had arrived home safely and without incident.

By looking outside the narrow confines of one practice, and using community and international resources, I was able to expand my personal vision of care management for this single patient. Without the combined diligence and assistance from all involved, the story of Mr. G would not have had such a happy ending. Mr. G's complex circumstances reinforced the need to look beyond basic healthcare management and search for alternative and creative strategies and solutions. Collaboration among members of both the local and international communities provided a positive impact on one patient as well as a valuable education to all those who assisted him along his journey home.

Isabelle Amann, DNP, CFNP  
VHVI Heart Failure Clinic  
Fredericksburg, VA

Special assistance from:

Karen Rose, Administrative Assistant, VHVI Heart Failure Clinic  
Pamela McGrath, Program Manager, VHVI  
Richard Lewis, MD, Cardiology Associates of Fredericksburg