

Expand your case scenario describing how the individual may experience transitions across the healthcare continuum as a result of the alteration in health experienced. (For example: the individual may be admitted through the Emergency Department, rushed to surgery, and transferred to the surgical intensive care unit; or the individual may transition from an assisted living facility to the hospital and then to a long-term acute care facility. These are just two examples; however, you can be creative as you expand your scenario.)

- Discuss the physical, psychosocial, cultural, economic, educational, and environmental variables that may impact the individual's health as a result of the transitions.
- Explain how competency in holistic, advanced physical assessment, pathophysiology, and pharmacology can influence safe, person-centered care during the transition process.

My scenario from week five involved a 72-year-old female patient who was 8 weeks post open reduction and internal fixation of a right hip fracture that occurred after a fall in her home. This patient has since been diagnosed with osteoporosis.

After the fall, the patient called 911 who sent an ambulance to her house to get her and bring her to the nearest emergency room. This emergency room is in a critical access hospital, so upon diagnosis of a right hip fracture, this patient was transported by ambulance one hour away to a larger hospital with an orthopedic specialist. Upon arrival, the patient was prepped and taken into surgery. After a successful surgery, the patient spent two days in the hospital on the medical-surgical floor. Then, she was transferred to a rehabilitation facility in her hometown where she stayed for eight days and received physical therapy three times a day. Due to COVID restrictions, this patient was not allowed to have any visitors throughout her stay at the hospitals and rehabilitation facilities. After eight days at the rehabilitation facility, the patient was then transported across town to an assisted living facility where she would stay long-term because the fall resulting in the fracture was the third fall in three months and the patient's daughter suggested the patient move from the home she had lived in for the last 50 years into a place where she would be able to get the help that she needed and be in a safe environment.

This is a life-changing event for this patient. This patient has gone from living independently in her home and being able to move about on her own to living in an assisted living facility, using a walker to get around, and having to rely on others to help care for her. Not to mention, she has been moved out of her home that she lived in for the last 50 years and into a small, one-bedroom apartment. Physical variables for this patient include her limited mobility as a result of the fall and recovery from surgery. As the osteoporosis progresses, the patient will become more at risk for falls and broken bones.

Psychosocial variables for this patient surround her loss of independence and being uprooted from her home. Environmental variables for the patient include having to endure multiple hospital stays at different locations, then at a rehabilitation facility, and lastly, an assisted living facility. Cultural variables for this patient include the change of environment and lack of independence and having to adapt to different ways of life at these locations. Economic variables for this patient include the use of insurance to pay for her medical bills and then the worry of