

### **APPENDIX 3 - CASE STUDY**

Mr M is an 82 year old gentleman. He was admitted to hospital following a fall. He had complications during his stay in hospital which led to a prolonged admission and repatriation to Neath Port Talbot Hospital for discharge planning.

Prior to admission to hospital Mr Morgan did not require any daily care or support.

He was discharged home via the Hospital to Home Service (H2H) on 9/1/20 requiring 3 calls per day for support with washing, dressing, meal preparation and to increase his confidence using the steps into and out of his property so he would be able to visit his local pub with his friends.

Mr Morgan has benefited from a joined up approach between physiotherapy and OT in order to support him to achieve his personal outcomes.

He was discharged from H2H on 16/1/20 with no ongoing support. He is now independent with personal care, meal preparation and able confidently access his property and his local community.