

Introduction

The following poster will describe the case of a man who received stroke rehabilitation as an illegal immigrant to the United States on our rehabilitation unit. The poster will describe efforts to return him to his homeland and the barriers that were almost insurmountable in achieving this outcome due to his illegal alien status. This poster will examine the staff's reaction to this patient's situation.

Background

It is estimated that there are between 16 and 22 million illegal aliens in the United States. (Source: U.S. Dept. of Homeland Security 2007). Most immigrate to find work so that they can provide a better life for themselves. Their families often remain in their homeland and money is transferred back to them from the U.S. after it is earned. As a nation we traditionally have taken care of these hardworking people when they become ill while in America. But what happens when these patients don't want to return to their native homeland or their families refuse to take them back home to assist with their care after a major health event? Is the hospital or U.S. required to pay for their rehabilitation that may be needed post discharge? It is not just a financial question, but an ethical one too. Currently, Medicare does not pay for outpatient rehabilitation of illegal aliens. Healthcare reform may or may not tackle this issue but we wanted to examine one man's case and the efforts of the hospital to try to get him back to his homeland.

Mr. Y's Situation

Mr. Y, 49-years old, came to our rehabilitation unit after suffering a left thalamic hemorrhage stroke and was status post ventriculostomy. The stroke resulted in decreased cognition, decreased motor planning, decreased balance and maximum functional deficits with limitations. Mr. Y had a neglect on the right side and aphasia. Mr. Y's primary language was Mandarin. He had immigrated to the U.S. 11 years prior and had been working at a restaurant. Mr. Y had his stroke while at work. His residency status was never an issue during his care of his stroke in the intensive care unit or on the rehabilitation unit. Goals were set for comprehensive inpatient rehabilitation therapies and for a three-to-four weeks length of stay timeframe.

Mr. Y's Functional Independence Measure (FIM) Scores

Length of stay on the rehab unit was 187 days or 6.3 months

FIM on admission and discharge

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|-----------------------------|---|---|--------------------|---|---|
| Eating | 2 | 7 | Toilet Transfer | 1 | 6 |
| Grooming | 2 | 6 | Wheelchair | 1 | 7 |
| Bathing | 1 | 6 | Walk | 0 | 7 |
| Dressing Upper Body | 2 | 6 | Stairs | 0 | 6 |
| Dressing Lower Body | 1 | 6 | Comprehension | 2 | 6 |
| Toileting | 1 | 7 | Expression | 1 | 5 |
| Bladder Level of Assistance | 1 | 7 | Social Interaction | 1 | 5 |
| Bowel Level of Assistance | 1 | 7 | Memory | 1 | 5 |
| Transfers: bed/chair/w/c | 1 | 6 | Problem Solving | 0 | 5 |

Barriers to Discharge

Interdisciplinary team efforts to get Mr. Y discharged from the rehabilitation unit after he was rehabbed successfully stalled. Once he was deemed ready to be discharged back to the community, his local visitors stopped coming. Mr. Y's family consisted of a wife and son in China, and a sister in Germany.

Efforts and discharge planning were extensive and essentially started on his admission to the rehabilitation unit.

Barriers included pace of government agencies to respond, difficulty in contacting family in Germany and China consistently, Mandarin translation, among others (see below):

- Initial contact of social information regarding family numbers etc. was found to be inaccurate. Phone numbers and addresses were not correct. Social Worker had to find correct information via numerous phone calls.
- Patient's family filed lawsuit in order to get money from patient's employer citing a delay in call to 911 to hospital after stroke symptoms. Employer had numerous immigrants working for him.
- Chinese consulate at Embassy helpful until family of patient stated "no" to his return and then consulate stopped working to get patient to them.
- Origin of homelessness was not in the city where he had his stroke and therefore he had no local resident status to get resources. He had lived in a room with 8 to 9 immigrants while in the U.S. That county refused to take him back to a boarding area or shelter type housing since he was not registered and considered illegal alien status.
- Red Cross also was contacted for assistance and shelter options were examined.
- Psychiatry evaluated patient as he cognitively improved and they determined patient could make his own decisions. Chinese Consul was sent a copy of psychiatry evaluation.
- Hospital sent patient, translator and social worker to NY from Philadelphia to start process of travel papers and passport.
- Hospital obtained new photos for passport.
- Family lawsuit against employer ongoing. Hospital's legal and risk management departments contacted by patient's lawyers. Initially patient did not know that his family had filed suit against his employer until our social worker told him.
- Patient changed his mind a few times about returning to China which slowed efforts. He initially wanted to return to China, then when his family refused to take him back, patient decided he did not want to return. He changed his mind once more and did decide to return to China.
- All these patient interactions were through a Mandarin translator.
- Immigration and Naturalization Service (INS) contacted by hospital and since patient was not deemed threat to country, they would not take patient to court.
- Patient transported by flight air ambulance back to China per his wishes after 187 days on the rehabilitation unit. Air ambulance cost \$14,000 which the hospital also absorbed.

Staff's Reaction to Mr. Y's Case

Nursing staff and interdisciplinary team responses were similar comprising the emotions of both empathy and extreme frustration. Mr. Y's case made all realize how costly it is to stay in the hospital for six months but how fragile immigrants' livelihood, health, and their families' future precariously hangs in the balance when a major illness or trauma occurs. Where does the hospital draw the line as it exhausts all avenues for reasonable discharge? Should there be a specific government agency to repatriate these immigrants after they get sick back to their homeland? Are we responsible then for their ongoing rehabilitation and equipment needs once they get there? Should we be?

Staff was empathetic to Mr. Y's situation especially after family and friends stopped contacting him. Mr. Y became more depressed as he realized this too. He was essentially alone in a foreign country with no place to go. What would we do in a similar situation? Would we be as pleasant as Mr. Y was?

Staff was frustrated not with the patient but with the superhuman efforts to get him discharged that seemed to be delayed in government red tape, family motives half a world away, and nowhere to go in the U.S.

Conclusion

Mr. Y was successfully rehabilitated after a significant stroke as evidenced by his FIM scores. Efforts to discharge him were labor intensive due to his illegal immigrant status. We have had numerous illegal immigrants whom we have cared for on the rehabilitation unit over the years but they have had people and a place to return. Mr. Y did not. This case generated much discussion on the rehabilitation nursing unit and one of our nurses took the case to the Nurse Ethics Resource Group. What this case highlighted to us was the complexity and some of the roadblocks that can come up when discharging a patient with limited social support with a new onset of disability and who had illegal immigrant status. There remains the hope that with future healthcare reform that some of these issues may be addressed or strategized solutions in conjunction with the international community.

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References

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