

Discharge Planning Blues

by Phillip W. Weiss

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Characters:

Susan Ching, M.D. – first year resident

Paul Redetsky, MSW – social worker

Vivian Santiago, RN – head nurse

Irene Walters, M.D.

Mabel Brewster, MSW – Paul’s supervisor

Esther Shapiro/Yammi – patient

Clarice Rosensweig – Esther’s granddaughter

Waitress

Settings: A medical/surgical unit in a large public hospital and a coffee shop

Synopsis: Conflict erupts as a hospital treatment team struggles to discharge a high-risk patient.

This play is a work of fiction. Any resemblance to any persons living or deceased is completely coincidental and entirely unintentional.

Scene 1

Time: 10:00 A.M.

Place: An ante-room next to the nursing station of a medical/surgical unit in a large public hospital in New York City.

Three people are seated in the room: Dr. Susan Ching, a young, attractive Chinese woman, in her late 20s; the head nurse, Vivian Santiago, a Hispanic woman in her mid-40s, and Paul Redetsky, the unit medical social worker, tall, handsome, in his mid-30s. They are conducting daily rounds.

VIVIAN

The next patient is Paul Montgomery.

DR. CHING

He'll be cleared for discharge tomorrow.

VIVIAN

He's gonna need some clothing.

PAUL

What happened to his clothing?

VIVIAN

His clothing was so filthy that they had to be discarded.

PAUL

What does he need?

VIVIAN

Shoes, slacks, shirt ... everything.

PAUL

Okay. I'll go talk with the patient and see what I can do.

VIVIAN

Well, I hope there's no screw ups like what happened with that other homeless guy who had to stay in the hospital an extra night because he needed a pair of socks.

PAUL

If you told me that earlier in the day instead of at five PM, then maybe I could have gotten him a pair.

VIVIAN

(incensed)

Don't blame that on ME! That's YOUR job to know who needs clothing, not mine!

PAUL

(annoyed)

Don't tell me my job, okay?

VIVIAN

I'm not telling you your job. I'm just letting you know that you got to be on top of these cases.

DR. CHING

Enough of this bickering. *(pause)* What's the plan for Mr. Montgomery?

PAUL

He's homeless, so the plan for him is placement in the shelter. You need to complete an M11Q form so I can make the referral.

DR. CHING

Okay, give me the form.

Paul takes a form from his clip board and gives it to Dr. Ching.

PAUL

The form needs to be filled out as completely as possible otherwise the shelter may bounce it back to us.

DR. CHING

Don't worry about that. I'll have the form completed and back to you by lunch time.

PAUL

Fine.

DR. CHING

Okay. Now for our last patient, Edith Shapiro.

VIVIAN

Ms. Shapiro said she wants to go home.

DR. CHING

I cleared her for discharge yesterday and she was supposed to go home today with home care, so why is she still in the hospital?

PAUL

The patient is ninety-four years old and lives alone in the fifth floor of a walk-up. She has no known relatives and when I spoke with her about home care she said she didn't want any strangers in her apartment and that she could take care of herself. I think if she was discharged to home she would be at risk. Maybe she should be placed in a nursing home for further rehab.

VIVIAN

Can't the rehab be provided at home?

PAUL

Possibly. The problem is whether she can negotiate the five flights of stairs.

DR. CHING

How come you didn't tell me before that she lived in a walk-up.

PAUL

I did tell you the day after she was admitted.

DR. CHING

I don't remember that at all, and anyway, I don't see why she needs to go to a nursing home when she is medically cleared for discharge, wants to go home and can get home care services.

PAUL

I can understand the patient wanting to go home, but not if it's going to place her at risk.

VIVIAN

From a nursing point of view, she can perform all her activities of daily living. I mean, she's not bedbound.

PAUL

I know she not bedbound, but can she handle the five flights of stairs and will she trapped in her apartment? Those are mine concerns.

DR. CHING

You know, Mr. Redetsky, you make it sound like we don't care what happens to the patient and frankly I resent that.

PAUL

I'm not insinuating anything. I'm just reporting my assessment of the patient's situation and needs.

DR. CHING

Who's the doctor? Me or you?

PAUL

You are.

DR. CHING

Thank you. So I would appreciate it if when I order something for the patient, that you not fluff it off.

PAUL

I'm not fluffing off anything.

DR. CHING

No? In the meantime the home care services I had requested for the patient are still not in place. Did you even make a referral?

PAUL

No, I did not.

DR. CHING

(angry)

Your lack of cooperation is outrageous and unprofessional. I'm gonna have to discuss this matter with your supervisor.

PAUL

Go right ahead.

Pause.

VIVIAN

Is there anything else, doctor?

DR. CHING

Please see to it that Mr. Montgomery gets his clothing. I don't want to have another delay in discharge like what happened with Mr. Ferkofsky.

VIVIAN

(recalling an unpleasant event)

Yes, the Ferkofsky case. We thought the patient would never leave.

PAUL

That was an unusual situation. Nobody knew that the patient would be locked out of his apartment.

DR. CHING

In the meantime the patient wound up staying on the unit for an extra four days while you were spinning your wheels accomplishing nothing.

PAUL

What do you want me to say? The only person who had an extra set of keys was the landlord and he was out of town. What could I do?

DR. CHING

(disgusted)

“What could I do?” That’s the best you could do? Pathetic.

Paul does not reply.

(pause)

DR. CHING

This meeting is adjourned.

End of scene 1

Scene 2

Time: One hour later

Place: The ante-room. Paul is alone writing notes in a chart. Mabel Brewster, a large, black woman, in her late 50s, enters the room. She is Paul's supervisor.

MABEL

Hello, Paul.

Paul stops writing and looks up at Mabel.

PAUL

Hello, Mabel. What brings you here?

MABEL

(still standing)

I need to talk to you.

PAUL

About what?

MABEL

You probably already know.

PAUL

No, I don't know.

Mabel sits next to Paul and looks directly at him.

MABEL

Dr. Ching called me about a patient Esther Shapiro and had some rather uncomplimentary things to say about you, Paul.

PAUL

That's too bad.

MABEL

What's the problem with the case?

PAUL

The doctor wants to discharge the patient to her home with home care services but I think that plan will put the patient at risk.

MABEL

What does the patient want?

PAUL

She says she wants to go home.

MABEL

Well, there you go. What else do you need?

PAUL

Look, Mabel, just because the patient says she wants to go home doesn't mean that's the best plan for her. What if she said she wanted to commit suicide? Would that be okay?

MABEL

(a little put off)

Now don't be facetious, Paul.

PAUL

I'm not being facetious; you asked me what the problem was and I told you.

MABEL

Paul, this is the fourth complaint I've received about you in the past two months. That's not good.

PAUL

Look, I'm doing my job. What else do you want from me?

MABEL

Maybe, to work more cooperatively with the rest of the treatment team.

PAUL
(irritated)

I DO work cooperatively with rest of the treatment team.

MABEL

Not according to what I'm being told.

PAUL

What are you being told?

MABEL

That sometimes you don't follow through with implementing treatment plans causing delays in discharge.

PAUL

Well, I don't feel obligated to follow through with plans that I believe will hurt patients. It just seems like all the hospital wants to do is to clear the beds as fast as possible, no matter who may get hurt.

MABEL

That's a pretty serious allegation, Paul.

PAUL

Maybe it is, but I'm just going by what I've seen.

MABEL

Look, the social work department has a responsibility to work cooperatively with the other members of the treatment team, and when that does not happen, it causes a lot of problems.

PAUL

Problems? For whom?

MABEL

For the department, for one thing. We're trying to justify our existence and get more staff, and if we're seen as not wanting to work with other members of the team, then that could effect staffing, including your job.

PAUL

What are you trying to tell me?

MABEL

That you are to work with the treatment team, not against it.

PAUL

Where does advocating for the patient fit into that?

MABEL

(becoming irritated)

Look, Paul, don't play games with me. I've told you what's expected of you.

PAUL

Yeah, for me to be rubber stamp.

MABEL

(angry)

Wrong! That's exactly the kind of attitude or should I say atti-DUDE, that's getting you in trouble. Nobody is telling you to be a rubber stamp, but you can share your recommendations in a way that doesn't put off other staff.

PAUL

Like how? Wear a big smile, kow-tow before the doctor? What am I supposed to do?

MABEL

For one thing, don't come off like your challenging the doctor's authority.

PAUL

That's a laugh. I'm in no position to challenge anybody's authority, much less the doctor's.

MABEL

But you do challenge the doctor's authority. I've seen it myself.

PAUL

Don't I have a right to express my professional opinion?

MABEL

You do, and you are expected to do so, but you are also expected to work effectively as part of a interdisciplinary treatment team.

PAUL

I know that and I do that; I can't help if what I say is not well received by others.

MABEL

Nobody has ever complained to me about your assessments. It is the way that you share them that's the problem.

PAUL

Oh, so now it's a matter of personality.

MABEL

(frustrated)

Look, I'm not going to argue anymore with you about this. *(pause)*
Okay, so what's the discharge plan for Ms. Shapiro?

PAUL

As far as I'm concerned, it's whatever the doctor recommends.

MABEL

Okay, but what is YOUR recommendation?

PAUL

That the patient be placed in a nursing home for further rehab.

MABEL

Why?

PAUL

Because she lives on the fifth floor of a walk-up and will be trapped in her apartment because she can't negotiate five flights of stairs.

MABEL

How do you know that?

PAUL

By observing her.

MABEL

Did anyone on the treatment team tell you that the patient can't handle the stairs?

PAUL

No, but when I mentioned the possibility to the team, they just blew me off, like what I said meant nothing.

MABEL

Okay, so you have a hunch, based on an impression, that the patient may not be able to perform a certain activity. Right?

PAUL

Yeah, that's right.

MABEL

Did you suggest a rehab consult to assess the patient's level of functioning?

PAUL

I did but I was ignored.

MABEL

Well, mention it again, and if you have any flack, let me know. But under no circumstances are you to ignore the doctor's recommendations. Is that clear?

PAUL

Okay, if that's what you want, but let me make one thing clear: I have to do what I think is best for my clients, and not be influenced by politics. I have no interest in that kind of game playing.

MABEL

Paul, cut the attitude and do your job. You're treading on thin ice and I may not be able to cover for you much longer. I hope you understand that.

PAUL

Message received loud and clear, Mabel. (*sarcastic*) As usual you've been very helpful and supportive.

MABEL

(*ignoring Paul's sarcasm*)

I do my best, Paul.

PAUL

Yes, I agree, you're doing your very best, and I have to do my very best too.

Mabel exits. End of scene 2.

Scene 3

Time: Later in the afternoon

Place: The nursing station.

There's lots of activity going as new patients are being admitted and others are awaiting discharge. Dr. Ching enters the unit accompanied by the attending physician Dr. Irene Walters. Dr. Walters is a friendly, elderly woman who immediately inspires confidence and projects the image of one who is compassionate and understanding. Dr. Ching and Dr. Walters are engaged in conversation.

DR. WALTERS

Yes, I agree that patients need to be discharged in a timely manner. After all, time is money and money is time, as the saying goes, and we don't want to waste valuable hospital resources and time.

DR. CHING

I'm glad you agree with me, Dr. Walters.

DR. WALTERS

But, Susan, we also have to take into consideration the needs of the patients.

Paul enters the scene. He is carrying a large bag full of clothing.

PAUL

(to Drs. Ching and Walters)

Hello.

Paul places the bag on the floor.

DR. WALTERS

(pointing to the bag)

Who's that for?

PAUL

Paul Montgomery.

DR. WALTERS

Good job, Paul. Looks like you're on top of things.

PAUL

Thank you, Dr. Walters, but if it weren't for the clothing department, I don't know what we'd do for these patients.

DR. WALTERS

Well said, Paul.. I'm glad that you're assigned to this unit.

PAUL

Thanks, Dr. Walters.

Vivian Santiago enters the unit.

PAUL

(to Vivian)

I got clothing for Mr. Montgomery. I hope you're happy.

VIVIAN

Paul, it's not about me, it's about the patient.

PAUL

Whatever you say, Viv.

VIVIAN

(annoyed)

What's your problem?

PAUL

Nothing.

VIVIAN

(annoyed)

Okay, then why don't you can the attitude?

PAUL
(irritated)

I don't have an attitude.

VIVIAN
You certainly do, and I don't like it.

Paul starts folding the clothing

DR. WALTERS
(interceding)
Please, please, no bickering on the unit.

VIVIAN
(to Dr. Walters)
Excuse me, doctor. I'm in charge of this unit, not you.

DR. WALTERS
(placating)
Sorry, I didn't mean to tread on anybody's toes, but I just couldn't help but make a comment.

VIVIAN
We're very busy here and I have no time for small talk.

DR. CHING
Nobody's making small talk.

VIVIAN
Okay, then let's talk about Ms. Shapiro. When will she be leaving the hospital?

DR. WALTERS
(to Dr. Ching)
Is there a problem?

DR. CHING

The patient was cleared for discharge yesterday but home care services are still not in place.

DR. WALTERS

What's the hold up?

DR. CHING

(to Paul)

Yes, Paul, what is the hold up?

Paul stops folding the clothing.

PAUL

It's a bad discharge plan and in good conscience I cannot help to implement it.

DR. CHING

So, you're deliberately sabotaging the plan?

PAUL

No. I'm not sabotaging anything. I just don't want to do something that I believe may hurt the patient.

VIVIAN

(to Paul)

Lord, you are one arrogant ...

DR. WALTERS

(interrupting)

Stop! Let's not get personal, all right? *(to Vivian)* And this IS my bailiwick. *(pause)* Now, what exactly is going on here?

PAUL

The patient lives alone on the fifth floor of a walk up and if we send her home she'll be stuck in her apartment, which will put her at risk.

DR. WALTERS
(to Dr. Ching)

Were you aware of this?

DR. CHING

Yes, I was, but the patient said she wants to go home so I cleared her for discharge and ordered that she be provided home care services.

DR. WALTERS
(to Paul)

What's wrong with that, Paul?

PAUL

Home care services will not do this patient any good if she's trapped in her apartment.

DR. WALTERS

Paul makes a good point. On the other hand, the patient says she wants to go home and we can't ignore that either.

PAUL

I'm not ignoring that. If the patient wants to go home, that's okay with me but I don't want to be part of something that I think will be hurtful to the patient.

DR. CHING

So, your solution is to withhold services from the patient?

PAUL

Nobody wants to withhold services. What I want is for the patient to receive the level of services she needs to ensure that she is able to function safely in the community.

DR. WALTERS

That sounds reasonable to me.

DR. CHING

Dr. Walters, with all due respect, all of this had been discussed at rounds.

DR. WALTERS

I'm beginning to get the impression that somewhere there's been a breakdown in communication.

DR. CHING

Then what do you want me to do?

PAUL

Maybe the patient needs to be seen by rehab to assess her ability to climb stairs.

DR. WALTERS

(impressed)

I think that that's an excellent suggestion.

DR. CHING

Look, the patient is able to ambulate without assistance, so why does she need a rehab consult?

DR. WALTERS

Just to make sure that all bases have been covered. Let me know the results.

Dr. Walters exits.

DR. CHING

(to Paul)

Thanks a lot. Now you made me look bad in front of my boss.

PAUL

All we did was talk about a case. I didn't mean to make anyone look bad.

DR. CHING

I don't know if you're putting me on or what but what you're doing is further delaying the patient's discharge, which is not helping the patient at all.

PAUL

I'm just doing my job and if that doesn't suit you, then there's really nothing more to say.

DR. CHING
(angry and bitter)

All you social workers are the same, just a bunch of pompous know-it-alls who think you know better than anyone else what's best for the patients when in fact you're nothing more than glorified paper pushers who go out of their way to give everyone else a hard time under the guise of being clinicians and advocates, which is an outright sham. What are you doing working in a hospital anyway? A hospital is not a welfare center. You don't provide hands-on care and everything you do just makes it harder on the rest of us, the people who provide the actual care, to do our jobs and just produces more delays and more wasting of money, OUR money, MY money, the taxpayers' money, none of which seems to concern you in the least.

PAUL
(angry)

I'm sorry you feel that way but if you doctors would do your paperwork promptly and correctly than maybe some of the delays could be avoided. What I don't understand is how people as educated as medical doctors can't fill out simple, straight-forward forms. Every time I ask one of you doctors to complete a form it's like pulling teeth. Good lord, sometimes I wonder how you doctors get through medical school. Like when a patient needs transportation, I give the doctor the form and guess what? I wind up having to fill out the form myself because the doctor either can't or won't do it, and then when there's a delay in discharge because the transportation is not yet in place, guess who gets the blame – ME! That's who. And the next thing I know, my supervisor's on my back because of your dereliction. *(pause)* And, by the way, I'm a taxpayer too, so don't tell me that I don't care about how the taxpayers' money is spent because some of the money that's being spent is mine.

DR. CHING
(incensed)

Oh, so now you're blaming the doctors for your incompetence in processing forms? Unlike you social workers, doctors are not paper pushers. We do actual WORK, which is more than I can say for you. I didn't go to medical school to fill out forms or to make sure that a patient has a pair of slacks. That's YOUR expertise, not mine, so get off my case and do your job! And if you really cared about how the taxpayers' money is being spent, you'd be doing a lot more to help prevent delays in discharge.

PAUL

(contemptuous)

You do work? That's news to me. The only work I see you doctors doing is looking at charts, writing orders that nobody can read and having tons of meetings, so if that's what work is to you, then you have no idea what real work is.

Dr. Ching is about to offer a retort, but stops, waves her hands in a gesture of frustration and exits.

VIVIAN

(to Paul)

By the way, Mr. Montgomery's gonna need some carfare to get to the shelter.

PAUL

Okay, Viv, thanks for letting me know.

VIVIAN

I couldn't help but overhear your conversation with Dr. Ching and I thought you were right.

PAUL

Right? About what? I just don't want anybody getting on my case, and that includes you too.

VIVIAN

Hey Paul I was just trying to be supportive.

PAUL

(skeptical)

Just a few minutes ago you called me arrogant. Now you're being supportive? Give me a break.

VIVIAN

(insulted)

Okay, Paul, whatever you say.

Pause

PAUL

Now, how much carfare will Mr. Montgomery need?

End of scene 3.

Scene 4

Time: Next day, 8:00 AM

Place: a coffee shop across the street from the hospital. Paul is seated at a table eating breakfast when Dr. Ching enters. Paul sees Dr. Ching and gestures to her to join him. Dr. Ching goes over to Paul and joins him at the table.

PAUL

Good morning. You come here often?

DR. CHING

Not too often. I wanted to get some coffee to take out.

PAUL

I don't want to keep you.

DR. CHING

That's okay. I have some time. My rotation doesn't start until nine. How about you? Do you come here often?

PAUL

Every day.

DR. CHING

How's the food?

PAUL

I'm still alive, aren't I?

They both laugh.

DR. CHING

About yesterday, I'm sorry that I blew up at you like that. It was not professional of me.

PAUL

Nobody's perfect and besides I think I said a few things too that maybe I shouldn't have said.

DR. CHING

So, do you want to call truce?

PAUL

I didn't know that we were in a war. All we did was exchange some frank and candid comments about issues affecting both of us.

DR. CHING

You have a good way with words, I have to hand you that.

PAUL

You're not so bad yourself in the rhetoric department. By the way, I did some thinking about some of the stuff that you said, and I thought you did make some valid points. Some social workers do sometime pontificate which is something I personally detest. I have no use for know-it-alls. I have a cousin who drives me nuts every time we get together. Name the topic and this guy has an opinion. The problem is that he thinks his opinions are fact when actually he doesn't know what he's talking about, which makes it rather hard to converse with him. Not that he's not a nice guy, he is. But still, he can be a real pain in the butte if you know what I mean.

DR. CHING

I know what you mean. I have an aunt who's the same way. Once she starts talking there's no stopping her until she runs out of steam, and she usually has a lot steam to blow off. Luckily we don't get together too often.

Pause

PAUL

Where are you from originally, if you don't mind my asking.

DR. CHING

Taiwan. I came to the states when I was five years old. My father owned an import-export business and decided to relocate to the United States, so here I am now.

PAUL

Is your father still in business?

DR. CHING

No, he died five years ago from a heart attack.

PAUL

That's too bad. Where's your mother?

DR. CHING

In Queens. She manages a dry cleaning store. I live with her.

PAUL

So, are you a first year resident?

DR. CHING

Yes, this is my first year. I did my internship at New York College and then transferred to City Hospital.

PAUL

What are you planning to specialize in?

A waitress interrupts their discussion.

WAITRESS

(to Dr. Ching)

What would you like to order?

DR. CHING

Your breakfast special.

WAITRESS

How do you want the eggs?

DR. CHING

Sunnyside up.

WAITRESS

Juice?

DR. CHING

Apple juice, and also coffee black with sugar.

WAITRESS

Okay. *(to Paul)* Are you okay?

PAUL

I'm okay, thanks.

Waitress exits

PAUL

As you were saying?

DR. CHING

I lost my train of thought.

PAUL

I asked you what field you're going to specialize in.

DR. CHING

(suddenly remembering)

Oh, yes. I want to go into family practice.

PAUL

That sounds like a good field.

DR. CHING

It is.

PAUL

I have a friend of mine who is a retired ob-gyn doctor who I met when I was in the army.

DR. CHING
(surprised)

You were in the army?

PAUL

Yes. You sound surprised.

DR. CHING

It's just that I can't imagine social workers serving in the military.

PAUL

When I was in the army I wasn't a social worker. As a matter of fact my military job had absolutely nothing even remotely to do with social work.

DR. CHING

So what did you do in the army?

PAUL

I was a mechanic. I repaired heavy ordnance like tanks and artillery.

DR. CHING

That sounds pretty impressive.

PAUL

Well, it wasn't; it was a job, period.

DR. CHING

How long were you in the army?

PAUL

Eight years, two four-year hitches.

DR. CHING

Were you stationed overseas?

PAUL

Yeah, twice. Once for two years in Germany and once for a year in Iraq. Germany was okay; Iraq, well that's a different story.

DR. CHING

What happened in Iraq?

PAUL

Some nasty stuff that I'd rather not discuss.

Pause.

DR. CHING

So how'd you wind up becoming a social worker?

PAUL

After eight years I had had enough of the military and fixing machines; instead I decided that I wanted to fix people, so I left the military, went back home to Oswego, New York, where I'm originally from, then went to school at the state university, got a BA degree and then a two years later got my MSW, all paid for by Uncle Sam. Then I started looking for a job and after sending out about five hundred resumes, finally got a job with the city, and here I am now. That's my story in a nutshell.

DR. CHING

I thought about joining the military too. I even talked with a recruiter about the military's program for paying for medical school, but to tell you the truth I just couldn't see myself being sent to Iraq or Afghanistan or some other place we have no business being in.

PAUL

I think you made the right decision. I wouldn't recommend anybody joining the military, at least not before giving the matter a lot of careful thought, but as the saying goes: to each his own. And besides, I don't like giving advice because once you give advice you become responsible for the outcome, and sometimes outcomes aren't good. What I do know is that being in the army helped to ruin my marriage.

DR. CHING

(again surprised)

My, you're full of surprises. You were married too?

PAUL

Yeah, for four years, like a hitch in the army, but it didn't work out. I was always away and after a while she didn't like being a soldier's wife, and in a way, with me not being around, who could blame her? Then again, she knew what she was getting into when we got married, so it wasn't like she went into it not knowing.

DR. CHING

Where is she now?

As Paul is about to reply the waitress again appears. Both Paul and Dr. Ching are visibly annoyed by the interruption.

Awkward pause.

WAITRESS

(to Dr. Ching)

Here's your order.

The waitress places the food on the table.

WAITRESS

Will there be anything else?

DR. CHING

No, thank you.

The waitress, sensing tension, stands there for a moment, then leaves.

DR. CHING

Don't you hate being interrupted?

PAUL

What are you going to do? She's a waitress. I guess sensitivity is not part of her job description.

DR. CHING

Still, she could have at least said excuse me before barging in.

PAUL

That's true, but there's also another saying: the world is not a perfect place.

Paul and Dr. Ching chuckle.

PAUL

Anyway, as I was about to say, my ex-wife now lives in Redding, California with our son, Mikey, who's ten.

DR. CHING

(impressed)

You have a son too! My, you ARE full of surprises.

PAUL

In fact, I'm planning to go to California next month to visit him.

DR. CHING

It must be tough being separated from your son.

PAUL

It has its challenges, but we stay in contact by phone and email, so it's not all that bad. What about you? Are you married?

DR. CHING

No. I haven't met mister right yet.

PAUL

Are you looking?

DR. CHING

To tell you the truth, I've been so busy these past few years that I haven't had much time for socializing.

PAUL

I don't get it: a pretty lady like you not socializing? That's too bad. You should have no problem meeting any guy you want.

DR. CHING

(a little self-conscious)

Well, maybe, but it's a little more complicated than that.

PAUL

In what way?

DR. CHING

A lot of guys get turned off when I tell them I'm a doctor and most of the good male doctors are already married.

PAUL

Why limit yourself to doctors?

DR. CHING

I don't. It's just that I'm not around too many men who aren't doctors.

PAUL

That's too bad because I think you have a lot to offer. You're attractive, you're employed and you're intelligent. That's a pretty good combination. Maybe you should expand your social horizons.

DR. CHING

(guarded)

Look, I'm really not all that desperate to meet a man.

PAUL

(put off)

Okay, whatever you say.

DR. CHING

I'm really not.

PAUL
(*annoyed*)

Fine. You don't have to convince me, okay?

DR. CHING

Are you angry at me?

PAUL

No, I'm not. I felt that way yesterday, this is today. Don't worry about it. Everything is cool.

DR. CHING

Well I hope it is because I want to share something else with you.

PAUL

What is it?

DR. CHING

I was meaning to tell you at rounds but I might as well tell you now. After our discussion with Dr. Walters, I requested a rehab consult for Ms. Shapiro and the consultant found that she can only ambulate without assistance for short distance and would not be able to manage five flights of stairs, so I guess you were right after all.

PAUL

I was just doing my job and I never meant for this to be a contest between us, but thanks for sharing this with me now. So what's the plan now?

DR. CHING

After breakfast, let's meet with the patient before rounds to discuss her options.

PAUL

That sounds like a good plan to me.

Dr. Ching and Paul continue to eat in silence.

End of scene 4.

Scene 5

Time: 9:30 AM

Place: A private room on the unit. In the room, the patient Esther Shapiro, a frail elderly female, is lying in bed, sleeping. Dr. Ching and Paul enter the room.

DR. CHING

She's still sleeping. I'll wake her up. *(to Esther)* Ms. Shapiro, wake up. *(Dr. Ching repeats this several times. Finally, Esther awakes).*

ESTHER

Oh, hello, Dr. Ching ... good morning.

DR. CHING

Good morning, Ms. Shapiro. I'm here with Mr. Redetsky, the social worker. You know him, right?

ESTHER

(agitated)

Yes. I told him that I wanted to go home but he's done nothing to help me leave. Now I'm stuck in this hospital like I'm a prisoner, all because of him. He won't get me the home care that I need. He's been no help to me at all.

DR. CHING

I'm sorry you feel that way, but I can assure you nobody wants to keep you in the hospital against your will, which is why we're here now. We want to talk about your discharge plan.

ESTHER

(elated)

I'll be going home! Oh, wonderful! When?

DR. CHING

Well, remember the therapist from rehab that saw you yesterday?

ESTHER

Yes, I do. She was a very lovely young lady.

DR. CHING

Well, in her report she found that it would be hard for you to go up and down stairs, and I believe that you live in a walk up, don't you?

ESTHER

Oh, don't believe that report. I've been climbing those stairs for over sixty years. All I need is for someone to help me with shopping and cooking. I can still take care of myself.

DR. CHING

That's good to hear and we want you to be as independent as possible, but at this time, discharging you directly back to your apartment might not be the best plan.

ESTHER

(suddenly upset)

What are you talking about? I can't go home? *(pause)* Did he *(points to Paul)* have anything to do with this? From the first moment I saw him I knew he didn't like me.

PAUL

That's not true, Ms. Shapiro.

ESTHER

(angry, screaming)

It is true! You hate me, and I don't know why! What did I ever do to you?

Esther starts crying.

DR. CHING

(aside to Paul)

She's hysterical. Maybe she needs a psych consult.

PAUL

I don't think so. She's just upset. *(to Esther)* Ms. Shapiro, please stop crying.

Paul offers Esther a tissue which Esther takes.

PAUL
(to Esther)

Now try to calm down otherwise it will be hard for us to talk with you.

Esther wipes her face with the tissue and gives it back to Paul. Gradually she begins to calm down and soon stops crying.

PAUL
(to Esther)

Are you okay?

ESTHER
(somber)

I'm okay.

DR. CHING

Good. Now, we are here to help you and we know that you want to go home, and that's our long term goal for you. But we think you need to go to another facility first to help you walk better so you can go up and down the stairs.

ESTHER
(alarmed)

Another facility? What kind of facility?

DR. CHING

A rehab facility.

ESTHER

What rehab facility?

PAUL

There are several facilities in the city. We can start making referrals today.

ESTHER
(whining)

I don't want to go to a rehab facility. I want to go home. Please let me go home.

PAUL

If you go home you'll be stuck in your apartment, and then what would you do if you have to leave?

ESTHER
(*desperate*)

I'd get my neighbor to help me. She's my friend.

PAUL

I know you would, but that may not be enough to ensure your safety.

ESTHER
(*frustrated*)

Oh, you have an answer for everything, don't you?

DR. CHING
(*firmly*)

We're not here to argue with you. We're here to discuss your options, okay? But if you keep fussing, we can't do that, and then nothing gets accomplished.

ESTHER
(*subdued*)

Okay, I listen to what you have to say.

DR. CHING

Here are your options. One, you can go home, but against medical advice, or two, we can transfer you to a rehab facility and from there you go home. The choice is yours.

ESTHER
(*sad*)

That's not much of a choice.

DR. CHING

But those are your choices. So which is it?

ESTHER
(*panicking*)

Who's gonna look after my apartment while I'm away?

PAUL

What about your neighbor? If you want, give me her number and I'll call her for you.

ESTHER
(*evasive*)

I don't remember her number.

PAUL

Then what's her name?

ESTHER

Mildred or Naomi ... I forget.

DR. CHING

Okay, Ms. Shapiro, we really have to decide what to do with you because you no longer need to be in the hospital.

ESTHER
(*angry*)

THEN SEND ME HOME!

PAUL

We already explained why that won't be a good plan.

ESTHER
(*imploring*)

I don't care! I want to go home!

DR. CHING
(*to Esther*)

I know you do, Ms. Shapiro. I'll be getting back to you.

ESTHER
(*alarmed*)

What does that mean?

DR. CHING

It means that I have to discuss your case with the attending.

ESTHER

(bitter)

You were so nice to me yesterday, but now you've changed and I don't like you anymore!

DR. CHING

We'll be talking later, okay?. Bye now.

Esther is wimpering.

DR. CHING

(aside to Paul)

Maybe I should have discharged her to home when I had the chance.

PAUL

Yes, you could have done that, but it would have been the wrong thing to do.

DR. CHING

Maybe you're right but I hope that later I don't have to tell you "I told you so."

PAUL

You won't have to because it won't be necessary.

DR. CHING

In the meantime, I'll request a psych consult to assess Ms. Shapiro's competency to make to make decisions regarding her discharge plan.

PAUL

To me, she's just acting out, but I guess a psych consult wouldn't hurt, just to be on the safe side.

DR. CHING

Let's see what psych has to say. *(to Esther)* Okay, Ms. Shapiro, we'll be leaving now. The nurse will come by soon with breakfast. Okay?

Esther continues weeping.

Dr. Ching and Paul exit.

End of scene 5.

Scene 6

Time: The next day, 10 AM

Place: Nursing station, ante room. Present are Dr. Ching, Vivian and Paul. They are conducting daily rounds.

VIVIAN

The next case is Paul Montgomery.

DR. CHING

He's medically cleared for discharge.

PAUL

I'll follow up with the shelter to see whether they can accept him today.

DR. CHING

Good. Did he get his clothing and carfare?

PAUL

I took care of that yesterday.

DR. CHING

Excellent. I'm glad that you're on top of it, Paul.

PAUL

Thank you.

VIVIAN

The next and final case is Ms. Shapiro

DR. CHING

Yesterday, Paul and I met with patient to discuss her discharge plan. Transfer to a rehab facility was discussed but the patient was resistant to the plan and became agitated. A psych consult was requested to assess the patient's competency to make decisions regarding her discharge plans. Psych saw her yesterday. According to the report ...

Suddenly Esther's granddaughter, Clarice Rosensweig, appears at the nursing station. Clarice is in her mid-20s, attractive, self-assured, and intelligent.

CLARICE

Excuse me.

Vivian leaves the ante room and approaches Clarice.

VIVIAN

May I help you?

CLARICE

Yes. My name is Clarice Rosensweig and I want to talk with the doctor about my grandmother who's a patient on this unit.

VIVIAN

What's the name of the patient?

CLARICE

Esther Shapiro.

VIVIAN

(surprised)

Ms. Shapiro has a granddaughter? She told us she had no relatives.
(pause) Excuse me for a moment.

Vivian turns and speaks to the others in the ante-room.

VIVIAN

Excuse me, Dr. Ching. Ms. Shapiro's granddaughter is here to talk about her grandmother.

DR. CHING

(surprised)

Ms. Shapiro has a grand-daughter? I didn't know that! Paul, did you know about this?

PAUL

No, I did not.

DR. CHING

(hesitates for a moment)

Okay, let's meet with her. We can talk with her in here.

VIVIAN

(to Clarice)

We were just getting ready to talk about your grandmother. Why don't you join us?

CLARICE

Thank you.

Clarice follows Vivian into the ante-room.

DR. CHING

Hello, I'm Susan Ching, Ms. Shapiro's doctor.

PAUL

I'm Paul Redetsky, your grandmother's social worker.

VIVIAN

And I'm Vivian Santiago, the unit head nurse.

All three shake hands with Clarice. Clarice then takes a seat.

DR. CHING

Wow! Is this a surprise!

CLARICE

Let me get right to the point. I live with my husband and two kids in Fort Worth, Texas. Last night I received a phone call from my grandmother. She was hysterical. She told me that people were trying to put her away someplace and to come to New York to save her. Her tone was so alarming that I decided to take the red eye to New York to see for myself what was going on. We didn't even know that she had been hospitalized. Why is she hospitalized anyway?

DR. CHING

She was admitted for severe dehydration. She was not retaining enough fluid. We stabilized her medical condition and were preparing to discharge her to her home when ...

Suddenly Esther, wearing her hospital gown, appears at the nursing station.

ESTHER

(screams)

I WANT TO GO HOME! I WANT TO GO HOME! I WANT TO GO HOME!

VIVIAN rushes to the counter. She is followed by Dr. Ching, Paul and Clarice.

VIVIAN

(To Esther)

Go back to your room!

Esther is about to scream again when she sees Clarice.

ESTHER

(ecstatic)

Clarice, it's you! Thank God you're here!

CLARICE

Yammi, of course I'm here.

Clarice walks around the counter and embraces Esther who returns the embrace and is now weeping with joy.

ESTHER

This is my darling granddaughter, Clarice. Isn't she beautiful? I love her so much. *(to Clarice)* You won't let them put me away, will you?

CLARICE

Of course not, Yammi. We will never let that happen. *(to Dr. Ching and the others)* What's going on here? Why is my grandmother so upset?

DR. CHING

Perhaps it would better if first we all sat down. We can all talk here *(gestures in the direction of the ante-room)*.

CLARICE

Fine.

Clarice takes Esther by the arm and everyone follows Dr. Ching into the ante-room. Everyone takes a seat.

CLARICE

Okay. Now, what's the situation?

DR. CHING

We were planning to discharge Ms. Shapiro back to her apartment with home care services when we found out that she lives on the fifth floor of a walk up and would not be able to negotiate the stairs.

ESTHER

Untrue! I can walk up a dozen flights of stair!

CLARICE

Please, Yammi, let the doctor speak.

ESTHER

I will, but don't believe a word she says, and don't believe anything HE (*points to Paul*) says either. They're both liars.

CLARICE

(*to Esther*)

Okay, Yammi. (*to Dr. Ching*) Please go on.

DR CHING

Since your grandmother would be at risk if we discharged her back to her apartment, it was decided to transfer her to a rehab facility to help her improve her ability to negotiate the stairs, but your grandmother adamantly disagreed with the plan. So we had her evaluated by psychiatry service to determine whether she was competent to make decisions regarding her discharge plans and psychiatry service found that she was not, and so at this point we were going to proceed with finding a rehab facility for her.

CLARICE

So because my grandmother disagreed with the discharge plan, she was labeled a mental case?

ESTHER

There's nothing wrong with me upstairs!

DR. CHING

That's not it at all. According to the psych consult's report, Ms. Shapiro has symptoms of early onset of dementia and recommended a thorough neurological work up to rule out Alzheimer's disease. But in any event, there was no way that we were going to discharge your grandmother back to a situation that would be unsafe for her.

CLARICE

I understand what you're saying but I still don't like how you've labeled my grandmother, and I can definitely understand why she is upset.

ESTHER

(angry)

You bet I'm upset and it's all because of that social worker *(points to Paul)* who told me I couldn't go home.

PAUL

I never said that.

ESTHER

Yes, you did! And don't call me a liar!

PAUL

I'm not calling you a liar. We're trying to help you.

ESTHER

You have a funny way of showing it.

CLARICE

Okay, Yammi, enough. *(to the entire group)* This is what I am willing to do: My grandmother will come out to Texas and stay with me at my house. We have more than enough room for her and the kids will be overjoyed to see her. *(to Esther)* Yammi, you understand? You're gonna stay with me in Texas.

ESTHER

(guarded)

But what about my apartment and all my things?

CLARICE

(reassuring)

Don't worry about that. After we get to Texas, I'll go back to New York and check on your apartment and have your belongings shipped. How's that sound?

ESTHER

Oh, I wouldn't want to be a bother for you.

CLARICE

No bother at all. In fact, we'd be overjoyed to have you stay with us. So, what do you say?

Esther does not immediately reply. She is engrossed in thought. Then ...

ESTHER

Wonderful! I knew you would save me! *(to the rest)*: Isn't she marvelous? *(to Paul)* How come you couldn't be so nice?

Paul does not reply.

DR. CHING

Okay, so the plan is for Ms. Shapiro to be discharged to her granddaughter's house in Fort Worth, Texas. Good. Now, who's going to arrange for transportation?

CLARICE

No problem. I'll go on line and book two tickets on the next flight back to Fort Worth, Texas. *(to Esther)* So, Yammi, get dressed because we'll be leaving soon.

DR. CHING

**Excellent! I'll write the discharge papers and prescriptions. (to Clarice)
And thank you for your help. It came just in the nick of time.**

**PAUL
(to Clarice):**

What's your address?

CLARICE

**Twenty two seventy eight Clarkson Lane, Fort Worth, Texas. And my cell
phone number is 846-821-9845.**

PAUL

Thank you.

**DR. CHING
(to Esther)**

So, you'll be leaving soon. I hope this is what you want.

ESTHER

**Yes, thanks to my darling Clarice. (to Clarice) Thank you dear for stopping
these people from killing me. You've saved my life.**

CLARICE

**Nobody was trying to kill you. They were trying to help you. Now, let's go
back to your room and get prepared to leave, okay?**

***Clarice helps Esther to stand up and both exit, with Clarice's arm around
Esther's shoulders.***

DR. CHING

Well, Paul, as the saying goes, all's well that ends well.

PAUL

**Yeah, maybe. She's hasn't left yet. But least now we know that she has
family, and if we had known that earlier we probably could have avoided a lot of
hassles, but as another saying goes: better late than never.**

DR. CHING

By the way, what's going on with Mr. Montgomery?

PAUL

Hopefully the shelter will be able to accept him today. If not, then maybe I can come up with another plan. After all, life is full of surprises and, who knows, maybe the patient has a card up his sleeve that we don't even know about.

DR. CHING

(with a mixture of affection and respect)

Paul, you're a real card.

PAUL

(to Dr. Ching)

And you're not too bad yourself.

Both laugh; their hands touch and then their fingers intertwine.

VIVIAN

(Observing Dr. Ching and Paul, thinks aloud to herself and laughs)

Yesterday they were fighting and today they're in love. What a wacky world.

The End.

