

Discharge to Assess Case Studies

Pathway 1: Supporting people back to independence following hospital admission

- Mr A is an 83 year old single Irish gentleman who was admitted to the Princess Royal University Hospital on 19/12/2017 following a fall and a long lie. He had been unable to get up and had acute confusion. He was treated for community acquired pneumonia with a course of Antibiotics. Mr A has a past medical history of mixed dementia, Myocardial infarction and chronic obstructive pulmonary disease.
- Mr A was discharged from hospital with D2A Pathway 1, which provided an interim package of care twice daily to support him with his personal care, nutrition and a put to bed call. This also ensured additional short term medication prescribed by the hospital was taken.
- It was important to Mr A to be able to be fully dressed in his traditional clothes daily and to maintain his social engagement around the sheltered accommodation in which he lived. This was therefore the focus of the interim care in order to try and reduce the acute confusion and return to his pre-admission functioning.
- The D2A MDT was led by the care manager and supported by the BeeAktive carers, the supported living scheme and engaging regularly with Mr As next of kin.
- The D2A process undertook a strength based approach building up a range of formal supporting infrastructures through his niece and sister who visited on a weekly basis supporting with shopping, laundry, housework, finances and social support , the scheme also put in place an additional morning welfare call and a range of assisted technologies were fitted. The D2A carers, through maintaining Mr As pre-admission routine and using encouraging and enabling principles were able to report after a short period of time Mr A was able to undertake his daily tasks safely and on his own without support.
- The Care Act 2014 Assessment therefore concluded there was no further care or support requirements long term.

Mr A and his family reported

“ Mr A has lived happily in his flat for 2 years and it is his ability to maintain his social networks and things that are important to him including being dressed formally daily and being able to laugh and joke with others we think is what made his improvement possible. The D2A services really got to know him and what was important to him which meant, even with his dementia he was able to go back to where he is most happiest.”

Pathway 2: Giving everybody a chance

- Mrs W, a 63 year old lady admitted to the PRUH with reduced oral intake and decline in physical mobility and health.
- Diagnosed with Encephalopathy and Polyneuropathy, a disease of the brain which was having a significant impact on both physical and mental functioning of Mrs W.
- Mrs W was also severely depressed following the death of her son several months earlier with little motivation. She was unable to sit up straight unaided and was requiring 2 people to hoist into a specialist chair.
- It was agreed by the Acute MDT that Mrs W would benefit from a further period of assessment in a non clinical environment
- Mrs W was admitted to D2A nursing home with some specialist equipment including a tip and tilt wheelchair provided by D2A. D2A coordinated psychological support alongside weekly neuro physio rehab. The Liaison GP undertook a weekly review working closely with the neuro consultant. The whole MDT met weekly with the family to ensure all support was co-ordinated against agreed goals.
- Mrs W had graduated from being standing hoist dependant to able to step transfer and walk with hand held assistance from one person. Mrs W was assessed for Continuing Health Care, mental capacity and Care Act assessment. Mr W has full capacity and was able to express a desire to go home with her husband.
- A twice per day package of care was provided to support the transition home.

Mrs W and her husband said:

“Following the diagnosis in hospital and seeing just how little Mrs W was able to do it felt like there wasn’t much hope and Mrs W was going to a nursing home at 63 to be nursed bedbound forever – we were devastated. The MDT under D2a were just incredible, they give us hope and all worked so hard to get us back to what we never thought possible. I really don’t think if we didn’t have all of the different professionals working together we would have gotten to where we were. We have our lives back and we are better then ever.”