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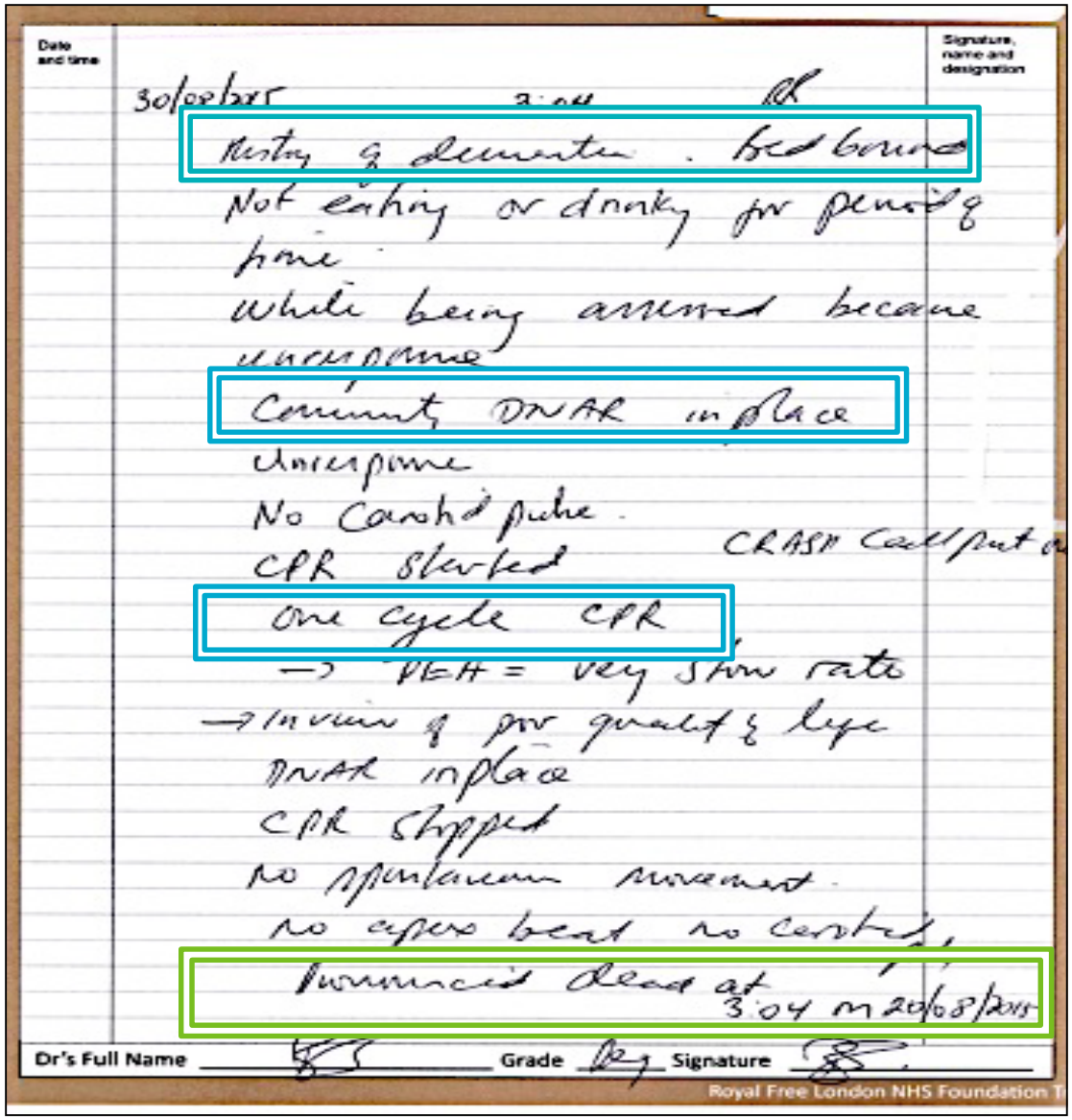
Reaching Out to Support the Complex Needs of Frail Older People – An Integrated Care Home Service

Khai Lee Cheah
Consultant Geriatrician



Date and time

Signature, name and designation

30/08/2015 3:04 AK

Resting & documented. Bed bound

Not eating or drinking for period of time

While being assessed became unresponsive

Community DNAR in place

Unresponsive

No Carotid pulse.

CPR started CRASH Call put a

One cycle CPR

→ VF/VT = very slow rate

→ Irregular & poor quality & type

DNAR in place

CPR stopped

No spontaneous movement.

no apex beat no central

Pronounced dead at 3:04 on 20/08/2015

Dr's Full Name _____ Grade _____ Signature _____

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London Borough of Camden

- 230,000 residents
- 7% aged ≥70
- One of the most socio-economically varied areas of Europe
- Wide ethnic diversity -16% of population age ≥65 non-White British
- Single CCG commissions primary and secondary services
- Provision of community rehabilitation (DN, PT, OT)
- CMHT services are provided by Camden and Islington NHS FT
- Social services and public health are provided by the local authority directly
- Served by 2 teaching hospitals University College Hospital and the Royal Free Hospital

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Older people in care homes

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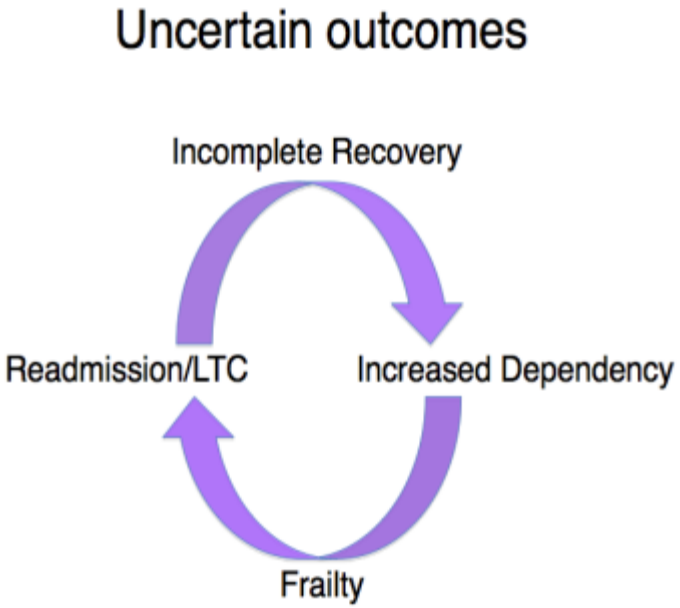
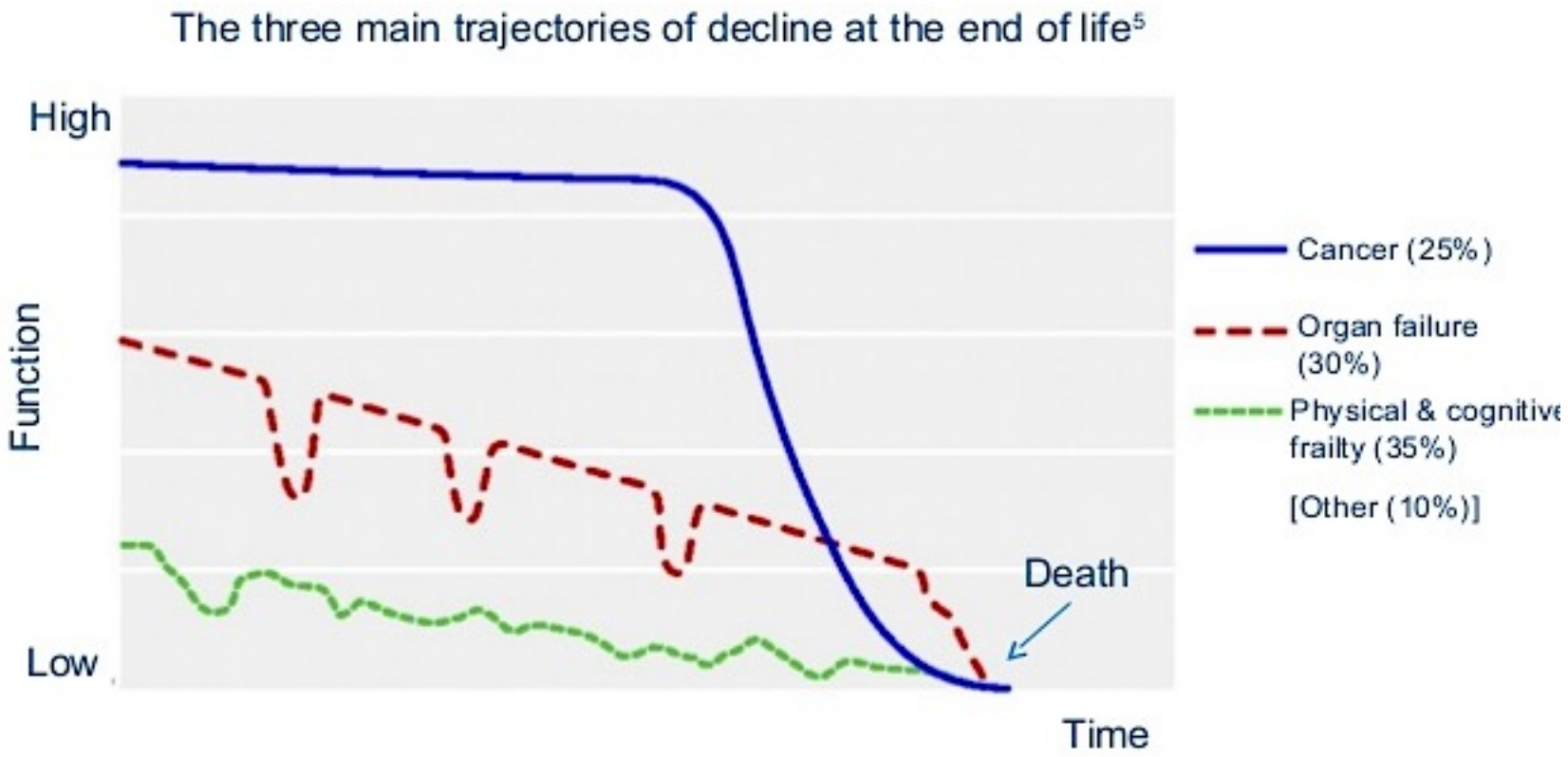
Challenges

- Average life expectancy 9-12 months Netten A. Self-funded admissions to care homes. Leeds: Dept of Work and Pensions 2001
- Complex chronic and co-morbidities make recognizing and managing ‘terminal phase’ difficult
- Variable quality of care for chronic disease and end-of-life (EoL) due to clinical and organizational factors





Murray et al; Illness Trajectories and Palliative Care; BMJ 2005

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The Royal Free Model

TREAT
Triage Rapid Elderly Assessment Team

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TREAT

- Established in 2010
- Consultant-lead
- 7-day a week service
- Specialist multidisciplinary input at the front door and prevention of unnecessary admissions
- Rapid access multidisciplinary HOT clinics
- Synergistic working with Urgent Care Centre, Emergency Department and community teams
- Supported by PACE (Post Acute Care Enablement)

- 32% were discharged on the day of admission
- Mean LOS reduced by 18.16%

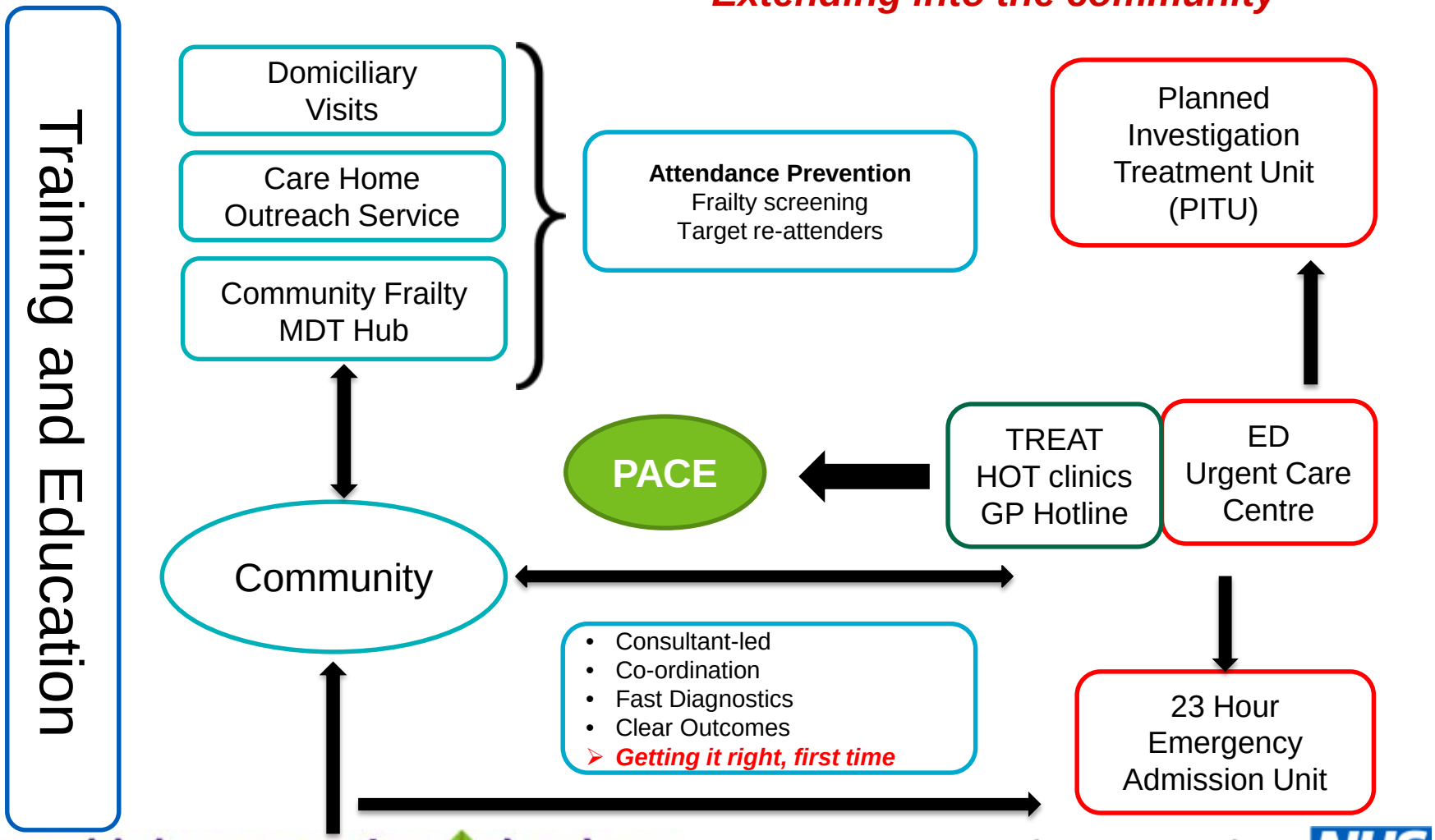
  (1.78 days, $P < 0.001$) for TREAT-matching admissions
- Same-day discharges from 12.2 to 16.2%

  (OR: 1.386, 95% CI: 1.203–1.597) for TREAT-matching admissions

Wright P N, G Tan, S. Iliffe, D Lee. Age Ageing 2013

New Integrated Healthcare System

Extending into the community



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TREAT Care Homes Outreach Service

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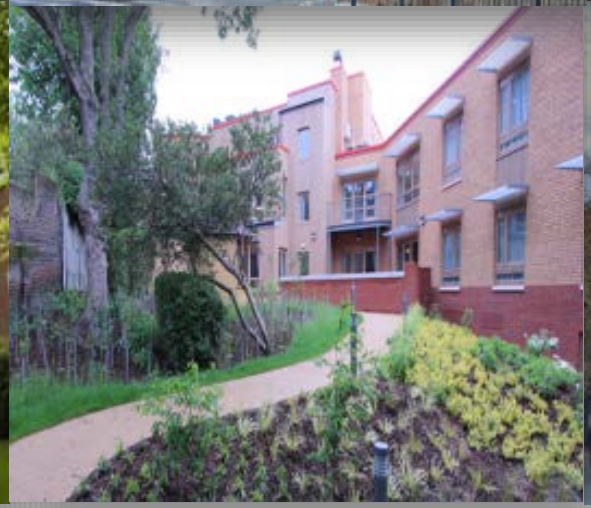


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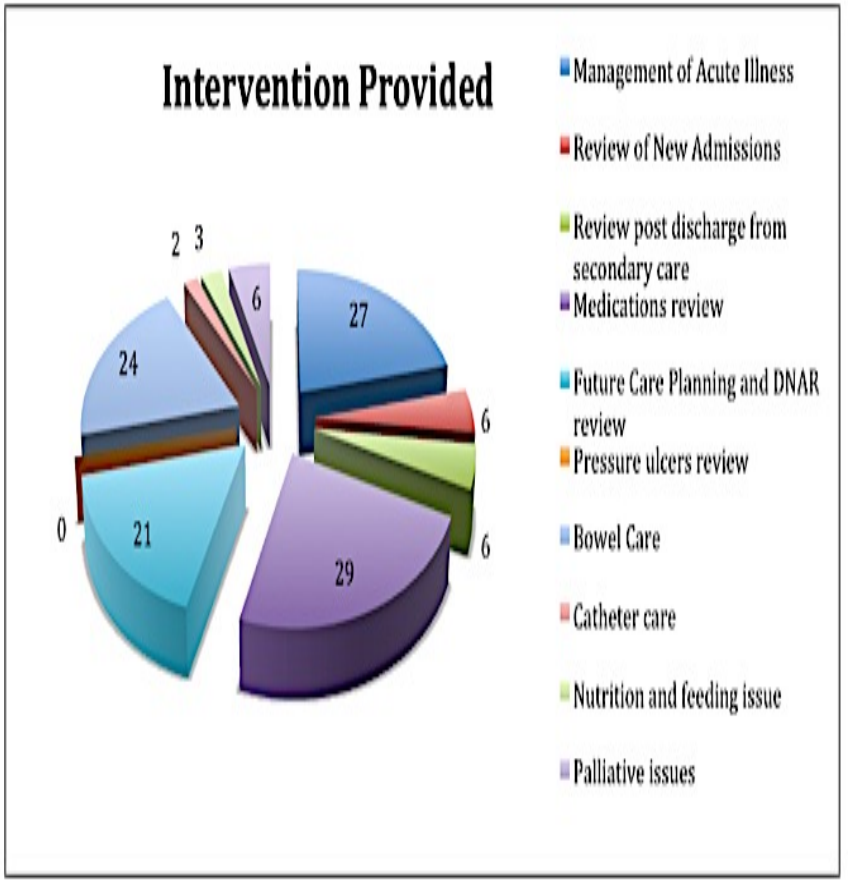
Camden Care Homes

- 11 homes
- 533 beds
- All supported by a dedicated GP surgery
  - *Locally commissioned service*
- Staff : Resident 1 : 15 (band 5 nurse)

  1 : 5 care assistant

Camden Care Homes Outreach Service

- Pilot 2012
- 2 consultant sessions/week
- St John's Wood Care Centre



Camden Care Homes Outreach Service

- Acute review of residents
- Routine review of new residents
- Routine review post hospital discharges
- Medication reviews
- Advance care planning
- Joint family discussions or case-conferences with GP for ‘complex’ advance care planning

Feedback

Care home manager	• Good support for nursing staff and patients • Considered service an opportunity to improve on care of residents
GP	• Bridging of primary and secondary care • Smoother access to secondary care eg patient that has been sign posted to appropriate service • Would like to encourage participation from more geriatrician as this would promote better understanding of each others’ roles
Nurses	• Good support • Opportunity for training and up-skilling • Provides ‘more confidence’ when dealing with patients with falls


HOUSE CALLS
" Firefighting is one of the few professions left that still makes house calls."

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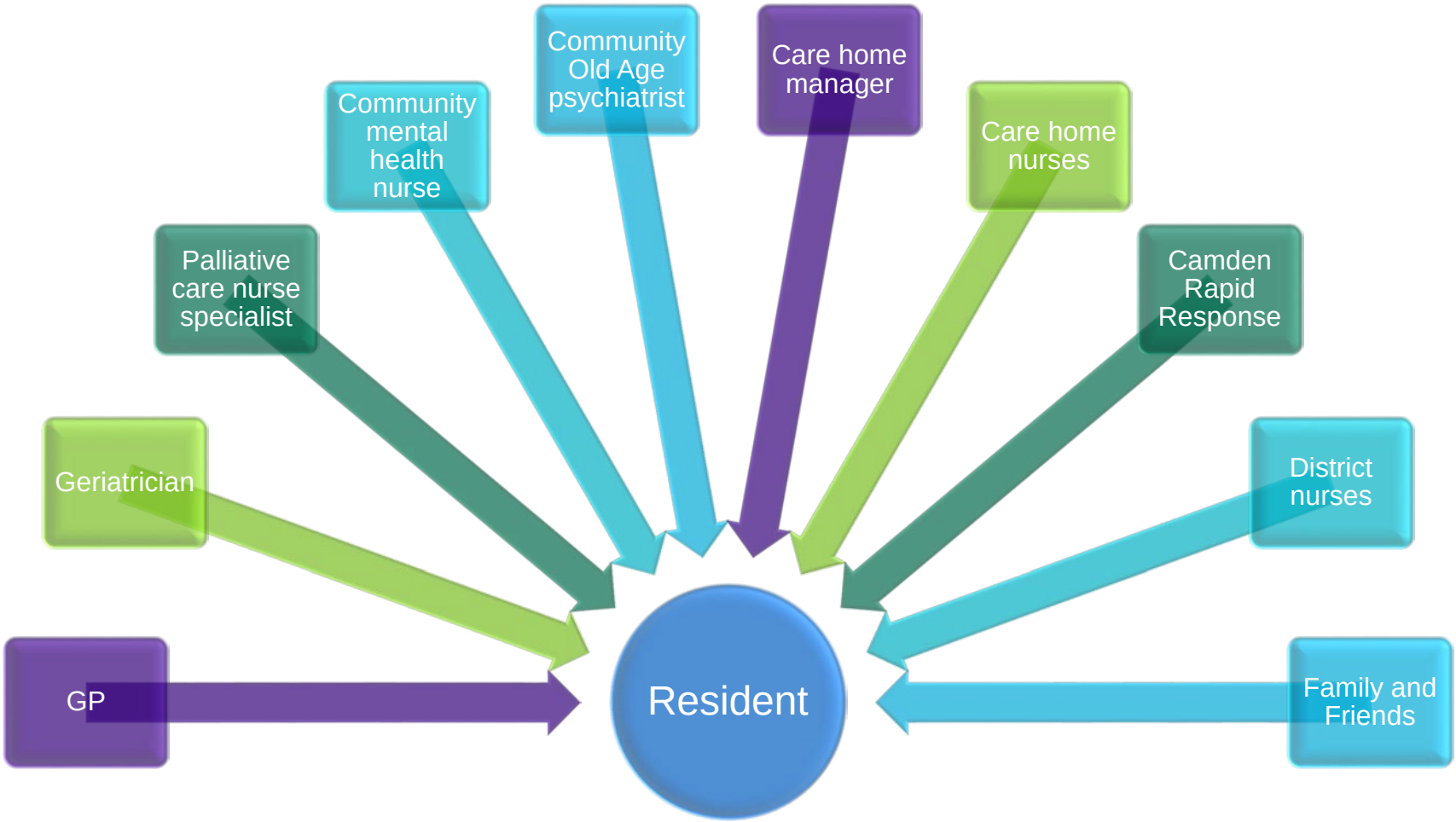
First year review of service

- 5 sessions
- 2 consultants
- 1 band 6 nurse (rotational)
- +/- SpR Geriatric medicine
- EPR on EMIS

Service provision

- Monthly care home MDM
- Joint multidisciplinary ward rounds – ‘teaching rounds’
- Care home nurse phone hotline
- Email referral hotline
- Phlebotomy
- Access to Holter monitors
- Catheters, bladder scanners

Care Homes Monthly MDM



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Care Home MDM

Camden Care Homes Multidisciplinary Meeting

Care Home: St. John's Wood Care Home

Date of meeting: 30.05.17

In attendance:

Apologies:

Minutes of last meeting : Sent ahead.

Current or Recent in-patients:

Resident	Date of Admission	Discharge Date	Hospital	Reason	Action
DB	24.04.17		Charing Cross	Difficulty breathing	
KPB	16.05.17		Royal Free	Necrotic left toe	
AA	06.05.17		UCLH	Refusing to eat and drink	
JOR	26.05.17		RFH	Very violent to staff, entering the lift, and trying to self-harm.	Ambulance and police called.
JOR	23.05.17 – Day	23.05.2017	St Mary's	Found on the floor; had a seizure.	
JOR	23.05.17 – Night	23.05.2017	St Mary's	Found on the floor; had a seizure.	
JOR	13.05.17		RFH	Had a fall and banged his head on the floor, head injury.	Sterile strips applied and dressing. Ambulance called.
CF	06.05.17		RFH	Low sat 74. P=43	Was put on oxygen until ambulance came.
DB	12.05.17		RFH	Unwell, and weak. GP out-of- hours called and asked to sent to hospital	GP out of hours called.

Mini Mortality Review

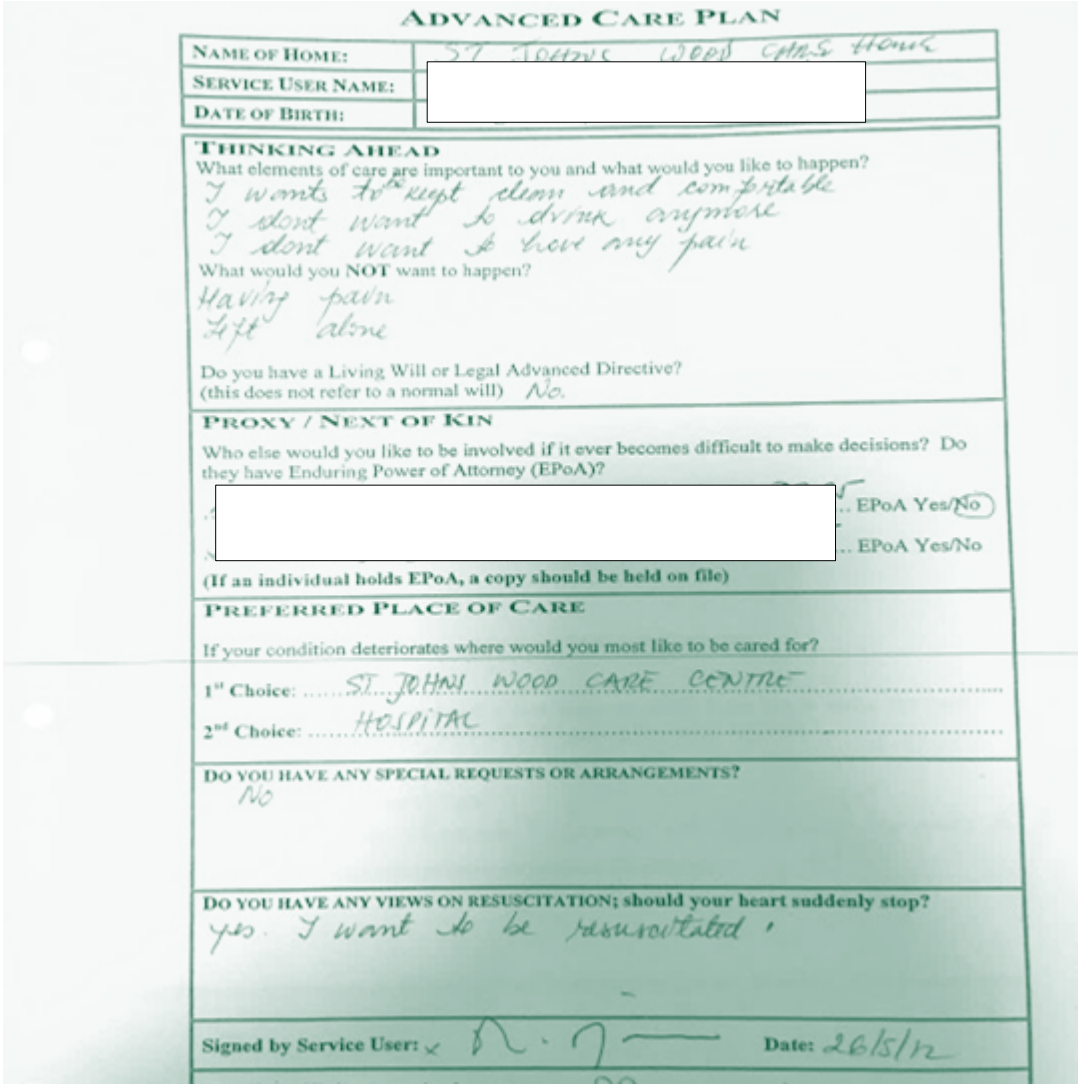
Mortality last month:

Resident	Date of Death	Place of Death	Expected event	Learning Points
AMC	20.05.17	St John's Wood c.c.	YES	
AA	30.05.17	St John's Wood c.c.	YES	
NR	20.05.17	St John's Wood c.c.	NO	Coroner case.
JH	24.05.17	St John's Wood c.c.	YES	
MS	18.12.36	St John's Wood c.c.	YES	

New Resident Review

New Resident:

Resident	Date of Birth	Date of Admission	History
SZ	01.08.1927	23.05.17	Diabetic; on insulin, Alzheimer's, Dementia.
SM	20.04.42	05.05.17	Benign prostatic hyperplasia, depression, hypoxic brain injury, diet controlled Type 2 diabetes.
KB	**10.05.36**	**10.05.17**	**TzDM. Diabetic; on insulin. Advanced vascular Dementia. Challenging behaviour. Falls. Bilateral subdural haematoma. HTN. Conservative Mx. Chronic B/L. Malignant tumor of prostate.**
CC	**17.01.37**	**19.05.17**	**Ex-smoker. COPD. Vascular Dementia. ETOH. Depression. Subdural haemorrhage. Closed fracture of humerus. Atrial fibrillation vasovagal attack. NOF – fracture of neck of femur. Pneumonia Abs course.**
JOR	**26.05.1959**	**12.05.17**	**Cerebral ataxia due to alcoholism. Epilepsy, and experiences seizures.**
DM	**09.07.44**	**16.05.17**	**End stage COPD.**



ADVANCED CARE PLAN

NAME OF HOME:	ST JOHNS WOOD CARE Home
SERVICE USER NAME:	[redacted]
DATE OF BIRTH:	

THINKING AHEAD

What elements of care are important to you and what would you like to happen?

I wants to kept clean and comfitable
I dont want to drink anymore
I dont want to have my pain

What would you **NOT** want to happen?

Having pain
Left alone

Do you have a Living Will or Legal Advanced Directive?
(this does not refer to a normal will) No.

PROXY / NEXT OF KIN

Who else would you like to be involved if it ever becomes difficult to make decisions? Do they have Enduring Power of Attorney (EPoA)?

[redacted] .. EPoA Yes/No

.. EPoA Yes/No

(If an individual holds EPoA, a copy should be held on file)

PREFERRED PLACE OF CARE

If your condition deteriorates where would you most like to be cared for?

1st Choice: ST JOHNS WOOD CARE CENTRE

2nd Choice: HOSPITAL

DO YOU HAVE ANY SPECIAL REQUESTS OR ARRANGEMENTS?

NO

DO YOU HAVE ANY VIEWS ON RESUSCITATION; should your heart suddenly stop?

yes. I want to be resuscitated.

Signed by Service User: [signature] **Date:** 26/5/12

Advance Care Plan Document

Care Home Name:	Date Form Completed: ___/___/___	
Service User's Name:	Date of Birth:___/___/___	Room No:
When this form was first completed did the service user have capacity to make and communicate decisions about end of life care? ☐ Yes ☐ No		
If the service user has lost capacity to make decisions, please specify when they were assessed as no longer having capacity: __/__/__		
Proxy/ Next of kin: Who should be involved in making decisions if mental capacity is lost? Do they have lasting Power of Attorney (LPOA- a copy should held on file; previously Enduring Power of Attorney/EPoA)		
Name: Relationship:	Contacts:	LPoA: ☐ YES ☐ No EPoA: ☐ YES ☐ No
Name: Relationship:	Contacts:	LPoA: ☐ YES ☐ No EPoA: ☐ YES ☐ No
What elements of care are important to you and what would you like to happen (culturally and spiritually) at the end of life?		
What Would you NOT want to happen?		
Do you have a Living Will or Legal Advance Directive? (this does not refer to normal will) ☐ No ☐ Yes, is copy attached: ☐ No ☐ Yes		
PREFERRED PLACE FOR END OF LIFE CARE:		
PREFERRED TREATMENT CATEGORY (select category most appropriate to the needs and wishes of the resident)		
☐ HOSPITAL: Transfer to hospital of treatment if appropriate in order to maintain and prolong life		
☐ CARE HOME: Treatment within the care home to relive symptoms and maintain comfort, including measures to prolong life if appropriate.		
☐ COMFORT: Treatment within the care home to relieve suffering and promote comfort but would not wish measures prolong life. Not for transfer to hospital.		

Is Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form completed ? ☐ Yes ☐ No	
Is the resident on the Co-ordinate My Care register? ☐ Yes ☐ No	
Areas of Anticipated Future Need	Action Plan and goal completed by GP

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PROACTIVE ELDERLY ADVANCE CARE: GUIDANCE FOR CARE HOME STAFF

If the resident deteriorates and has a suggested action category of hospital treatment, then the appropriate action is to ring the GP/OOH and if necessary arrange admission to hospital.

If the resident deteriorates and has a suggested action of 'comfort' or 'home', you may find the following grids helpful. In order to carry them out, you may need to ask the GP to come to see the patient and to prescribe as appropriate, and involve the support of the Care Home Support and/or Palliative Care Teams.

If the resident deteriorates, whatever suggested action category, you should make all possible efforts to inform the proxy/Next of Kin of their health problems.

In addition to issues identified in the table below, pressure care, mouth care, management of continence issues, and spiritual wellbeing will all be important. If you need support or advice out of hours for patients with palliative needs/comfort measures, you should contact your local hospice or specialist palliative care team.

	Home	Comfort
Feeding	Oral food as tolerated (eg pureed). If required involve community SALT.	Oral fluids or food as tolerated
Hydration	Oral fluid as tolerated. If required follow SALT advice. Where possible / appropriate you may use subcutaneous fluids in the care home.	Oral fluids or food as tolerated and as often as tolerated. Low intake is very likely.
Infection	Contact GP for diagnosis, and treat accordingly. Maintain comfort.	Treat symptoms as required. Fan therapy for temperatures and consider giving paracetamol.
Pain	If new pain GP may need to consider the diagnosis, and treat accordingly. Maintain comfort.	Call GP/ Pallcare to consider medication – if simple analgesics fail oromorph or sub-cut morphine may be required
Breathlessness	GP will need to consider cause of breathlessness and what treatment medications are appropriate.	Call GP/ Pallcare to consider medication – eg oromorph or sub-cut morphine. Consider oxygen, normal saline nebulisers (is this available / possible?)
Agitation	Ensure no urinary retention/ constipation/ pain or other unmet need. If necessary call GP to consider cause and prescribe medication if needed e.g. sub cut midazolam.	Ensure no urinary retention/ constipation/ pain or other unmet need. If necessary call GP to prescribe medication to maintain comfort e.g. sub cut midazolam.
Nausea/ vomiting	Check no constipation / urinary infection ant treat accordingly, consider anti-sickness medication.	Check no constipation. GP may need to prescribe anti – sickness medication, e.g. cyclizine oral or s/c.
Diarrhoea	Check not overflow constipation (PR). Stool samples for C.diff and treatment if positive. Encourage fluids. Loperamide only if continues for more than 3 days and risk of skin breakdown.	Check not overflow constipation (PR). Stool samples for C.diff and treatment if positive. Encourage fluids. Loperamide only if continues for more than 3 days and risk of skin breakdown.
Drowsiness/ confusion	Check no constipation / urinary infection / dehydration. Consider medications which could be causing this. The GP may need to assess further and do test to guide therapy.	Check no constipation / urinary infection / dehydration. Consider medications which could be causing this.
Fall	Examine for injury. If facture suspected may require admission to hospital for adequate management. Give analgesia prior to transfer. If no injury, consider cause of fall. Consider need for crash mats, low bed, increased supervision and assistance with toileting and transfers.	Examine for injury. If facture suspected may require admission to hospital for adequate management. Give analgesia prior to transfer. If no injury, consider cause of fall. Consider need for crash mats, low bed, hip protectors.
Medications		Ask GP to review medications – especially to stop unnecessary medications.
Pressure area care	Pressure area care is based on risk assessment and is fully documented. Patient repositioning should be maintained ensuring that pain issues are also addressed. Pressure sores managed at home with review by TVN and GP.	Pressure area care is based on risk assessment and is fully documented. Patient repositioning should be maintained ensuring that pain issues are also addressed. Pressure sores managed at home with review by TVN and GP.

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Mrs C

‘Surprisingly thriving…’

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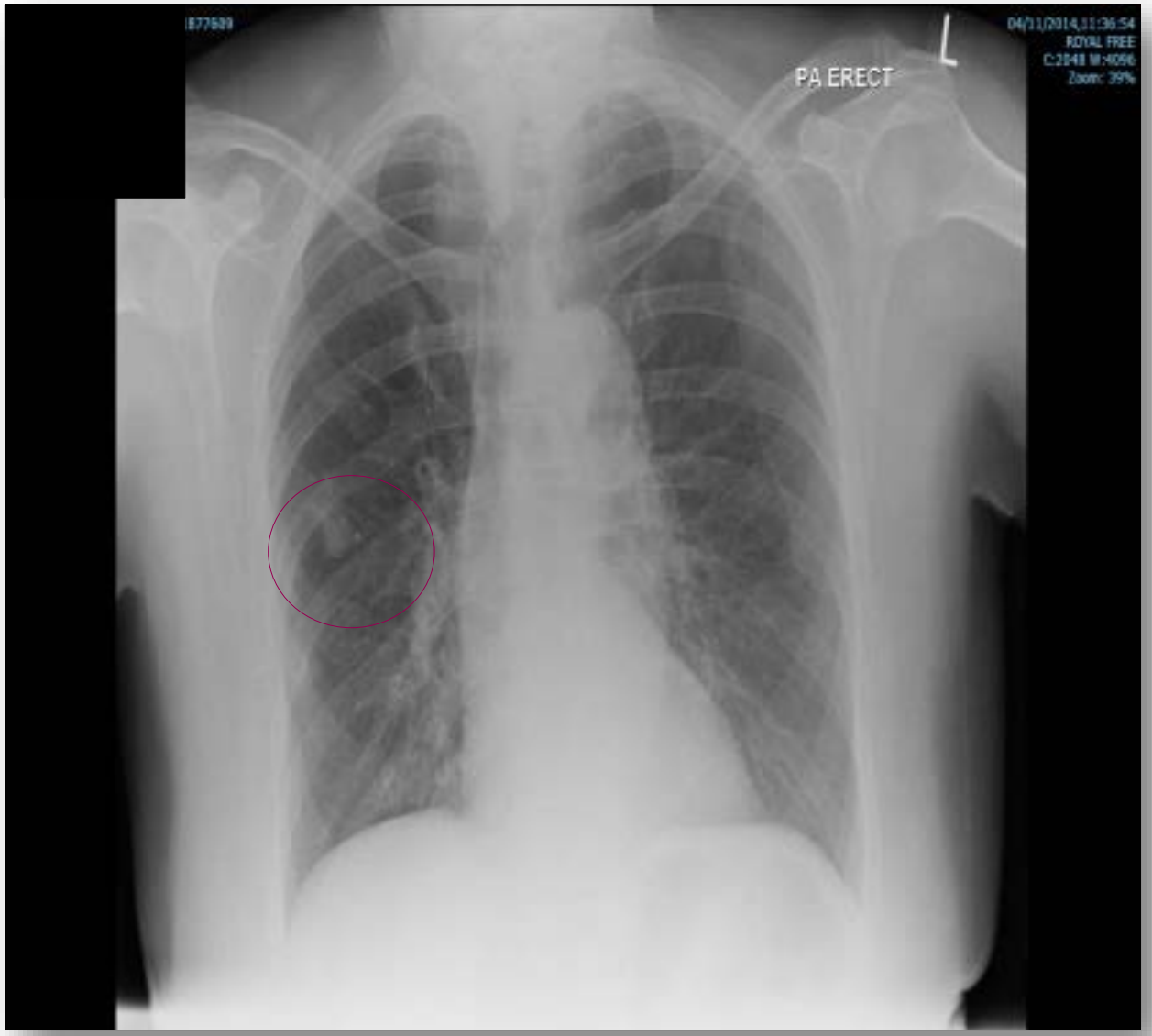
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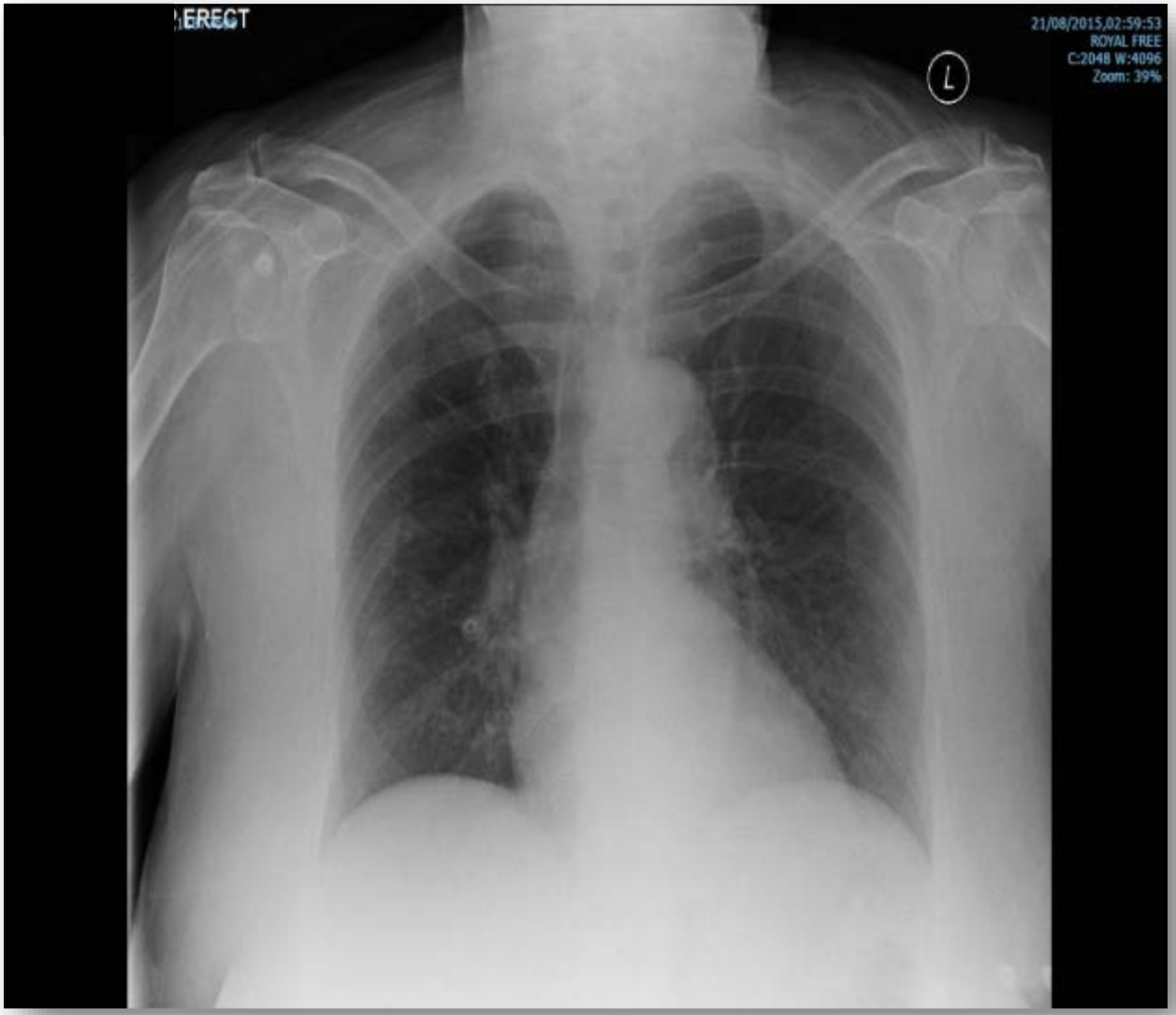
ERECT
21/08/2015,02:59:53
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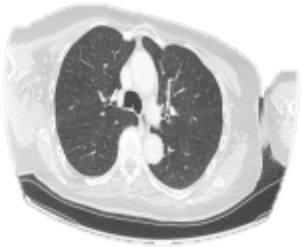
C:2048 W:4096
Zoom: 39%
L

Mrs C

Summary	
Reason for Study	Multiple lung nodules on CT 2014 – MDM outcome was to for palliation. CXR recently reviewed – ? resolution of nodule. Pt clinically well. ?inflammatory nodules
Referring Physician	C4619527 CHEAH , Khai Lee
Accession Number	RAL09454277

Opinion: The resolution of the previous largest pulmonary nodule and the stability of the remaining nodule suggests a benign aetiology. No new suspicious features.

Reported By:
Dr Charlotte Cash
Consultant Radiologist



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Mrs M

‘ *She is not her usual self’*

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Mrs M

19/2/2015 - Mr N Garlick FRCS (Orth) Consultant Orthopaedic Surgeon

Reviewed in care home.

Diagnosis: Undisplaced fracture right hip

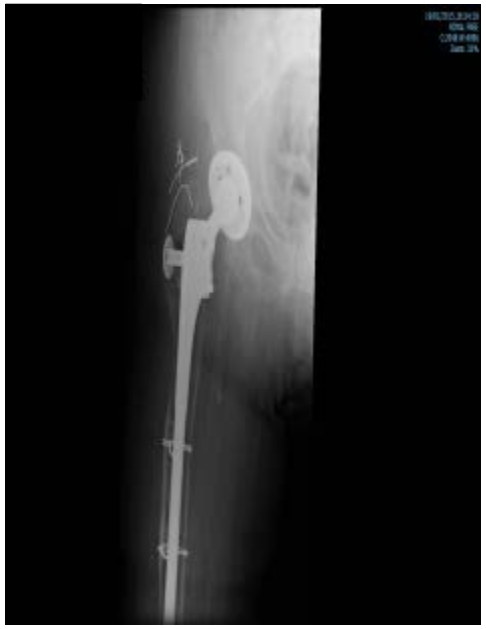
Past Medical History: Significant dementia.

OE: No tenderness on rotation of the hip. No tenderness in thigh.

Radiographs: Demonstrates undisplaced fracture right hip.

Plan: Mobilise weight bearing as pain allows. Review in four weeks if necessary.

Dictated and approved electronically to avoid delay



Mrs M

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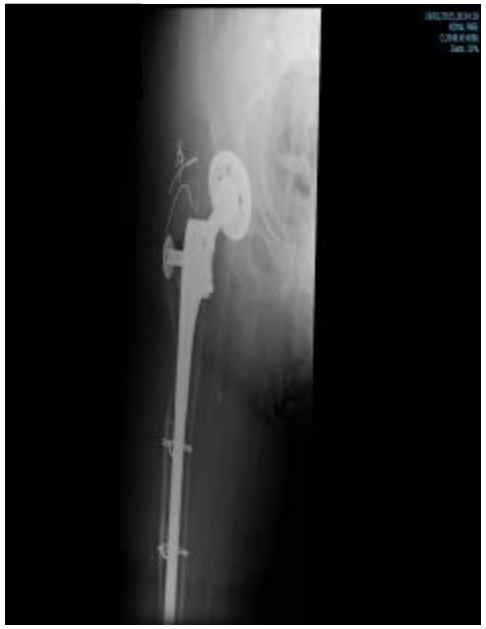

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Mrs B

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Mrs B

- 92-year old
- Residential home

Current Problem

➢ Enlarging lesion on left cheek/neck

Past Medical History

- Alzheimer's dementia AMTS 4/10
- Asthma
- CKD
- OA
- SCC forehead

Mrs B

Indication: Left neck lump.

.

Findings: Corresponding to the visible lump in the left submandibular region there is a heterogeneous lesion of maximum diameter 4.3 cm which is predominantly of soft tissue density with a fluid density centre and some peripheral vascularity. The differential diagnosis lies between a necrotic malignancy, likely arising from the submandibular gland, or an abscess. It is difficult to distinguish the two on ultrasound, I note the patient has recently started on antibiotics. ENT referral should be considered. The mass would be amenable to percutaneous biopsy.

.

Geriatrician

From: Cheah Khai Lee (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Sent: 29 March 2016 15:01
To: Stewart Grant (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Subject: Mrs B

Dear Stewart,

Re: Mrs B

This patient was diagnosed with SCC to forehead last year and received a course for radiotherapy which was completed in Nov. She has unfortunately developed a large left submandibular mass which most likely is malignant as there's lack of response following a course of antibiotics and she remains clinically well. As yet, we do not have a diagnosis and wondered if it may related to her SCC. I will also get in touch with Victoria Swale.

Her GP has referred her to ENT but unfortunately Mrs B has refused to attend her clinic appointment.
My involvement with her is via my care home outreach service and this email is predominantly to update you but any suggestions to help firm up diagnosis would be appreciated.

Best wishes,
Khailee

Dr Khai Lee Cheah
Consultant Geriatrician
Royal Free London NHS Foundation Trust

Oncologist

Dear Khailee,

Thanks for your email: I remember the lady. Her tumour was nasty and very poorly differentiated / spindle cell so it would not be surprising if there was a relapse.

Level Ib (submandibular) is not an unrealistic place to see a metastasis in her case. Treatment would be quite morbid and likely require either an operation (a selective neck dissection) or 4 weeks of radiotherapy to the submandibular region and floor of mouth. It may therefore not be something that she wishes to pursue in which case I could see her for palliative RT if it causes her problems in the future.

If she would accept to come back to my clinic, I am happy to see her.

Best Wishes,

Grant

Dr Grant Stewart MBBS MRCP FRCR
Consultant Clinical Oncologist
GI, Lung, Skin and Thyroid Cancers
Royal Free London NHS Foundation Trust
Pond Street, London NW3 2QG

GP

Hi Khai Lee, Meena and I were discussing today, and I suspect that Josie would refuse to go in the ambulance in her current weakened state (as she has in the last couple of weeks). I have asked Robert to arrange an IMCA urgently to help sort out her best interests decision-making, which is probably trying to perform palliative radiotherapy rather than the other two bigger treatments. She is more off her food and coming out of her room less, so I suspect she might not have too long to live.

Let's see what we can make out from the IMCA?

Thanks for contacting Dr Stewart

Stuart

Dermatologist

From: Swale Victoria (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Sent: 31 March 2016 10:28
To: Cheah Khai Lee (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Cc: Stewart Grant (ROYAL FREE LONDON NHS FOUNDATION TRUST); Tailor Komal (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Subject: Re: Mrs B

Dear Khailee,
We will discuss at skin cancer MDT next week - is she fit enough for a neck dissection ? Could she cooperate with 4 weeks of radiotherapy with head in a mask?
BW
Tor

Dr Victoria Swale
Consultant Dermatologist and locum Consultant Dermatopathlogist
The Royal Free London NHS Trust

From: Cheah Khai Lee (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Sent: 31 March 2016 15:55
To: Swale Victoria (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Cc: Stewart Grant (ROYAL FREE LONDON NHS FOUNDATION TRUST); Tailor Komal (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Subject: RE: Mrs B
Dear Tor,

Mrs B's condition has deteriorated significantly the last 48 hours and we will palliating her in the care home. I will review her tomorrow and will update you further.

Best wishes,
Khailee

Dr Khai Lee Cheah
Consultant Geriatrician
Royal Free London NHS Foundation Trust
Internal extension: 34668

TREAT Care Home CNS & Palliative Care CNS

On 4 Apr 2016, at 10:43, Ward Robert (ROYAL FREE LONDON NHS FOUNDATION TRUST) <robert.ward3@nhs.net> wrote:

Dear Amy,
Hope you are well. I am just letting you know that a DNAR form has now been completed for Mrs B. on Friday by Dr Cheah as we visited her then. The lesion on her left mandible is oozing and being dressed daily by the district nurses. Her anticipatory medications have been ordered I was informed! Will you be going in to review her this week? She is currently on a residential unit so the care staff will need a lot of support with her end of life care. I am on AL this week till next week, so I won't be able to go in myself and offer support and advice till then. Kindest regards. Rob

Robert Ward
Specialist Nurse. (TREAT

Care Home Nurse

Sent: 04 April 2016 12:01
To: Ward Robert (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Cc: John Amy (ROYAL FREE LONDON NHS FOUNDATION TRUST); Cheah Khai Lee (ROYAL FREE LONDON NHS FOUNDATION TRUST); Mackay-Thomas Stuart (NHS CAMDEN CCG); Hernandez Myra (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Subject: Re: Mrs B

Dear All,

Mrs B passed away at the weekend,

Thank you for all your support.

Kind regards

Charlotte Jones

Royal Free London NHS
NHS Foundation Trust

Mr H

‘We were told to do it’

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roblem Family meeting with patient's son, Karim to discuss fu
care plans and discharge planning

mment Meeting chaired by Dr Ari Johar
Also present: Dr Cheah, Nancy (palliative care nurse)
Karim's partner and patient's son

Medical background:

1. Vascular dementia
2. Oropharyngeal dysphasia secondary to progre of dementia (irreversible) resulting in recurrent aspiration pneumonias
3. PVD with bilateral amputations
4. T2DM (on insulin)
5. Epilepsy (Carbamezepine)

Issues discussed:

1) **Medical update -** provided by Dr Johar (entry medical notes), currently off antibiotics, NG fee discontinued, managing some oral intake wher alert, managing oral medications

2) **Future care plan** - explained given unsafe sw high risk of further aspirations. Given frailty an progression of vascular dementia, repeated cy of intravenous antibiotics in hospital is not in patient's best interest and does not increase hi quality of life and more likely to prolong sufferir

Agreed outcomes:

1) Discharge to SJWCC with anticipated discharge date 14th Oct
2) Son to liase with SJWCC manager to clarify issues such as visiting hours for relatives especially overnight stays, feeding (fully dependent and will need time to feed as intake small amounts)
3) Referral to community palliative team
4) To be discharged with anticipatory meds
5) In the event of further aspiration pneumonia, a trial of oral antibiotics will be considered and if agreed between clinicians and family this will be started. Camden Rapid Response team will support care home to manage this. Withdrawal of active medical treatment will be considered if patient does not respond to treatment and supportive end-of life/comfort care will be commenced.
6) Administration of artificial hydration via subcutaneous fluids can be considered as appropriate
7) Conversion of Carbamezepine to subcut Midazolam if po Carbamezepine not consistent when oral intake dwindles
8) Not for re-admisison to hospital
9) Care plan to be uploaded to Co-ordinate my Care
10) Dr Cheah will review in care home after discharge and patient will be discussed at Care Home MDM on 25th October

Mr H

Consultations

Date		Consultation Text
18-Oct-2016		Nursing home visit note (St John's Wood Care Centre) CHEAH, Khai Lee - RFH (Dr)
	Problem	Post discharge review
	Comment	Seen with Karim, son and Laura (TREAT Care home nurse) - full entry in resident's notes Since discharge, manages small amounts of oral intake, fluids less than 500mls/day Son states patient does not tolerate modified fluids or pureed meals Medications reviewed - currently compliant with Carbamezepine (need to clarify indiaction for this - epilepsy versus neuropathic pain) Clinical examination - GCS E4 V2 M5, Grade 3 sacral sores (x2), reduced AE bilat, abdo - soft, non-tender Son found partially broken tooth Impression - frail but stable with no clinical signs of further infection at present Plan - discussed and agreed with son 1) Subcut fluids 1L/day 2)Soft puree meals to reduce risk of aspiration 3) TVN review 4)Clarify indication for Carbamezepine, if for epilepsy (son not aware of this) for s/c Midazolam if not taking meds 5)Palliative care input 6)Rapid response to be updated by TREAT nurse 7)Reiterated to son - for medical management home in care home

3 days later…

Hi Khailee,

I looked after Mr H briefly when he was brought in from his care home.
He was admitted on the 21/10/16, passed away on the 24/10.

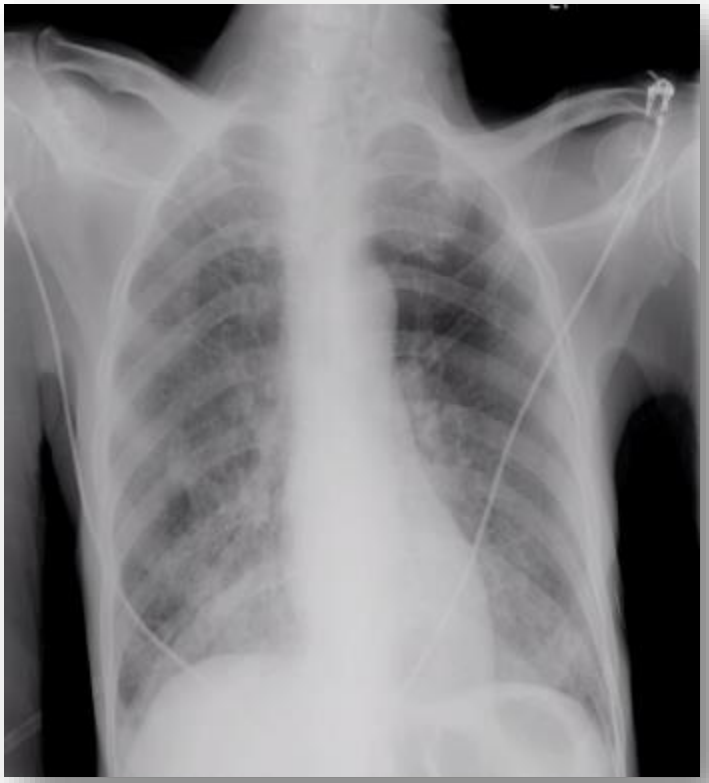
CXR attached, treated for severe sepsis from pneumonia, AKI & dehydration.
CRP was over 480, and he was in a very poor state when I saw him.
Blood cultures also grew these the next day:
1) Staphylococcus aureus
2) Staphylococcus hominis

I spoke to his son when he came in and explained prognosis was extremely poor and we were not going to escalate treatment beyond IV Abx & fluids, and this treatment was unlikely to help him survive. His son still wanted this trying depite the apparent futility.

if you require any further info about him, please do drop me a line

Kind regards

Mike



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How are we doing?

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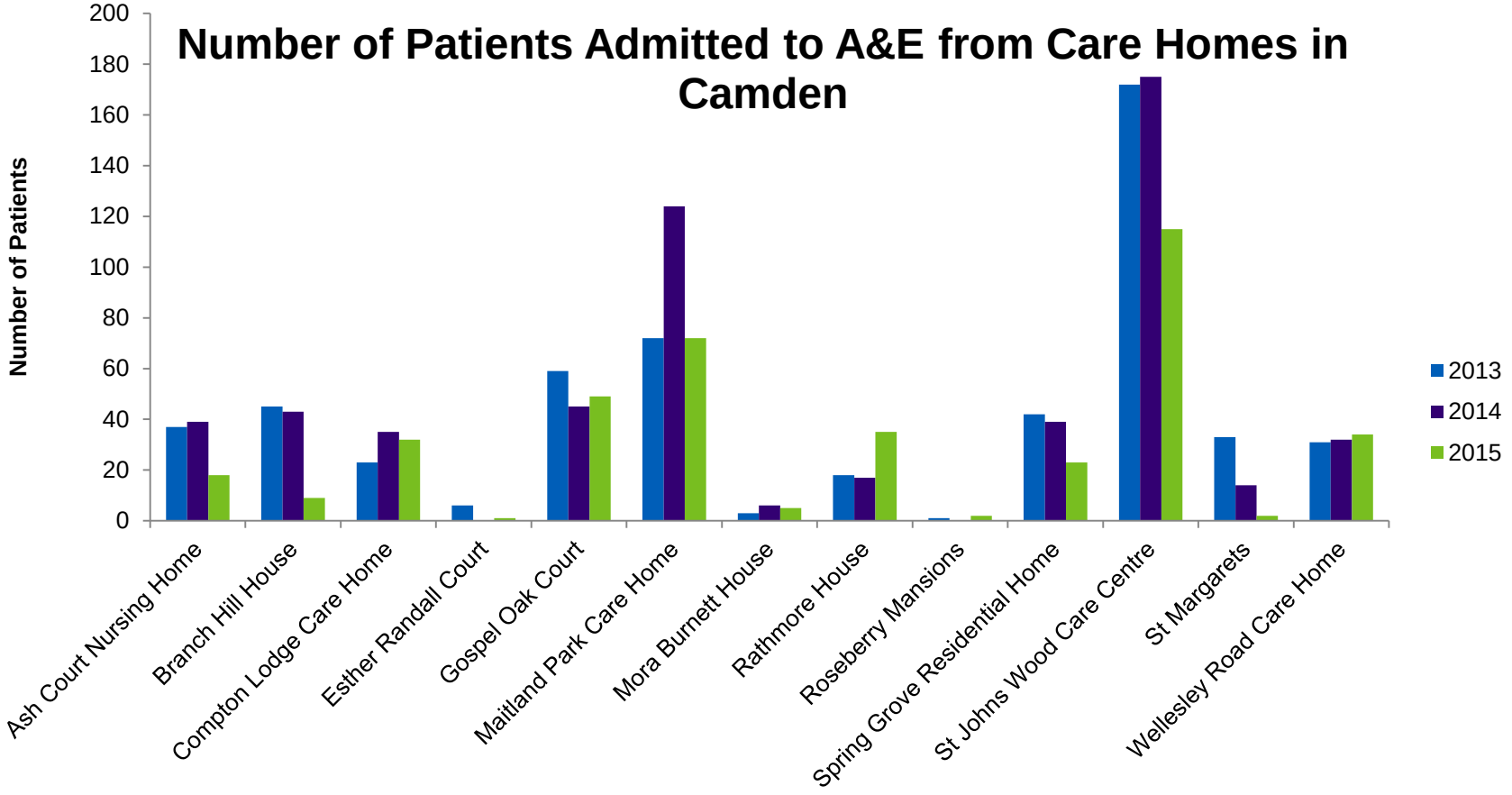
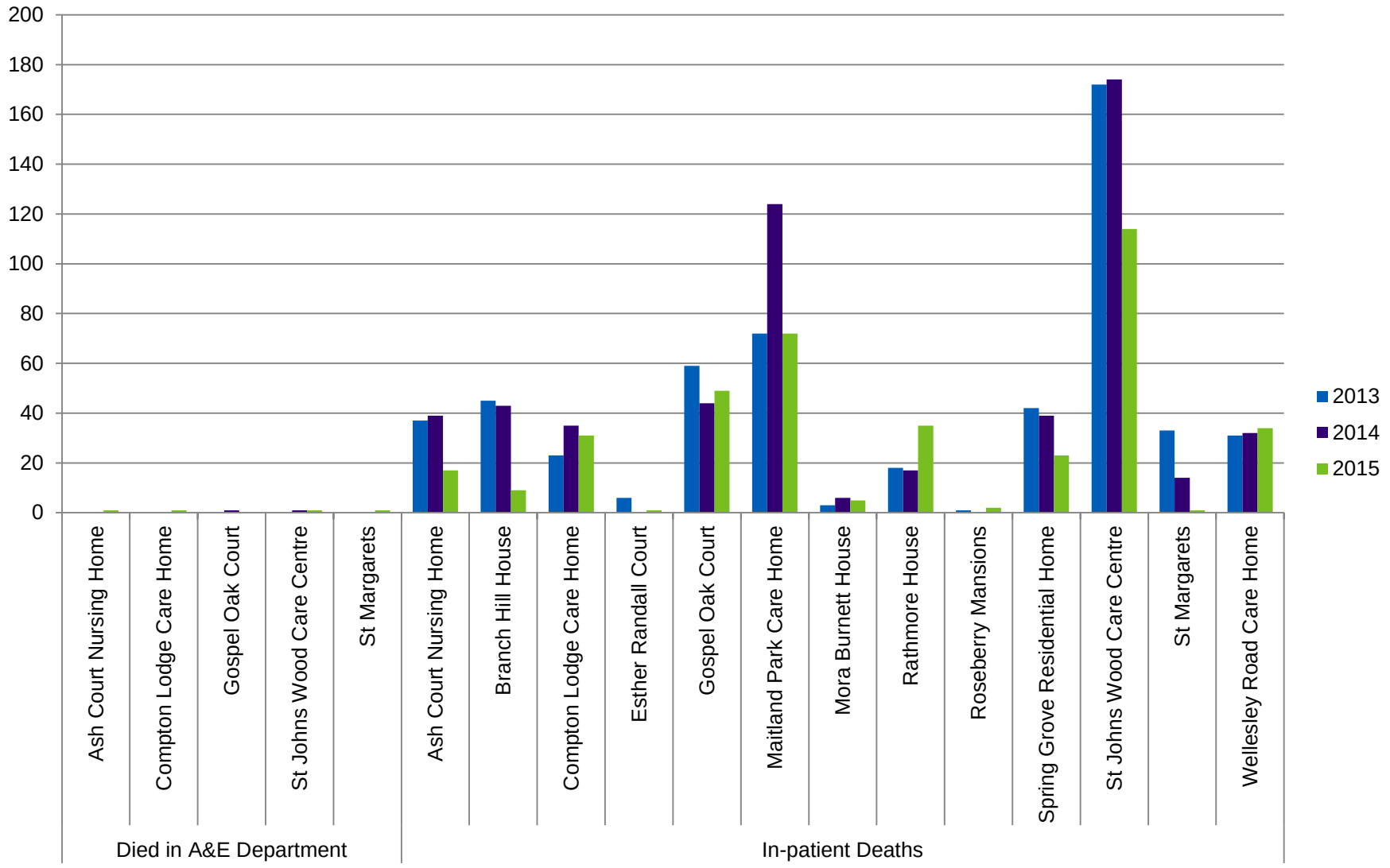
Number of Presentations to Emergency Department from Camden Care Homes

	2013	2014	2015	Grand Total
Ash Court Nursing Home	37	39	18	94
Branch Hill House	45	43	9	97
Compton Lodge Care Home	23	35	32	90
Esther Randall Court	6	0	1	7
Gospel Oak Court	59	45	49	153
Maitland Park Care Home	72	124	72	268
Mora Burnett House	3	6	5	14
Rathmore House	18	17	35	70
Roseberry Mansions	1	0	2	3
Spring Grove Residential Home	42	39	23	104
St Johns Wood Care Centre	172	175	115	462
St Margarets	33	14	2	49
Wellesley Road Care Home	31	32	34	97
Grand Total	542	569	397	**1508**


Number of Patients Admitted to A&E from Care Homes in Camden
Number of Patients
200
180
160
140
120
100
80
60
40
20
0
2013
2014
2015
Ash Court Nursing Home
Branch Hill House
Compton Lodge Care Home
Esther Randall Court
Gospel Oak Court
Maitland Park Care Home
Mora Burnett House
Rathmore House
Roseberry Mansions
Spring Grove Residential Home
St Johns Wood Care Centre
St Margarets
Wellesley Road Care Home



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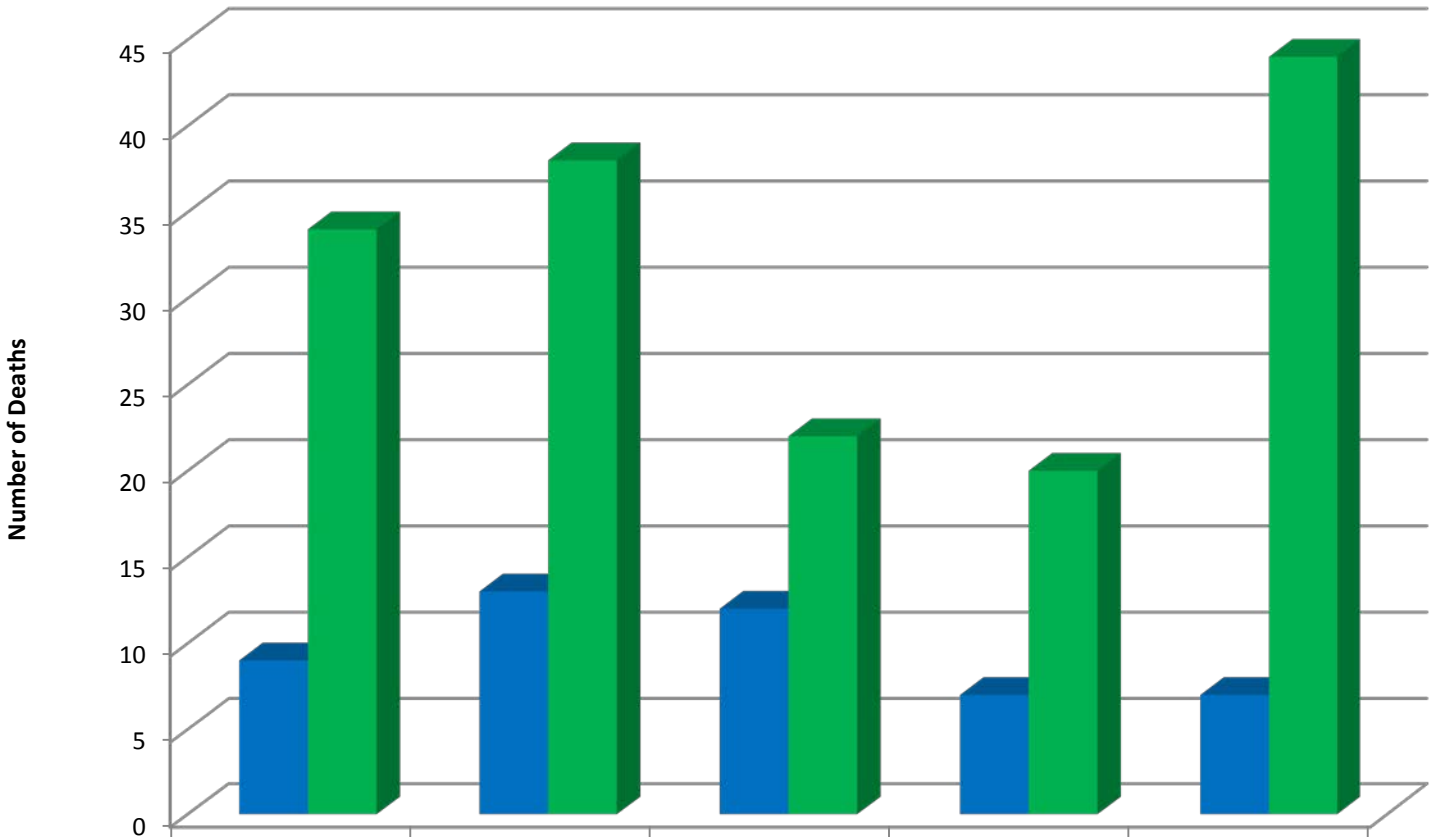
Place of Death



	2012	2013	2014	2015	2016
Hospital	9	13	12	7	7
Care Home	34	38	22	20	44

St John's Wood Care Centre

Audit October 2015	
% residents who died in care home	73%
% residents with DNACPR	53%
% residents with ACP	57%

Audit August 2016	
% residents who died in care home	86%
% residents with DNACPR	74 %
% residents with ACP	75%

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Tracking Care Home Residents

An IT Challenge

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MRN	SITE	GENDER	DOB	HOME	CH Cons	Diagnosis	Team/Cons.	Admission date	Discharge	Referral	Nurse RV-post discharge
60168024	7EA	F	17/08/1930	Compton Lodge	Romain	Chest Infection	Dr. Mizogutchi	30/04/2017	03-May	care home	
20215087	8W	M	25/03/1926	Mora Burnett En	Cheah	CAP, Vomiting	Dr. Noimark	04/05/2017	12/05/2017	care home	Back to UCLH
60005575	7N	M	06/12/1919	Compton Lodge	Romain	Retention / catheter not draining	Dr. Ajayi	03/05/2017	05-May	care home	r/v 9/05
11023822	8E	F	25/08/1940	Spring Grove	Romain	Sepsis/hyperglycemia	Dr. Khoo	02/05/2017		care home	
unknown	UCLH	M	unknown	Roseberry Mansi	Romain	SOB	unknown	03/05/2017	10/05/2017	care home	
unknown	UCLH	F	unknown	Roseberry Mansi	Romain	? Pneumonia	unknown	03/05/2017	10/05/2017	care home	
11354989	7EA	M	14/10/1933	Wellesley Road	Cheah	Fall - L nof? No facture	Dr. Jonathan	07/05/2017	07/05/2017	Care Home	
20102990	9W	M	07/06/1947	Mora Burnett En	Cheah	AKI -Found full of faeces in bed	Dr. Negus	07/05/2017	11/05/2017	Care Home	Sec 12 phsyc team, seen at ward
20045652	8N	F	16/10/1944	Mora Burnett	Cheah	Fall from chair- Caute knee pain	Dr. Negus	07/05/2017	10/05/2017	Care Home	seen 16/05
20665943	St. Mary's	F	24/06/1936	Mora Burnett	Cheah	Coughing ground	unknown	06/05/2017		GP	
unknown	UCLH	M	unknown	Esther Randall	Cheah	uncontios due to alcohol	unknown	09/05/2017	09/05/2017	Care Home	
20113397	11S	F	21/12/1942	Compton Lodge	Romain	Increased Confusion	Dr. Susan	21/05/2017		care home	
20215087	UCLH	M	25/03/1926	Mora Burnett En	Cheah	CAP	unknown	15/05/2017		care home	
20069317	A&E	F	27/06/1953	ST.Johns Wood	Cheah	Vomiting	Jonathan	14/05/2017	14/05/2017	care home	seen 17/05
20588475	8N	M	14/06/1948	St Johns Wood	Cheah	Block LTC	Dr. Izquerdo	13/05/2017	14/05/2017	care home	seen 17/05
24704	8N	F	17/10/1925	Compton Lodge	Romain	UTI	Dr.Noimark	13/05/2017		Care Home	
20204018	10N	F	30/06/1932	Wellesley Road	Cheah	LRTI,AKI	Dr.Romain	10-May		Care Home	
20396666	8E	M	12/02/1932	st.Johns Wood	Cheah	Generally unwell	Dr Ruth	13/05/2017	16/05/2017	care home	seen 17/05
12077311	7EB	F	05/04/1927	Spring Grove	Romain	Fall	Dr. Arthur	09/05/2017	19/05/2017	Care Home	
20192915	A&E	F	20/02/1926	Maitland Park	Romain	Constipation	Jonathan	22/05/2017	22/05/2017	care home	seen 22/05
20771244	A&E	F	17/06/1930	Maitland Park	Romain	Unwell	Jonathan	22/05/2017	22/05/2017	care home	
60219807	7N	F	23/03/1941	St Johns Wood	Cheah	Pleural Efusion / Ca mets	Murch	22/05/2017	02/06/2017	care home	RIP 02/06
unknown	UCLH	F	17/02/1929	Wellesley Road	Cheah	Unwell	unknown	19/05/2017	19/05/2017	care home	
11644979	10N	M	26/10/1919	Rathmore House	Cheah	Fall, subdural haematoma #nose	Dr.Wu	23/05/2017	26/05/2017	care home	
236101	10N	M	20/11/1921	Spring Grove	Romain	Chest infection ?	Dr. Jonathan	24/05/2017		care home	
unknown	UCLH	F	unknown	Spring Grove	Romain	UTI	unknown	24/05/2017		care home	
60005575	10N	M	06/12/1919	Compton Lodge	Romain	Cellullitis right hand	Dr. Shiu	24/05/2017	01/06/2017	care home	
11626125	8N	M	26/05/1959	St Johns Wood	Cheah	Urosepsis	Dr. Murch	26/05/2017		care home	

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Training and Support

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Questionnaire - Improving Skills

Dear Team, I am trying to collect some information about which areas you feel that you need more support with your clinical nursing skills.

As result of this feedback I will try to organize some learning sessions as a group or individually, with the most chosen topic.

Geriatric Medicine topics:

- Continence Care
  - Constipation ☐
  - Urinary Incontinence ☐
  - Bowel incontinence ☐
  - Catheter Care ☐
- Falls
  - How to prevent ☐
  - How to assess after a fall ☐
- Pressure Care and wound management ☐
- Dementia
  - Challenging behaviour ☐
- Recognising the ill patient (SBAR) ☐
- Safeguarding Issues ☐
- Palliative Care ☐
- Understand Advance care planning ☐
- Nutrition ☐
- Delirium ☐
- How to manage work environment stress ☐
- Alternative therapies (ex: Hand and Feet Massage) ☐
- Other: ☐

Please state here:

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St Johns Wood Nursing Home

48 Boundary Road, NW8 0HJ

Name:
Date of Birth:
Floor & Room:

Date Of Handover:_____

From:_____ To:_____

S

Situation

I am (state your name): .....

I am calling about (state patient name): .....

State your concerns: .....

.....

B

Background

Medical History: .....

Falls History: .....

Allergies: .....

A

Assessment

Airway: clear _____ Obstruction (partial/complete) _____

Breathing: Resp.Rate_____ Sat's% _____

Circulation: Pulse_____ BP_____ Cath? ____ Urine output_____

Disability: AVPU_____ Blood Sugar_____ Pain (0-5) _____

Exposure: Temp_____ Skin (ulcers/rash/redness/swelling)

_____

R

Recommendation

Goals: .....

Action Plan: .....

.

CONTACTS:

Monday to Friday 9am to 17 pm
Laura De Sousa
TREAT –community Specialist Nurse
Bleep: 4143 Ext. 39577

After 17 pm and weekends
RAPID RESPONSE
07717858081 camdenrt.cnwl@nhs.net

Trial Version 2.0 for St Johns Wood Nursing Home

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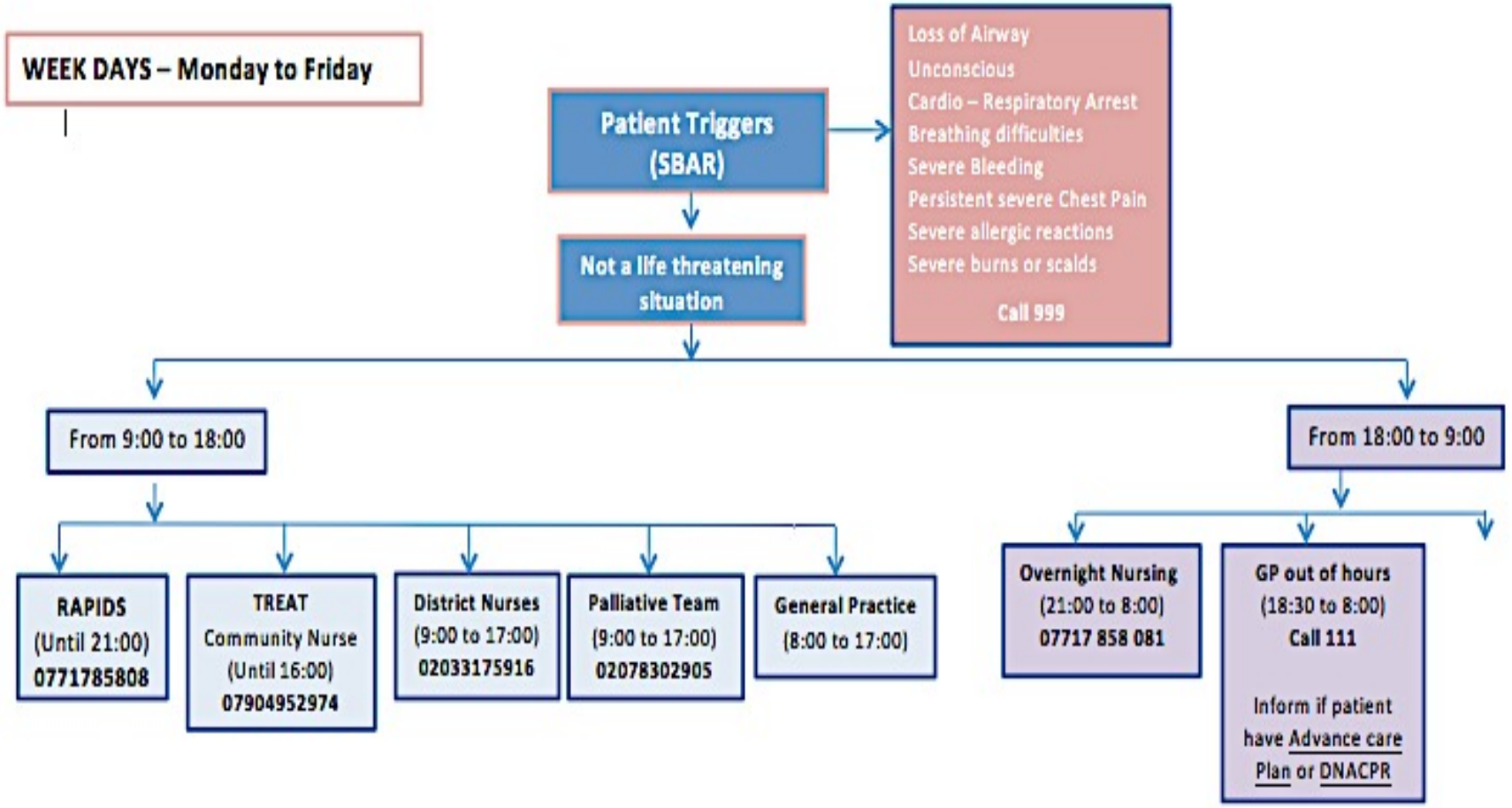
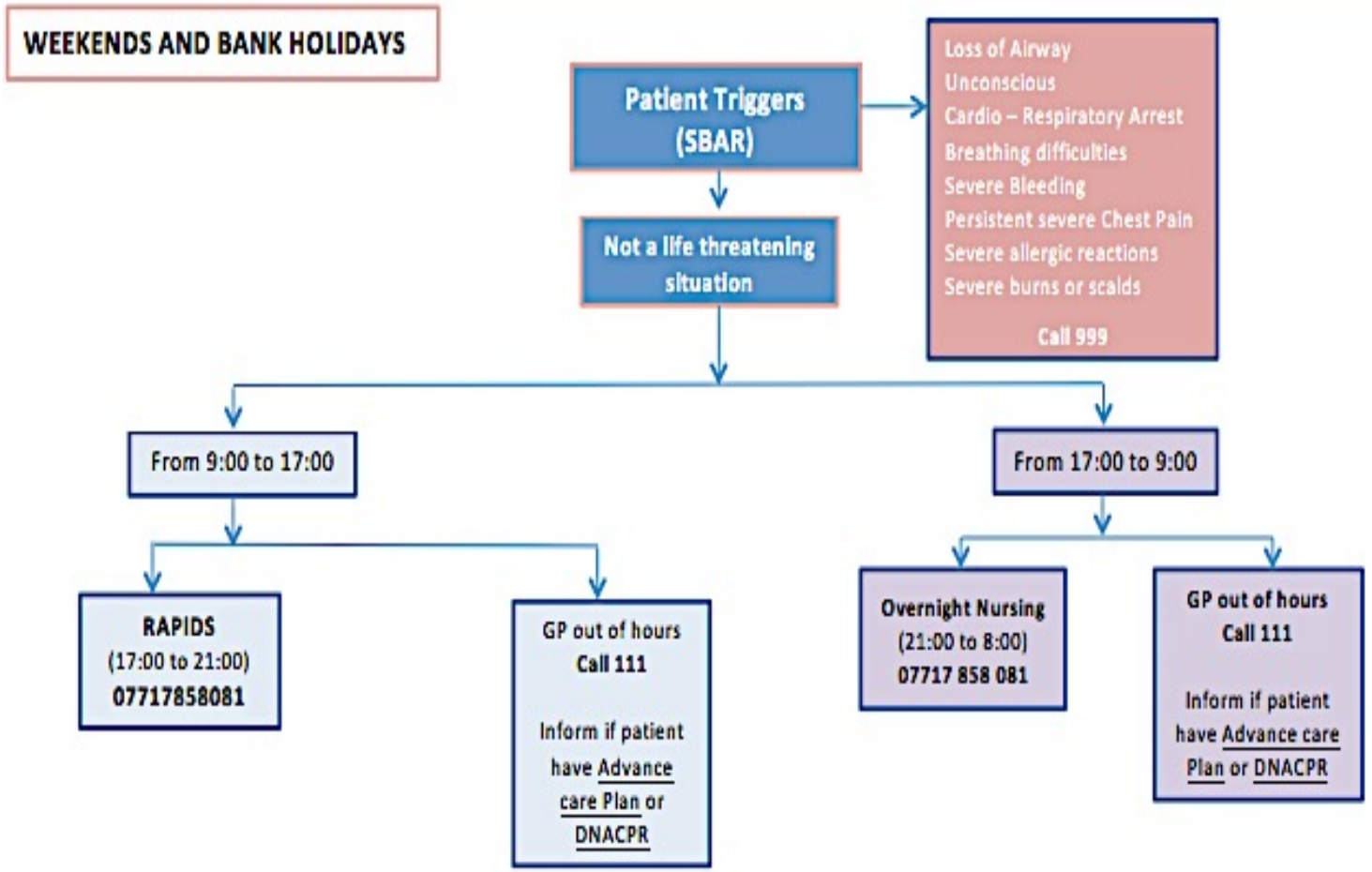

WEEK DAYS – Monday to Friday
Patient Triggers (SBAR)
Loss of Airway
Unconscious
Cardio – Respiratory Arrest
Breathing difficulties
Severe Bleeding
Persistent severe Chest Pain
Severe allergic reactions
Severe burns or scalds
Call 999
Not a life threatening situation
From 9:00 to 18:00
From 18:00 to 9:00
RAPIDS (Until 21:00) 0771785808
TREAT Community Nurse (Until 16:00) 07904952974
District Nurses (9:00 to 17:00) 02033175916
Palliative Team (9:00 to 17:00) 02078302905
General Practice (8:00 to 17:00)
Overnight Nursing (21:00 to 8:00) 07717 858 081
GP out of hours (18:30 to 8:00) Call 111
Inform if patient have Advance care Plan or DNACPR


WEEKENDS AND BANK HOLIDAYS
Patient Triggers (SBAR)
Loss of Airway
Unconscious
Cardio – Respiratory Arrest
Breathing difficulties
Severe Bleeding
Persistent severe Chest Pain
Severe allergic reactions
Severe burns or scalds
Call 999
Not a life threatening situation
From 9:00 to 17:00
From 17:00 to 9:00
RAPIDS
(17:00 to 21:00)
07717858081
GP out of hours
Call 111
Inform if patient have Advance care Plan or DNACPR
Overnight Nursing
(21:00 to 8:00)
07717 858 081
GP out of hours
Call 111
Inform if patient have Advance care Plan or DNACPR

WEEKENDS HANDOVER 19/05/17

Care Homes – Camden	Patients	Handover	Other Inform.
Compton Lodge (RCH) **Tel: 02077221280**	SH	Visited this Wednesday w/ GP, vomiting + epigastric pain. Pyretic (37.6c), BP: 133/49, HR: 88(regular, strong), sats: 95%. No constipation, abdomen soft not tender. No urinary symptoms but urine dip requested, not done until today (highlighted in the phone call today again to do it urgently). Bloods done: HB: 109, WBC:8.10, Platelets: 431, Na: 134, CRP: 39 and Trop: 13. Omeprazole prescribed as regular + anti sickness prn. No DNR in place.	
Gospel Oak Enhanced Sheltered **Tel:02074246705**		No issues	
Spring Grove (RCH) **Tel:02077944455**		No issues	
Roseberry Mansion **Tel:03001239966/02088214478**		No issues	
Maitland Park **Tel: 020 7424 6700**		No issues	
St. Johns wood Care Centre **Tel: 02076442930**	JH	Recently discharged from A&E due to haematuria and bleeding from catheter site after LTC being changed. Kidney function stable, Potassium: 3.3, CRP 100. Due to go home with Abs but were not send with patient. I reviewed w/ GP today urine result was "ok" (Staphylococcus aureus), so due to be monitor urine output + bloods and urine dip to be repeated on Monday and not for Abs. Had an episode of haematuria again yesterday, but is clear according with nurse today.	
Rathmore House Residential Home **Tel:02077943039**		No issues	
Mora Burnett Enhanced Sheltered **Tel: 07734876758 / 07734876738**		No issues	
Esther Randall Enhanced Sheltered **Tel: 02088215231/ 0300 123 99 66**		No issues	

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Mr BS

The best laid plans of mice and men…

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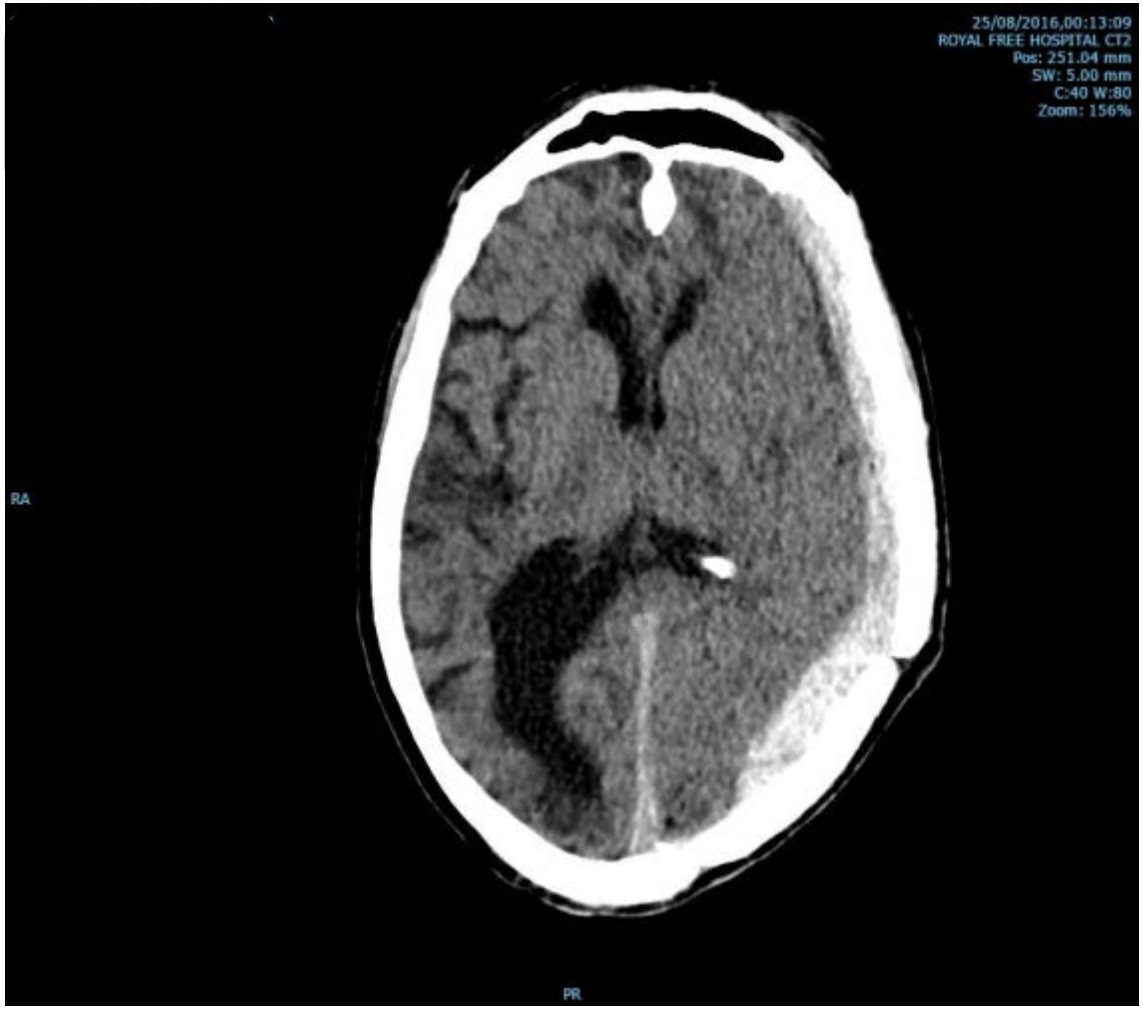
Mr BS

- 73 year old
- Residential EMI home
- PMH
  - Korsakoff's
  - Epilepsy
  - Recurrent falls
- Multiple ED attendances – seizures and falls
- Care plan for seizures:
  - Community epilepsy nurse
  - DNA clinic follow-up so geriatrician linked up with neurologist
  - Patient-specific protocol
  - Staff training for administration of Midazolam

Mr BS

- Care plan for recurrent falls
    - Modifiable risk factors identified and corrected
    - Bone protection
    - Physiotherapist assessment
    - Telecare
    - One-to-one nursing care
    - LAS for patient-specific protocol
    - Complex care district nurse input
    - Referral to social services for review of care needs


25/08/2016,00:13:09
ROYAL FREE HOSPITAL CT2
Pos: 251.04 mm
SW: 5.00 mm
C:40 W:80
Zoom: 156%
RA
PR

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Next Steps

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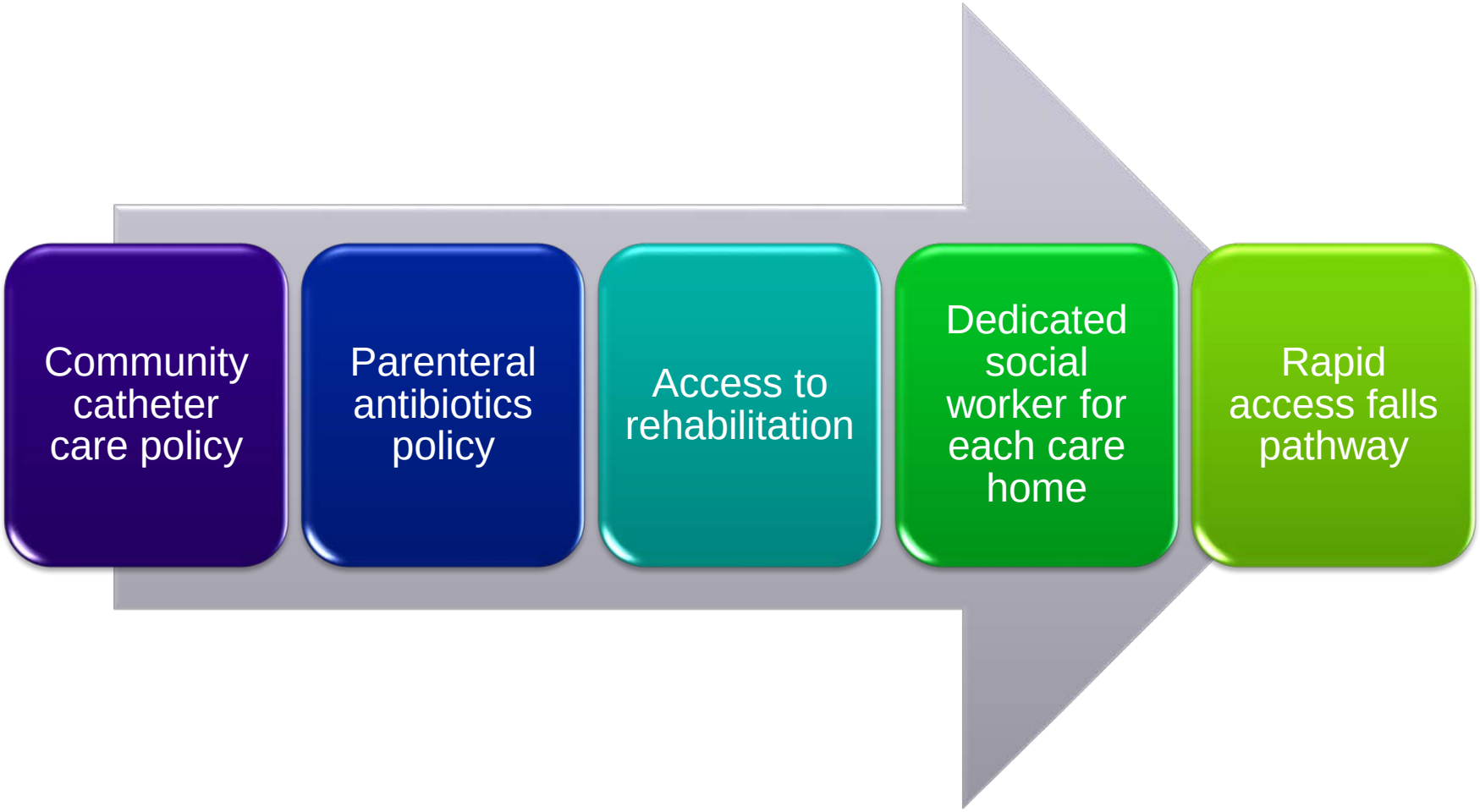
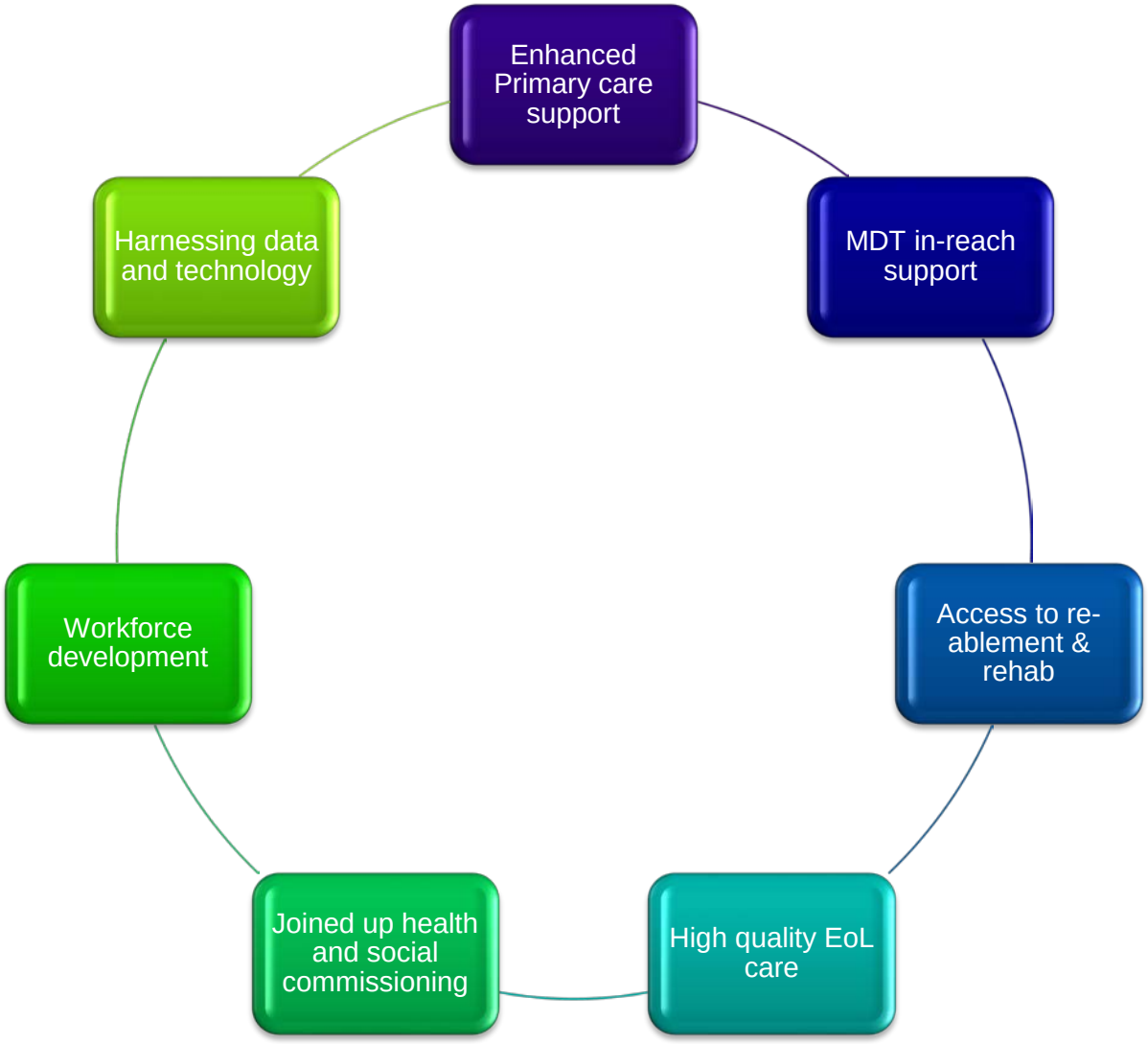

Community catheter care policy
Parenteral antibiotics policy
Access to rehabilitation
Dedicated social worker for each care home
Rapid access falls pathway

What are the important components?



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Thank You

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Questions

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