Liaison Can Improve The
Care In Care Homes And General
Hospitals

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Service Model

Older Peoples Liaison Service

- Care Homes
- General Hospital
The case for Need

- 1/3 of people with dementia live in care homes
- 2/3 of all people living in care have some form of dementia
- Up to 75% of residents in non-specialist homes for older people have dementia.
- In addition, it is estimated that 50% of all care home residents have a depressive disorder that warrants intervention.
- Nationally, this situation has not been planned for, either through commissioning or workforce planning.
- The need for workforce development is profound.
- Nationally, input from mental health services is generally ad hoc or reactive.
- There is accumulating evidence that anti-psychotics in care homes are initiated to freely.
Improving quality of Care in General Hospitals

- 70% of acute hospital beds are currently occupied by older people
- Up to half of these may be people with cognitive impairment including dementia and delirium
- 42% of individuals aged over 70yrs with unplanned admissions to acute hospital have dementia with this increasing to 48% on 80+ years.
- Over 1/3 of people with dementia who go into hospital from living in their own homes are discharged to a care home setting.
- The majority of these patients are not know to specialist mental health services and are undiagnosed
- 77% of nurses said that antipsychotic drugs were used always or sometimes to treat people with dementia in the hospital environment
- Supporting people with dementia to leave hospital 1 week sooner than they currently do could result in savings of at least £80 million a year.
Older Peoples Mental Health Liaison

- Commenced as a pilot project in 2006 covering care homes
- From 1\textsuperscript{st} June 2009 the team commenced work in the acute trust
- Rapid high quality access to specialist mental health services for older people with mental health problems in care homes and general hospital.
- The service currently covers 58 care homes in the Doncaster area equating to 2056 beds.
- Doncaster has 1 district general hospital with 655 beds. In addition to this there are 2 further hospitals with 118 beds.
- Operationally the service works by supporting the single point of access and functions using a sector model.
- The team currently consists of 1 wte band 8, 1 wte band 7, 4 wte band 6, medical input from and consultant psychiatrist and a wte band 3 admin.
- The 4 nurses are supported and supervised by the operational team leader for the service who is supported by the clinical lead who also has a developmental and educational role.
Older Peoples Liaison Service
Care Homes

- Proactive service as opposed to a reactive service
- Specialist review of people with dementia initiated on anti-psychotic medication in care homes
- Rapid specialist response to problems as they occur in the care homes
- Advise on environmental issues within care homes
- Formulation of non-pharmacological management strategies to avoid the initiation
- Providing specialist advice for mental health problems by means of a regular pattern of visiting
Older Peoples Liaison Service
General Hospital

• Assessments in Accident and Emergency Departments
• Assistance in improving coordination between hospital and care providers at the point of discharge into care homes to provide a seamless service.
• Reduction in delayed discharges for older people with mental health problems and reduction in length of stay
• Reduce premature admission to full time care
• Weekly meeting with social care team to discuss complex discharges and signpost to appropriate service.
• Regular attendance on MAU to prevent unnecessary admissions.
• Development of care pathways to improve management of mental health problems for older people.
• The local acute trust is to be part of the national audit for the National Dementia Strategy Acute Care Audit.
Hard Data
Care Homes

• Referrals received average 500 year from care homes
• Admissions to OPMH wards from care homes:
  • 2004/2005 32
  • 2005/2006 24
  • 2006/2007 6
  • 2007/2008 12
• Number readmissions due to placement breakdown 4
• Number supported discharges 80
• Number staff completed training in excess of 1200
• Staff contact average 50 new referrals and 230 follow up visits each month
Hard Data
Acute Hospital

• Since commencing the service in June 2009 the service has received 207 referrals
• Of the 207 referrals 126 were not previously known to OPMHS
• 8 of the referrals required admission to mental health ward for older people
• 84 referrals were passed to Community Mental Health Teams for further follow up post discharge from the acute trust.
• 38 referrals were received from intermediate care
Training Agenda

- Enhanced best practice principles by supporting care home staff and nursing staff through validated training.
- Training packages include, dementia care, depression awareness, challenging behaviour, dignity in care.
- Commissioned to deliver 300 training places annually
- Training has been delivered to over 1200 care home staff since October 2006.
- Development of dementia champions and dignity champions within care homes and plans are to develop the role of dementia champions in the general hospital.
- Training packages are to be developed for delivery in the acute trust to include nursing, auxiliary staff and medics.
Achievements

- Development of Personal Information Diary
- Development of partnerships with care home staff
- Hosted Dignity visit by Sir Michael Parkinson- Dignity Ambassador and Ivan Lewis- Care Minister
- Featured in the Trust Annual Report DVD
- Trust chairman's award for Outstanding Achievement in Older Peoples Mental Health 2007
- Nursing Times Award Patient Pathway- Making Quality Count 2008
- Annual Celebratory Event- Person Centred Care Award
- Recently been involved in production of pod cast for ‘Lets Respect’ web site
- Publication in Nursing Standard and Caring Business
Development of Service

• 15th April a pilot project is commencing in accident and emergency department for 5 days to assess older people who are admitted with confusion in an attempt to reduce unnecessary admission.
• Development of role of dementia champions in acute trust.
• Develop training programme for acute trust
• Development of care pathways related to dementia, depression and delirium
• Continue partnership working with care homes
Any Questions

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