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From theory to virtual reality

: using computer software to develop decision making & problem solving skills regarding both mental health & physical problems



Aim

- To evaluate multidisciplinary standards of assessment & in patient care on 10 Acute Elderly/ Medical wards in 2 local NHS Trusts. To work in partnership in order to share good practice & seek evidence based solutions to issues identified in the study



Background to the study



Mental Health

- 2/3 of patients in acute general hospital >65 years
- 60% of these will have mental health problems
- Depression
- Delirium Dementia
- Others e.g. schizophrenia



Threats to good quality care for older people in acute hospital

- Ageism in staff
- Pressures on the front door
- Multiple ward moves
- Lack of focus on complex care needs including mental health and end of life care
- Lack of expertise in assessment
- They often fail to recover quickly
- Pressures to discharge
- Lack of expertise in discharge planning



Total sample population = 200patients

- Random sample patients on 5 elderly/medical wards at Selly Oak & 5 at City Hospital during the study time frame (July-October 08)
- Total n=200 in patients
- Case note & observational audit



Focus

- Care planning & patient involvement in care
- Adherence to Trust guidelines on assessment of mental state, tissue viability, nutrition, communication, mobility & social circumstances
- Adherence to National & Local guidelines on use of equipment such as bedrails & forms of restraint

- Adherence to W.Mercia guidelines on prescribing of sedation for elderly people & on Local/National guidelines for managing agitation & confusion
- Patient access to call bell & drinks
- Therapeutic practices such as patients being dressed in their own clothes & wearing suitable footwear

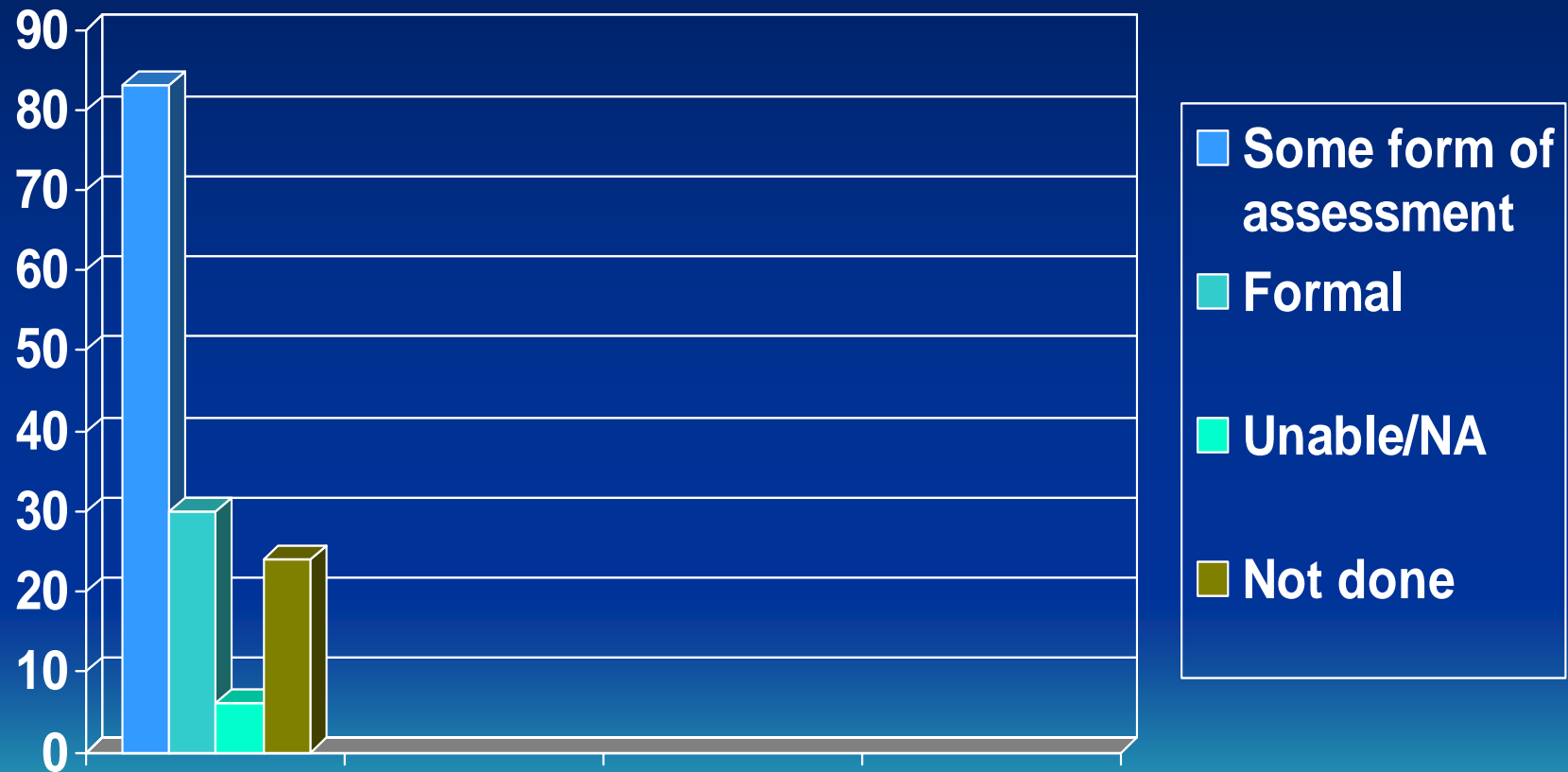


Testing strength of association between variables

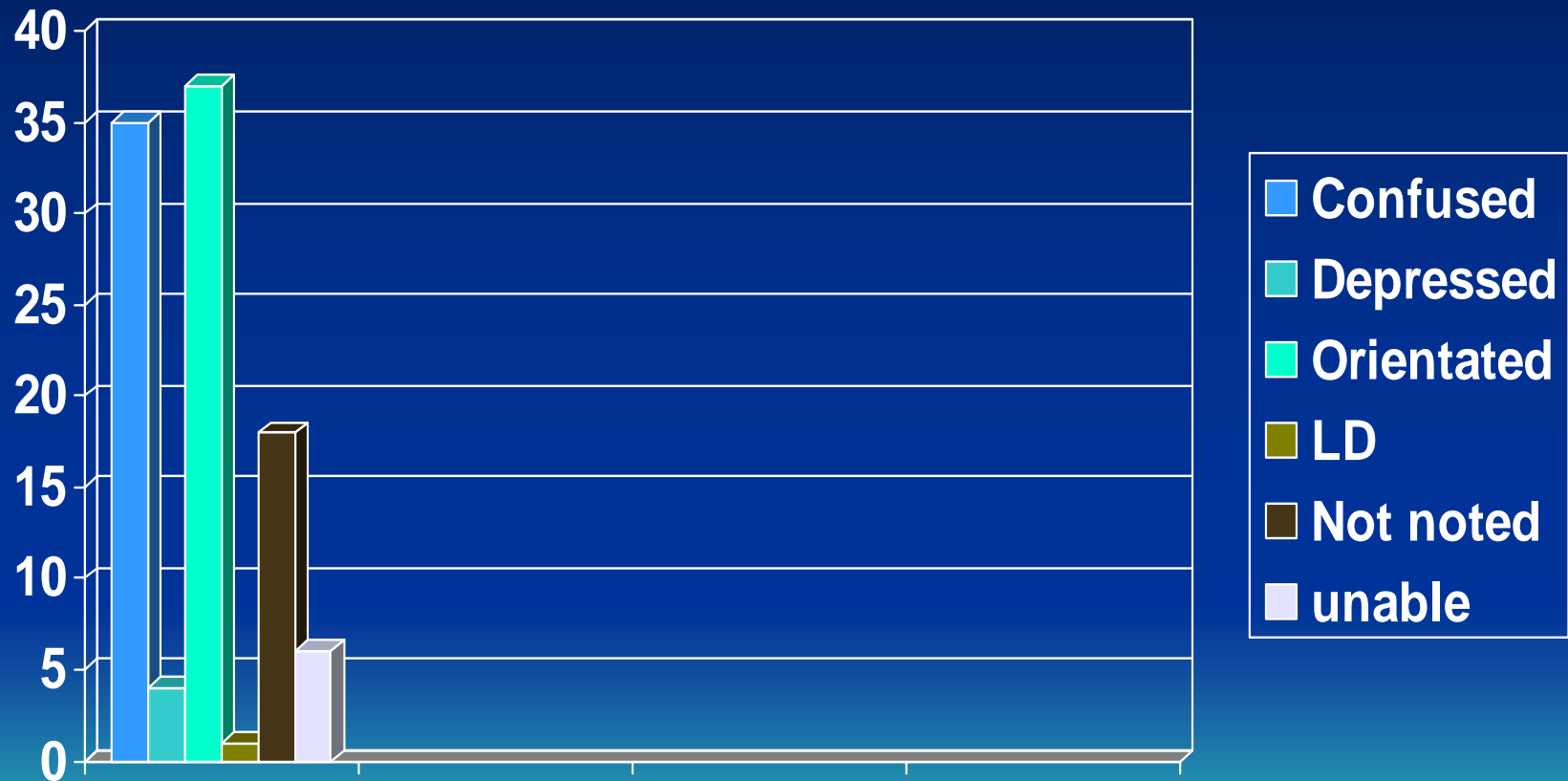
- Connection between type of documentation and completion of assessments
- Connection between mental health assessments, care planning and specialist input



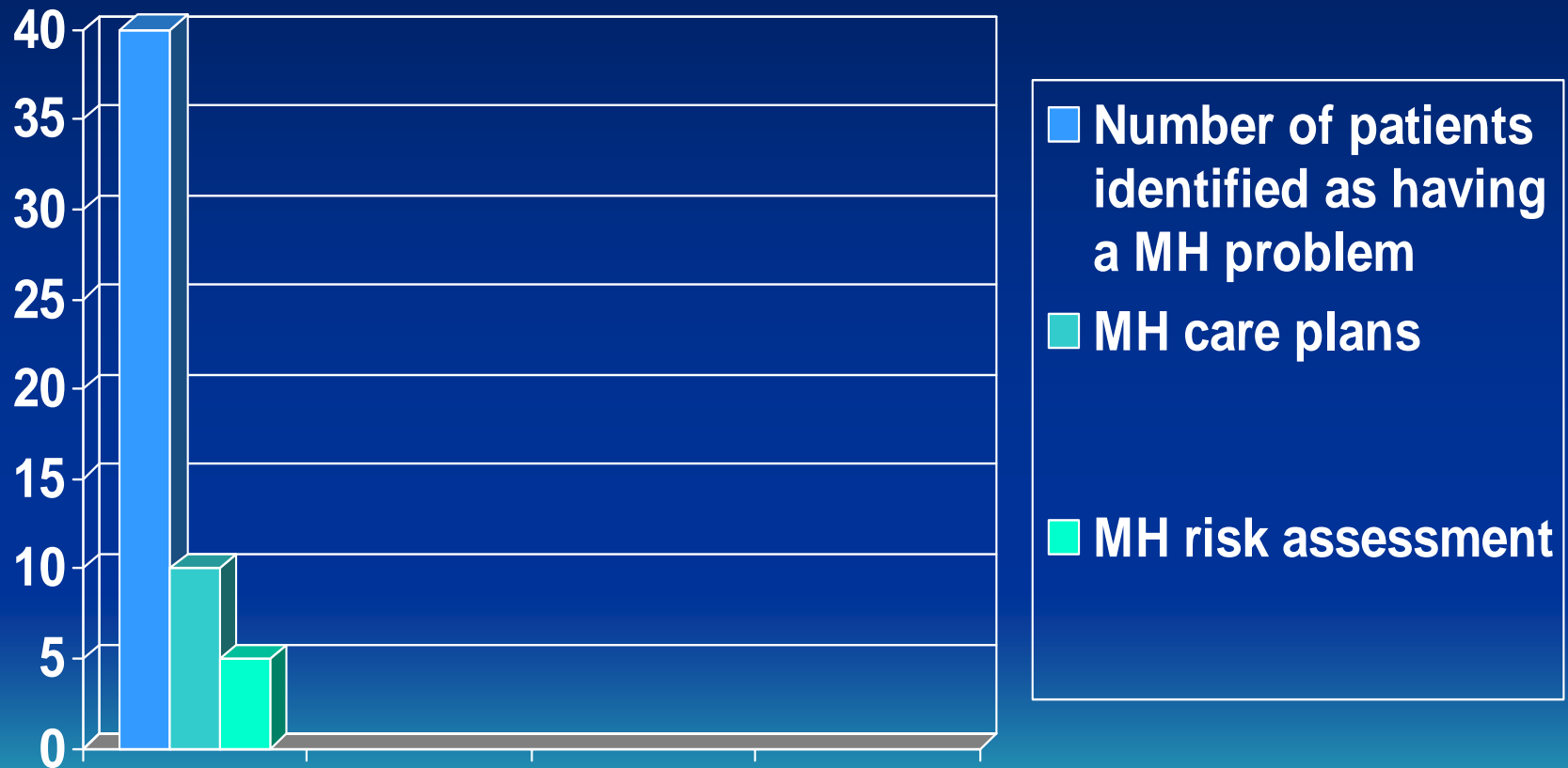
Level of assessment of orientation upon admission or mental state in the patients records as %



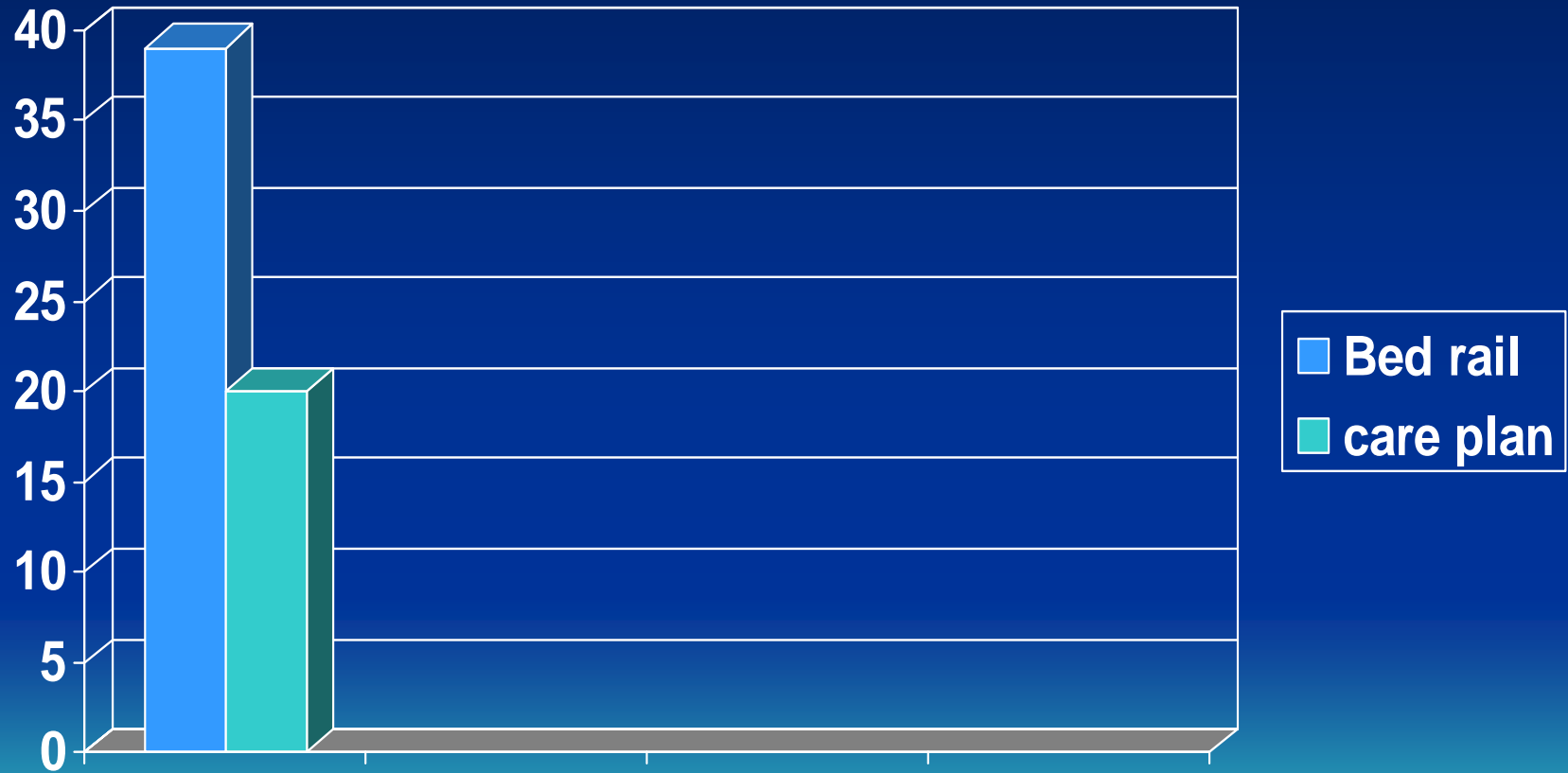
Mental state as described in all notes & records during admission as %



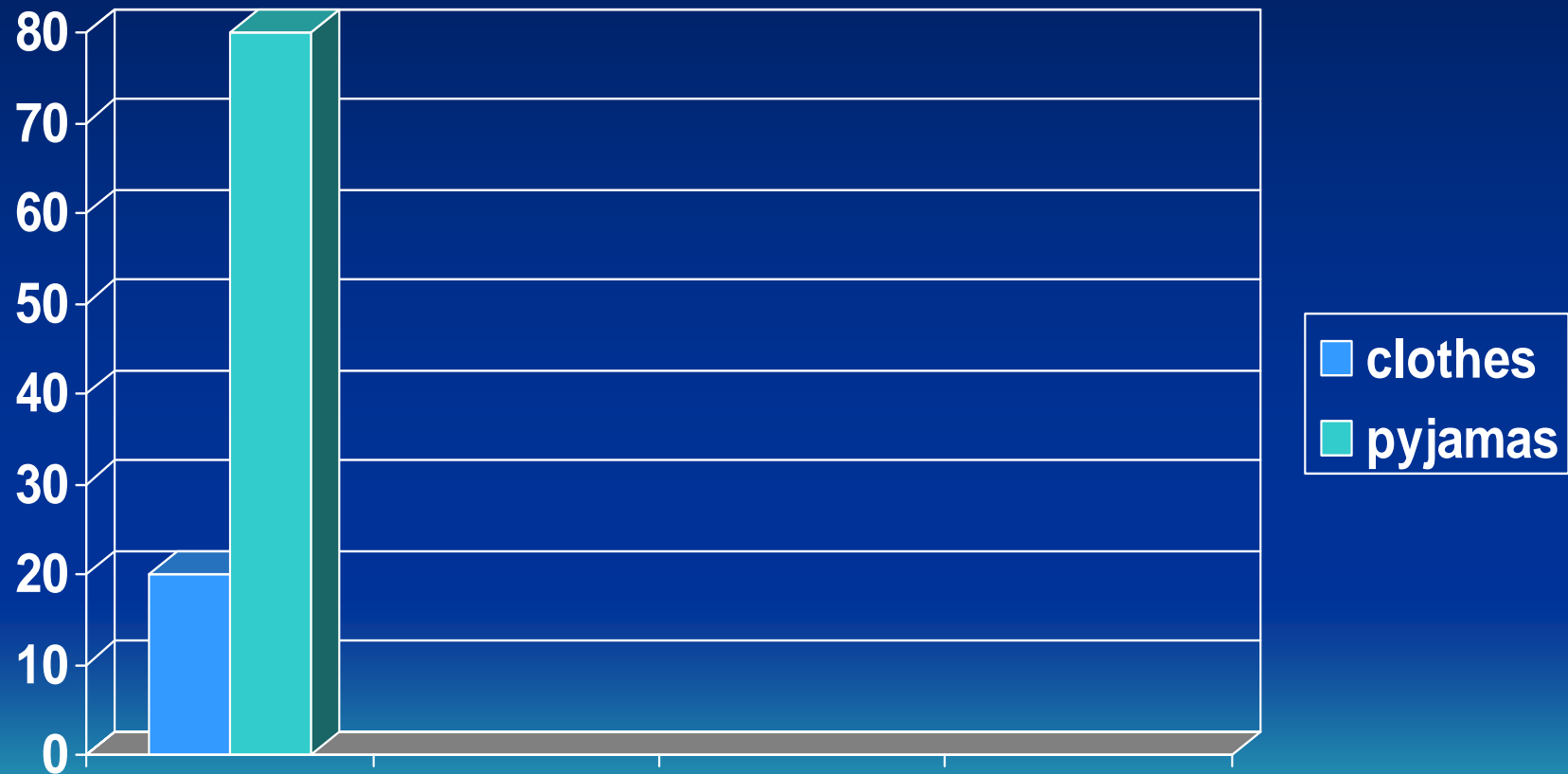
Care planning for mental health problems as %



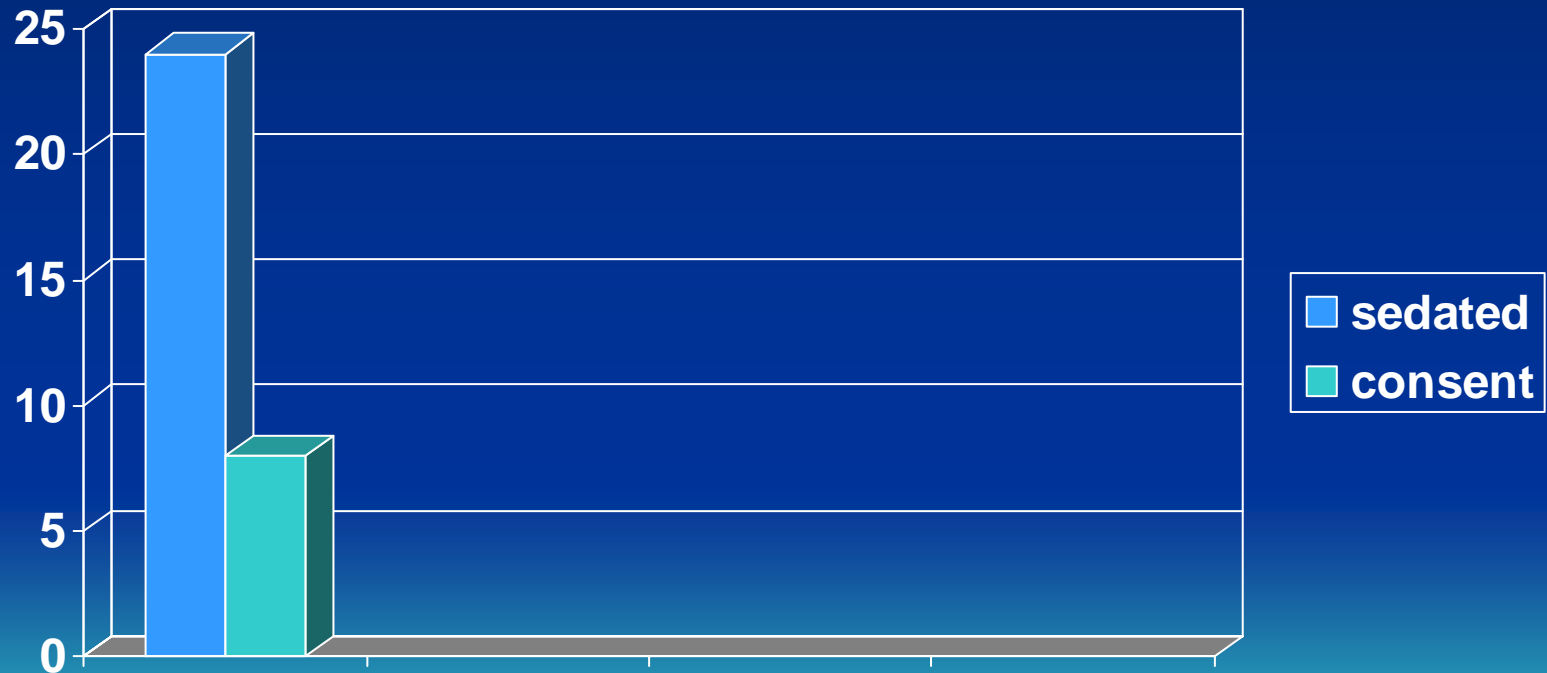
Are bed rails in use & have bed rail care plans been completed %



Are patients dressed? %



Evidence sedation & consent for this



Essence of Care benchmark

- Lack of information regarding specialist mental health services identified
- Lack of training identified
- Need for more services identified to deal with dementia & substance misuse
- Need for more help in meeting needs relating to ethnicity



Champions

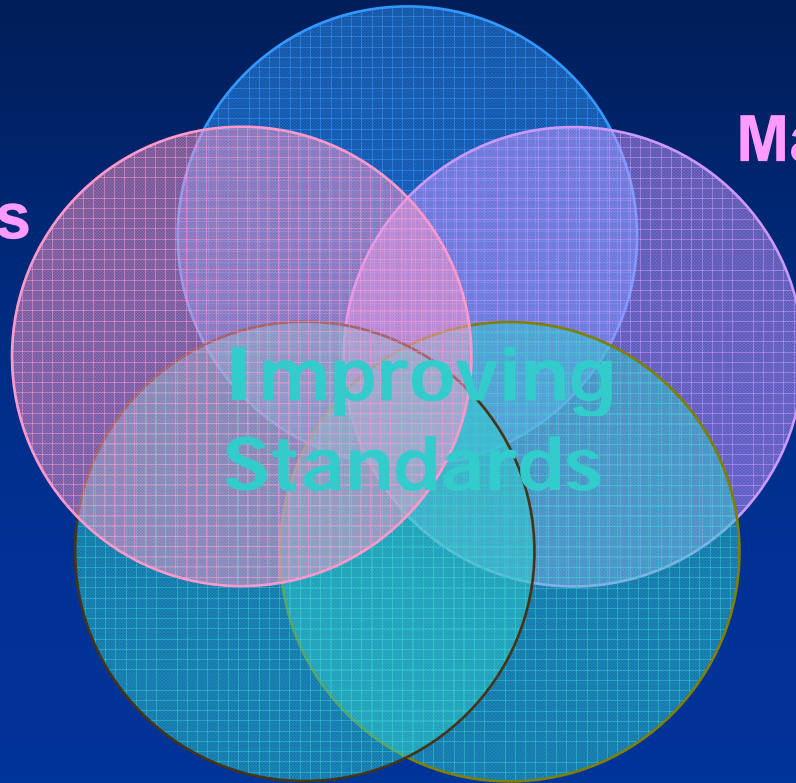
Matrons Rounds

**Managing agitation
and confusion**

**Improving
Standards**

Supportive Care

**Falls Guidelines and
Bed Rails Policy**



Patients who wander, shout or become aggressive may have a complex combination of physical and psychological needs

These guidelines are to help staff in the Trust care for patients with these particular problems

Management

The **primary** purpose of management, is not to control the behaviour but to modify the processes leading to that behaviour.

- Treat underlying illness
- Modify environment
- Manage behaviour

Occasionally medication may reduce distress and may allow further assessment.

Why is my patient shouting?

Would I be shouting in this situation?

Listen and respond to what the patient is actually saying or experiencing.

I can't get to the toilet

I'm in pain

I'm trapped (in bed by bed rail or I'm in a chair that I can't get out of)

I can't move

I'm frightened or lonely

I'm shut away in a side room

I'm receiving minimal sensory stimulation

People are treating me in a rough manner

No-one takes any notice of me.

I'm angry

I'm hungry or thirsty

I don't know where I am or what has happened to me.

What about medical conditions?

Observe the patient, get evidence from case notes and charts
Obtain corroborative history from family, GP, carers.
Think about
Existing cognitive impairment or mental illness
Infection
Drug side effects and withdrawal
Alcohol

Full bladder - retention of urine?

Dehydration
Constipation
Metabolic causes
Primary neurological causes
Don't forget rarer problems e.g.
Acute glaucoma
Painless Myocardial infarction

The environment

Provide

- Optimal lighting
- Orientation
- Familiar objects
- Enroll the help of family
- Familiar routines
- Distraction

Communication

Face to face - be quiet and reassuring
be empathetic and non confrontational
use non threatening body language.

A degree of wandering may be less harmful than constantly trying to restrain someone.

Medication

This is a last resort. The effectiveness of pharmacological interventions are doubtful and can be counter productive. The drug of choice is restricted to Haloperidol. Start low and go slow. The emphasis should be on regular rather PRN medication. Please review the need for medication to continue. Not to be used in Lewy Body Dementia and Head Injury.

Head Injury patients who have or develop Agitation/Confusion/Aggression should be urgently discussed with either the
➢ Acute Neurosciences Consultant at the QEH
➢ Consultant Liaison Psychiatrist
➢ Neuro psychiatrist on call at the QEPH

Please follow any behavioural management strategies recommended by specialist teams and raise any management issues with them.

Ensure that assessments and care plans are documented in relation to:

- Agitation and confusion
- Falls
- Bedrails

Who else can help?

- Old Age Liaison Psychiatry 0121 678 3329
- Learning Disability Liaison 0121 773 7739
- Psychiatric Liaison (Adult) bleep 2481 / 2482
- Falls Management bleep 2550
- Alcohol liaison bleep 1883 / ext 52357

What policies, protocols and guidelines might be relevant?

- West Mercia Guidelines
- National Service Framework for Older People
- Vulnerable Adult Guidelines
- National Patient Safety Agency 2004 Understanding the patient safety issues for people with learning disability
- UHB Bed Rails Policy
- UHB Falls Guidelines
- UHB Violence and Aggression Policy
- NICE Guidelines
- Essence of Care

Supporting Patients and Carers

Help the Aged Information Resources Team
207-221 Pentonville Rd
London N1 9UZ
Tel: 020 7278 1114
Free advice:
Call Seniorline on 0800 800 6565
(Textphone -Minicom 0800 26 96 26)

CASBA
Advocacy for people with learning disability
St Laurence Pastoral Centre
173 Church Road
Northfield
Birmingham B31 2LX
0121 475 0777

Dementia Plus
Warstones Resource Centre,
Warstones Drive,
Wolverhampton, WV4 4PQ
Tel: 01902-575056
Fax: 01902-575051

Headway House
Supporting brain injured people, their carers and families
Moseley Hall Hospital
Birmingham
B13 8JL
0121 442 4628

Depression Alliance
Provides support for people with depression.
35 Westminster Bridge Rd,
London, SE1 7JB
020 763 30557
www.depressionalliance.org.uk

Alzheimer's Society
Magnolia House, 73 Conybere St,
Highgate, Birmingham, B12 0YL
0121 663 0808
magnolia@alzheimersbham.demon.co.uk
www.alzheimers.org.uk/Birmingham&Solihull

Mind
Mind is the leading mental health charity in England & Wales.
5-19 Broadway, London, E15 4BQ
020 851 92122
contact@mind.org.uk
www.mind.org.uk

Birmingham Carers association
0121 686 4060
Crossroads: Caring for Carers
0121 693 1909

Rethink
Working together to help everyone affected by severe mental illness
Room 11 Ruskin Chambers,
191 Corporation St,
Birmingham B4 6RP
0121 236 5991
www.rethink.org.uk

Age Concern
5th Floor, Centro House,
16 Summer Lane,
Birmingham, B19 3SD
0121 213 1130
mail@ageconcernbirmingham.org.uk

Carers in Partnership
Promoting the carers voice in mental health services.
Room 11 Ruskin Chambers
191 Corporation St,
Birmingham, B4 6RP
0121 233 1631
www.nimhe-westmidlands.org.uk

Admiral Nurses
Supporting carers of people with dementia
0121 678 3314

Older people Website
www.olderpeople.bham.nhs.uk
Andrew Hindle 0121 333 4113 Ext 338
Andrew.hindle@pc.bham.nhs.uk

- **STOP.....don't sedate!**
- **LOOK** at your patient and **LISTEN** to what they are saying
- **GO..... Respond appropriately**
Follow guidelines



A safe environment to make mistakes

UCE BIRMINGHAM
Faculty of Health

CETL
Centre for Excellence in Teaching & Learning

virtualcasecreator
interactive media

click on this if you think it represents a risk or poor practice

Enter Case

Get Internet Explorer

Get ADOBE FLASHPLAYER

Get ADOBE READER

Minimum Requirements

Flash 9 - Plugin
Screen resolution of 800 x 600

Learning how to assess & care for same client at different stages

The screenshot shows a web browser window titled 'ward_app - Microsoft Internet Explorer'. The application interface is for 'virtualcasecreator interactive media'. At the top right, it displays 'Student: preview cases', 'Time: 16:06:06', and 'Date: 16/5/2007'. On the left, a sidebar contains the text 'SELECT A CASE TO THE RIGHT TO BEGIN' with a right-pointing arrow. The main content area features a welcome message: 'Welcome to this virtual scenario. You are presented with several case studies. Explore each case study and complete the exercises in the associated work book. Please note that subsequent cases cannot be selected until both the assessment and MCQ's have been completed within the same session prior to log off. Once you have'. Below this is a list of four case studies, each with a small portrait of an elderly woman and a green button:

- Lucille Mckenzie
Observation bed space.
- Lucille Mckenzie
Full Assessment
- Lucille Mckenzie
Home Visit
- Lucille Mckenzie
Discharge Planning

At the bottom, there is a navigation bar with buttons for 'Home', 'Log Out', 'Client', 'Scenario', 'MCQ'S', 'My Profile', and 'Continue'. The footer text reads 'Copyright © University of Central England in Birmingham 2004'.