

Example B

Background

- Ron* 78 year old
- Had fallen from his bed at 09:00
- Recent palliative cancer diagnosis
- Discharged from hospital 24 hours ago
- Has a new catheter in place

* Not real name, but based on real life example from SCAS service

Joint holistic MDT Assessment identified the following problem list:

- Low mood
- Patient not retaining information
- High falls risk / Fear of falling
- New equipment issued not suitable for patient
- Patient unable to function around home
- Carer was struggling to support Ron

Development of problem list following holistic approach to service

Proactive response by team = reduction in multiple appointments / crisis management. Commissioners will need to identify what services are available within their regions

Care plan actions:

- Air mattress removed and appropriate replacement ordered
- Falls sensor arranged
- Contacted social care to discuss patient future care needs
- Referral made to community Occupational Therapist (OT) for further ongoing equipment review
- Trained carer and family in use of current equipment in place
- District Nurse team arranged for support
- GP organised to visit to review Recommended Summary Plan for Emergency Care and Treatment (RESPECT) form that day

Patient Feedback

“I’m so glad I didn’t have to go back to hospital again”



Patient experience is key. Delivering this service will maintain an individuals independence to enable them to remain at home