

Assessing and Managing Older Care Home Residents in Acute and Emergency Care Settings *A practical resource for healthcare staff*

Purpose: To generate a single page of practical guidance for acute and emergency care teams in NHS Scotland hospitals to support the assessment and management of older adults living in care homes. An infographic and accompanying educational video have been produced and made freely available as a resource for practice. Short promotional video for sharing on social media platforms also produced. Content available to download from: www.gov.scot/coronavirus-care-home-guidance

Rationale: Older adults living in care homes have the right to access acute and emergency hospital assessment and care when this is required. This includes the spectrum of care from review after an injury through to management of acute life-threatening illness, including COVID-19. Most healthcare is provided by care home staff supported by Primary and Community Care Teams and many residents can be and are supported in a care home setting. However, when a care home resident presents to hospital it is important they receive a consistent and high-standard of care and assessment. Many will not require admission and can be safely discharged home. However, the population have complex care needs and can be difficult to assess, thus guidance to help enhance the quality and completeness of this assessment can better inform appropriate decision-making.

Involvement: Care Home Managers and Nurses; Clinicians in Primary Care, Geriatric Medicine, Acute Medicine and Emergency Medicine with input from Scottish Government Clinical and Professional Advisory Group on Care Homes.

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Trailer Twitter version

Visual content

Whole graphic

Audio content

Older adults living in care homes have the right to access acute and emergency assessment and treatment.

Most of the healthcare they receive is provided by care home staff supported by Primary and Community Care Teams. Many residents can be and are supported within the care home setting.

Therefore, when a resident presents to hospital it is essential, that they receive a high standard of comprehensive assessment and care.

Many will not require admission and will be safely discharged home.

However, residents often have complex care needs and can be more difficult to assess.

This practical guidance has been designed to help enhance the quality and completeness of the assessment residents receive in busy acute receiving units and emergency departments.

It includes tips for clinical assessment; information gathering and practical actions to consider when admission is planned or when arranging discharge from the front door.

Key considerations which distinguish care homes are highlighted to help foster a greater sense of understanding.

Full Script – 9 minutes

Introduction

Hello, my name is Jenni Burton

I'm a Clinical Lecturer in Geriatric Medicine at the University of Glasgow and I work clinically as a medical registrar at Glasgow Royal Infirmary

I'm passionate about improving the care those living in care homes receive in all settings.

Older adults living in care homes have the right to access acute and emergency care.

Most healthcare they receive is provided by care home staff supported by Primary and Community Care Teams. Many residents can be and are supported within the care home setting.

Therefore, when a resident presents to hospital it is essential, that they receive a high standard of comprehensive assessment and care.

Many will not require admission and will be safely discharged home.

However, residents often have complex care needs and can be more difficult to assess.

This practical guidance has been designed to help enhance the assessment they receive.

Clinical Assessment

Adapt your assessment based on the individual's presentation.

The points highlighted here supplement your usual history taking and examination.

Observe for signs of pain, this includes positive signs such as looking distressed or reporting pain. But consider also if the resident appears withdrawn or is reluctant to move – these too can be signs of pain. Individuals with cognitive impairment or communication problems often struggle to verbalise their pain and behaviour is a useful clue to observe.

Look carefully for injuries which may have been sustained, this requires adequate exposure to look for bruising or occult injuries and consider the need for imaging. Don't forget that older adults can sustain serious, traumatic injuries falling from just standing height

Consider whether the resident has capacity to make decisions about their health. Many care home residents may already have a power of attorney or guardian in place and, if they are known to lack capacity, their Section 47 certificate, may travel with them to hospital including their existing treatment plan.

An AMT4 is a very short cognitive screen and the first part of more detailed assessments such as the 4AT. It provides a useful baseline of cognition on arrival.

Delirium is very common, more-so in those with an existing diagnosis of dementia. So, 'Think delirium' – particularly if the resident is drowsy, struggles to pay attention, fluctuates or is hyperactive

Assessment continues

As you continue your assessment, think about the following:

Is the resident able to take any medications they need?; Can they mobilise the way they usually do to allow them to get around the home and safely to/from the toilet?; Are there signs of infection? Thinking of skin as a source more common in older adults, particularly in pressure areas. Are there signs of constipation and/or urinary retention? Both are easy to treat, but significant sources of distress.

Try to ensure your assessment is performed in a well-lit area and think about the visibility of the resident within your department if they are confused, unsettled or at risk of falls.

Ensure hearing aid, glasses and dentures are used to help optimise communication and try to minimise the number of staff who are involved in their care, minimising moves within the department and trying to ensure they are seen promptly.

Gathering information

Gathering information will help you focus and structure your assessment.

Ask what matters to you? Many care home residents will be able to tell you what is important to them and dementia or delirium are not a reason not to ask.

The other services who have interacted with the resident before hospital will have recorded their assessments and the Paramedic summary or referrals from the GP or Out-of-Hours services can be highly informative in understanding the sequence of events and pre-hospital vital signs in particular.

Care home staff usually send a transfer sheet including their reason for having concern about the resident's health. They'll also send a summary of their care needs and their medication administration record (or MAR Sheet). This provides a summary of the medications taken, any acute prescriptions or missed doses and will be more current than the Electronic Care Summary as a record of medications used by the resident. Phone the care home to discuss their concerns and expectations – this will help you to tailor your assessment.

Access the Key Information Summary on hospital records as it includes medical history, advance care plans and resuscitation decisions which have been made previously.

Contact the next of kin, power of attorney or guardian to involve them, particularly if the resident is unwell or requires intervention.

Admission

If the resident needs admission, consider completing an adults with incapacity section 47 certificate if they are unable to consent to the treatment they require.

Avoid urinary catheterisation unless necessary for care.

Review medications, in particular considering time critical drugs such as those for epilepsy or Parkinson's disease. Is the usual route of administration available, are liquids needed? Consider also if all drugs the

resident normally takes are appropriate during an acute illness, thinking of anti-hypertensives and diuretics among others.

Discharge from Front Door

If the resident can be safely discharged, speak to the home to let them know they are returning and ensure goals of care are clearly shared.

Provide a short-term supply of any new medications, particularly analgesia and antibiotics - this is critically important overnight and at weekends where access to community pharmacy is limited.

Ensure documentation is provided to allow staff to administer any new controlled drugs.

Provide written communication summarising the assessment received, treatment required and any follow-up which has been arranged, remembering that any changes to medications must be communicated in writing to allow staff to action them.

Ensure a copy of the letter goes with the resident and remember to return existing paperwork, new documents and all belongings. Be particularly aware of hearing aids, glasses and dentures.

Key Considerations

To help foster a greater sense of understanding, some key things about care homes which distinguish them.

The staff know their residents well and have expertise to share with the hospital team.

Care homes are not all the same in terms of the populations that they serve and needs they can accommodate.

Not all care homes have on-site Registered Nursing staff.

Care homes can only legally keep controlled drugs for named individuals.

Oxygen can be arranged in the community but is not standard in most care homes.

To ensure safe staffing of the home, it is often difficult to send a member of staff to accompany a resident on hospital transfer. However, they are always happy to help, so you should phone the home to gather and share information and ensure that staff can manage the needs of a returning resident, particularly overnight, if enhanced support is needed. This helps to support shared decision-making.

Finally, don't forget nutrition, hydration and regular medications while the resident is in the department.

Acknowledgements

I'd like to thank all those who have taken time to review and contribute to the content of this guidance.

Involvement was sought from practitioners in Acute Medicine, Emergency Medicine, Geriatric Medicine, Primary Care and the Care Home Sector.