NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 5 October 2020**
Title:	**The Recovery of Derek at Urquhart Rehabilitation Ward, Biggart Hospital**
Responsible Director:	**Tim Eltringham Director for Health and Social Care - South Partnership**
Report Authors:	**Laura Harvey, QI lead, Person Centred Care and Customer Care, Dr Heather Hall, Senior PT, NHS Ayrshire & Arran**

1. Purpose

This is presented to the Board for:

- Awareness.

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambitions (s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

Derek's 'patient story' describes the value of Physiotherapy in meeting his personal outcome of returning home. The video shows aspects of his rehabilitative journey and Physiotherapy staff working together with Derek to provide safe, effective and person-centred rehabilitation. The video reveals some of the specialised moving, handling and therapeutic input involved in his recovery.

The committee is asked to consider the value and necessity of in-patient rehabilitation for patients like Derek who have complex mobility and functional needs.

2.2 Background

Derek is 70 years old and profoundly deaf. He has lived with a weight problem all his adult life. Since retiring his eating habits have worsened. He is classified as 'Bariatric' and remains morbidly obese.

Two years ago Derek became increasingly immobile following a fall at home. He lost his confidence and believed he could no longer manage the two flights of stairs out of his flat. Subsequently he started to struggle negotiating around his house with his crutches. He became unable to access his bathroom due to his increasing weight and immobility. Derek had no care at home and was struggling to cope. For eighteen months Derek was housebound, used a bucket for his toileting and was unable to attend medical or community appointments.

In August, 2019, Derek sustained a second and injurious fall fracturing his ankle and was admitted to Ayr Hospital. Derek's broken ankle was immobilised and he was deemed medically fit. However, due to his weight and deconditioning, Derek was unable to weight bear, transfer or self-care. He required the physical assistance of three or more people for positioning and moving in bed. He was bed-bound for all personal-care (e.g. washing, toileting, and dressing) and needed the physical help of three carers to facilitate these actions.

Derek's care needs far exceeded what could be provided by our community services. Consequently, being unable to be managed within his community, Derek was transferred to Urquhart Ward, Biggart Hospital, for rehabilitation.

2.3 Assessment

Derek's personal outcome was to return to his flat. Our primary rehabilitative goal was to enable this to happen. The maximum home-care package provided within the community is two carers four times per day. To attain a safe discharge, Derek needed to improve his functionality so that community services could manage his care.

Our secondary goals were to enable Derek to lose weight and understand how his weight impacted on his mobility, health and wellbeing. We also wanted Derek to re-engage with social and housing services and to re-consider alternative housing. This would help to alleviate his social isolation, maintain his functionality and therefore minimise the future risk of deconditioning, falls, deteriorating health and hospital admissions.

2.3.1 Quality/patient care

Our first task was to provide suitable Bariatric furniture that would meet Derek's care needs (bed, chair, commode, shower chair, wheelchair). Secondly a range of specialised bariatric rehabilitative equipment was required (e.g. standing/mobility aids and hoist system). We met Derek's requirements with items sourced and pooled from other care areas. This co-ordinated process was as efficient as possible to prevent compromised care and delayed rehabilitation.

Being unable to move in bed and to self-care is dehumanising, perhaps more so when the primary causative factor is deconditioning and weight related. Derek needed a Physiotherapy programme that respected his privacy. Initially a time-slot each day was synchronised to treat Derek 'privately' until he felt comfortable to share gym space with other patients. Derek's Physiotherapy consisted of specific strengthening exercises to rebuild his core body strength and limb muscle power. As Derek's strength and ability improved, his reliance on hoisting equipment reduced until he was able to transfer with a board or zimmer-frame. His treatment started with short bursts of activity. This activity was increased in duration and intensity as tolerated. Over time, sessions became supervised and self-managed. He was encouraged to stay 'working'

in the gym for several hours each day and facilitated to do so with distant Physiotherapy supervision.

Derek's body strength and stamina improved and he was encouraged to engage in activities of daily living. We were unable to assess Derek's function within his own home due to his inability to negotiate his stairs. Our assessment of Derek's care needs for discharge therefore required to be undertaken without this insight.

Derek had dismissed the idea of re-engaging with housing services. With his daily gym sessions, staff had the opportunity to enable safe but challenging conversations concerning his future health and wellbeing. Derek decided to meet again with housing services. He revisited the idea of alternative housing and is now awaiting a suitable ground floor flat.

During his time in rehabilitation, Derek rarely discussed his weight or the problems it caused him. We felt he could benefit from services to help him address these issues. Unfortunately, some services remain inaccessible to in-patients (e.g. Psychology, weight-management). Consequently a Psychology referral was not accepted. Derek's weight stayed static throughout his in-patient stay. All functional improvement was contributed to his increased body strength and stamina. Prior to his discharge, Derek was re-referred to Psychology Services.

Derek's discharge home was delayed for eight weeks due to the lack of available home care services. A further two day delay was caused by issues with the delivery of his bariatric hospital bed.

2.3.2 Workforce

Initially, Derek's rehabilitation needed three Physiotherapy staff and a variety of specialist bariatric equipment. With bariatric patients, the challenge of physiotherapy is to mitigate risks concerning moving and handling with the need to re-gain strength through personal effort, exercise and activity. Patients require to re-learn how to stand and walk, consequently Physiotherapists cannot rely on hoists to assist treatment. There is a need for constant safety judgements regarding manual handling, patient compliance and physical ability. Having additional staff for safe and effective patient rehabilitation is imperative. As patients' function and confidence return, fewer staff are required.

2.3.3 Financial

There are no financial implications to taking forward the learning described above.

2.3.4 Risk assessment/management

Risk	Mitigation
SAFE Patient safety not maintained	• Extra handling and bed-space realised • Appropriate bariatric furniture and rehabilitation equipment sourced and pooled from other areas • Additional Physiotherapy staff made available for treatment sessions at expense of other care areas • Consistent and continuous judgements made by Physiotherapy regarding manual handling, patient compliance and physical ability

RESPECTFUL Care lacks dignity and respect	• Sessions undertaken in private setting until patient confident to share rehabilitative space with others
EFFECTIVE Rehabilitation is ineffective in meeting patient outcome	• Provision of evidenced-based physiotherapy • Discharge planning with multi-disciplinary team, patient and family • Suitable bariatric equipment (commode) and furniture (hospital bed, arm chair) sourced and in situ at home prior to discharge • Managing patient expectations during delayed discharges (Home care waits)
SUSTAINABLE Derek is unable to be cared for at home and risks future hospital admissions	• Specialised bariatric ambulance team and lifting equipment to facilitate transfer home • Maximum care package allocation • Follow-up rehabilitation – Physiotherapy and Occupational Therapy • Re-housing • Psychology assessment for weight issues

Challenges:

1. Meeting the high input level of Physiotherapy required by patients living with obesity
2. Sourcing and co-ordinating equipment
3. Delays in gaining access to bariatric services facilitating delivery of multi-disciplinary evidenced-based practice
4. Accepting delayed discharges

2.3.5 Equality and diversity, including health inequalities

This patient story is presented for awareness and therefore does not require completion of an EQUIA.

2.3.6 Other impacts

There are no other impacts

2.3.7 Communication, involvement, engagement and consultation

This patient story is presented for awareness and therefore does not require any engagement or consultation.

2.3.8 Route to the meeting

This is the first time this story has been shared.

2.4 Recommendation

For awareness. Members are asked to listen to this story and discuss points of interest.