Scenario 2

A patient attends A&E at Pinderfields with acute confusion

WHAT HAPPENS NOW?

Three scenarios were played out based on what happens now;

1. A person is brought into A&E via ambulance
2. A person is brought into A&E by a family member/carer
3. A person is brought into A&E from a care home

A number of issues and learning points were raised for each scenario.

1. A person is brought into A&E via ambulance

- There may be no history attached to the person, thus leading to a variation of treatment dependent on knowledge
- The quality of the paramedic handover may affect the treatment that they receive

2. A person is brought into A&E by a family member/carer

- More information on the person may be available

3. A person is brought into A&E from a care home

- Information should follow the patient (red bag scheme)
- A carer from the care home will accompany the patient into A&E and able to provide information
- Carer often needs to leave patient to go back to the care home

Issues identified were:

- Does how people present affect the pathway and how people are treated?
- Does the quality of information received of the patient affect the pathway?
- Is there a variation of treatment dependent on knowledge and skills of the people doing the assessment?
- Does the time/day of the week affect the pathway – Monday afternoon is the busiest time of the week
- Disruptive patients seen first, leaving patients that are quiet/subdued waiting
- Need to understand what a person's "norm" is
- What % of people come from community?
- More education is required for A&E staff on dementia
- There is limited access to systemone in A&E which causes issues, especially if lack of information received on a patient
- What is the criteria for diagnosing dementia in A&E?
- Assessment of patient is based on NEWS score not behaviour

- An assessment is carried out by Nursing and medical team
- Does person have dementia? Or are we quick to over diagnose. A&E will not diagnose but may label an individual as having dementia
- There may be a variation in the treatment dependent on the knowledge and skills of the people doing the assessment.
- How often do patients attend A&E with acute confusion?
- Need to understand when the mental health assessment is considered and when do the Psychiatric Liaison Team (PLT) get involved and can this be used more efficiently and get involved earlier
- Appear to be barriers into the PLT
- Some care homes will only accept patients/residents back before 6pm – which can cause a delay
- Not all patients diagnosed with dementia are referred to memory services

Solutions/ideas

Potential solutions/ideas identified were:

- Improvement of discharge letter required and consistency required
- All services should be on the same system e.g. systemone
- More information required at discharge e.g. change in medication and explanation
- Clarity required on the role of the trusted assessor for all staff in all services
- Rule out delirium and send patients home
- Could patients be assessed in their home rather than in hospital
- PLT to be involved earlier in the pathway
- Look at the Leeds model to get people home quicker
- Needs more robust structures
- Better screening required
- Capacity to have right time, right place, right person
- Send to WDH if package of care in place with care monitors in people's own home
- More MDT working required
- Better communication required across all services e.g. medication review
- Lot to be done in community to prevent admission
- Work to be done with family/carers on what is delirium
- Education to Care Homes
- More community support required
- Understand how many patients attend A&E with acute confusion