

Examples of Good Practice in the Care of Older People

1 Nutrition in the Elderly

Malnutrition in older people is under-recognised and common. Age Concern in 'Hungry to be Heard', described the growing risk of older people being malnourished or their nutritional status getting worse during an admission to hospital. 'Caring for Dignity', a report by the HealthCare Commission, underlined the need for commitment to nutrition through healthcare organisations. Older people following a major illness, such as stroke, and those with other co-morbidity and those with mental illness have a greater risk of poor nutritional status associated with worse outcomes.

At Accrington Victoria Hospital, every patient that is admitted to the intermediate care stroke rehabilitation ward has an assessment of nutritional status on admission. The malnutrition universal screening tool (MUST), along with a comprehensive multi-disciplinary assessment, helps to categorise patients into low, medium or high risk of malnutrition and helps to develop individualised dietary care plans. Regular assessments and regular reviews are performed through multi-disciplinary evaluation and with the involvement of the patient and relatives and nutritional support is considered and given in the form of oral liquid nutrition, oral dietary supplements or intravenous or naso-gastric/peg administration where indicated. The choice of meals from patient of BME communities includes both an acceptable vegetarian and halal meat diet (significant Muslim population). In addition, personalised dietary care plans are based on choice of meals with due regard to religious and cultural backgrounds. People with dementia and those with severe disabilities from a physical illness such as a stroke, require help with feeding and this is achieved by awareness training, education and time for ward staff. An audit of nutrition in the elderly followed by a re-audit of patients admitted to the ward has helped to identify best practise.

2 Care of People with Stroke

East Lancs PCT and local hospitals (ELHT), have developed a joint mechanism for the care of stroke patients across the whole journey pathway from secondary to primary care. A protocol has been developed for the transfer of care from the acute sector following a stroke, to care of stroke patients in the community by a multi-disciplinary team led by consultant community geriatricians. The mechanism and proforma devised ensures a seamless transfer of care and this is accompanied by a seamless transfer of information. In addition, through the maintenance of a stroke register, every stroke patient discharged from the hospital has a six month multi-disciplinary and consultant follow up in the community, leading to maximising the rehabilitation potential and prevention further risk and secondary prevention. This is an example of multi-agency (health, social and voluntary bodies) joint working in partnership and providing care across the whole journey pathway for people who have had a stroke.

3 Access to Treatment

Because of ageism and stereotyping, older people are often denied access to forms of treatment which may prove most beneficial to this group.

Scenario: a 92 year old lady was admitted to Accrington Victoria Hospital, with a history of chest infection. An x-ray showed evidence of pneumonia. She responded well to antibiotics but on diet questioning, complained of generalised weakness in both the arms and both the legs over a period of six months. She had attributed this to old age. Examination showed evidence of cervical spondylosis and cord compression and

an MRI confirmed the presence of cord compression. The option for surgery was discussed, to which she was agreeable, and within a week was transferred to a tertiary neurosurgical unit where she had a successful laminectomy and was transferred back to Accrington Victoria Hospital. Following a three week period of rehabilitation she was able to walk about unaided and was fully independent and discharged back home. This is an example where older people with a physical illness may often have symptoms which they attribute to the aging process and may be denied treatment.