



Enhanced Care for Older People (EnCOP) Learning Session Number 5 Evidenced Based Assessment with Older People Lesley Bainbridge, Clinical Lead Older People.

EnCOP Lead: Angela Fraser Date: 23rd March 2022





Housekeeping

- Please ensure microphones are muted and during presentation cameras are turned off.
- The event will be recorded and shared.
- The webinar recording and presentation will be circulated and uploaded on to the website following the event.
- If you have any questions during the session then please use the chat facility. We will attempt to address questions, if we can't then we will follow up after the event.
- Please also use the chat facility to inform us of any technical issues as this will be monitored closely throughout by one of the EnCOP team.
- Occasionally you may have difficulty seeing or hearing video clips that are played, this will
 usually be due to your own device or software settings and not something we can influence
 during the webinar session. Please be assured all content will be shared following the event so
 you will have an opportunity to view afterwards.
- If you need to take a break at any time throughout the session please feel free to do so.

Session Aim & Linked Competencies...... the aim of today's session is to firstly focus our mind on the excellent evidence base we have for comprehensively assessing older people so that we can plan to meet their needs in the best way, but there is also a secondary aim about how assessment not only provides us with a privileged insight into the life of an older person but with reflection also lets us see the care system we are part of, whether we work in social or health care

in statutory, independent, charity or voluntary services

	A: Values, attitudes and ethics
	B.1: Interprofessional and inter-organisational working and communication
	B.2: Teaching, learning, and supporting competence development
	C1: Leading, organising and managing care
L'alla d	C2: Improving care
Linked	D1: Communication with older people, families and friends
EnCOP	D2.1: Frailty – Understanding, identification and recognition
Domains:	D2.2: Assessing, planning, implementing and evaluating care
	D2.3 Ageing well – promoting and supporting holistic health and wellbeing
	D2.4 Ageing well- promoting and supporting independence and autonomy
	D2.5: Management of physical health in frailty
	D2.6: Pharmacology
	D3: Management of dementia
	D4: Management of mental health
	D5: End of life care

Session Overview: comprehensive geriatric assessment

Aim: to understand comprehensive assessment in relation to old age

Objectives:

- to be able to describe normal ageing and the context of considering it when undertaking CGA
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- III. to explore and be able to define own role within a MDT and local care system
- IV. to explore and be able to describe the challenges of providing care for an ageing population

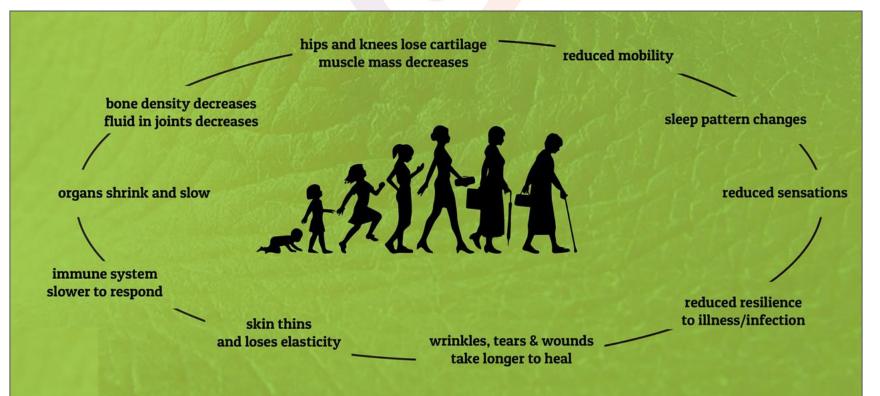
Understanding Ageing: *normal or abnormal?*



Ageing is Normal but society generally holds a negative view of it

involve consider assess respond evaluate

What happens with age?

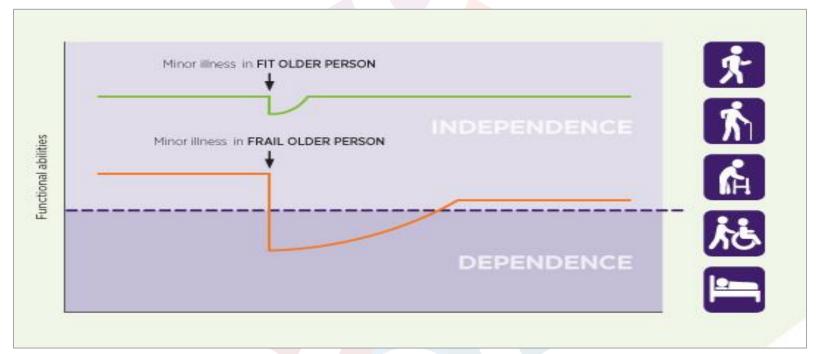


Evidence, Misdemeanours and Wrongdoings

- Ageing population with increasingly complex needs
- Older people; biggest consumers yet group most likely to have unmet need

HEADLINES murdered at least 215 of his patients between 1974 and 1998

What is frailty?



Reduced resilience and increased vulnerability to decompensation

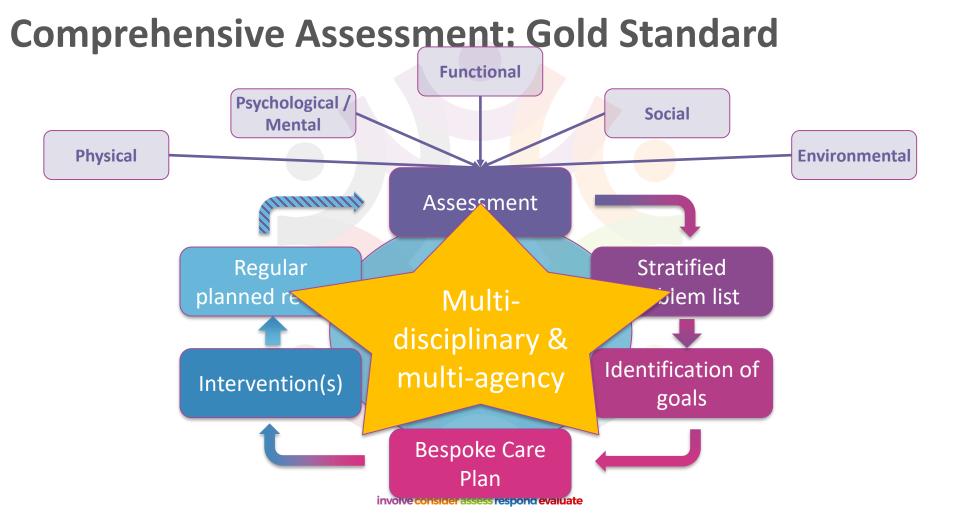
after a stressor event

involve consider assess respond evaluate

What does Frailty mean to the individual?



Frailty can be described as a 'collection of **modifiable** health and social needs'. For the individual with frailty, it goes beyond physical health and includes psychological and social domains.



We're talking about this: the anomaly





Severely

Frail





Very Severely Frail

Terminally 111

- Not all older people are frail
- Not all those frail need a CGA

Jackie's Journey

involve consider assess respond evaluate

Jackies Slory A System Response to Frailty

The r

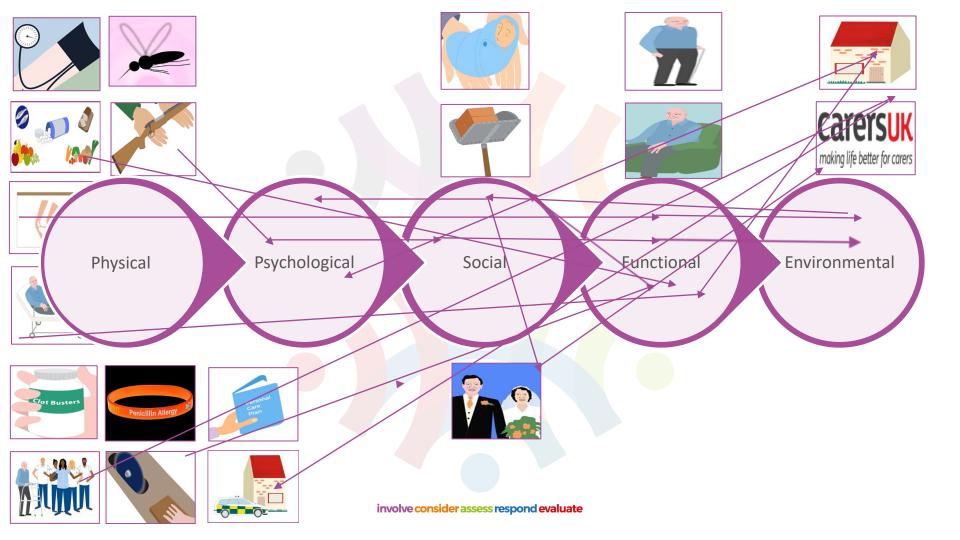
Jackie's Journey

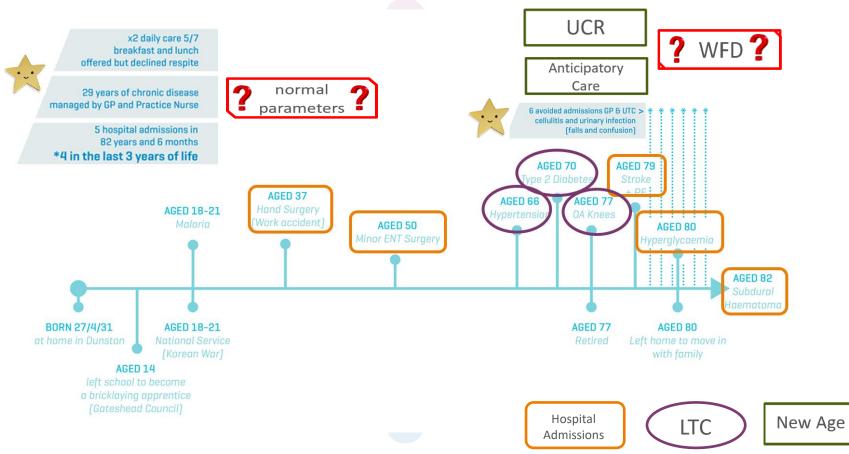
Without CGA we wouldn't know all those things about Jackie.

We wouldn't know Jackie had Good Care

Acknowledgment: NHSEI Better Care Fund Team NENC, Jayne Robson

involve consider assess respond evaluate





involve consider assess respond evaluate

Jackie's Journey continued.....

- physical health is the most obvious of all the health signs and yet when living with several LTC it can become the least obvious [WHO 2020]
- long relationship with primary care team for LTC
- understand social context
- managing occupation in later life likes and function
- case management / care coordination
- rapid response
- access to specialists





Knowledge, Skills, Competency

- Increases awareness of frailty
- Develops understanding and empathy
- Enhances observational skills
- Deploys others, technology, aids and equipment
- Improves system awareness

Seeing the problem

Acopia - Bed Blocker - Social Admission - Off Legs - Family say can't cope - Not managing



...these are LABELS

Seeing the problem

If you see the problem you can

If possible TREAT the problem
 Give a PROGNOSIS
 Make a MANAGEMENT plan

Without seeing the problem that's very DIFFICULT

Functional Decline: Causes

1. Deconditioning

Acute illness, hospital admission

2. Normal ageing

Declining ability - reduced muscle strength and exercise capacity - falls/immobility,

3. Pre-existing frailty, disability, impairment

Reduction in cognition, independence

Spot the difference?

Younger People:

- Previously well
- Acute illness
- Single system pathology
- Can give history

EASY TO SPOT

Older People:

- Multiple health problems
- Acute or chronic
- May have more than one new problem
- May not be able to give a history

DIFFICULT TO SPOT



PRESENTATION:

family brought to A&E thinking dad had suffered a stroke, ruled out but unable to stand HOSPITAL ADMISSION:

'family say can't take home' FINAL DIAGNOSIS:

Subdural haematoma, treated with surgery, steroids and rehabilitation ...returning home to care of family!

'older people are just a bit crumbly, its their age, what can you expect?'

'I don't understand that functional impairment usually comes with treatable diagnosis'

> 'nothing obvious, family can't cope, let's go for a home'



PRESENTATION: Fall, pain in back of head, attended A&E DIAGNOSIS: Soft tissue injury treated, discharged with analgesia COMMUNITY - GP: Comprehensive assessment, x-ray FINAL DIAGNOSIS:

Fractured odontoid peg, admitted for neurosurgery

'falls are a symptom not a diagnosis' 'to be truly mechanical we need a fit person slipping on the ice or on a banana skin' 'fear of falling stops walking'



PRESENTATION: Attended A&E when Age UK Befriender found him stuck in the bath [18 hours]. **DIAGNOSIS:**

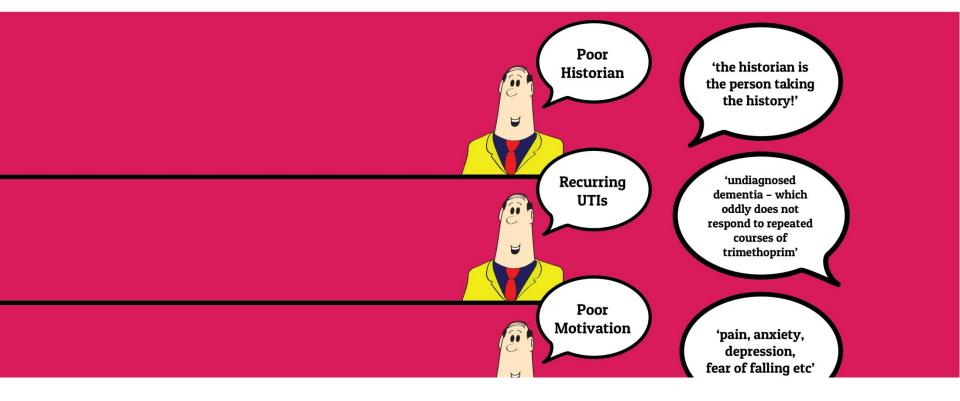
Unable to manage, 'no rehab potential', referred to duty social worker who arranged 'winter bed'. COMMUNITY:

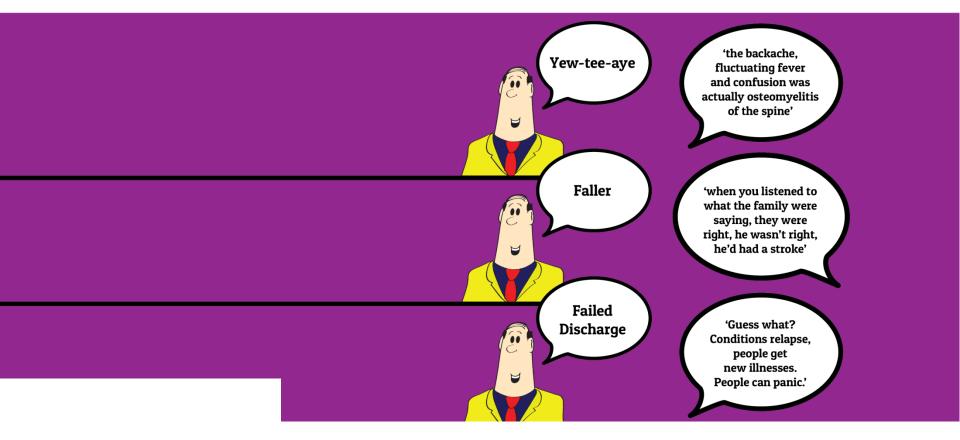
Intermediate care nurse - comprehensive assessment, geriatrician liaison, rapid access clinic and CT head

FINAL DIAGNOSIS:

Stroke and polycythaemia







WHAT SHOULD WE BE DOING?

- Why is the person here and who recognised the problem?
- What is the present functional level?
- What was the previous functional level and can we corroborate?
- Is there a medically reversible reason for the loss of function?
- If we cannot reverse all medical pathology, what can be modified?

WHAT SHOULD WE BE DOING?

Which problems should be prioritised for intervention and what is the risk-benefit balance involved in acting on each?

- If not, can each be reversed by rehabilitation?
- If not, can the disability be overcome with equipment or services?
- If we cannot reverse all medical pathology, what can be modified?
- If the illness trajectory is irreversible, what can we do to optimise comfort, dignity and quality of life?

Summary

- Ageing population specifically increasingly complex needs
- Biggest consumers group most likely have unmet need
- Only medicine has trained specialists workforce development
- There is an evidence base
- Many need hospital in their last year of life
- Several health conditions gradual decline may be missed until crisis
- Know your population
- Ask questions of the data
- Researching this vulnerable group is challenging but is essential

In summary

CGA is key to management

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Ideas for Learning, Consolidation & Competency Achievement

Consolidating Learning:

Reflection on the session & considering application to practice & what this means for 'your people'

- Think about this session in relation to your own role
- How much of this was revision?
- What have you learned today ?
- How will this help you in your role ?
- Think about your EnCOP self–assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development / competency achievement.

Competency Domains:

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More information can be found within the Frailty icare website

www.frailtyicare.org

Our EnCOP pages are located in the workforce section

EnCOP Library of Learning & Development Resources can be found

at:

http://frailtyicare.org.uk/making-ithappen/workforce/enhanced-care-ofolder-people-with-complex-needsencop-competency-framework/encoplearning-resources/learning-resources/ <u>Feedback about today's session and any future sessions you may like to see</u> <u>included in our webinar series....</u>

All feedback welcomed; You may want to consider the following -

Was it easy to book onto the session? Did you find the session went well in this online format ? Was the content of the session relevant to your area of practice / job role? Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in? Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: ghnt.encop@nhs.net