Admission avoidance:

Falls/ Long lie

Patient A:

Patient A is an 80 year old male, he is widowed and lives alone with his pet dog. He has a very good relationship with his son and daughter-in-law who he speaks to multiple times a day and they visit most days. Patient has a pragmatic view of life and does not want to be a burden to anyone, he is generally cheerful and positive.

He doesn't eat well as he doesn't see the point (or have the skills) to cook for himself. His family are aware that if they don't make and deliver meals for him, he will generally have toast as his meals. Patient interjected to say that he might have baked beans on his toast, but agreed when his sone pointed out that he doesn't even heat these first.

Patient A has been diagnosed with colorectal cancer and has opted not to have surgery which is the only treatment he has been offered.

Patient A is on a variety of medications and appears to have a good understanding of what each is for, and when/ how to take them. He sees his GP regularly.

He has begun to feel unwell recently and noticed that he was having to allow around 30 minutes to start feeling steady enough to walk after getting out of bed. He has had a number of non-injury falls in his home over the past few weeks.

The night before he was admitted, he had had a fall going up the stairs to bed, he said it took him around half an hour to be able to get up and get in to bed. In the morning, he needed to go to the bathroom but was feeling unsteady, so he took his time getting to his feet, and held on to things to get to the bathroom.

He fell in the bathroom, and it took him around 2 ½ hours to get to his feet again. Once he was up, he used his stairlift to go downstairs, he made a cup of tea and let the dog out into the bathroom. He decided to make a second cup of tea and once in the kitchen, says he doesn't know what happened, but he fell backwards and hit his head on the tile floor. He couldn't get himself up, even when holding a kitchen chair to help. His son called, luckily his phone was in his pocket so he was able to answer it. His son came around and picked him up off the floor and took him to A&E.

After a fairly long wait in A&E on a Saturday morning, patient was admitted to Ward 1 for assessment. Patient is wearing a yellow falls bracelet, but has not been told what this means. Gets himself out of bed to sit in chair and to goes to bathroom unaided.

He has had CT scan and MRI but no diagnosis or treatment communicated to him or his family as a result.

OT has been to ask about what equipment patient already has and what he might need.

Patient A understands that he needs to get his feet working before he can go home but has not yet seen physio. He was expecting to be discharged on the day of this conversation (Monday) but has been told it depended on what the physio said.

At the time of this conversation, neither the patient nor his family have seen the discharge team.

Patient A has not been given any information about falls therapy or community alarms.

Family have not had any communication from professionals about the care they provide or their willingness and ability to provide it.

The patient had no care package in place prior to admission and is worried that allowing carers into his home will mean he will lose his independence. Because of this, his family are providing around 40 hours of unpaid care each week including shopping, cooking, cleaning and laundry.

Patient says he is occasionally lonely, misses intimacy, but devoted to his dog. Feels very grateful to have supportive son and daughter in law.

Patient A was initially resistant to any conversation about support as he was very protective of his independence. When he was asked how independent he felt in hospital, he became more open to the options available to him. The conversation was ended with the patient and his family being given signposting to services such as AGE UK:MK and the Milton Keynes Community Alarm and response team as well as contact details for the MK Adult Social Care Access Team.

Patient B

Patient B is a 68 year old male who live alone on the top/ second floor in a Housing Association flat, He has no known pre-existing conditions. He has no close family other than his nephew living close by.

Attended A&E after falling while walking 4 months ago, not admitted, he received no follow up as his only injuries were superficial grazing and bruising.

One month ago, patient B was admitted to hospital after passing out in bathroom getting ready for a shower. Luckily downstairs neighbour heard him calling out and was able to get in as, generally, he doesn't lock his door when he is home until he goes to bed. He was admitted for observation and then discharged. No diagnostics or follow up care were deemed necessary.

Patient B went home on a Friday, his nephew was worried about him so organised an AGE UK community alarm after being told about these by a friend. AGE UK:MK installed the keysafe and alarm the following week.

Three weeks after this discharge, patient B fell while walking from his bedroom to the bathroom and could not get himself off the floor. He used his alarm and the AGE response centre called ambulance. He lay on the floor for a few hours until the ambulance arrived, they didn't have the code for the keysafe so they called the fire brigade.

The downstairs neighbour saw the ambulance, and when the Fire Service arrived, they went to see what was happening. Luckily, the neighbour still had a spare key following the previous incident and were able to let ambulance in. Patient B was conveyed to hospital because of the long lie caused by wait for ambulance response to a non-injury fall.

When spoken to, patient B was in the PDU, in bed, in hospital pyjamas. He was waiting for his nephew to arrive to pick him up and take him home.

Patient B was still wearing his alarm bracelet but did not have a yellow falls bracelet on. He had not seen the discharge team and was unaware that there was a falls therapy offer available. He was not given any follow up assessment or treatment following this admission. As far as the patient was aware, there had been no attempt to explore the reasons he was beginning to fall. Patient B told us that said he thought his falls were just 'unlucky'.

General Admission/ Attendance Avoidance

Patient D

Patient D is a 67 year old male who is widowed and lives alone. His daughter lives close by. He was admitted for a week after contracting an infection following a bladder procedure.

Patient D told us that he had been told that an infection would not be an unexpected occurrence after his procedure so, when he started feeling unwell, he called his GP Practice to make an appointment. After two days of not being able to get an appointment, his daughter went down to the practice who told her to call 111. The 111 service called the practice who got a paramedic to call the patient and they organised the Urgent Response Team to come and take bloods.

Patient B was admitted to hospital for treatment of the infection. He has not heard of the Virtual Ward.

He was in the PDU when we spoke to him, in bed, in his hospital pyjamas, waiting for his TTOs to be sorted so he could call his daughter to come and pick him up.

He was being discharged with no social care needs. The medical follow up is to continue a course of antibiotics for two weeks, and then go to his GP for a blood test.

He was very complimentary about the care he has received in hospital and said he wanted for nothing.