

Grúpa Ospidéal
Oirthear na hÉireann



Capacity Building and Assisted Decision Making – the Acute Hospital Context

Amanda Casey, May 2024

Principal Social Worker, Assisted Decision
Making and Adult Safeguarding



ADVERTISEMENT



Features

Transitions of care: A patient's most dangerous journey

By Catherine Reilly - 09th Jul 2023

UHL apologise after attempts made to remove an elderly dementia patient at 4am



Hospital overcrowding in Ireland has become 'undoubtedly dangerous', emergency doctor warns

Ireland's Health Service Executive says it is putting in place extra measures to ease the crisis in its hospitals - including implementing seven-day working - but that the current situation is worse than even its most "pessimistic modelling".

HOME PAGE / NEWS

Overcrowding continues at almost all hospitals around the country



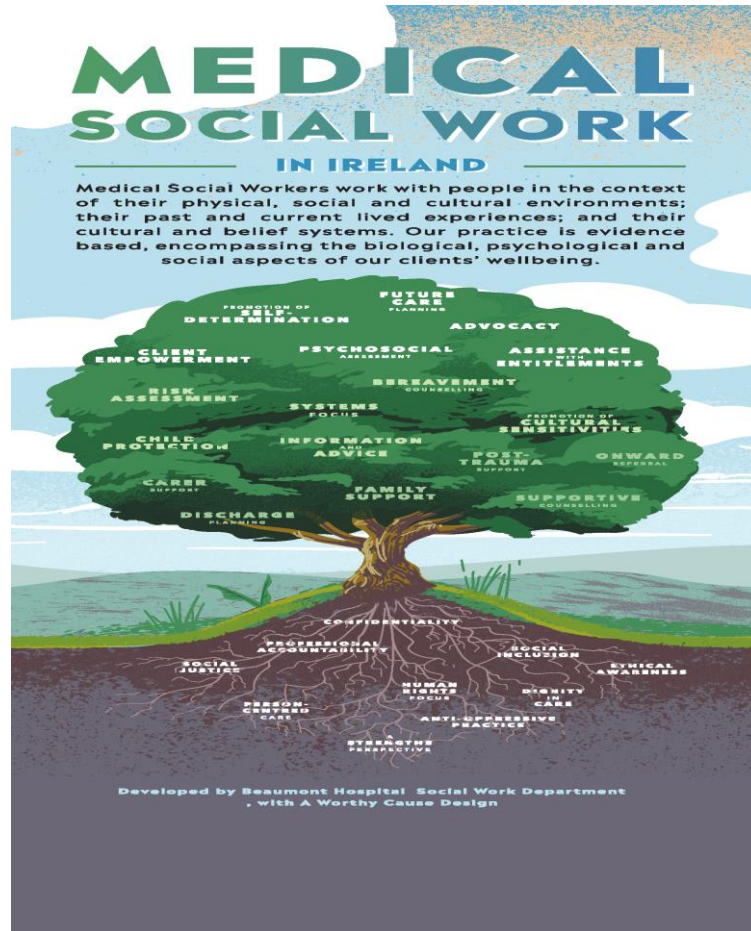
The highest number of patients waiting was at University Hospital Limerick with 73 waiting for a bed.



Acute Hospitals today



Social Work Role in Supporting Decision Making



What decisions need to be made?

- Hospital admission is often precipitated by a crisis.
- Ireland has traditionally low rates of advanced planning and formal expressions of preferences
- Context for decision making is limited by time, resources and emotions
- Prolonged hospital stay carries inherent risks
- Transitions of care also linked with poor outcomes
- Key decisions needed re treatment options, place of care, discharge destination and advance care planning



What can be done to build capacity?

1

Consider person's
schedule – dialysis,
chemo, time of day

2

Consider person's
needs – hearing, sight,
seating, language
support, translation,
communication aids

3

Consider location –
room, corridor

4

Consider support
network – who is
important to the
person, can they be
present

5

Consider language –
medical terminology,
open questions,
reframing

6

Consider body language
– sitting position, eye
contact



Case example

- John 85 admitted to acute hospital with increased confusion and general decline in physical functioning.
- Diagnosis of dementia, limited formal and informal supports available. Clinical recommendation for residential care, patient and family in agreement.
- Assessment noted difficulty retaining information and initiating, planning and sequencing personal care.
- MSW explored Fair Deal application with John, concern re ability make decision on nursing home loan.

Considerations

Is there a trigger for assessment of capacity?

What is the decision to be made?

What is the least restrictive option?

How can we maximise John's capacity to make this decision?

1. Seek and encourage support network
2. Develop relationship and build trust
3. Language
4. Creativity

Presume Capacity

No Intervention unless Necessary

Minimise Restrictions on Rights and Freedoms

Support Decision Making

Consider the views of other people

Give effect to the persons will and preferences

Occupational Therapist assisted and guided MSW in preparing prompts to support pt in reorientation and discharge planning

Why am I here?

- I am in St. Michael's Hospital in Dun Laoghaire.
- I came here because I was sick.
- I am now healthy.



Where am I going?

- I am moving to a Care Home from the hospital.
- I am moving to a Care Home because I need more support to live safely.
- Valerie and my family are looking for a lovely care home close to Stillorgan.

