Co-operative Councils Innovation Network

HEALTH & SOCIAL CARE
Telford & Wrekin Council

SUPPORTING PEOPLE IN A HEALTH CRISIS - Successful integrated rapid response service supports Bob to remain at home

The Health and Social Care Rapid Response Team (HSCRRT) is a new co-located integrated community rapid response service which operates 7 days a week from 8am to 10pm. The team supports any person aged over 18 who are experiencing a rapid decline of their health and are in crisis. This case study is an example of the work the team do to support people's outcomes and prevent them being admitted to hospital.

Bob is 76 years old and lives at home.

The HSCRRT received an Ambulance referral as Bob had fallen sustaining a head injury and family were concerned that Bob had suddenly deteriorated. At HSCRRT triage it was assessed that the team's paramedic and physiotherapist would visit Bob.

Upon arrival the paramedic completed a full clinical and neurological assessment with Bob and physiotherapist also completed a musculoskeletal and falls assessment with Bob.

The assessment by the Physiotherapist highlighted that Bob was seated in a dangerous position on the end of the recliner chair causing potential harm to his skin and the potential risk of him having another fall.

The paramedic identified that Bob had an extensive skin disorder and his clinical presentation was indicative of an infection with leg inflammation, pain and oedema.

HSCRRT were able to access Bob's GP history which identified that he was being treated for cellulitis. However, it was evident that it had not responded to oral antibiotics despite being on a course of antibiotics for 4 days. The paramedic consulted his findings with the HSCRRT senior nurse who is a non-medical prescriber. The HSCRRT Senior Nurse visited Bob to complete an assessment; the outcome of which was for Bob to be stepped up onto

intravenous antibiotics (IV) and prescribed the course of treatment to be administered by the team.

Bob was given IV antibiotic treatment and was reassessed over the next 3 days by HSCRRT. To further support Bob whilst the treatment took effect, the HSCRRT Social Worker commenced a package of care, initially four times a day with 2 carers.

After 3 days, Bob's mobility had significantly improved and he was able to return to sleeping upstairs. The package of care was reduced after 3 days to 3 visits with one carer.

HSCRRT liaised with Bob's GP throughout his time on the service to ensure he was aware of the team's intervention and treatment prescribed.

Bob received IV antibiotics for 3 days and he was switched back to oral antibiotics to finish his treatment. He was discharged from the service after 5 days to the care of the locality social workers and GP.

HSCRRT intervention outcome: Bob remained at home rather than being admitted to hospital, which was his wish.

Bob had access to responsive, timely interventions and treatment by multiple professionals from one seamless service which prevented duplication of services, delay in treatment and provided care closer to home.

Historically, Bob would have been admitted to the acute hospital with a potentially prolonged stay which would have led to deconditioning and a reduction in his function requiring increased support to return home. (A 75 year old has an average length of stay of 9 days.)

Read the full report here…

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