



NURSING HOME SUPPORT SCHEME

A Retrospective Chart Review; (CSAR)

MSc Health Care Ethics and Law.



Purpose



- **To identify if consent for long term care was demonstrated in section 4 of the CSAR.**
- **To identify if the information supplied on the CSAR document is of sufficient quantity and quality for the purpose of supporting decision making by the local LPF.**





Based on Legal Obligations and Best Practice

Constitutional law : Personal Rights :

- Articles 40.3 unenumerated right to bodily integrity as in self determination
- 40.4 (Liberty and Freedom).

- **EU Convention on Human Rights Act 2003:**
- Article 5; Right to Liberty and Security.
- Article 10; Freedom of expression.





Based on Legal Obligations and Best Practice.

- Nursing Home Support Act 2009
- National Guidelines for the Standard Implementation of the NHSS
- CSAR NHSS Guidance Document 2011
- National Consent Policy 2017
- Data protection Act 2018 -GDPR
- Ethical Guidelines : Medical Council 2016



Methodology

- Cross sectional retrospective chart review.
- Over a 6 month period ; February 2018 to July 2018 inclusive.
- Simple randomization based on the agendas in all 3 LPF areas.

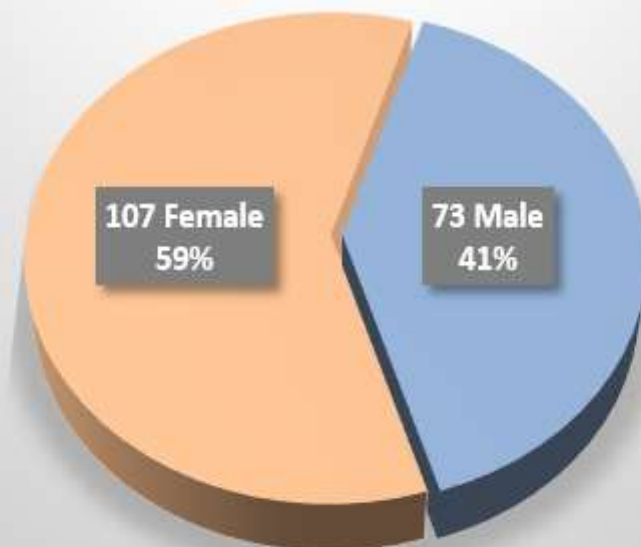
- Nth Tipperary / East Limerick: 1:3. Total 60.
- Limerick: 1:3. Total 60.
- Clare : 1:2. Total 60.



RCSI

Findings

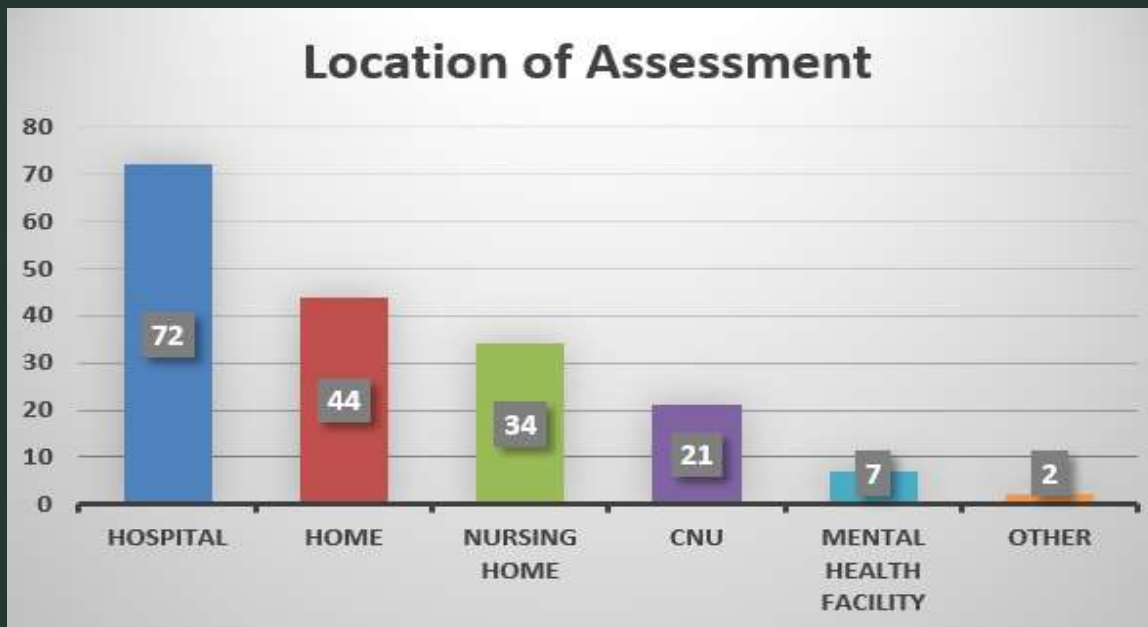
Gender Split



Represents a 18% increase of female applicants over males
Partly explained by the variance in mortality rates; 79.3 for males and 83.3 for females.(CSO 2015)



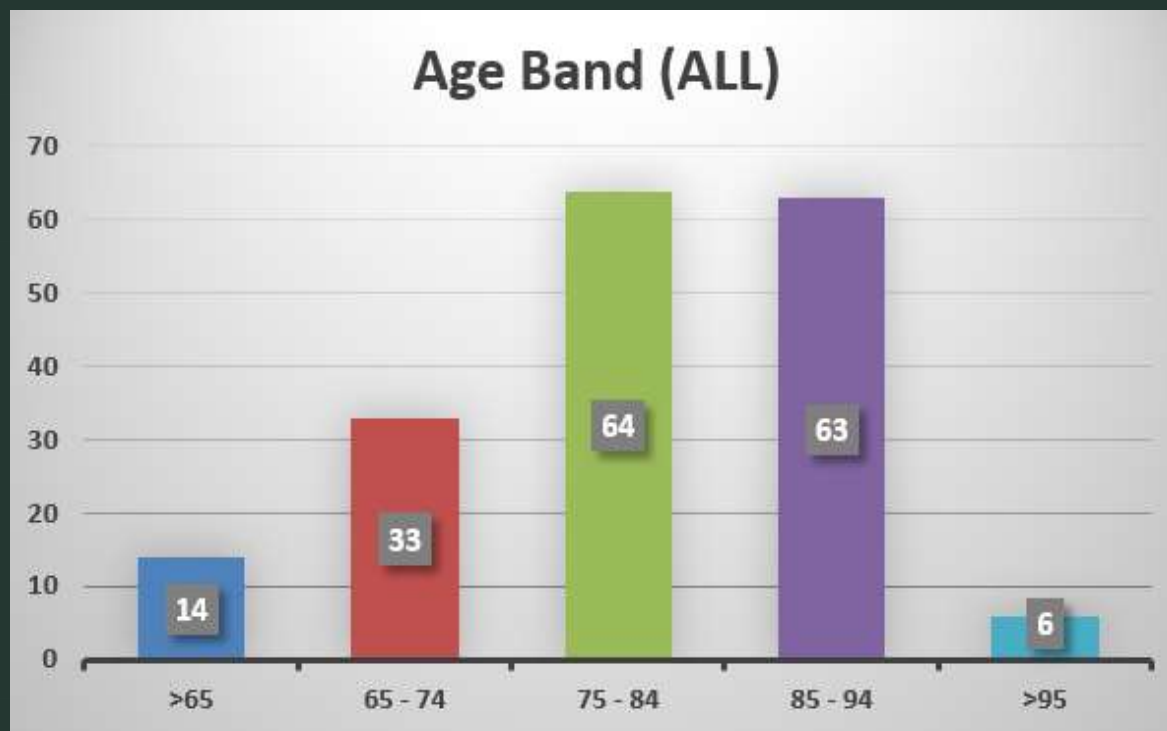
Findings



- 40% in Acute Hospitals.
- 19% in Nursing Home Care.
- 4% in a Mental Health Facility
- 24% in their own own home.



Findings



Under 65 years of age : 8% (youngest 24 years.)

under 75years of age : 26%

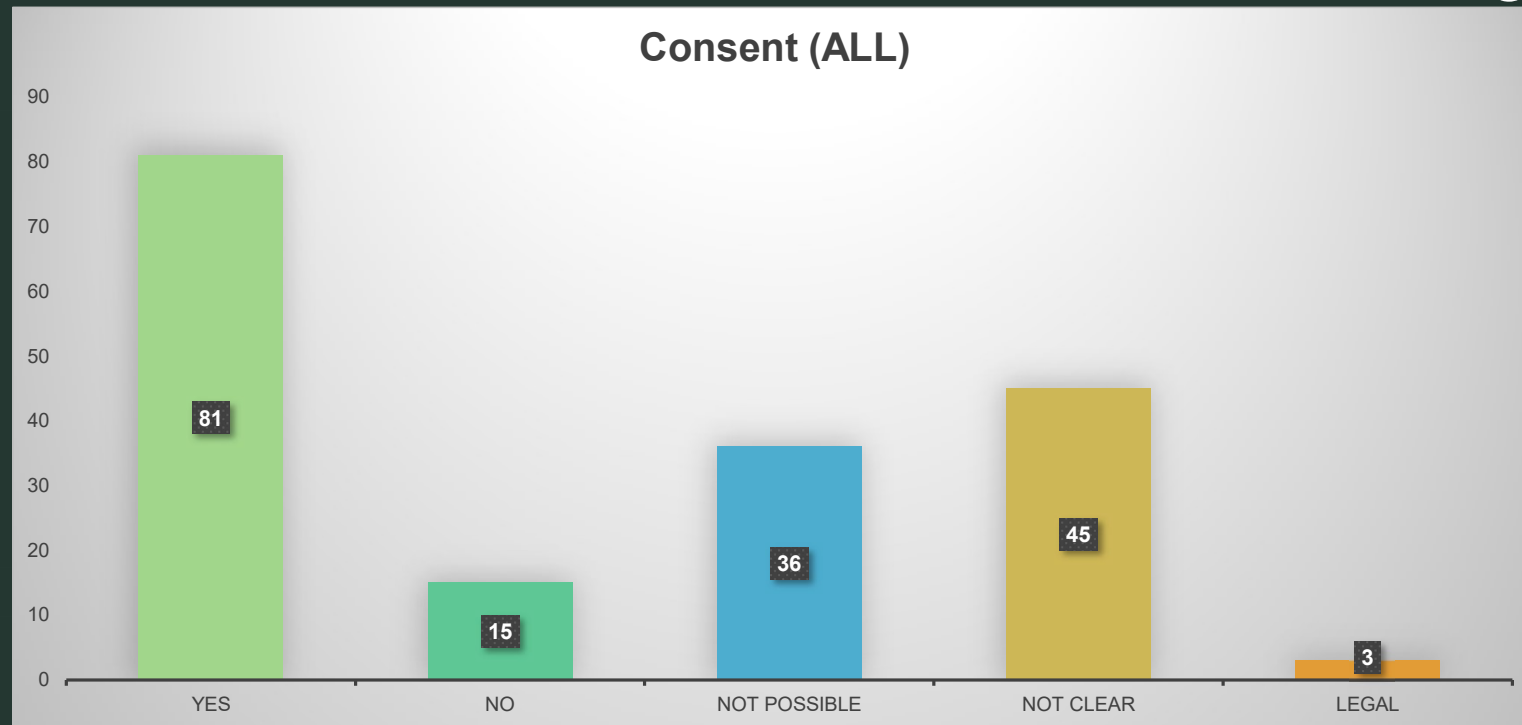
National Figures: (IGEES 2017) .

Under 65years : 5%

Under 75 years : 16.7%



Findings



45% of applicants were agreeable to Long Term Care.

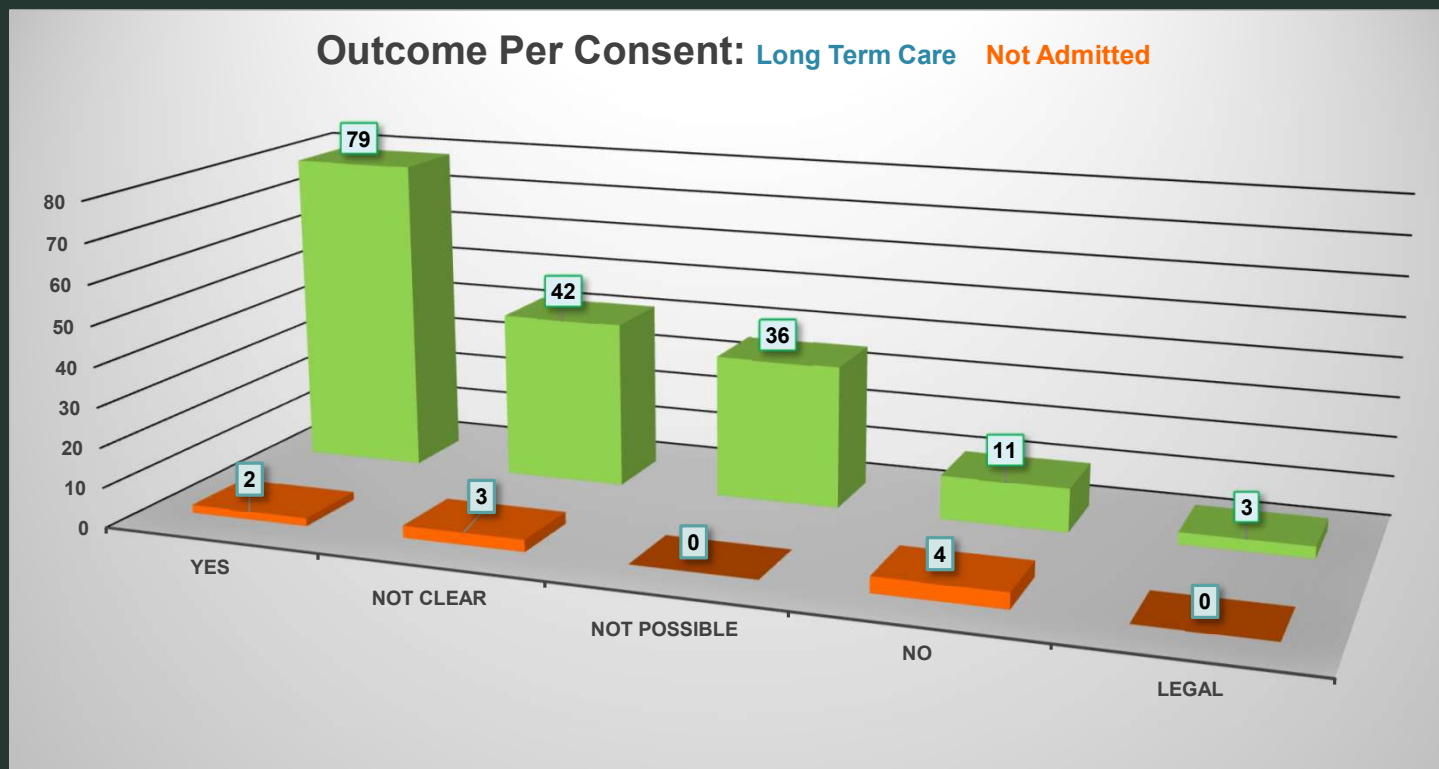
1.6% had legal basis .

Remainder 53% either there was no demonstration of will and preference, or it was unclear or not possible to obtain.



RCSI

Findings





Findings



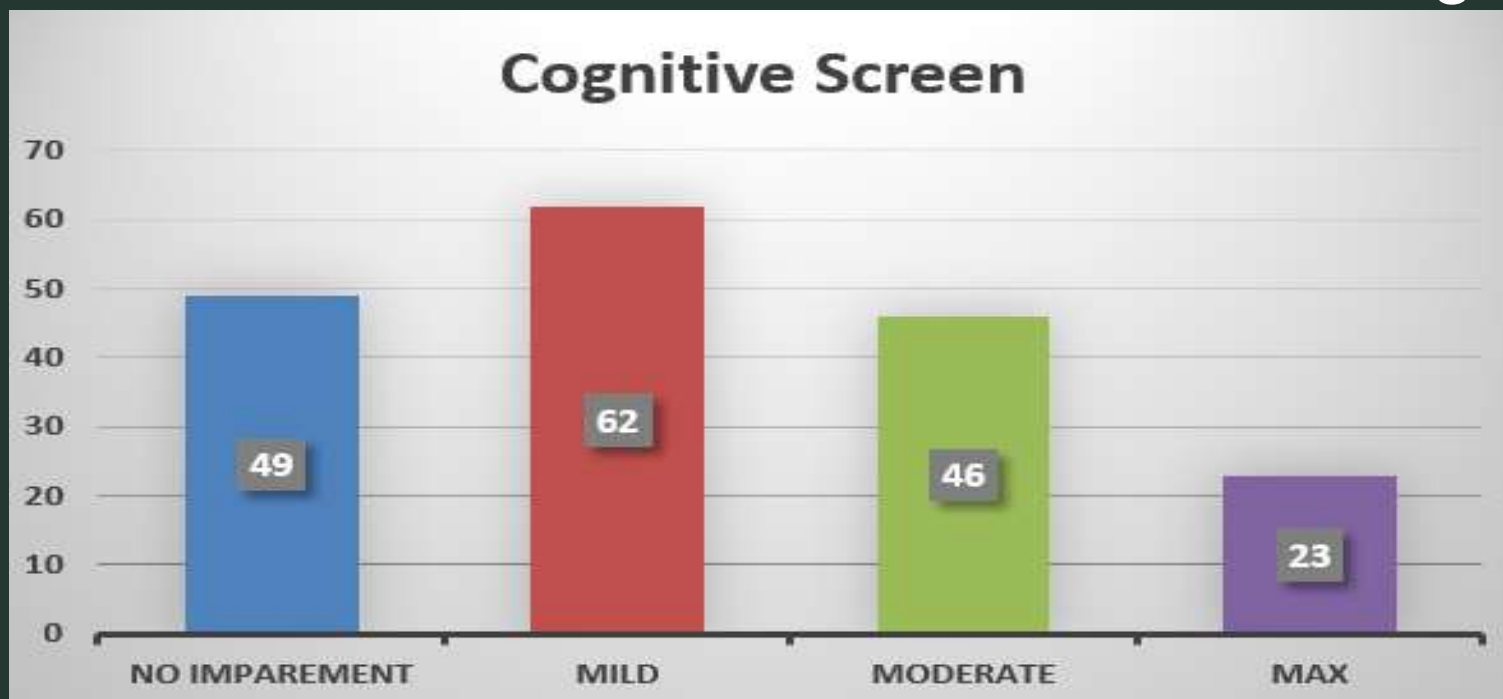
The Barthel assessment in this review must be considered with caution as 59% of the applicants were either in acute care or Nursing Home care.

2 Independent were deemed to require LTC.

2 of the Low Dependency group were deemed not to require LTC.



Findings



62% were deemed to have either no cognitive impairment or a mild form of impairment yet it was only possible to get some form of clear consent from 45 % of those reviewed.



Section 4



- “Discussed with family, happy for Mr A to go to LTC, safety a concern.” Daughter nominated as decision maker.
- High needs: 14hr HCP Barthel 6. Retains most information, orientated in place and person.





Section 4

- Will accept HCP wishes to stay at home but is agreeable to LTC at present. ? she knows she needs a higher level of care at present.
- Hr 1hr of H/H. Lives with brother MMSE 21/30
- Diagnosis ; Fractured pelvis, ? no rehab offered.
-

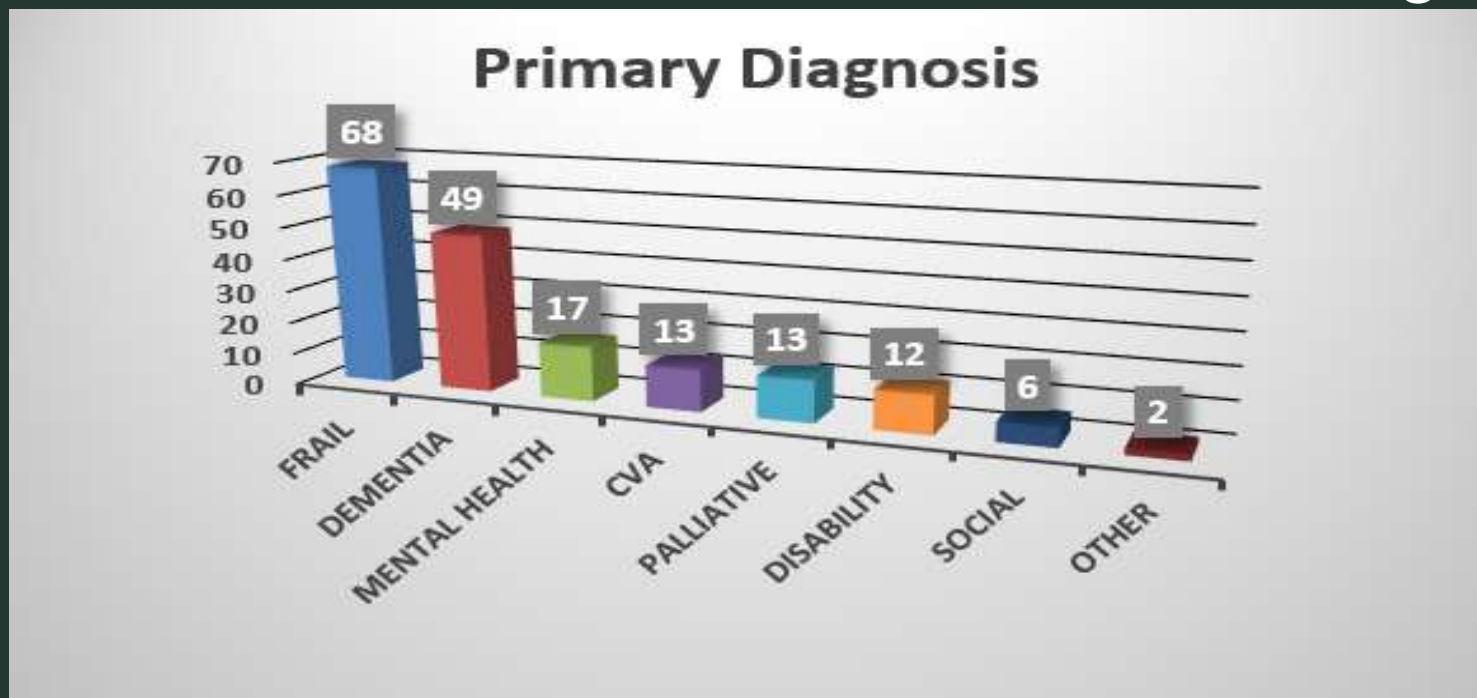


Section 4

- “Not discussed with Mrs Y , Niece who is NOK has made the decision re LTC. “
- Barthel 10 MMSE 12/30. Difficulty speaking but retains information and indicates needs non verbally.
- No evidence of effort to discuss with client.



Findings

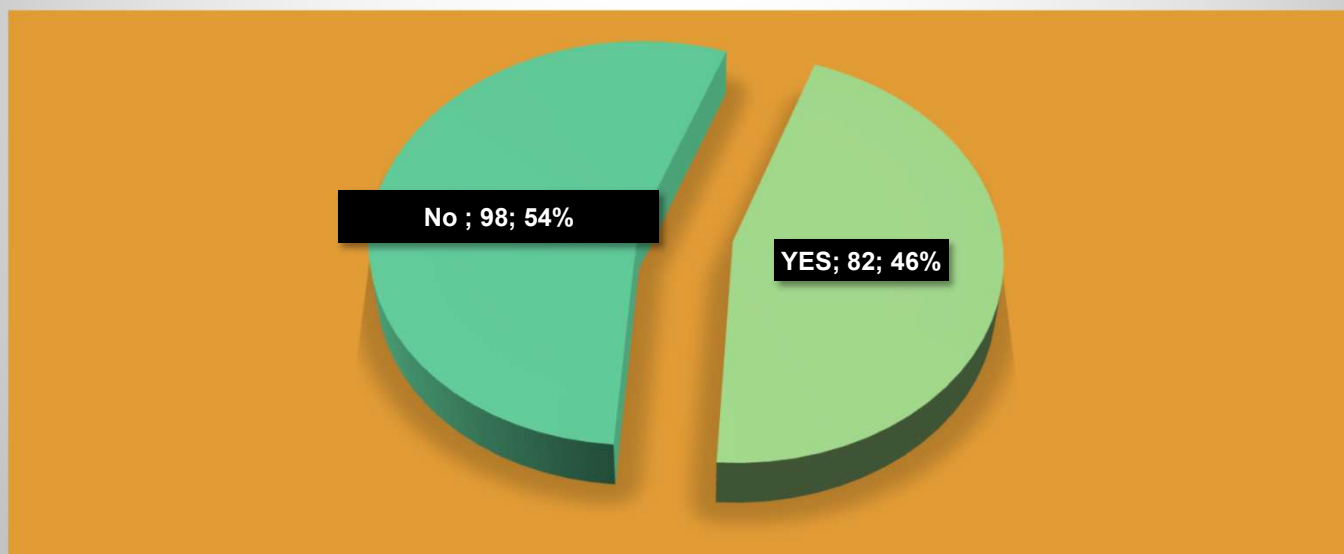


The primary diagnosis of frailty made up 38% of those who applied for LTC.
Primary diagnosis of mental Health made up 9%
Primary diagnosis of disability or palliative care both made up 7% each of the total applicants reviewed..



Findings

CSARs with MDI Input

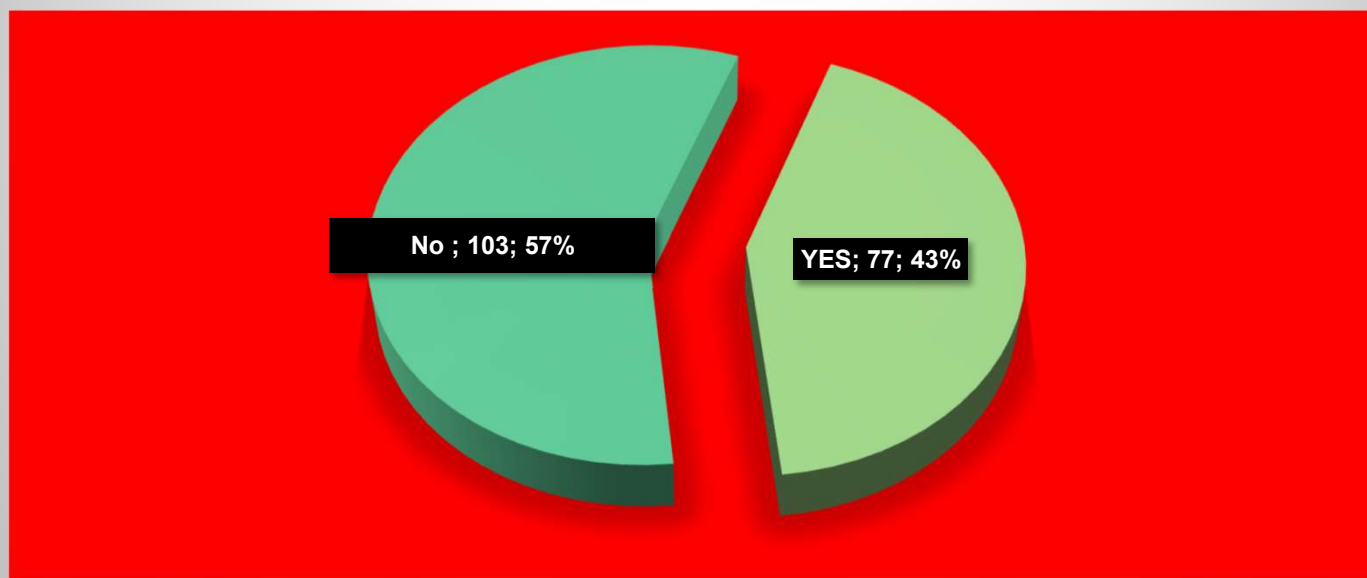


Multi-disciplinary input mainly occurred in the Acute Hospital / Mental Health and CNU setting and normally involved either the Intern or SHO completing the diagnosis section.



Findings

CSARs with Professional Reports



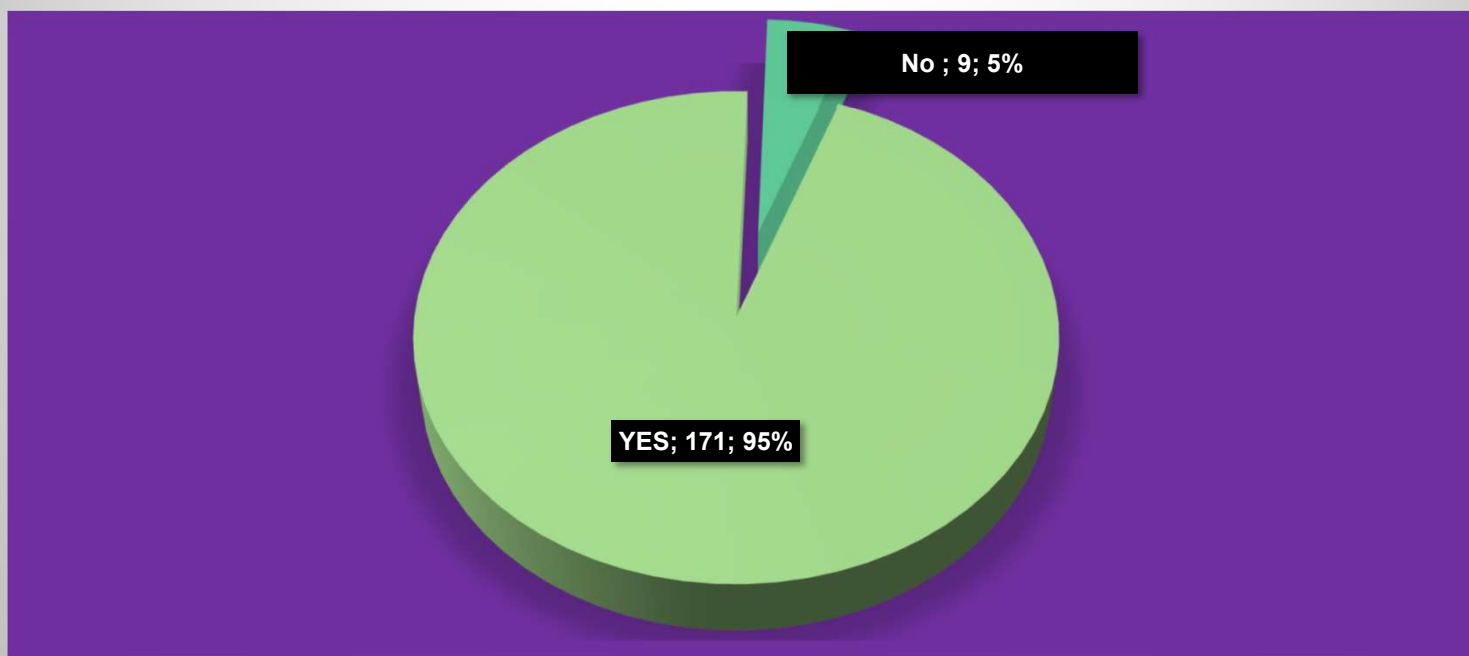
The majority of reports included GP letters and Community Nursing Reports.
Little or no reports from the acute services.
Very detailed OT / Physio reports from the Rehab Unit.
Small number of Psych Geriatrician Reports .





Findings

LFP Outcome





Next Steps

- Full Implementation of ADMA
- Location of Assessments
- Independent Advocate
- Review of the CSAR
- National Office of Long Term Care and Integration



Thank You

Martina Duffy