Patient story: extensive care

Background
Medically the patient suffers with COPD, heart failure, type two diabetes, diverticulitis and cellulitis. In addition to this she has had various cancers (including chronic lymphoid leukaemia) treated with a mastectomy, chemotherapy and radiotherapy. The cancer treatment has left her with greatly thinned hair and a scar on her face. These factors have added to the patient's lack of confidence. She is 80 years old and lives alone in a privately owned flat. The patient's husband died a few years ago leaving her living alone with her cat and socially isolated. She has family in the form of nephews but they do not live close by and there are frictions in the relationships.

The initial assessment at the patient's house was carried out in the afternoon, she was still dressed in her night clothes and the house was quite cluttered and untidy. Socially she did very little, struggling to get out and about due to her mobility and the fact her disabled badge had expired. She also appeared quite low in mood. On the morning of her clinic appointment she attempted to cancel reporting that her IBS was playing up. However, after a wellbeing support worker arranged to meet her at clinic and go through the appointments with her, she felt more encouraged by this support and attended. The patient gets anxious about having to see people and has since tried attempted to cancel or not attended a number of appointments due to feeling unwell.

MyPlan
The myPlan goals for this lady were to:
- renew her blue badge;
- get a wig;
- arrange for a cleaner to help with her housework;
- and to look at her wellbeing needs through getting her involved in various social activities so as to reduce her loneliness and improve her mood.

Wellbeing Support Worker Input
The patient required a lot of support in achieving her goals, and at times is very difficult to engage with. The wellbeing support worker input has been very much focused on empowering her, and giving her the confidence to do things for herself by providing help and initial support. For example, the patient's wellbeing support worker provided a lot of support and encouragement in improving her attendance by meeting her for appointments and supporting her throughout. The patient now regularly attends.

Wellbeing support worker input has also continuously been concentrated on supporting the patient's anxieties, this has enabled her to go on respite at a care home and attend day therapy at Trinity Hospice. This has in turn increased her social activity. The patient was also encouraged to have regular coffee afternoons with her friend who lives in the same building but that she rarely sees, and she now has a much better relationship with this woman who has provided social support. The patient's wellbeing support worker also arranged with the cancer unit to send wig vouchers to help with the cost of a wig. Due to her anxieties it took a long time to obtain the wig as the patient kept cancelling her fitting appointment but with continued support she eventually attended.

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After long discussions around the benefits, I referred this patient to social services and she now has daily carers who come in to bathe and cream her legs; she is delighted that her legs have improved drastically and cause her much less pain. We are looking in the future to increase this care package to include cleaning responsibilities as she has had a lot of problems with private cleaners - she initially wants to get used to having carers just coming in to provide care to her legs before we added more visits.

During time on service the patient was in a RTA and as a result I had to assist her in giving up her licence and getting her car SORN because she struggled with the paperwork and making the phone calls. Following this she no longer wanted to pursue renewing her blue badge so this goal was removed.

I provided the patient with a 'breathe easy CD' to help with relaxation, reduce anxiety, and improve her mood. I encouraged her to use it at night when she can't sleep, which she found beneficial. To reduce the stresses of remembering to take all her medications we have arranged blister packs to ensure she is taking all her medication in the correct manner, especially her anti- depressants.

Recently the patient was admitted to hospital and got in touch with me as she was concerned about her cat and who would be able to feed it. She asked me to contact her neighbour to ask her to feed it, however the couple were going on holiday so I referred the case to social services in order for them to deal with the situation. She was incredibly grateful for this and it significantly reduced her anxieties during her stay in hospital.

Future Plan

Overall, although there is still a lot of work to be done with this patient we have greatly improved her life in getting her a care package in place, improving her attendance record, supporting her to become more socially active, and building her confidence.
Work with this individual is ongoing, and I aim to work at increasing the care package to include cleaning visits to try and reduce the falls risk of her cluttered flat. Clinically she has a lot going on with medications so this is taking priority at the moment. We will be looking to discharge this patient once we have sorted these two issues.

Clinical Input

The patient was identified at her initial assessment to have a large number of problems including significant anxiety, chronic pain (requiring significantly high dose amounts of opiates), recurrent falls and poor mobility. These were in addition to her chronic long term conditions of COPD, diabetes (type II), narcolepsy, obstructive sleep apnoea, heart failure, haemolytic anaemia and chronic lymphocytic leukaemia. A plan was made to start to manage these problems with input from the Extensive Care Team. She was found to be vitamin B12 deficient and treatment was arranged with the support of the community nursing team.

The patient was subsequently admitted whilst on holiday in another part of the country. On her discharge and return she was reviewed and a number of investigations that had been suggested by the admitting team in their discharge documentation were avoided as they did not have access to local records. Additionally some simple investigations on our part excluded the requirement for more complex ones.

Given the patients multiple problems a DNA CPR order was discussed and agreed along with the completion of a Preferred

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Priorities of Care document. She was also referred to and attended the local hospice day therapy unit.

Through monitoring of blood investigations it was noted that a previous haematological condition had relapsed. The team were able to act promptly liaising with the haematology team within the acute Trust. Also investigations were initiated from the community without the necessity of waiting for a specialty outpatient clinic. The patient was supported in the instigation of various new pharmacological agents such as high dose steroids and oral chemotherapy.

She received prompt assessment and treatment for a number of minor respiratory and urinary tract infections as well as episodes of lower limb cellulitis. A significant amount of input was given by the pharmacy team (lead pharmacist and pharmacy technician) due to major concerns regarding adherence especially high dose opiate medications. A full optimisation review was performed followed by further assessment with the support of her local pharmacy to determine the utilisation of her medications. Adjustments were made to her regime and excess medications removed from her home. For a period of time she received weekly input from the pharmacy team.

The patient's blood investigations are constantly monitored and when required arrangements are made for her to attend the Primary Care Assessment Unit as a day case patient for blood transfusions. She will require ongoing clinical support especially for her haematological problems.