PRINCIPLES AND PROCEDURE FOR CARE AND MANAGEMENT OF VULNERABLE PATIENTS (16+) WITH A COGNITIVE IMPAIRMENT WITHIN A HOSPITAL SETTING

Author (s): Learning Disability Nurses, Acute Hospital Learning Disability Liaison Nurse
Version: 2
Authorised by: Clinical Policy Group
Date of Authorisation: Sept 2013 Review Date: Sept 2016
Date added to Intranet: September 2013
Key Words: Cognitive Impairment, Care Management
Comments:

Key Messages

A person with cognitive impairment may be identified as having either permanent or temporary loss of cognitive function due to a pre-existing condition such as a learning disability, brain injury and dementia, or acute conditions such as stroke, drug or alcohol abuse.

This policy applies to all staff employed by NHS Lothian working in a general hospital setting who may provide care to this patient group.

People with cognitive impairment are extremely vulnerable within an inpatient hospital setting and the purpose of a risk assessment is to minimise their vulnerability by identifying, assessing and controlling risks.

Consent is both a legal requirement and an ethical principle and requires to be obtained by health-care professionals, prior to the start of any examination, treatment, therapy or episode of care**.**

Most adults (16 years and over) will have abilities and capacity in many areas of their life – although they may need support in some aspects of daily living. Others may need considerable support with skills and decision-making.

The principles of the Adults with Incapacity Act should be considered at all times. This means in practice that any procedure should be in the patient's best interests, it should be the least restrictive option.

The policy can be found at Homepage>Healthcare>Clinical Guidance

Minimum Implementation Standards

Good Practice for Managers

- Has identified the staff in his or her area to whom this policy applies and has given the policy (or selected excerpts) to them.
- Has assessed the impact of the policy on current working practices, and has an action plan to make all necessary changes to ensure that his or her area complies with the policy.
- Has set up systems to provide assurance to him or her that the policy is being implemented as intended in his or her area of responsibility.

Good Practice for Employees

- Has read the policy (or selected excerpts) and considered what it means for him or her, in terms of how to conduct his or her duties.
- Has completed any mandatory education or training that may be required as part of the implementation of the policy.
- Has altered working practices as expected by the policy.

1. INTRODUCTION

This document has been developed by NHS Lothian to support the care of vulnerable patients with cognitive impairment within a hospital setting.

A person with cognitive impairment may be identified as having either permanent or temporary loss of cognitive function due to a pre-existing condition such as a learning disability, brain injury and dementia, or acute conditions such as stroke or through drug or alcohol abuse.

This may mean that they are unable to communicate their own needs fully or comprehend the information they are given. They may present with behavioural problems or mental health needs, which necessitate additional support to enhance the standard of care.

The Equality Act 2010 makes it a statutory duty for NHS Lothian to:

- Promote positive attitudes towards vulnerable patients and take steps to meet their needs, even if this requires more favourable treatment
- Eliminate discrimination and harassment of vulnerable people.

2. AIM / OBJECTIVES

To provide a set of principles and pathways for all NHS Lothian employees to ensure that a high standard of care is provided through out the patient's journey.

To highlight the issues of consent and advocacy for vulnerable patients with reduced cognitive impairment and to enhance communication between the patient carer and health care professionals.

To improve and maintain staff and patient safety.

3. SCOPE

This guidance document applies to all staff employed directly or indirectly by NHS Lothian working in a hospital setting who may provide care to this patient group.

4. EVIDENCE BASE

Recent Scottish and National Government policies have identified people with cognitive impairment as a vulnerable group, this includes people with a learning disability, mental illness and dementia.

This document is supported by The European Convention on Human Rights, The Human Rights Act 1998, The Adults with Incapacity (Scotland) Act (2000), the Disability Discrimination Act (1995) and the Disability Discrimination Act (2005), the Equality Act 2006, the Mental Health (Care and Treatment)(Scotland) Act 2003, Adult Support and Protection (Scotland) Act 2007,Right to treat? Mental welfare Commission for Scotland (July 2011)

5. RISK ASSESSMENT/SCREENING

People with cognitive impairment are extremely vulnerable within an inpatient hospital setting and the purpose of a risk assessment/screening is to minimise their vulnerability by identifying, assessing and controlling risks.

Each clinical area will provide person centred care to vulnerable patients and follow specific pathways to enhance the journey of care for each patient. These local/specific pathways should be developed using the core principle, see appendix 1.

When assessing individuals for capacity, on going care management, discharge planning, this should be done at a time and in a place that takes account of the patient's cognitive impairment / disability, in order to maximise the person's optimal performance and ability e.g. free from distractions, the effects of medication and not during periods of increased anxiety or agitation.

NHS Lothian supports the Australian/New Zealand Standard: *Risk Management* (AS/NZS 4360:2004), which provides us with a framework for the identification, analysis, evaluation and prioritisation of risk. The risk management process involves a series of steps, which can be applied to a wide range of activities and decision-making. See also NHS Lothian Risk Management Strategy.

Risk assessments are designed to enhance and complement the staff's existing skills of observation, communication and assessment and will help manage any risk identified. This additional information should be used to develop a comprehensive patient care plan.

It is considered good practice to obtain information using the Generic baseline risk assessment and the 4AT screening tool for delirium and cognitive impairment, prior to an individual's admission to a general hospital setting, such as during a pre-assessment visit, within A&E or in acute receiving units, whilst any carers/appropriate others are present (see Appendix 2).

It is, however important to be aware that not all problems are as a result of a patient's cognitive impairment and staff should not fall in to the trap of labelling patients.
In the absence of a clear patient history some actions taken to manage or control such "problems" may only serve to create further (or even severe) risks, e.g. a patient who is agitated and restless may be unable to communicate that they need the toilet – and can't find it.
Attempts to manage this behaviour with psychotropic medication may result in an increased risk of falls, or even aggression, due to the frustration and embarrassment of now being incontinent.
Any guidance should explicitly link to the Vulnerable Patient Pathway and with the principles of the Adults with Incapacity Act to be in the patient's "best interest" and be the "least restrictive option".

The principles of the Adults With Incapacity Act should be considered at all times as well as the core principles of both the Mental Health(Care and Treatment)(Scotland) Act and the Equality Act 2010 Act.

By taking all of these points into consideration staff should use the Generic baseline risk assessment to determine whether the needs can be managed using existing resources or if they are such that additional support may be required.

It is important to note that the risks identified may change during the patient's hospital journey and may require to be reassessed in response to the changing needs of the patient, such as:

- Pre – surgery or procedure – when patient may present with needs not previously identified
- Post – surgery or procedure – where the patient's support and supervision needs are increased
- Where the patient's anxiety or stress associated with hospitalisation is impacting on the patient's ability to cope with the situation.
- Improvement or deterioration in patients' presenting condition.
- Any other significant circumstances

6. CAPACITY AND CONSENT

Consent is both a legal requirement and an ethical principle and requires to be obtained by health-care professionals, prior to the start of any examination, treatment, therapy or episode of care**.**

In Scotland, everyone over the age of 16 is an adult. The law assumes that an adult can make their own decisions and can sign legal documents, such as consent to medical treatment (in some circumstances this can also apply to children under the age of 16) provided they have the capacity, which means they are able to understand what is involved in the proposed treatment, retain the information, be able weigh up the information needed to make the decision and then communicate that decision.

A vulnerable patient with a cognitive impairment does not necessarily lack capacity. Capacity depends on the circumstances and the decision or action that needs to be taken. Many people are capable of understanding and making a decision about some things but not others.

The impact of a person's cognitive impairment can vary enormously. Most adults will have abilities and capacity in many areas of their life – although they may need support in some aspects of daily living. Others may need considerable support with skills and decision-making.

The Adults with Incapacity (Scotland) Act was passed by the Scottish Parliament in 2000. It offers a range of options to assist an adult who lacks the capacity to make decisions and manage different areas of his or her life. It is possible for another adult to be given powers to make decisions on behalf of someone who cannot act for him or herself, and it provides guidelines within a legal framework to assist health professionals ensure that patients can make informed decisions about healthcare interventions.
The Act says that someone is "incapable" when he or she cannot:

- Act; or
- Make decisions; or
- Communicate decisions; or
- Understand decisions; or
- Remember decisions, because of mental disorder or inability to communicate.

This does not include people whose **only** problem is that they are unable to communicate if this can be overcome in some way using either human or mechanical help.

The principles of the Adults with Incapacity Act should be considered at all times. This means in practice that any procedure should be in the patient's best interests, it should be the least restrictive option. Practitioners should also take account of the patient's past and present wishes and also the views of significant others, as well as the core principles of the Disability Discrimination Act

Please also refer to the NHS Lothian Policy on Consent.

7. PROCEDURE

7.1 Involvement of other services

As stated patients with cognitive impairment are vulnerable within a hospital setting. They may not be able to give information about their condition, understand what is happening or communicate their wishes. Therefore it is best practice that others who know about them are consulted. This can include a wide range of people, for example:

- Husband/wife or partner
- Other relatives or next of kin
- Carers –formal and informal
- Residential care staff
- Welfare guardians
- Primary care staff – including General Practitioners, Community Psychiatric Nurses, and District Nurses
- Allied Health Professionals
- Social work staff
- Mental Health Officer

It is particularly important to consult widely when considering issues of risk management and the patient's carer /relative or appropriate other, should provide information on the patient's ability to tolerate treatment, their behavioural management and ability to understand and consent and the requirements for discharge planning.

It is good practice to consider using an advocacy service for patients where the person lacks capacity. Or where there may be there may be difficult decisions to make or where there is a dispute, or contention, about care.

7.2 Risk Assessment

The patient, or if appropriate, the person accompanying the vulnerable patient should be assisted to complete the Generic baseline risk assessment (Appendix 2).

If they are not able to give sufficient or complete information then the assessor should consider additional sources of information, having obtained consent if appropriate. Other sources could be:

- Main carer – whether formal or informal
- Residential care staff
- Community psychiatric team/ medicine of the elderly team
- Gp or other Primary care staff

Some patients or carers may find certain aspects of the assessment difficult to discuss, such as those areas of mental health or aggression and therefore these are tools that should be used in a sensitive manner.

Staff have to consider how control measures can be managed during the admission. This could include:

- Increased observation – inclusive of one-to-one nursing
- Negotiation with carers/ family/ social care staff re attendance level or contact numbers for advice
- Maintaining accurate communication of events or treatments
- Implementing written guidance provided by carers/ family or documenting accurately any verbal guidance
- Adapting or introducing equipment and in addition
- When discussing invasive, intensive or significant clinical decisions gain a consensus of opinion rather than a singular or isolated opinion.
- Respect confidentiality but be flexible.

A more in-depth Generic baseline risk assessment may be required and an example of this can be seen in Appendix 2.

7.3 Discharge planning

Due to the additional and more complex needs of the patient with cognitive impairment, the multi disciplinary team should formulate a plan of care, including discharge, as early as possible in the patient's admission to hospital.

Boarding and transfers, such as to accommodate new admissions, should be avoided to ensure that a consistent environment is maintained.

Planning should be multi agency due to the complex care of these patients. This will include the acute multidisciplinary team and some or all of those listed in Section 1 and 2 as required to facilitate a co-ordinated and robust discharge plan.

People with reduced cognitive impairment may require escorting and therefore transport needs will require advanced planning. The NHS Lothian Chaperone Policy should be adopted as required.

Medication and compliance issues for people with cognitive impairment may require the consultation should be and advice of the pharmacist/ community pharmacist post discharge to enable systems such as a medicines compliance device to be put in place.

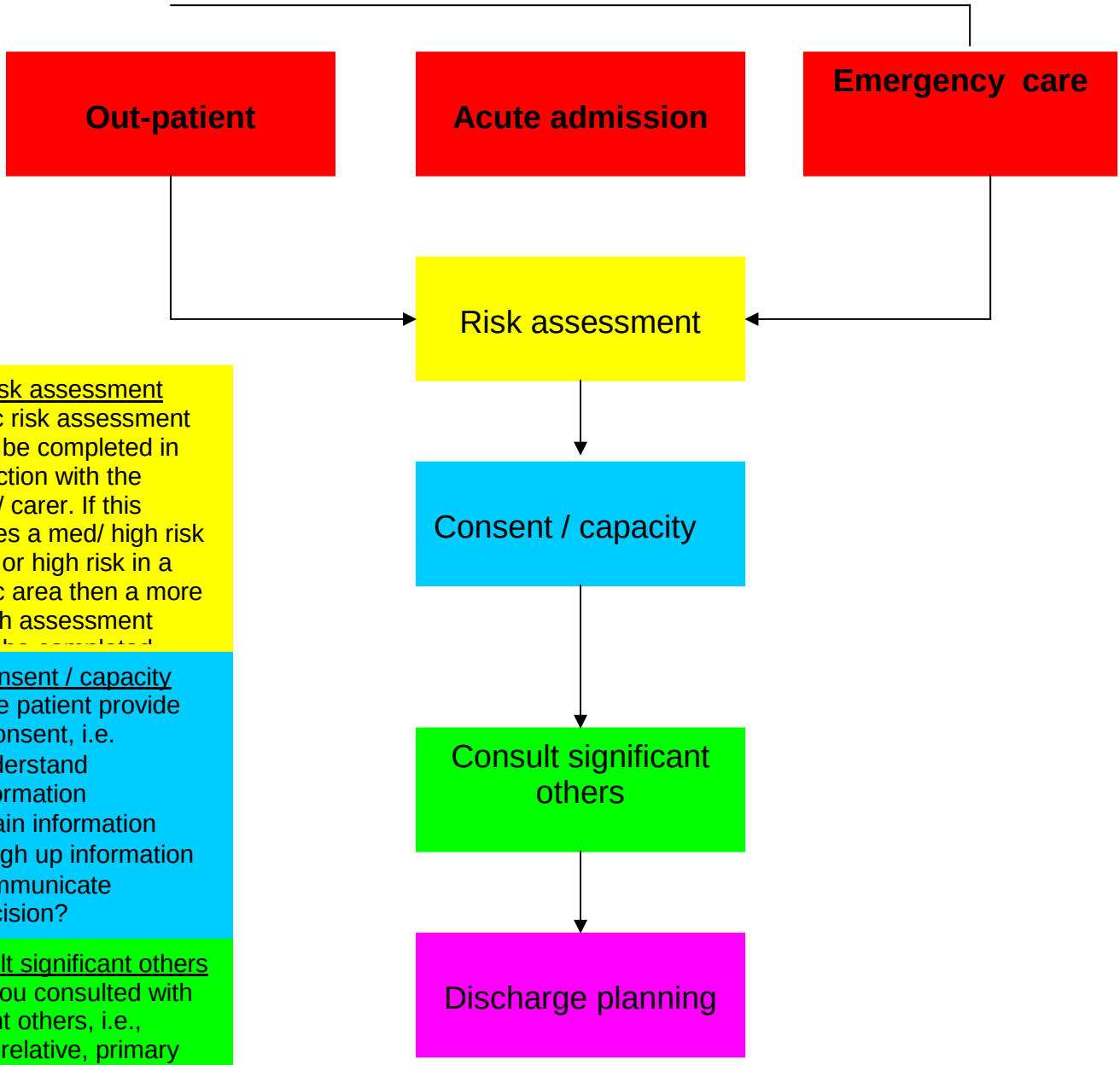
When discharged the patient and carers should be clear about the discharge plan, any follow up and arrangements for support in the community. They should be issued with a copy of the discharge plan and have contact details for support services.

Please also refer to other relevant NHS Lothian Policies and Procedures, namely:

Discharge
Consent
Chaperoning
Transfer of patients within and outwith NHS Lothian
Delegation of Duties
Patient Identification

Appendix 1

Core principles for management of a patient with reduced cognitive impairment/vulnerability



Risk assessment
A basic risk assessment should be completed in conjunction with the patient/ carer. If this indicates a med/ high risk overall or high risk in a specific area then a more in-depth assessment

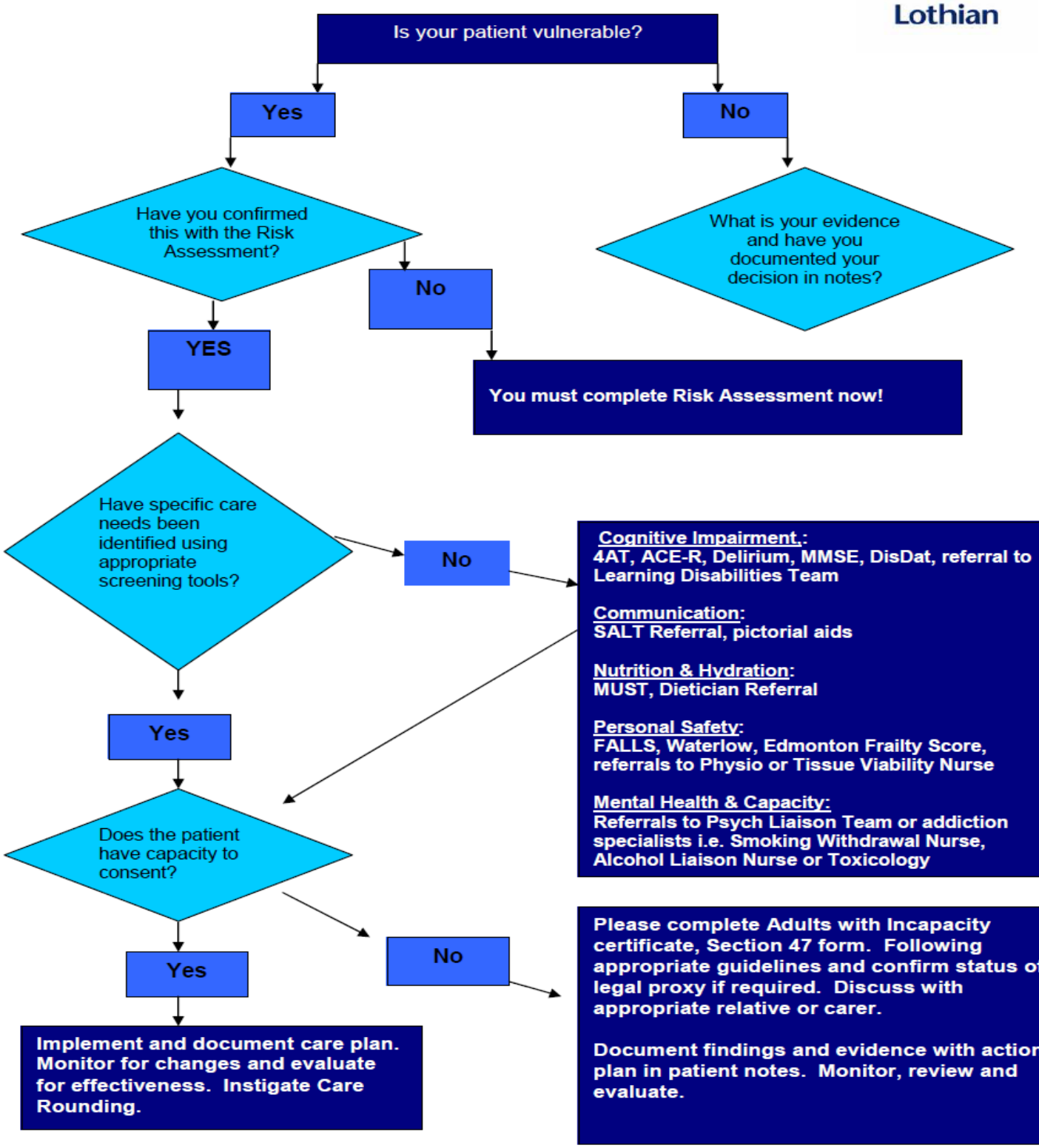
Consent / capacity
Can the patient provide valid consent, i.e.

- understand information
- retain information
- weigh up information
- communicate decision?

Consult significant others
Have you consulted with relevant others, i.e., adults' relative, primary carer, welfare guardian, if appointed, or anyone else involved in the patient's care.

Discharge planning
On admission, identify EDD and consult all involved in care such as carer, family or relevant professionals, e.g. Learning Disability Nurse, Social Worker.

Vulnerable Patient Pathway



Appendix 2 – Risk Assessment Tools

Generic Baseline Risk Assessment:

Name		CHI		DOB	
Ward or dept		Date		*Time	

Please place a x in appropriate box	Possibility of occurring 1	Strong Possibility 2	Almost certain 3
Problems regarding personal safety			
At risk of wandering			
At risk of coming out of bed			
At risk of falling			
Seizures			
Other:			
Problems with compliance to treatments			
Problems taking medication			
Risk of removing drip / dressings			
Problems with fasting			
Other:			
Problems with communication			
Unable to understand instruction			
Unable to say what's wrong (e.g. pain).			
Other:			
Problems with the environment / sensory sensitivity			
With noise / lights / smells			
With other people around			
Being in a confined space			
Equipment			
Other:			
Problems with eating and drinking			
Can't eat or drink without assistance			
Risk of choking/ swallowing			
Risk of burning / scalding			
Posture and positioning			
Other:			
Problems with agitation/ aggression			
Verbal			
Physical			
Self-injurious behaviour			
Destructive behaviour			
Other:			
Problems with mental health			
Memory			
Depression			
Hallucinations / delusions			
Isolation/ fear			
Anxiety			
Other:			

Completed by (nurse):			
Discussed with (carer):		Relationship	

Generic Risk Assessment Action Plan

Family / Carer available	NO	YES	24hr / Extended attendance / Visiting time / Phone only

Name	CHI	DOB
Ward or dept	Date	*Time

Legal Proxy [AWI Act]	Power of Attorney	Welfare Guardian	Intervention Order

Identified Risk	**Level 1-3**	**Risk Management**	Reviewed with carer
Personal safety			
Compliance with treatment			
Communication			
Environment / Sensory sensitivity			
Eating and drinking			
Agitation / Aggression			
Mental Health			

Completed by:			
Reviewed by:		Date:	

Guidelines for completion of Risk Assessments

To be completed for all patients with a Learning Disability and / or Cognitive Impairment on admission or transfer to each clinical area.

This assessment will provide a baseline of risks, needs and controls which will help to inform current documentation and care plan pathways.

All staff must at all times

- Consider the principles of the Adults with Incapacity (AWI) Act at all times –
  Treatment must – be in *Best interests; Least restrictive; Least invasive; Take account of past and present wishes; Take account of significant others;*
- Consider the core principles of the Equality Act -
  It is your **duty** to make reasonable adjustments to ensure access and equity.

Score 1 Possible

May occur occasionally - has happened before on occasions – reasonable chance of occurring

- **Increase observation**
- **Consider communication**
- **Adapt environment**
- **Obtain further information from carers/ family**
- **Negotiate or identify carer/family attendance**
- **Make 'reasonable adjustments' as per Equality Duty**

Score 2 Strong Possibility

Strong possibility that this could occur - is likely to occur

- **As above in 1 but also further assessment is required**
- **Seek carer/ family names and phone numbers for advice**
- **Respect confidentiality but be flexible**
- **Identify a named contact/ nurse with whom carers can pass on / gain accurate information**

Score 3 Almost Certain

This is expected to occur frequently and will in most circumstances- more likely to occur than not

- **As above in 1 and 2**
- **Implementing written guidance from carers / family OR document verbal guidance accurately**
- **Introduce any necessary equipment, i.e. hoist**
- **Seek advice and gain a consensus of opinion**
- **Consider consistency of approach/ people involved**
- **Maintain accurate records**
- **Ensure valid care plan in place and review regularly**
- **Share information with carers/ family in timely fashion**
- **Does the patient have capacity?**

At the time of writing (Autumn 2013) this policy/procedural document, work is on going to develop a website for the vulnerable patients/delivering better care.

References

Adults with Incapacity (Scotland) Act 2000
www.opsi.go.uk/legislation/scotland/acts2000/asp-20000004-en-1

Disability Rights Commission (DRC) Act, (1995)

Disability Discrimination Act (1995)

Equality Act 2010
http://www.homeoffice.gov.uk/equalities/equality-act/

Scottish Executive 2000 documents “The same as you”

Mrs V
http://www.mwcscot.org.uk/media/52047/Starved%20of%20Care%20Mrs%20V.pdf

Equally Well: Report of the Ministerial Task Force on health Inequalities June 2008
www.scotland.gov.uk?Publications/2008/06/09160103/0

AWI (Scotland) Act 2000 – Code of Practice – Second Edition
“For Practitioners Authorised to Carry Out Medical Treatment or Research under Part 5 of the Act
www.clo.scot.nhs.uk/newsletters/clo

Office of the Public Guidance – for advice and guidance in relation to Welfare Guardians/Powers of Attorney/Intervention Orders
www.publicguardiance-scotland.gov.uk

NHS Lothian Disability Equality Scheme 2009 – 2012
www.nhslothian.scot.nhs.uk/news/keydocuments

NHS Lothian Policies – Consent, Chaperoning, Discharging, Delegation of Duties, Transfer and Escort of Patients within and outwith NHS Lothian.

For further information on education please contact Gillian Wilson, Lead Practitioner, Delivering Better Care.