

Delirium and Dementia – Simulation Scenario 4 –MDT Meeting

Patients Name: Robert Greycoat ('Bob')	
Patients Age / DOB: 78 year old male 23/02/1935	
Major Problem	MDT meeting about increased care needs. Poor mobility. Visual impairment.
Learning Goal	Communication within the MDT and with relative
NTS	Communication Managing risk
Narrative Description	'Bob' Greycoat was admitted with gout. He has an extensive past medical history including diabetes, dementia HTN, # R NOF, macular degeneration. Prior to this admission he lived at home with his wife and was struggling to mobilise. It is unclear who does the cooking and cleaning at home and the shopping is done by a volunteer. It seems like he and his wife have been co-dependent with ADL's. An MDT meeting has been called as Mrs Greycoat has expressed concern regarding his discharge. Mrs Greycoat is adamant that she can manage and that Bob is not to go into a residential care home. The plant role will back up the wife's view
Staffing	Faculty Control Room: 1 x technician 1 x debriefer
	Faculty Role Players: 1 x nurse/OT/Dr plant/social worker 1 x Actor (wife)
Case Briefing	To All Candidates: A family meeting has been set up and the MDT need to ensure that wife understands the risks on discharge without support The team must arrive at a decision to work out best plan.
	Candidates : 1 x nurse 1 x Physio/ OT 1 x Doctor
Manikin preparation	None Wife will be played by an actor.
Room set up	Room with table and chairs around it
Simulator operation	None
Props needed	Venue: Home ward Table and 6 chairs, set of patient notes on the table, jug of water and cups

Note to faculty

The aim of this scenario is for candidates to communicate their perspective across the MDT about arranging a discharge home and organising a package of care for the patient.

To diffuse argumentative situations and come to an agreement with the patient's relative about ongoing care in the community.

If scenario is not progressing well or is going off track another member of faculty can phone the plant role and then possibly attend the meeting to get it back on track.

Physio has identified that patient has poor mobility – mobilising approx 2m with frame with assistance x 1. Report that patient can manage with assistance but high risk of falls therefore not safe on stairs.

OT advised that because bathroom and toilet are upstairs we would advise one level living on the ground floor to minimise need to complete stairs. (Bed commode and chair downstairs – patient strip washes and uses commode to toilet) BUT acknowledge that as patient currently acutely confused may well attempt stairs anyway. Advised that patient requiring assistance of one to complete all transfers and requiring assistance with washing dressing and toileting. OT could minimise risk on stairs through installation of bilateral banisters.

Wife adamant that patient will be fine on discharge as he always has been. Does not want POC – “We've always managed before – I don't want strangers coming in to my house’ etc.

Wife is very concerned that patient may fall again.

MDT need to ensure that wife understands risks if patient has a fall (#NOF etc.) GP and DN can support explanation of change in needs whilst patient delirium resolves.

Team decision to work out best plan (and least restrictive option in accordance with MCA)

Outcome:

Agreed to POC QDS to support with mobility, stairs, transfers and ADLs including toileting / washing and dressing.

Wife agreed to encourage patient to wait for carers to assist.

OT to put in commode for emergency use and arrange installation of bilateral banister rails to reduce risk where possible.

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Plant Role (actual profession depends on candidates on the day)

Could be Social worker, ward Sister

Scenario

Bob Greycoat is a gentleman under your care with significant past medical history. He has been admitted to hospital over the last few days with acute gout of his knee. This has significantly impaired his already limited mobility. He has also had an episode of delirium on a background of underlying dementia. The MDT meeting has been called to assess what care he needs/ will have if he can be discharged. His wife has been asked to attend the meeting as it has been unclear as to what is all ready in place with regards to OT and social input.

Underlying diagnosis

Acute gout

Instructions

You will act strongly as the wife's advocate - pushing for what the wife wants, you will listen to reasonable arguments but keep stating that we should be empathising with the patient and his relatives. That the relatives know his needs best and isn't the NHS supposed to be about care and compassion.

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Wife Role (actor)

Mairead Greycoat, 72 year old female

Scenario

Bob Greycoat is your husband. He has had blood sugar problems since he retired from the buses and after your dog died he has been a great help to you.

He has been admitted to hospital over the last few days with acute gout of his knee. This has significantly impaired his all ready limited mobility and he was very confused but 'that's all cleared up now'. The MDT meeting has been called to assess what care he needs and if /when he can be discharged. As his wife you have been asked to attend the meeting but you're unclear how it can help as the OT team has already visited them and suggested one-level living, whilst he has further rehab, but you are very concerned that he will attempt stairs and fall.

Underlying diagnosis

Acute gout with Delirium

Instructions

You are nervous about all the people in the room and want to know who everybody is. You are aware the meeting is to talk about your husbands care needs and that the hospital is thinking about discharging him home soon. You know that he has been very confused over the last few days and now can not get around as usual.

You are not keen on a Package of Care – "We've always managed before – I don't want strangers coming in to my house' etc.

You are not overly pleased about having a commode in the lounge as you don't like the idea of the smells nor do you want to move your furniture – 'where will I sit?'

Your main anxiety is that Bob will try using the stairs on his own as he won't remember to stay on one level or wait for rehab support workers. You don't want him to have a fall and hurt himself.

You would not consider a residential or nursing home.

Accommodation background

You live in a two bedrooms terraced house near the Ashmore estate in Kennington, SW8. It has a local 'pub' nearby where you both attend many social activities such as the Quiz and Bangers and mash nights; you have a small front terrace garden and back yard with a porch and single step up to the front door.

There is one flight of 12 stairs upstairs to the bedroom, toilet and bathroom with one banister rail.

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Candidate Briefing

To be given to candidates to read

Nurse:

You are your normal job role and are going into a MDT meeting about Bob Greycoat. The meeting has been set up to discuss his care needs in the community for when he is discharged following his acute onset of gout. His wife has been asked to attend as she has concerns regarding the discharge.

You are Bobs advocate and want him to retain his independence if this is possible. You are aware that he is requiring assistance for almost all tasks although has been making progress with this.

You are responsible for ensuring a safe and smooth discharge as possible and obtaining a discharge date from the meeting.

Therapists

#1 Physiotherapist

You are your normal job role and are going into a MDT meeting about Bob Greycoat. The meeting has been set up to discuss his care needs in the community for when he is discharged. He was previously independent with no aids.

Your colleagues/ you have identified that patient has poor mobility – Bob is mobilising approx 2m with frame with assistance x 1. Report that patient can manage with assistance but he is a high risk of falls therefore not safe on stairs, steps in the property. You are referring him for further rehab at home post discharge.

#2 Occupational Therapist

OT home assessment has advised that because bathroom and toilet are upstairs you would advise one level living on the ground floor to minimise need to complete any stairs (as he's unsafe at present) whilst the patient is having rehab. (Bed commode and chair could be placed in the lounge – patient strip washes and uses commode to toilet) BUT acknowledge that as patient currently acutely confused may well attempt stairs anyway. Advised that patient requiring assistance of one to complete all transfers and requiring assistance with washing dressing and toileting. OT could minimise risk on stairs through installation of bilateral banisters.

You acknowledge the risk of stairs and will minimise where possible. You are concerned how the wife will cope and need to encourage her to accept care.

Doctor

You are your normal job role and are going into a MDT meeting about Bob Greycoat. The meeting has been set up to discuss his care needs in the community for when he is discharged. His wife has been asked to attend as she has concerns regarding the discharge.

You are aware the hospital/ your firm are under significant pressure from the bed manager to expedite discharge.

Dental Nurse:

You were asked to review this gentleman, as the nursing staff on the ward were concerned that his oral hygiene was poor. You have assessed the patient and discovered that he has started to struggle to use a manual toothbrush, and forgets to brush his teeth unless reminded. Also he is on drugs that give him a dry mouth and this makes his mouth both uncomfortable and also more likely to develop infections.

You would recommend that he uses either an electric toothbrush or a manual toothbrush with an adapted handle. He could also benefit from artificial saliva and regular fluoride varnishes from his dentist and you would be keen for this option to be explored. You don't think he is at the stage where he needs to have carers brushing his teeth for him, but this may become necessary in the future

Supported Discharge:

You are your normal job role and are going into a MDT meeting about Bob Greycoat. The meeting has been set up to discuss his care needs in the community for when he is discharged. His wife has been asked to attend as she has concerns regarding the discharge.

You are aware the intermediate care team are under significant pressure from the bed manager to expedite discharge.

District Nurse:

You are your normal job role and are going into a MDT meeting about Bob Greycoat. The meeting has been set up to discuss his care needs in the community for when he is discharged following his acute onset of gout. His wife has been asked to attend as she has concerns regarding the discharge.

You are Bobs advocate and want him to retain his independence if this is possible. You are aware that he is requiring assistance for almost all tasks although has been making progress with this.

You are responsible for ensuring a safe and smooth discharge as possible and obtaining a discharge date from the meeting.