

This document is also available in other languages and formats upon request.

Su richiesta, questo documento è disponibile in altre lingue e in altri formati.

Sur demande, ce document peut être fourni en d'autres langues et formats.

Na życzenie, dokument ten można uzyskać w innych językach i formatach.

यह दस्तावेज़ अनुरोध किए जाने पर अन्य भाषाओं और प्रारूपों में उपलब्ध है।

ਇਹ ਦਸਤਾਵੇਜ਼ ਬੇਨਤੀ ਕੀਤੇ ਜਾਣ ਤੇ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਰੂਪਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

در صورت درخواست این سند به زبانها و شکلهای مختلف در اختیار شما قرار می گیرد.

یہ دستاویز دیگر زبانوں اور مطلوبہ شکلوں (فارمیٹ) میں بھی دستیاب ہے

هذه الوثيقة متاحة بلغات أخرى وباشكال غير الكتابة المقروءة وذلك عند الطلب

Call for Care Option 1

01623 781899

8am - 8pm

7 days a week (Mid Notts)

Monday - Friday (Bassetlaw)

Call for Care Option 1

If you require an urgent response to prevent a hospital admission or support a discharge



A resource for health and social care professionals



Introduction

Call for Care is the urgent care navigation service commissioned to deliver a two-hour response for people in North Nottinghamshire to prevent an avoidable hospital admission or support timely discharge from the Emergency Department.

Health and social care professionals can refer by making a brief telephone call which will be answered by an experienced urgent care clinician who will use the SBAR Framework to guide the call:

Situation

Background

Action

Recommendation

The service is for patients aged 18 years and over whose health needs have deteriorated but do not require an acute hospital admission. They must be registered with a GP practice in Mansfield, Ashfield, Newark, Sherwood or Bassetlaw, or be a resident in the Bassetlaw local authority district.

The urgent response staff based across North Nottinghamshire will undertake a thorough assessment of the patient's need, usually through a face to face home visit, and will make the necessary arrangements to enable them to remain safely at home.

The following case studies are examples of the type of care that Call for Care Option 1 has been delivering since November 2015.

1. Non Injury Falls

A patient had called 999 having slipped off of the side of the bed. An EMAS Clinical Triage established that the patient was not injured but could not transfer themselves up from the floor and referred to Call for Care Option 1.

The Call for Care Responding Clinician was dispatched with lifting equipment. The Patient was assessed and confirmed to have no apparent injuries. They were safely transferred off the floor and into an arm chair. A snack was prepared, observations were recorded, a

full assessment was carried out of patient, falls risk and the environment. A bed lever was ordered to assist transfers from the bed, a lifeline was arranged to safety net in the event of further fall and the patient was referred to The Falls Team for specialist interventions aimed at reducing falls risk.

2. Carer not coping

A patient had become very breathless and his wife struggled with personal care for him. He had Chronic Obstructive Pulmonary Disease, had oxygen at home and was known to the Local Integrated Care Team. He had previously declined care packages.

A holistic assessment was undertaken by a clinical assessor who found the patient very breathless. He had not been wearing his life line so was advised to wear it. He had equipment and was referred to a social worker and respiratory nurse. The patient remained at home with additional support.

3. Reduced mobility, lethargic, and patient not coping

A referral had been made by an Emergency Care Practitioner from EMAS. The patient, who had been found wedged between some furniture, had stated that her legs wouldn't work. She had full capacity but had been pale and dizzy over the last few days.

She was also frail, had poor mobility, was at risk of falls and had recently been in hospital. She struggled to cope at home and used crutches to keep mobile. The patient lived alone with support from her son.

The Call for Care Team assessed the patient in her own home. The patient had not been eating or drinking over recent days and had become weak as a result.

Through clinical risk assessment and care planning, the team were able to ensure that care could be provided safely for the patient in her own home with provision of additional equipment and carer support to stabilise for 72 hours before referring on for further social care assessment and rehabilitation at home.