

**CONTINUING CARE  
GUIDELINES**

**DEPARTMENT OF MEDICINE  
FOR THE ELDERLY  
&  
DEPARTMENT OF OLD AGE  
PSYCHIATRY  
LIMERICK**

## **Introduction**

Most people's health care needs are either short term or intermittent. However, some people (e.g. elderly) need longer term, perhaps indefinite care. These people may have a variety of illnesses, conditions or disabilities, which may be supported in a number of settings including hospital, nursing homes or in people's own homes.

## **Who Is Affected?**

Details of the Department of Medicine for the Elderly and Department of Old Age Psychiatry eligibility criteria for continuing health care are detailed below:

### *Older People (aged 65 and over)*

Specialist hospital care will be appropriate for older people if, following an assessment, they meet the eligibility criteria. Most commonly they will have complex health needs and will require intense care such as one-to-one nursing from a specialist nurse.

### *People with Mental Illness (aged 65 and over)*

An elderly person who suffers from Alzheimer's Disease or any form of dementia will be entitled to specialist hospital care if, after an assessment, they meet the general criteria and in addition have severe behavioural problems which necessitate specialist psychiatric nursing and medical care.

## **Which Services are Included?**

For most of us, our main contact with the health service is through our GP, we are not in need of regular specialist services. For those who do need continuing help from the Health Board, "continuing care" is a simple way of describing a number of specialist services. These are:

*Specialist Medical or Nursing Requirements.* A range of specialist medical, psychiatric and nursing services are available with the health board area depending upon an individual's particular health needs. The services are available to patients at home or in nursing homes and may be advisory or may be in the form of direct care provision, training, advice or equipment.

Specialist medical or nursing services include continence advice; specialist palliative care; diabetic liaison and advice; community health services such as physiotherapy, speech and language therapy, chiropody and dietetics. The Old Age Psychiatry Service offers assessment and management of those people presenting for the first time over the age of 65 years with functional illness (e.g. depression) and those with dementia and associated behavioural or psychiatric disturbance. It is community

focused service provided by a multi-disciplinary team offering domicillary assessment and management with a range of support facilities.

*Continuing In-patient Care under a Hospital Consultant:* Continuing in-patient care will be made available to those people whom the placement panel believes need specialist medical or nursing services that cannot be provided outside a hospital environment.

*Community Services:* A range of community health services are available for people that require support at home. In many instances the provision of these services enable individuals to remain at home. Community care services include primary care services (for example, the services provided by a patient's GP), public health nurses, and community psychiatric services.

Provision is available on the basis that there is improvement or prevention of deterioration in the individual's health. Community care services are often provided in conjunction with the Housing Department (Limerick Corporation) and voluntary organisations.

*Respite Care:* Respite care is usually characterised by a short length of stay in an alternative environment, perhaps a nursing home, a hospital or another person's home. The aim is to give either the individual or family/carer a break.

*Rehabilitation:* Rehabilitation is the range of medical, nursing and paramedical services required for people who have undergone an acute illness. The service aims to maximize the functional recovery of an individual. The setting for rehabilitation services depends upon the needs of the person and should take account of age and seriousness of the condition.

*Specialist Transport:* All individuals eligible for continuing health care services will be eligible for specialist transport services to and from hospital.

*Specialist Palliative Health Care:* Palliative care services offer total care for patients who have an active and progressive disease for which curative treatment is no longer possible or is inappropriate. The total care offered concentrates upon the quality of an individual's life and the alleviation of distressing symptoms within the framework of co-ordinated, often inter agency, service provision. Palliative care, therefore, neither hastens nor postpones death but provides relief from pain, integrates the psychological and spiritual aspects of care and offers a support system to help the family cope during the patient's illness and in bereavement. The specialist palliative health care services offered locally include specialist medical/nursing care and advice from Milford Hospice; in-patient facilities within, for example, regional hospices; home care; respite health care; bereavement services; emotional support; and practical advice.

From this list, it is clear that continuing health care not only provides care for people when they need it but also delays the onset of disability; provides practical care for vulnerable people; and supports relatives and carers.

Continuing health care may only be needed for a relatively short period of time; for example, an older person may require a few weeks' rehabilitation to help in a full recovery following hospital treatment. In other instances a person may need continuing health care for a longer period of time. This may involve access to their GP or to more specialist health care services.

### *Eligibility Criteria*

The criteria has been developed by the Department of Medicine for the Elderly and the Department of Old Age Psychiatry, Limerick.

They aim to clearly distinguish the medical and social conditions that entitle people to access particular types of continuing care. These have been described as 'Levels of Care'. The criteria for eligibility to the level of care which includes fully funded hospital in-patient care are included.

It is important to emphasise that the criteria do not provide an absolute guide to the degree of dependency that places an individual within a specific 'level of care'. All decisions on eligibility will be based upon clinical judgements of an individual's need as all people are different. The decision concerning the type of care received will be based upon the individual health and social needs of the patient. The final decision will be determined by availability, suitability and sustainability.

Rarely do people's medical conditions remain stable, we would therefore expect an individual's health and social care needs to be reviewed over time. If, when reviewed, a person's needs have changed, they will be able to move between the 'levels of care'.

### **Level 1 Care**

In Level 1 an individual will be eligible for in-patient care if any one of the following conditions (which are associated with instability, complexity and life expectancy) is present.

- the patient is terminally ill and has a prognosis that they are likely to die in the very near future.
- the patient requires intensive medical care which cannot be provided outside an inpatient environment, for example, those who require mechanical ventilation and cannot be maintained at home; have end-stage multiple sclerosis; have had an extensive stroke with loss of vital functions; or are unconscious and are in a persistent vegetative state.
- the patient requires intensive physical care, which cannot be provided outside of a protected inpatient environment, staffed by appropriately professionally qualified personnel. An example of an individual falling

into this programme of care includes those with a recent onset of bulbar symptoms with aspiration risk or respiratory arrest.

- the patient requires an intensive period of therapy to enable them to adapt to a reduced functional or cognitive state which is of a long term nature.
- the patient requires intensive psychological care which cannot be provided outside a protected, specialist psychiatric inpatient environment. Examples include persons suffering from dementia with associated severe behavioural disturbance which requires specialist medical and nursing care.
- the patient has a very high level of disturbed behaviour, placing themselves or others at substantial risk of harm.
- the patient has a violent response to care givers.

## **Level 2 Care**

In Level 2 an individual will be eligible for either in-patient care or nursing home placement.

Eligibility is characterised by an individual having any combination of the following conditions:

- a PEG (percutaneous endoscopic gastrostomy) system or parenteral feeding requiring daily specialist nursing supervision.
- haemo or peritoneal dialysis.
- double incontinence which is frequent, fails to respond to recognised interventions and contributes to a very high risk of skin breakdown.
- a need for specialist equipment to maintain skin integrity.
- immobility requiring two or more people to change position.
- has a multiple drug therapy requiring administration by nursing staff (e.g. intravenous medication) for prolonged period/drug regime. Requires review more than once a month.
- has a major impairment of ability to communicate as a result of cognitive deficit or sensory impairment.
- has a mental illness with associated disturbed behaviour, requiring intensive physical/psychological care, which can be provided outside of a protected in-patient environment by a community package, but still allows access to appropriately professionally qualified personnel.

- has an aggressive response to care givers.

### **Level 3 Care**

In Level 3 Care an individual will be eligible for either placement in a nursing home or a community care package provided at home.

Eligibility is characterised by an individual having any combination of the following conditions:

- an inability to take food and drink by mouth because of risk to the airway caused by impaired swallowing reflex.
- a tracheostomy to aid respiration.
- incontinence which can be managed with standard equipment but which presents a significant risk to skin integrity.
- the presence of an open wound which requires specialist nursing advice.
- an inability to leave a bed or a chair or is self-propelled in a wheelchair, needing two to transfer.
- has a multiple drug therapy requiring trained nursing supervision or administration and regular review.
- has an unstable condition requiring a drug regime with specialist supervision.
- has a mental illness which necessitates specialist medical/nursing input but care could be provided either in a nursing home or by a community care package.
- has unpredictable episodes of disturbed behaviour occurring frequently, perhaps more than once a week.

### **Level 4 Care**

In Level 4 Care programme an individual will be eligible for either a community care package provided at home or placement in a nursing home.

Eligibility is characterised by an individual having any combination of the following conditions:

- an inability to feed self.
- single or double incontinence occurring several times a week that can be managed with standard equipment but represents a risk to skin integrity.

- very limited mobility, needing two to assist.
- open wound/s requiring daily dressing.
- a stable drug regime requiring trained nurse supervision and administration and GP review.
- requires a review by Old Age Psychiatry service in the community or nursing home but there is a requirement for non-specialist nursing care.
- a requirement for non-specialist nursing care and intermittent review because of a moderate degree of behavioural disturbance.

### **Level 5 Care**

In Level 5 Care an individual will be eligible for a community care package.

Eligibility is characterised by an individual having any combination of the following conditions:

- a requirement for assistance to eat and drink as poor dentition or musculature problems tend to limit range of acceptable food stuffs.
- intermittent single or double incontinence that can be managed with standard equipment and training.
- a need for some help with mobilising.
- a stable drug regime which can be administered by untrained staff and requires infrequent review.
- an inability to take initiative in personal care.
- a requirement for social care with access to review because of the inability to self care without supervision and support.
- needs assessment/advice by Old Age Psychiatry service in the community.

### **Level 6 Care**

Where an individual's financial situation is demonstrably insufficient to secure any nursing home placement then in-patient continuing care can be considered if available. This level of care will not be available in Old Age Psychiatry.

### **How to secure continuing care support (Figure 1)**

1. When a nursing home is sought and the patient and/or family/carer have the financial resource to fund this then the patient and/or family/carer can identify and fund the nursing home privately.
2. When a nursing home is sought and the patient and/or family/carer do not have the financial resource to fund this then the patient and/or family/carer must apply (on appropriate application form) to the Nursing Home Subvention Office, Unit 3, St Camillus Hospital, Shelbourne Road, Limerick. The patient and/or family/carer can identify a nursing home and seek subvention to support the financial cost of staying in a nursing home.
3. When a hospital continuing care bed is sought then the patient and/or family/carer must apply (on appropriate application form) to the Nursing Home Subvention and the patient's social worker/doctor/nurse must submit an application to the Placement Panel, St Camillus Hospital, Shelbourne Road, Limerick together with written approval that the nursing home subvention has been granted.

**FIGURE 1**

**CONTINUING CARE OPTIONS**

When a nursing home is sought and the patient and/or family/carer have the financial resource to fund this then the patient and/or family/carer can identify and fund the nursing home privately.

When a nursing home is sought and the patient and/or family/carer do not have the financial resource to fund this then the patient and/or family/carer must apply (on appropriate application form) to the Nursing Home Subvention Office, Unit 3, St Camillus Hospital, Shelbourne Road, Limerick. The patient and/or family/carer can identify a nursing home and seek subvention to support the financial cost of staying in a nursing home.

When a hospital continuing care bed is sought then the patient and/or family/carer must apply (on appropriate application form) to the Nursing Home Subvention and the patient's social worker/doctor/nurse must submit an application to the Placement Panel, St Camillus Hospital, Shelbourne Road, Limerick together with written approval that the nursing home subvention has been granted.

