

Jamie's Story

Jamie often creates a big disturbance when he is with new people and in unfamiliar situations. His hip replacement operation had the potential to cause disruption and anxiety to himself—and to others.

Can we do better?

Jamie had a positive outcome. Were all of the issues listed in the Guidelines for Shared Transfer of Care addressed? Can we use any of the good practices evidenced here in other situations involving health and community care for older Tasmanians?

Jamie is a fifty-year-old man with Down's syndrome who has lived in a supported group home since his mother died three years ago. Recently, Jamie was booked for a hip replacement. As was protocol for the hospital, Jamie attended the pre-admission clinic (PAC) with a carer from the group home. Jamie has several issues:

- He has poor communication skills.
- He becomes anxious easily, particularly around people he doesn't know. He becomes very loud and shouts out when distressed.
- He is unable to provide his own consent and has an appointed guardian.

The nurse in the pre-admission clinic took a proactive approach to ensure Jamie's admission was smooth:

- She arranged for Jamie to see the anaesthetist prior to admission (this is normally done in hospital on the morning of surgery).
- She ensured that the guardian would be present at admission to authorise consent with the surgeon.
- She advised his carers of his increased care needs upon discharge and arranged for equipment in his home.
- In collaboration with carers, a communication chart was devised with pictures so that Jamie would be able to communicate his needs (pain, toilet, showering, etc.). This was provided to the ward on Jamie's admission.
- Jamie and his carer had a consultation with the physiotherapist at PAC, who advised on exercises to be practised prior to admission.
- Prior to his admission, the ward and theatre were notified of Jamie's anxiety and difficulty in communicating. A private room was made available, with a carer available to support Jamie at critical times of the day (showering, exercises etc.).

Jamie was admitted, had his surgery, and was discharged on day six after an uncomplicated recovery. His preoperative procedures were smooth as most of the assessments and education had been done in PAC. The carer had explained the use of the communication chart with ward staff and was present at periods through the day to put Jamie at ease and assist the nursing staff in communicating with him. Where possible, Jamie had the same nurse care for him. As the nursing staff was well prepared for Jamie's needs, his periods of anxiety were well managed.

The discharge coordinator was able to meet with Jamie and his carer after the surgery to ensure that all discharge plans were in place. As his discharge needs had been anticipated, there was no delay when he was ready to go home. The carers knew his estimated length of stay and were ready with the increased resources that would be required during his recovery period.

Two weeks after his discharge, Jamie's carers sent an informal email to the discharge coordinator advising that Jamie was progressing well in his recovery and was slowly returning to his pre-surgery independence.