Holistic Assessment and Managing Clinical complexity

Maxine Radcliffe and Jess Sears
mc.radcliffe@gmail.com
jess.sears@depaulcharity.net

What this will cover

Our working model and a discussion of the context we all work in

Some tools and reflective case studies

More points of reference

Long session with lunch break in middle and lots of interactive breaks.

What is different about working in Homelessness as a Clinician?

- Level of Autonomy and Support
- No nice easy algorithms or rules that work
- How people access care: Often brought in or opportunistic as opposed to seeking out
- Improvisation and creativity central requirements to getting anything done
- It is very rare to be dealing with only **one** problem or issue

Consultation models

- Consultation models are a way of approaching the time pressure and complexity that you face as a clinician.
- Most originate from biomedicine and General Practice
- eg. Stott and Davis (1979)
- “The exceptional potential in each primary care consultation” suggests that four areas can be systematically explored each time a patient consults.
- (a) Management of presenting problems
- (b) Modification of help-seeking behaviours
- (c) Management of continuing problems
- (d) Opportunistic health promotion

How we work (aka Radcliffe and Sears or WE ARE NOT YOUR MOM)

1. **Engagement**:
Building Relationship. Assessing and managing complexity
2. **Reducing/managing risk to person**
Coping with complexity, Tolerance of chaos

3. **Managing risk and anxiety of others**
Thresholds and Boundaries
4. **Future planning**
Improvisation, Tenacity, Keep Showing up

Recognising the Clinical Context: Engagement

"Being oppressed means the absence of choices." *Bell Hooks*

Structural violence is one way of describing social arrangements that put individuals and populations in harm's way

The arrangements are *structural* because they are embedded in the political and economic organization of our social world; they are *violent* because they cause injury to people (typically, not those responsible for perpetuating such inequalities).

Homeless people have often suffered multiple rejections and had many negative experiences before you meet them.

Increasing income inequality

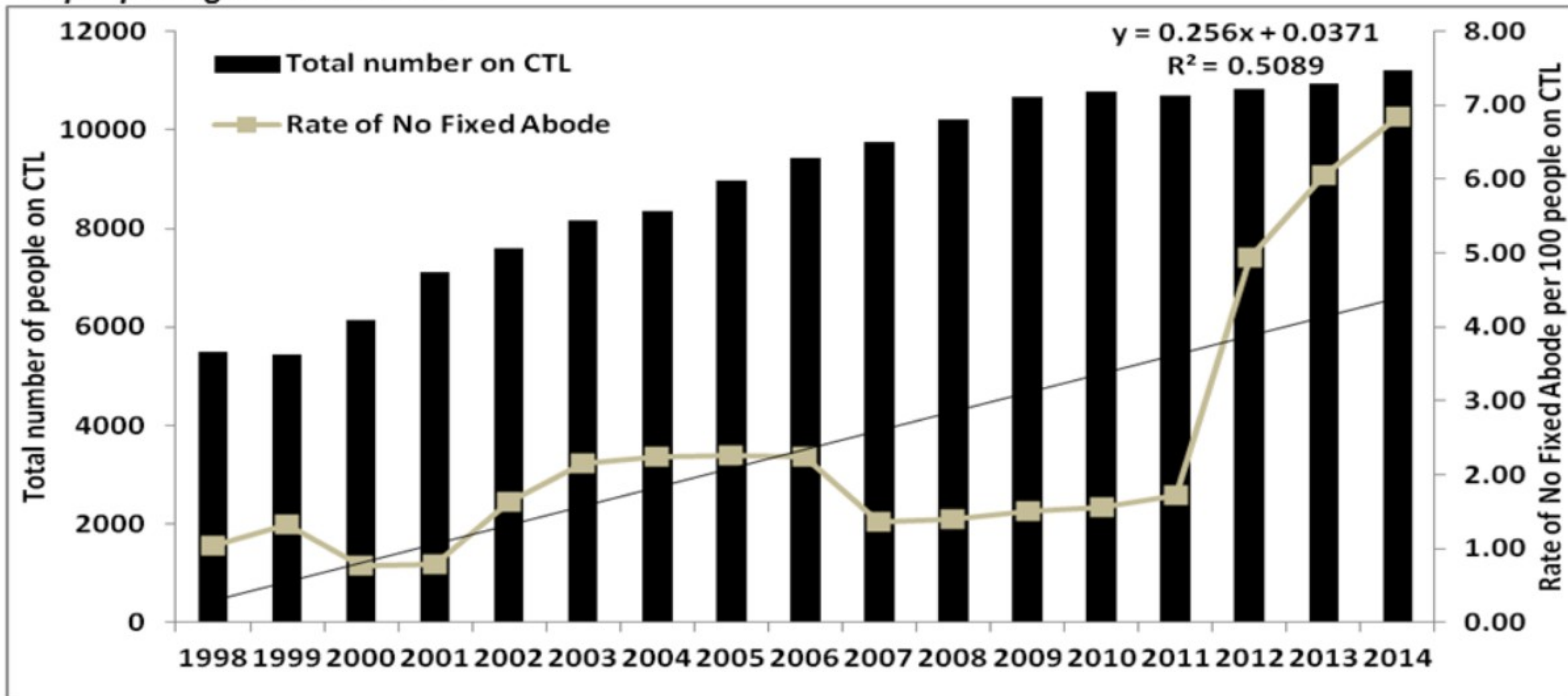
Table 1: Inequality in Different Welfare Regimes (Sources: WTID, OECD, Eurostat).

Welfare Regime	Example Countries	Top 10% Income Share Growth since 1982	Income Share of Top 10%	Income inequality (Gini before tax and transfers)	Income inequality (Gini after tax and transfers)
Liberal	Canada, USA, UK	7 –13%	39–48%	44-53	32-39
Corporatist/ Conservative	France, Germany, Netherlands	2–3%	31–35%	42-51	28-31
Social Democratic	Denmark, Norway, Sweden	2–6%	27–28%	42-43	25-27
	Ireland	**3%**	**36%**	**57**	**30**

The last two columns in Table 1 illustrate the Gini co-efficient (a measurement of overall income inequality – see Section 3), before and after the effect of taxes and social transfers. In every country, taxes and transfers play an important role in levelling out raw income inequalities, but the extent to which they do so is lower in the liberal countries and greater in the social democratic countries. Ireland begins with an extremely high level of income inequality but taxes and social transfers reduce this significantly.

TASC Cherishing all Equality Economic Inequality in Ireland 2015

Evidence from the sharp end



Partnership listening exercise

Get into pairs
One person will be listening whilst the other speaks.

The speaker talks about something they found difficult recently

Try to speak **as thoughts enter the mind without analysing or holding back**.

The role of the listener is to give full attention to the speaker, **observing and listening without interrupting**. The listener can support the speaker if they get stuck and ask a few questions to facilitate the discussion.

After 5 minutes swap round

Reducing/managing risk to person

What is my role? Partnership not paternalism

Coping with complexity :

Tolerance of chaos

Scenario 2 : Paddy

You are called to visit a man in his 50’s with a long history of homelessness and alcohol dependency. He has Long term supported housing where there are keyworkers and HCAs but skeleton staff on at night time. This man is not well known to you, but well known to the staff in the service. They report that he has been in bed for the last 2 days, nausea and vomiting and complaining of abdominal pain. He has a history of epilepsy, poor memory and drinks 1L of vodka daily.

He has been NPO for 2 days including alcohol, and is refusing any liquid or solid intake (because he keeps vomiting it up).
3 ambulances have been called which he refused, OOH GP has referred to hospital (refuses)has said he needs to be checked q 15 . Staff are concerned about him having a seizure or worse.

PARTNERSHIP IN NURSE-PERSON RELATIONSHIP

The nurse-person relationship has been described as a partnership.
This concept allows the nurse to move from the tradition ‘expert’ to being a partner with the person in order to improve the person’s capabilities.
It allows for:

- Shared responsibility to health care
- Greater sense of ownership
- Shared power and accountability

PARTNERSHIP IN NURSE-PERSON RELATIONSHIP

Partnership allows for **self-determination** and autonomy in the movement for **informed consent in healthcare.**

It allows health providers to communicate the benefits and risks of care options to patients, thereby laying cornerstones of partnership – informed choices and greater accountability from both parties.

Involves more dynamic dialogue within the relationship reducing inequities between partners.

Managing risk and anxiety in others (not the person).

What are the protective factor you have around you as a clinician?
Thresholds and Boundaries

Managing and Accepting Risk
Contingency Planning
Who else needs to know what – eg if x happens then do y or when x happens its ok and do this

Limitations of what you are able to do
Accepting peoples choice's even if they are not comfortable for you
Eg. refusal of treatment

Scenario Mrs P

You are seeing the last person at the end of a busy clinic, Mrs P is an elderly woman with many bags that she can barely carry into the room. You have never seen her before. Much of the stuff she has with her appears to be rotting food or rubbish. She appears very distressed and doesn't make any eye contact with you. You ask gently what you can help her with. She appears to have very swollen lower limbs and dry red broken skin on her hands with swollen painful looking joints. She is very wearing multiple ragged layers and there is a powerful smell of urine.
She is looking for somewhere to store her belongings.
The first thing she says to you is " I cant carry everything I have with me and I am worried about things being stolen. Can I please leave this trolley here. It has all my photos of my children and my passport in it"?

Future planning

Possible red flags or follow up plans, these may be multiple
Opportunistic health promotion
Incentives for future engagement

R U D A S

The Rowland Universal Dementia Assessment Scale: A Multicultural Cognitive Assessment Scale.
(Storey, Rowland, Basic, Conforti & Dickson, 2004). International Psychogeriatrics, 16 (1), 13-31

Date: ____/____/____ Patient **Name:** ____

Item		Max Score
Memory 1. (Instructions) I want you to imagine that we are going shopping. Here is a list of grocery items. I would like you to remember the following items which we need to get from the shop. When we get to the shop in about 5 mins. time I will ask you what it is that we have to buy. You must remember the list for me. **Tea, Cooking Oil, Eggs, Soap** Please repeat this list for me (ask person to repeat the list 3 times). (If person did not repeat all four words, repeat the list until the person has learned them and can repeat them, or, up to a maximum of five times.)		
Visuospatial Orientation 2. I am going to ask you to identify/show me different parts of the body. *(Correct = 1)*. Once the person correctly answers 5 parts of this question, do not continue as the maximum score is 5.		
(1) show me your right foot	1	
(2) show me your left hand	1	
(3) with your right hand touch your left shoulder	1	
(4) with your left hand touch your right ear	1	
(5) which is (indicate/point to) my left knee	1	
(6) which is (indicate/point to) my right elbow	1	
(7) with your right hand indicate/point to my left eye	1	
(8) with your left hand indicate/point to my left foot	1	
		..../5
Praxis 3. I am going to show you an action/exercise with my hands. I want you to watch me and copy what I do. Copy me when I do this . . . (One hand in fist, the other palm down on table - alternate simultaneously.) Now do it with me: Now I would like you to keep doing this action at this pace until I tell you to stop - approximately 10 seconds. (Demonstrate at moderate walking pace).		

Long term Engagement – 16 points to remember

1) Meet someone where they are at
2) Address **current** needs
3) Focus on the **relationship**, not treatment.
4) Keep showing up
5) Share some of self
6) Extend traditional boundaries
7) Accept hospitality
8) Stay humble
9) View client as person not patient
10) Instil hope
11) Let client educate you : **they are the expert**
12) Focus on persons strengths
13) Compromise
14) Remember engagement is not a linear process
15) Seek supervision/consultation
16) Don't give up on anyone

Taken from my notes at a workshop at ISMS 10 conference in Dublin 2014 Multiple contributors

References and Resources

Stott and Davis (1979) Journal of the RCGP "The Exceptional Potential of each Primary Care Consultation.

Glynn et al *(2015) Self-Harm, Methadone Use and Drug-Related Deaths amongst Those Registered As Being of No Fixed Abode or Homeless in Ireland*
Available from <
http://imj.ie/self-harm-methadone-use-and-drug-related-deaths-amongst-those-registered-as-being-of-no-fixed-abode-or-homeless-in-ireland/
>

Bell Hooks http://bellhooksinstitute.com/

Paul Farmer *Pathologies of Power: Health, Human Rights, and the New War on the Poor*, Berkeley: University of California Press, 2003,

TASC https://www.tasc.ie/index.html

Resources

LNNM website http://homelesshealthnetwork.net/presentations/
Pathway https://www.pathway.org.uk/
? The future Irish Inclusion Health Forum
Safetynet