

# MACAM

## Improving The Experience

### Caroline Martin/Lisa Marshall





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# The Wider Team



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disability  
confident  
EMPLOYER



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# The Wider Team





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# The Environment



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# The Aids





# The Learning Curve-

- *Learning from previous work within Hywel Dda Health Board (Philips et al, 2017), it was recognised that when involving people with a learning disability in the training of hospital staff, there is a greater degree of empathy reported (Mc Murray and Beebee, 2007; Thacker et al., 2007). The Hywel Dda project also suggested that there was significant evidence to suggest that hospital passports were not utilised fully. Other evidence supports this view suggesting that there was evidence of a health passport, or similar form of patient -held health record being used in only a minority of cases, although the researchers were not able to ascertain whether this was a failure of the hospital to use the passport or because no such document existed (Sheenan at al 2016).*





## The curve continues -

- *It is also recognised that engaging family, carers and a LD Liasion nurse is equally important in gathering collateral information and to avoid misdiagnosis or 'diagnostic overshadowing' where an individual's presentation is attributed to their intellectual disability rather than a treatable cause. (Sheenan et al 2016). Iacono et al (2017) also suggest that there is often a reliance from hospital staff on family and paid carers to provide advocacy and care during hospital admissions. There is evidence that a lack of effective carer involvement can lead to poorer health outcomes when the LD population attend the acute hospital setting (Tuffrey-Wijne et al, 2016).*



# PLANNING & DELIVERY PROCESS

- LD patient identified in A+E / ACDU via IMPACT / Acute Staff / Community Staff
- Identification of MACAM keyworker on admission to acute ward.
- Establishment of core MACAM membership to offer wrap around care assessment during period in acute care following identification of admission.
- Multidisciplinary support group:
  - Patient
  - Patients representative / NOK / Carer
  - Care home representative (if appropriate)
  - LD Nurse
  - SW
  - Advocate (as required)
  - Consultant in charge of care
  - DLN
  - Ward staff
  - Additional: LD OT / Physio / DN





# Process continued

- Patient passport received and reviewed
- Identification of key worker during acute phase of care – responsible for daily reassessment and monitoring utilising Red2Green processes / 4 questions
- Twice weekly 1/2hr MACAMs established, early morning 08.30-09.00 to allow ongoing work and progress each day
- Established format for each meeting including
  - *Update re current clinical presentation*
  - *Current care needs assessment*
  - *Onward planning*
    - Minutes taken at each meeting for MDT circulation / copies in patient file / SHAREPOINT attachment.
    - Contact names and numbers circulated to all members of the MACAM to help enhance communication
    - Wider MDT discussion at daily board rounds.
    - Onward referrals as required



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# IMPACT & RESULTS

- Case Study
- ***Staff immediately instigated the MACAM process upon admission.***
- ***As a result, excellent communication led to seamless discharge planning.***





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# FUTURE SUCCESS

- Extension of MACAM to other Acute wards within the hospital and extension of process to other vulnerable groups
- Promotion of avoidance of admission including early triggering system involving community staff to identify and implement emergency care plans upon presentation to acute setting to support turnaround with appropriate wraparound support





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# AWARENESS

(MACAM= Malay word meaning Kind)



# Feedback

*Family comments “fantastic communication throughout I felt reassured that my relative was getting the best management “*

*Consultant “ the patient was centre of all care, open discussions were available at each meeting allowing all personnel to input on best outcome, an excellent example of MDT working “*

*Social Worker “structured meeting in a timely manner, meeting planned in advance excellent feedback with family “*

*Ward Sister “a huge improvement on a previous admission, staff felt in control of the patient care which they provided staff reflected on the positives and negatives*

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*LD nurse “excellent communication between all members of MDT structure is needed in such a complex plan”*



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# RELEVANCE

- Principles can be applied to other specialties such as mental health where community key workers and carers are frequently present.





# Learning Points

- **Early communication is essential to maintain a focussed approach.**
- **Staff confidence grew immensely with their knowledge and understanding.**
- **Time for meeting needs to suit the MDT in order to maximise attendance**

**Spread the Word !**





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# Any Questions ?



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