

Hospital to Home: Improvement of mobility, compliance and quality-of-life in a complex community patient

- ↑ Increased mobility
- ↑ Increased compliance with care
- ↑ Improved quality-of-life

Introduction

Alan* was a 68 year old male, who on admission weighed 241kg. Alan's clinical conditions included:

- Atrial Fibrillation
- Prostate Cancer
- Depression
- Urinary Incontinence

Alan was admitted to the emergency department of his local hospital in February 2022, when his neighbour hadn't seen him for three days. On admission, Alan was found to be hypothermic as he couldn't mobilise from his rise recliner chair at home to turn on the heating.

Alan was transferred to a Care of the Elderly ward for monitoring and social services assessment before being discharged home. At the assessment, it was clear to see that Alan wasn't coping living alone.

**Alan is not the patient's real name*

Clinical Challenges

At home, Alan had become stuck in his rise recliner causing Category II pressure ulcers to both hips. Unable to provide self-care, Alan had become incontinent and subsequent Category III pressure ulcers developed to the buttocks and genitals. Alan remarked that since the loss of his wife three years ago, he had lost all hope to live and was suffering from depression.

During his stay on the ward, he was non-concordant with repositioning, mobilising and needed assistance with personal care from six nurses, which he refused for the first 5-days. Overall, Alan was becoming a difficult-to-manage patient and concerns became raised over a possible decline in his mobility and well-being.

Patient Objectives

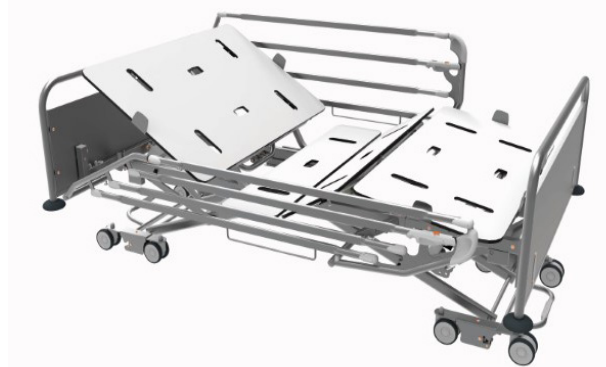
- **Improvement in compliance and quality-of-life**
- **Improvement in mobility**
- **Improvement in nutrition**
- **Improve patient's condition sufficiently to allow discharge home**



Introduction of Medstrom's Bariatric Equipment Package

Upon admission, Alan was deemed as partially mobile, but was incredibly non-compliant with care, making nursing and stimulation for him difficult. Medstrom's Bariatric Product Specialist visited Alan to understand his needs, spoke with caregivers on their challenges and advised on a package of bariatric equipment that would support mobility, allow easier repositioning, and provide comfort and pressure ulcer management for Alan's existing skin damage. The package of care within the ward environment included:

MMO 8000 Bed: Due to Alan being partially mobile, the MMO 8000 with an ultra-low height of 21cm was selected as it allowed Alan to continue mobilising to and from his bed. Based on clinical evidence¹, an ultra low height of 21cm provides an optimum mobilisation height for 99% of males. At a width of 110cm, it also allowed enough space for caregivers to facilitate repositioning.



TurnCair 1000 Low Air Loss Surface: TurnCair 1000 was selected due to its therapeutic benefits for pressure redistribution and therefore could assist with the treatment of Alan's existing skin damage. TurnCair 1000 is also equipped with a TurnAssist feature that enables safe and dignified handling of patients. The TurnAssist was deemed essential for staff to assist them with easier repositioning of Alan.

28" Static Chair: Prior to involvement from Medstrom, Alan had access to a standard size static chair. This was not wide enough for Alan and concerns had been raised that it was exacerbating Alan's existing skin damage as he preferred to sit out of bed during the day. The 28" Static Chair allowed enough space for Alan to sit comfortably.

Bariatric Rotunda: The Bariatric Rotunda was selected to provide a safe and dignified method for Alan to transition between the bed and his static chair. Simple to use, the robust frame offers greater reassurance when mobilising, with highly visible feet and hand points for extra stability. Caregivers could then easily pivot Alan between five different positions, significantly reducing the manual handling effort required.

Unfortunately, upon clinical follow-up from Medstrom's Bariatric Specialist a week after installing the products, Alan was still non-concordant to repositioning and was refusing to be nursed in bed, instead choosing to sit in the static chair all day. It was decided by caregivers that the acute ward environment was not the most suitable place for Alan, and they transferred him to the hospital off-site rehabilitation care home.

Prior to Alan's arrival at the care home, Medstrom's Bariatric Specialist reviewed equipment and decided to swap the MMO 8000 for an alternative bed:

Pro-Bario Active Community Bed: Based on the change in environment, it was decided the Pro Bario Active Community Bed was the better option for Alan. The Pro-Bario Active bed is designed for plus-size users living at home or within a care-home environment with complex needs. The wide sleep platform provided comfort and support to Alan, and the electric controls helped protect caregivers from manual handling injury.



The **TurnCair 1000 Surface** remained in place as it was helping to manage Alan's existing skin damage. The **Rotunda** and **28" Static Chair** also remained with the patient for the reasons discussed above. Due to the care home not having appropriate equipment, Medstrom's Bariatric Specialist also advised installing a **Bariatric Commode/Shower Chair** to provide increased dignity for Alan.

Hospital



Home

1. Martindale D (2021). Calculating bed height for hospital patients using popliteal measurement. Nursing Times [online]; 117: 10.

Clinical Outcomes

After the change in environment, Alan's mental health improved massively and he began interacting with the therapy teams to improve his mobility. Alan remarked his bed was **“very comfortable”** and was now happy overall with the equipment provided. After three weeks utilising the equipment selected by Medstrom's Bariatric Specialist, Alan had improved outcomes including:

- **Mobility status changed from partially mobile to mobile**
- **Able to walk to the bathroom with assistance from only one member of staff**
- **Repositioning reduced to four members of staff as opposed to six members of staff thanks to TurnCair 1000**
- **Existing skin damage was improving**
- **Can egress from the bed independently to the chair**
- **Nutritional status had improved**
- **Can shower with the support of two members of staff and now stands for a short period of time, rather than being seated in the commode/shower chair**

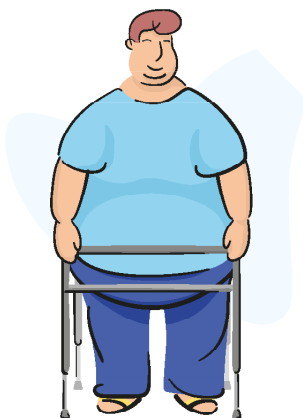


Summary

Thanks to involvement from Medstrom's Bariatric Specialist and the varying range of equipment Medstrom are able to provide for both acute and community settings, the equipment supported Alan to become medically fit for discharge once adaptations have been made at home. Furthermore, all original clinical objectives had been met.

The story of Alan highlights the value of collaboration from a specialist provider and overall, Alan's outcomes exceeded expectation. Medstrom's Bariatric Specialist commented:

“The mental health challenges with Alan meant his case was **complex**, however from **understanding Alan's needs and listening to him**, we were able to give him the **support** required to ensure he didn't decline further. With the case of Alan, it **highlights the importance** of selecting the **right equipment** for not only **mobility and therapeutic reasons**, but in this situation it was vital to select equipment that ensured **dignity was maintained**. I am **delighted** that we were able to help Alan and his caregivers with the **transition from hospital to home.**”



To discover more about Medstrom's range of solutions for dignified plus-size patient care and enhanced support for caregivers, contact Medstrom's Bariatric Product Specialists 24/7/365 on:

UK: 0845 371 1717 or info@medstrom.co.uk IRE: 01 686 9487 or info@medstrom.ie