The NRH Assisted Decision Making Act Office

How Social Work Practice is Leading the Way in Implementing the ADMA in the National Rehabilitation Hospital

- RENEE SUMMERS

SENIOR MEDICAL SOCIAL WORKER

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Why is the NRH in a unique position in its implementation of the ADMA?

- Higher concentration of patients in need of formal decision-making supports
- Positioning of the NRH in patient pathway re timing of when high-stakes decisions need to be made
- Access to specialist interdisciplinary staff available to maximise patients' decision-making capacity
- Nature of rehabilitation space

Common factors for NRH inpatients requiring formal decision supports:

- Under 65 (most common age range 30-60)
- Their need for supported decision-making is as a result of a life-changing traumatic or non-traumatic acquired injury (typically brain injury)
- Their families are grieving their loved one's and their own changed futures and dealing with the practical fallout
- Require very specialist tailored support to maximise/build decision-making capacity
- Often require very expensive and hard to find specialist residential placement post-discharge from the NRH
- They can regain functional decision-making capacity during or after their NRH admission

Successful ADMA implementation for this cohort requires:

ROBUST UNDERSTANDING AND PRACTICAL APPLICATION OF DENSE LEGISLATION AND NATIONAL HSE POLICIES

Cohort-specific understanding of the two most common decisions requiring legal intervention: **place of care and financial management**

COMPLEX COORDINATION OF RESOURCES AND NUANCED KNOWLEDGE OF THE INTERPLAY BETWEEN EXPRESSED WISHES AND AVAILABLE OPTIONS

EXCELLENT COMMUNICATION SKILLS ADAPTING TO STAKEHOLDERS WITH SOMETIMES OPPOSING PERSPECTIVES AND VALUES (E.G. SAFETY VS QUALITY OF LIFE)

THERAPEUTIC SKILLS USING STRENGTHS-BASED AND PERSON-CENTERED APPROACH

MOST RELEVANT AND BEST-PLACED DISCIPLINE TO DELIVER THIS: **SOCIAL WORK**

Importance of SW in capacity assessments

- **4.4.1 Capacity assessments where a decision needs to be made**
- "In this situation, the most appropriate person to undertake the capacity assessment will often be the professional with the best understanding of and/or who is most closely involved with the decision that needs to be made. This includes an understanding of the choices available to the relevant person, the likely consequences of each option, and the consequences of taking no action."
- *- Code of Practice for Supporting Decision-Making and Assessing Capacity*

Medical Social Work in the NRH

- There is no referral system in the NRH for social work – every inpatient interdisciplinary (IDT) team has an MSW to provide social work support for every single inpatient*
- **In-depth knowledge of:**
  - Patient pathways pre and post-NRH, facilitating patients' will and preference in accordance with the Act with acknowledgment of options available to patients in every area of the country.
  - Interaction of safeguarding and supported decision-making – and how to balance protection of patients alongside facilitation of patients' wishes.

So how is Social Work practice leading the way in implementing the ADMA in the NRH?

NRH Medical Social Work

Provides:

- Skilled liaison with high-level HSE decision-makers and on the ground staff re funding, placement, general allocation of resources across every sector (community, residential, acute) in all 26 counties, providing practical translation of what positive risk-taking, supported decision-making and adherence to the Act looks like in everyday practice.
- **‘**Go to’ person in every NRH IDT on these issues, giving effect to patients’ wishes and needs through management of complex negotiation of resources and practical coordination of various applications.

NRH Medical Social Work is also:

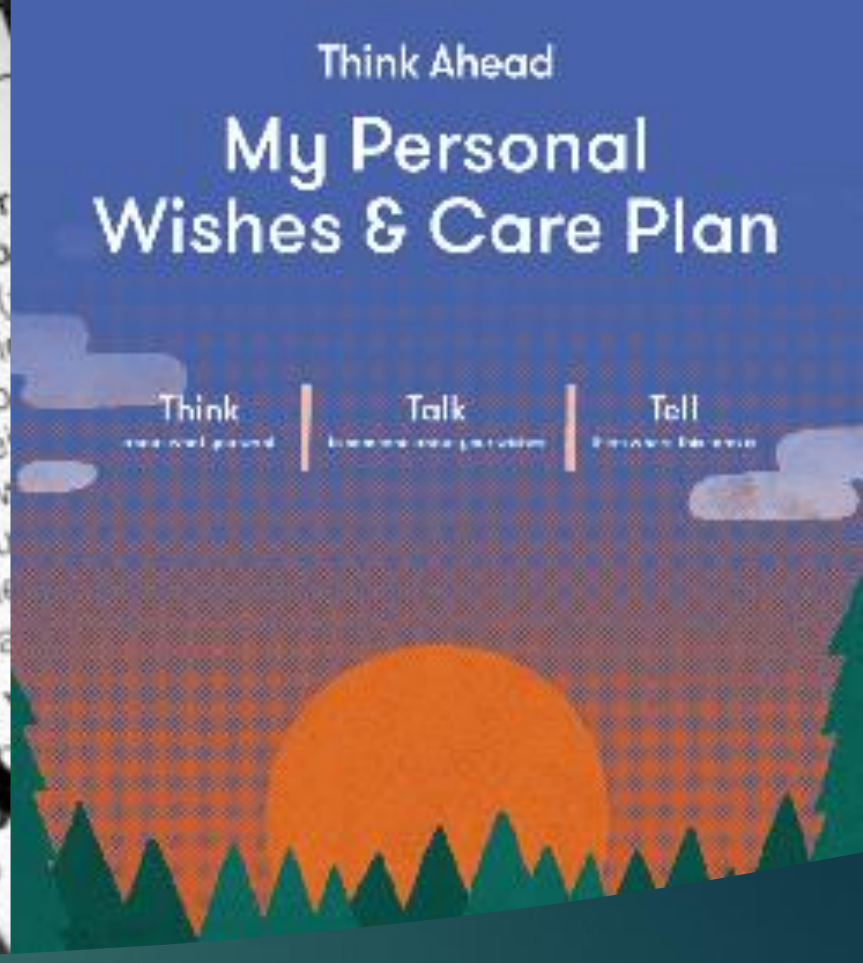
- Supporting a shift in mindset towards positive risk-taking and harm-reduction approaches
- Placing focus first on facilitating patients' wishes (and not on testing capacity)
- Providing timely intervention, in line with guiding principles, to support appropriate transition of care and maintain patient flow
- Skillfully and sensitively debunking the Next of Kin myth advising that: Family members do not have any legal right to make decisions on behalf of their loved ones, including people with very severe brain injuries.
- Working collaboratively with colleagues, family, advocates, legal professionals to support and protect patient's will and preference

Quick brief on NRH ADMA Office

Staffed by Senior MSW and Senior Neuropsychologist

We recognise that a successful translation of this law into clinical practice requires:

- A culture shift in how staff relate to supported decision-making and positive risk-taking
- Staff need training and working knowledge of the ADMA and its guiding principles
- Staff need to understand how the ADMA interfaces with other legislation (e.g., MHA, 2001) and national HSE policies
- Support is needed in relation to moral injury and complex ethical decision-making
- Understanding the limit of ADM/Consent Policy while also preventing unnecessary High Court orders
- Improving patient flow and reducing bed days lost to delayed transfer of care



For patients, families and staff

IN THE WORKS: ADVANCE PLANNING – NRH OPD AND VOLUNTEER SIGNPOSTING

“Do not follow where the path may lead. Go instead where there is no path and leave a trail.”

-Ralph Waldo Emerson

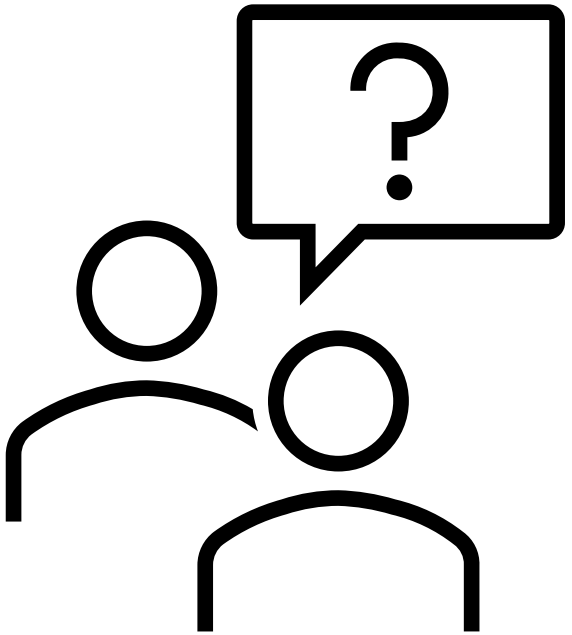
Thank you

For further Information & NRH-specific queries:

Renee Summers

ADMA Lead / Senior Medical Social Worker

Renee.summers@nrh.ie



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