

Preventing Acute Deterioration

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Faculty/Presenter Disclosure

- **Faculty: Jennifer Reguindin**
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Mitigating Potential Bias

The information presented in this CME program is based on recent information that is explicitly “evidence-based”.

This CME Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in the CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards



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Objectives

1. Review some atypical clinical presentation of changes in condition seen in frail elderly
2. List some factors that contribute to emergency transfers

Acute Change of Condition

“Sudden, clinically important deviation from a resident’s baseline in physical, cognitive, behavioural, or functional domains. ‘Clinically important’ means a deviation that, without intervention, may result in complications or death.”

American Medical Directors Association. 2018. Acute Change of Condition in the Long-Term Care Setting.
Retrieved from: paltc.org

Most Common Potentially Preventable Conditions, 2013–2014

Conditions	LTC Seniors
Urinary Tract Infection	30
Pneumonia	26
Heart Failure	14
COPD	12

CIHI. (2014). Sources of potentially avoidable emergency department visits.
https://secure.cihi.ca/free_products/ED_Report_ForWeb_EN_Final.pdf

Common reasons for transfer from LTC to Acute Care

2011/12 Patients Transferred from LTC

<i>Most Responsible Diagnosis</i>	Patients	Days	% Died in Hospital	Average LOS
Chronic Pulmonary Disease	1,498	11,700	13%	7.8
Kidney & Urinary Tract Infection	1,606	10,766	7%	6.7
Simple Pneumonia & Pleurisy	1,456	10,583	20%	7.3
Hip Fracture	1,164	10,478	7%	9.0
Respiratory Infections & Inflammations	1,016	9,066	25%	8.9
Septicemia or Severe Sepsis	812	8,764	37%	10.8
Heart Failure	1,138	8,645	13%	7.6
Palliative Care	831	7,641	81%	9.2
Alzheimer's Disease /Dementia	278	5,615	13%	20.2
AMI / Cardiac Arrest	482	3,495	21%	7.3
Ischemic Stroke	308	3,479	21%	11.3
Renal Disease	387	3,294	19%	8.5
Other Most Responsible Diagnoses	8,555	67,751	6%	7.9
Total	19,531	161,277	16%	8.3

What challenges do you face?

- What do you see as challenges for point of care staff in identifying and assessing acute changes?
- What challenges do you think point of care staff have in communicating to the NPs & physicians about acute changes?
- Are there other factors you'd like to share?



Clinical Presentation

Some Atypical Presentation

Infections	May have no fever, confusion, falls, anorexia, delirium
Heart Failure	Weakness, lightheadedness, fatigue, limited activity
COPD	Limited activity, fatigue
MI	Syncope, weakness, delirium, shortness of breath

Signs of Instability

Other Changes:

- **Function**
- **Intake** (of food or fluids) & **Output**
- **Mental Status, Cognition, Behaviour** (*delirium*, increasing confusion, lethargy)
- Appearance
- Generalized pain; myalgia
- Falls

Vital Signs

TEMPERATURE	<ul style="list-style-type: none">• > or equal to 1.1 °C from baseline• 2 or more measurements of oral temperature = or >37.2 °C• > 37.7 °C
BLOOD PRESSURE	<ul style="list-style-type: none">• < 90 or > 200 systolic• Sudden 15-20 mmHg decrease plus other symptoms
HEART RATE	<ul style="list-style-type: none">• < 50bpm or >120pm• >100 (with other symptoms)
RESPIRATORY RATE	<ul style="list-style-type: none">• <10/min or >28/min

American Medical Directors Association. 2018. Acute Change of Condition in the Long-Term Care Setting. Retrieved from: paltc.org

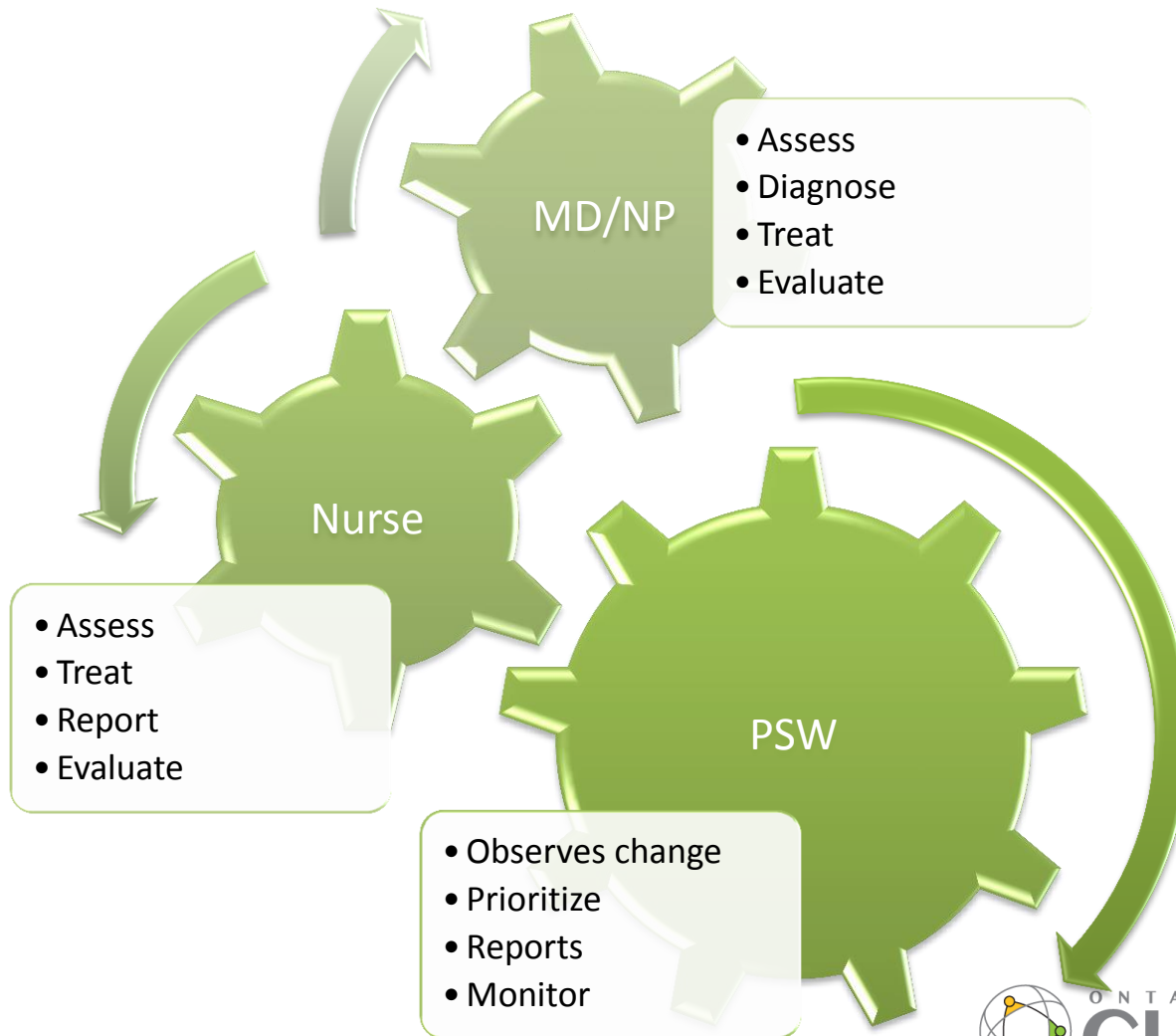
Factors

Effective Teams

- Clear goals
- Good communication
- Clear roles and responsibilities
- Support each other
- Responsibility for evaluation

Baycrest Toolkit for Interprofessional Education (2012)

Roles



Communication & SBAR

Situation	What is the concern?
Background?	What do you know? How would you prioritize?
Action/Assessment	What would you do? What is the critical sign/critical care path?
Recommendation/Request	What help is needed?



Organization

Policy

Standardized Process
& Workflow

Access to Tools &
Resources

Leadership & guidance

Team

Plan for outcomes &
clear goals

Engaged Team

Collaborate &
communicate

Skill mix and workload

Evaluation

Staff

With the right
resources in place,
staff are empowered
to coordinate an
approach & self start
the process

Knowledge, skills,
behaviours, values

Some skills:
Recognition,
assessment,
interventions
provided, time
management

Event

Expected

Witnessed vs. not seen

Time

Client

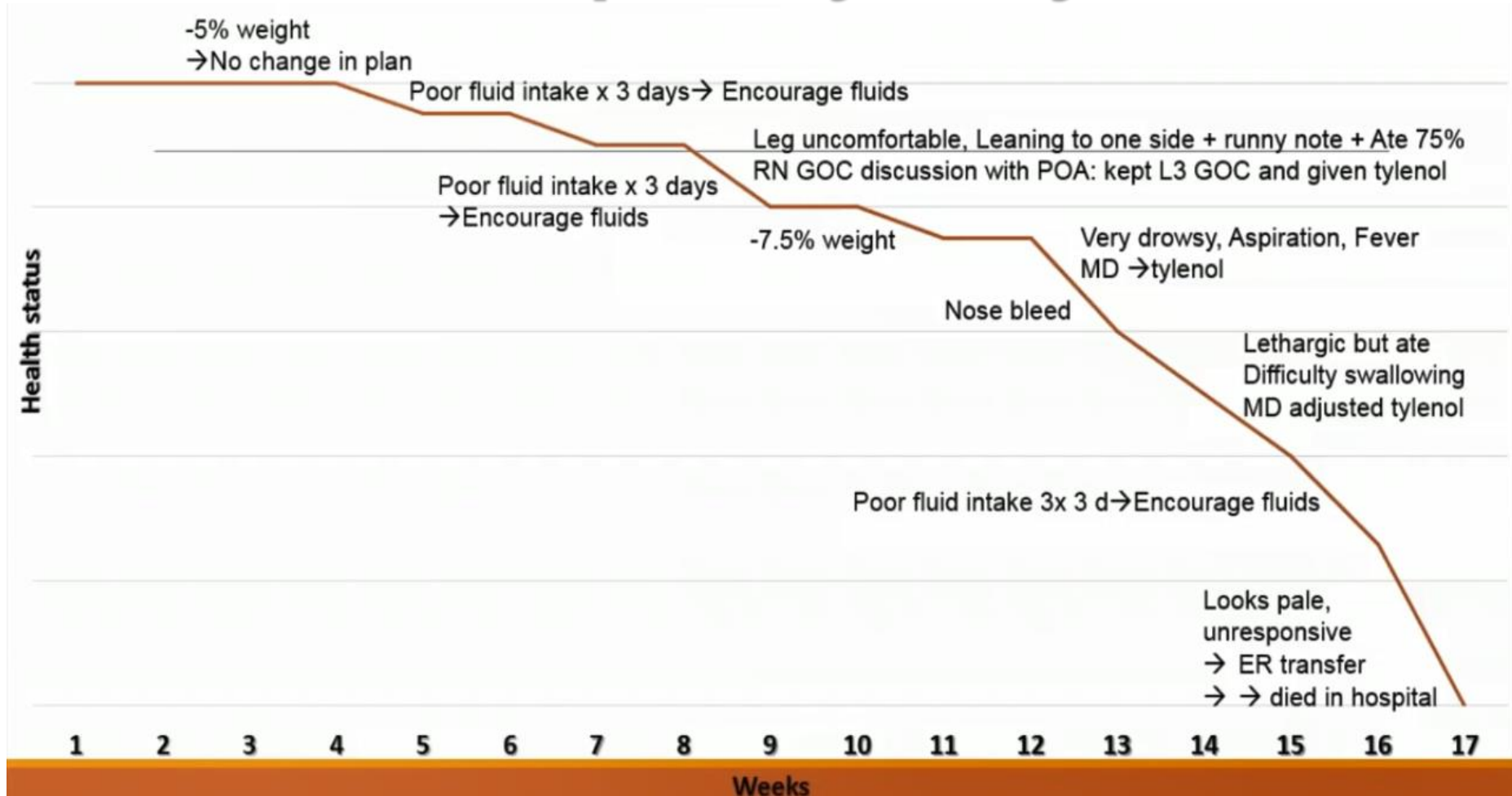
Risk & History

Frailty

ACP

Family

Sample Trajectory



Grinman & Cummings. 2018. Anticipatory Long-term care electronic triage tool (alert) for Canadian long-term care homes. Canadian Frailty Network. Retrieved from <https://www.cfn-nce.ca/wp-content/uploads/2018/09/2018-08-29-cfn-webinar-grinman-cummings-.pdf>

Some CLRI Resources

- [SOS Game](#) -

<https://baycrest.arcbus.com/game/sos.html>

- [SOS game how-to](#)

<https://docs.google.com/document/d/1g3G1Wx4RlqzyzUeVlrgwAjiepTwsLlzyUeN56c-x0og/edit?usp=sharing>

- eLearning available for PSW, Nurses, and Allied: Preventing Acute Deterioration (10 short modules, 2 practice cases)