

Training requirements for student placements

The High Risk Patient learning module – Transcript

December 2015

Slide 1

Welcome to this learning module on The High Risk Patient. This learning module discusses the high risk patient and the key areas of care for these patients identified by the Australian Commission on Safety and Quality in Health Care.

Slide 2 – Learning Objectives

Welcome to this module on care of high risk patients. The information will be useful to you while on placement.

At the end of this module you will be able to:

- Understand the aspects of care that are high risk
- Describe how high risk patient assessments relate to allied health staff and students
- Understand Ryan's Rule and the steps a consumer can take in a clinical setting.

Slide 3 – High risk aspects of care

When delivering professional care, health care workers conduct and manage a variety of risk assessments with patients.

The high risk areas of care delivered to patients, as identified by The Australian Commission on Safety and Quality in Health Care are those related to:

- the use of medications,
- safe and appropriate use of blood and blood products
- the prevention of pressure injuries,
- recognizing and responding to clinical deterioration in acute clinical care, and
- the prevention of falls.

Slide 4 – Medication Safety

Let's now explore medication safety.

This is an example of a medication chart found in the patients bed side chart.

Medicines are the most common treatment used in health care. Because they are so commonly used, medicines are associated with a higher incidence of errors and adverse events than any other healthcare intervention. Many of these events are costly and potentially avoidable.



Examples of errors that can occur in the management of patient medication include:

- the wrong medicine being prescribed or used, or
- the right medicine being used inappropriately.

These types of errors are described as adverse drug or medicine events.

Slide 5 – Medication Safety

Many allied health professionals are involved with ensuring patients safety surrounding medication. Pharmacists obviously have a large role to play. But other professionals might be directly involved without even realising it.

For example:

- an occupational therapist performing a functional assessment on a patient requiring oxygen,
- a speech pathologist providing advice regarding safe oral intake as this can affect the way medication can be safely administered, or
- a community physiotherapist combining physical treatments with inhalation therapy.

Sometimes allied health involvement in reducing medication related risks can be indirect, such as:

- providing a list of patient medications during a clinical handover,
- allied health staff or students not interrupting nursing staff whilst they are dispensing medications,
- allowing patients who are about to swallow tablets to do so without interruption, and/or,
- considering a patient's medication history in your assessment.

Slide 6 – Transfusions of blood and blood products

Ensuring patients who receive blood and blood products do so appropriately and safely is one of the national priority areas for the Australian Commission on Safety and Quality in Health Care.

The responsibility for precautions surrounding transfusions of blood and blood products lie mostly with medical and nursing staff.

Blood and blood products are vitally important in health care and, while they can be lifesaving, their administration to patients may be hazardous.

Allied health professionals should be aware of patients who are receiving or have received a transfusion and know that reactions such as fevers and chills may occur.

Slide 7 – Pressure Injuries

Another high risk area for patients is associated with pressure injuries.

Pressure injuries are localised areas of damage to the skin or underlying tissue, caused by unrelieved pressure or friction and occur most commonly in the elderly but can occur in any patient. Pressure injuries can commence in any setting, including acute areas such as operating theatres, during transportation to a health service and in intensive care units.

Preventing and managing pressure injuries is one of the 10 safety and quality standards in health care as, while they are generally preventable, research shows that pressure injuries are a major contributor to the care needs of patients within healthcare facilities. Pressure injuries may impact significantly on the length of stay in health services, the cost of care, health outcomes and the comfort and quality of life of the individuals affected. In the majority of cases pressure injuries are preventable.

A risk assessment for pressure injuries such as the Waterlow Pressure Injury Continuous Risk Assessment Chart, shown here, may be completed by health workers and be available for allied health staff to view, often in a bed side chart. Whilst allied health staff and students may not complete this assessment, they do need to be aware of the risk of pressure injuries to patient safety, and ways they can help to minimise this risk.

Slide 8 – Preventing and managing pressure injuries

Allied health professionals are part of the team responsible for preventing and managing pressure injuries and can be involved in the identification of risk factors for pressure injuries such as:

- immobility
- poor nutrition
- poor skin integrity
- lack of available oxygen to tissues.

Examples of allied health activities that relate to preventing pressure injuries include:

- a dietitian assesses and identifies a patient as being malnourished,
- a prosthetist notices poor skin integrity when fitting a prosthesis.
- a radiographer identifies a pressure injury while positioning a patient for an Xray.
- a physiotherapist or occupational therapist makes a recommendation for appropriate seating and cushions to prevent pressure injuries for a child with a neuromuscular disorder.

It is important that allied health professionals and students keep in mind the need to prevent and manage pressure injuries in all aspects of their care of patients.

Slide 9 – Recognising and responding to clinical deterioration in acute health care.

Another one of the 10 safety and quality standards in health care pertains to recognising and responding to clinical deterioration in acute health care.

Warning signs of clinical deterioration are not always identified or acted on appropriately. An allied health professional or student may be the first to identify a clinical deterioration during their assessment and/or in their viewing of a clinical observation chart. For example:

- a music therapist may come to a bed side and find their client has a reduced level of consciousness,
- a psychologist may identify an increase in respiratory rate or patient distress and
- a pharmacist might note a change in blood pressure.

It is important that Allied health staff and students have the knowledge and skills to act in these situations. Further training will be provided as required at a local level.

Slide 10 – Clinical deterioration

This is an example of a patient's observation chart where the assessment of vital signs are routinely recorded. Some allied health staff are required as part of their care for patients to observe a patient's observation chart. Observation charts may have a scoring or colour system to highlight any incidence of clinical deterioration.

The steps for ensuring patients who deteriorate receive appropriate and timely care are:

1. Assessing for clinical deterioration.
2. Recognising deterioration.
3. Actioning these observations or escalating care in a timely way.

Missing any of these steps can result in serious adverse events.

Slide 11 – Clinical Deterioration – Ryan's rule

Queensland Health has made a commitment to introducing an initiative whereby patients, family or carers have a process for escalating concerns when they notice the clinical deterioration of a patient. The process is called Ryan's Rule.

Slide 12 – Ryan's Rule

Ryan Saunders was nearly 3 years old when he tragically died in hospital. Ryan passed away from an undiagnosed Streptococcal infection and his death was found to be, in all likelihood, preventable. Staff did not know Ryan as well as his mum and dad knew him. When Ryan's parents were worried that he was getting worse they didn't feel their concerns were acted on in time.

Ryan's rule was created to provide patients of any age, families and carers with another way to get help. It describes a process for escalating concerns when necessary.

Slide 13 – Ryan's Rule

The process to follow for any person who has concerns regarding a deteriorating patient is to firstly talk to a nurse or doctor about the concerns. If unsatisfied with the response the next step is to talk to the nurse in charge of the shift. If again the consumer is not satisfied by the response they should phone 13 HEALTH and request a Ryan's Rule clinical review. A Ryan's Rule nurse or doctor will then review the patient and assist.

Slide 14 – Resources

There are many resources on Ryan's Rule available in Queensland's Hospital and Health Services facilities. Resources such as those on this slide may be posted in an area where you work.

Slide 15 – Resources

As an allied health professional or student you may hear consumers (e.g. patients, families, carers) raise concerns about a patient in hospital who is getting worse or not improving. It is important that staff are able to educate consumers regarding the steps to follow if they are concerned.

Research has shown that the majority of calls or expressions of concern are the result of a communication breakdown, however one study did show that an average of 50% of calls relating to children of paediatric services resulted in the transfer of a child to an intensive care unit.

Slide 16 – Responding to a Medical emergency

Let's now discuss the allied health professional's response to a medical emergency.

Ensure you learn your local emergency call system in case you are faced with a medical emergency. If you do find yourself faced with a medical emergency consider the setting that you are in:

- If you work in the community, you should dial 000 for the ambulance.
- In acute care settings there may be a variety of emergency call systems, such as an emergency button, calling the switchboard with a direct number or simply shouting "code blue". Clinical staff should be trained and proficient in basic life support. This is not required of all allied health staff and students. You will be advised if it is an expectation for your profession in the clinical area within which you work.

Slide 17 – Preventing falls and harm from falls

Falls are one of the largest causes of harm in health care. Preventing falls and harm from falls is one of the 10 safety and quality standards in health care. The aim of the standard is to reduce the number of patient falls and minimise harm from falls when they occur.

The risk of falling is higher in some patient groups such as those with impaired vision, poor balance, muscle weakness, reduced bone density and patients taking some medications. Allied health professionals often have direct contact with many of these patients who are at high risk of falling.

In-patients generally will be screened for their risk of falls by health professionals. This information is then recorded in a variety of places and in a variety of ways such as:

- on a nursing assessment form,
- in a bed side chart or
- on a sign near the patient's bed.

It is important that patients are also informed of the identified falls risk and are involved in the prevention plan. For example an allied health professional or student may say to the patient – "*I think that you are a bit wobbly on your feet today Mrs Smith. Please use the call bell to ask for assistance if you need to move from the chair anytime today*".

It is not only in-patients who carry a risk of falling. Strategies should be in place locally for all people entering or working within a health care facility. These strategies are managed by the relevant personnel and may be as simple as a sign warning people of the risk of falling on wet ground.

Having learnt all of the information in this learning module please complete the quiz on the following slides.

Slide 21 – Take home message

The key take home messages from this module on the high risk patient are:

Allied health staff and students are frequently engaging with consumers who are at risk of an adverse event.

There are a number of key areas of high risk for patients, and regular observation, assessment and action in response to identified risks is essential to minimise harm to patients.