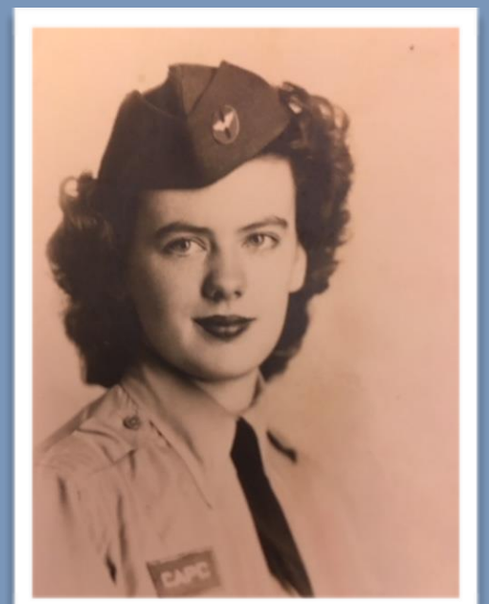

Dottie’s Story

Lori Etheridge Nerbonne, BSN, RN

09.28. 2023

It Takes a Village

‘The Committee’

New England Patient Voices

Education & advocacy for safe, high quality, compassionate
2004 - 2023

Kelly Grasso & Lori Nerbonne
Co-Founders

Local Community Hospital 2004

Rushed to ICU in Respiratory failure day 4 post op

MRSA Septicemia

Failure to Rescue >15 hours. Multiple reports by family dismissed.

Secondary Pneumonia @ 1.5 weeks (VAP)

Grade II Bedsore

ARDS 2 weeks post op

Transferred to Tertiary Care @ 3 weeks

Dottie's Outcome

Recovered and discharged after lengthy 8 month rehab

Readmitted for community acquired pneumonia.

Died from massive brain hemorrhage from overdose of anticoagulants &
Failure To Rescue.

Multiple studies (17 reports) by CMS & OIG: AEs contribute to 15,000 Medicare patient deaths each month (see references)

Failure to Rescue

Failure to rescue (FTR) is failure or delay
in recognizing and responding
to a hospitalized patient
experiencing complications from a disease
process or medical intervention.

The Agency for Healthcare Research & Quality

Dismissed Patient-Family Concerns

as an important contributor to FTR

"She's having difficulty opening an envelope. This is unusual" (3rd evening post op)

"She's not acting right"

"She seems dazed"

"She is weak"

"I'm telling you, something is not right"

"She can't seem to hold her cup"

"Please come quickly, she's speaking incoherently!" (4th day post op, 1pm)

Clinical: abnormal lung x-ray that morning, WBC elevated, low output, temp. 99 (ICU rectal temp = 101), notes by RT 'patient seems too weak to tolerate coughing, deep breathing. RT session terminated. Will return later.'

How does this happen?

Reasoning away vs. validating family concerns

"She got sleep medication last night. That combined with the pain medication can make you behave this way"

She just got suctioned & had RT. That can take a lot out of them"

"We've checked her vitals & she seems fine. Maybe she needs repositioning"

NP & MD rushed to the room as she started speaking incoherently. Rushed to ICU & intubated 15 hours after first concerns reported by family.

Note: surgeon away for the weekend & notes indicated he couldn't be reached. A.M. x-ray & morning labs had not been read. This was before Hospitalists

Preventing Failure to Rescue

Let families help!

Use ‘What the patient-family is reporting’ like a 5th vital sign & document. They know the patient best!

Engage them: ‘Do you have concerns about your dad/mom/daughter, etc? OR ‘You seem concerned or fearful. Tell me why’

Re-check vital signs manually, including a rectal temp

Review labs & radiology test results. Have there been changes over time?

If you’re unsure of something, discuss with a team member &/or manager. Collaborate!

Ask yourself: Has the MD been notified of the complete picture? (Current vitals, test results, changes over time, pt-family concerns). Don’t assume!

NEVER be silenced by the possibility of being wrong, the time of day, or an intimidating MD or colleague.

Educate families about Rapid Response Teams & call one yourself, when necessary.

High level things you can do….

Learning from Patient-Family Complaints

Schedule regular meetings with the hospital's patient advocate &/or patient-safety staff.

Ask about trends in patient-family complaints

<u>Communication issues are</u> consistently the most frequent complaints

- Having concerns/symptoms dismissed
- Lapses/failure to communicate information they reported
- Rudeness which can = intimidation & silencing
- All of the above are also common staff complaints about colleagues (!)

Educate staff, empower them to listen, document, & act on patients-family concerns.

If you serve on patient-safety committees, RCAs:

- Was this a Failure to Rescue?
- What did we miss? Did we fail to act on patient-family concerns about the patient?
- Were patient-family concerns not validated/acted on?

Prevention is key

Why we should elevate & act on patient-family concerns

Family members/caregivers know the patient best

Early warning signs of sepsis (and other conditions) can be subtle (especially in the elderly)

Patients & families are present to witness changes over time. They can often see 'the big picture'

The elderly may suffer mild to serious confusion delirium just from being hospitalized.

Sensory challenges & being ill can inhibit them from giving a good history of symptoms

Ask the patient AND ask the family or caregiver when doing an assessment:

- What concerns do you have about your mom/dad/etc.?
- Have you noticed any changes in their behavior or activities?
- What is your greatest concern or fear and why?
- Listen, validate & act on concerns (prove them wrong with solid clinical evidence).

Challenges with Diagnosing & Managing Sepsis in Older Adults

Kalin M. Clifford, PharmD, BCPS, Eliza A. Dy-Boarman, PharmD, BCPS, Krystal K. Haase, PharmD, FCCP, BCPS, Kristen (Hesch) Maxvill, PharmD, BCPS, Steven Pass, PharmD, FCCM, FCCP, FASHP, BCPS, and Carlos A. Alvarez, PharmD, M.Sc, MSCS, BCPS

"When looking at a disease-specific diagnosis, there are several important diagnostic considerations that are unique to older adults. For example, older adults with bacteremia, may not present with the typical signs of fever and chills.

Older adults with urinary tract infections often present with confusion and they are less likely than younger adults to present with the classic symptoms of urinary frequency and pain.

Moreover, older adults with pneumonia are more likely to present with generalized weakness, falls, and hypoxemia, rather than the typical symptoms of fever and chest pain."

Forever in our hearts

References

Adverse Events in Hospitals: A Quarter of Medicare Patients Experienced Harm in October 2018
https://oig.hhs.gov/oei/reports/OEI-06-18-00400.pdf

Making Healthcare Safer III: A Critical Analysis of Existing and Emerging Patient Safety Practices, Agency for Healthcare Research & Quality (AHRQ)
Chapter 2: Failure to Rescue (FTR)
https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/making-healthcare-safer/mhs3/failure-to-rescue-1.pdf

Learning From Patients' Experiences Related To Diagnostic Errors Is Essential For Progress In Patient Safety
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8103734/

Patients' Complaints Regarding Healthcare Encounters and Communication
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5867282/

SEPSIS RESOURCES

The CDC's new Sepsis Program for Hospitals, September 2023
https://www.cdc.gov/sepsis/core-elements.html

Sepsis Alliance
Founded by dentist Carl Flatley after the death of his young adult daughter from sepsis after minor surgery. Carl has single-handedly done more for Sepsis awareness & education that anyone.
sepsis.org.

Challenges with Diagnosing and Managing Sepsis in Older Adults
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4804629/