A Fair Deal for the Deteriorating Elderly Patient

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Intensivist at large

RACP rep on the HQSC DP EAG (excuse the acronyms)

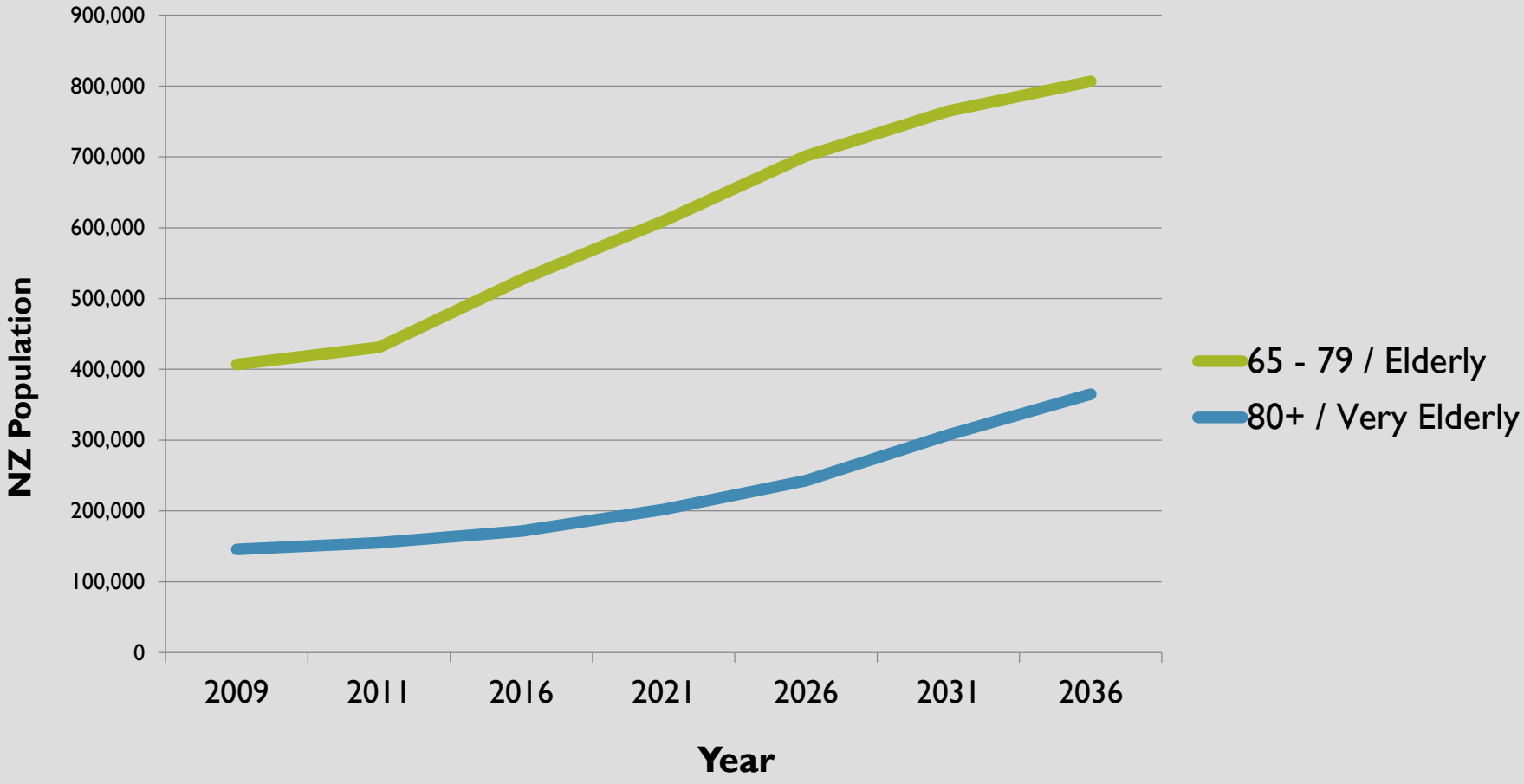

CONFLICT
OF
INTEREST

What do you mean you're bed blocked….


VARIABI
HOPELESS
REGRET
FRIGHT
TRIAGE
ACUTE
EXPENSIVE
HOPE
UNCERTAINTY
INCOMPETENT
FAMILY
ALARMS
PRESSURE
EVIDENCE
DEATH
FRAILTY
PAIN
SADNESS
INVASIVE
COMP
DESPERATE
UNEX
PROGNOSIS
COMPLICATI
BEDBLOCK
EXPECTATIONS

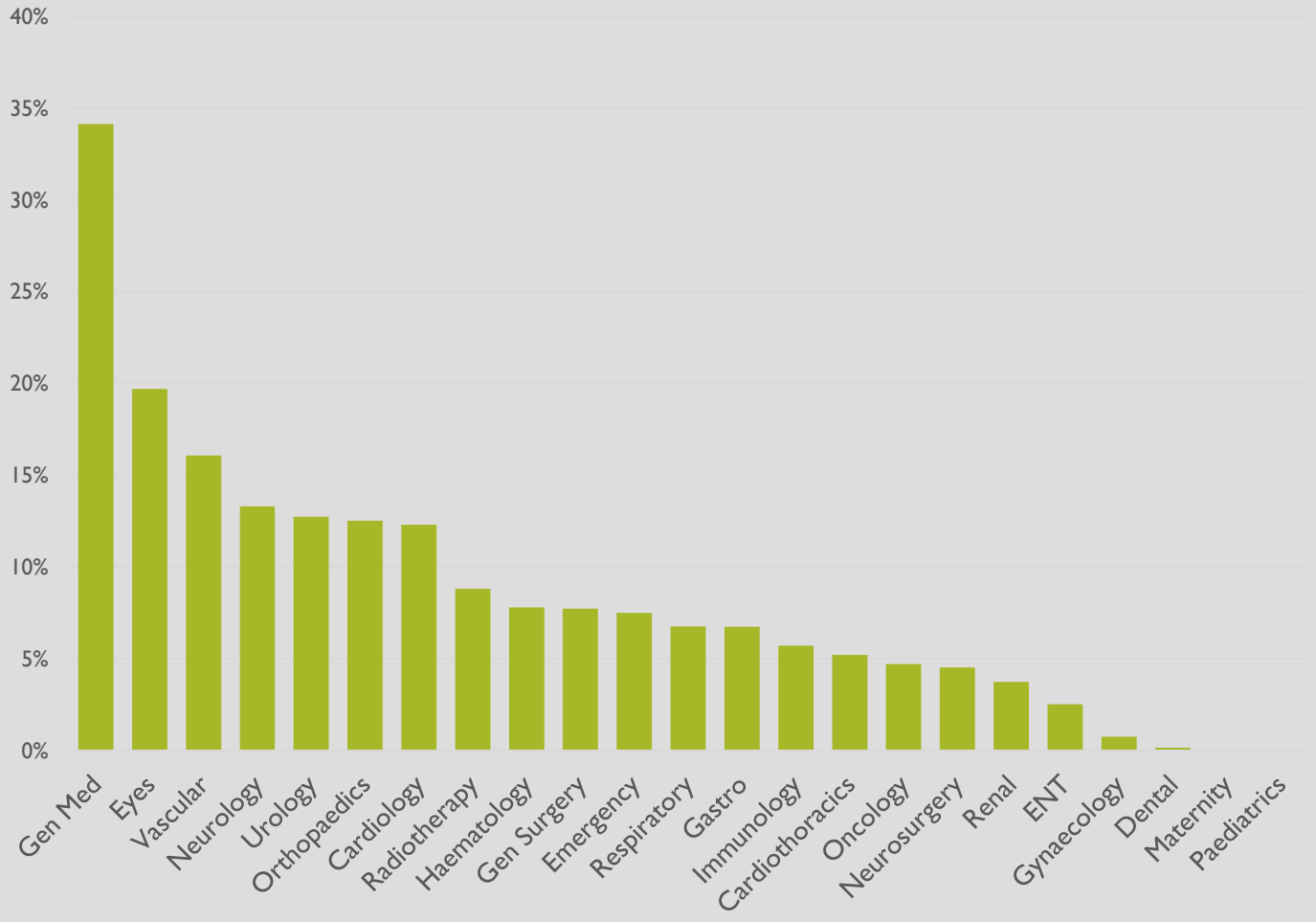
A few numbers….

Forecast NZ Population Growth

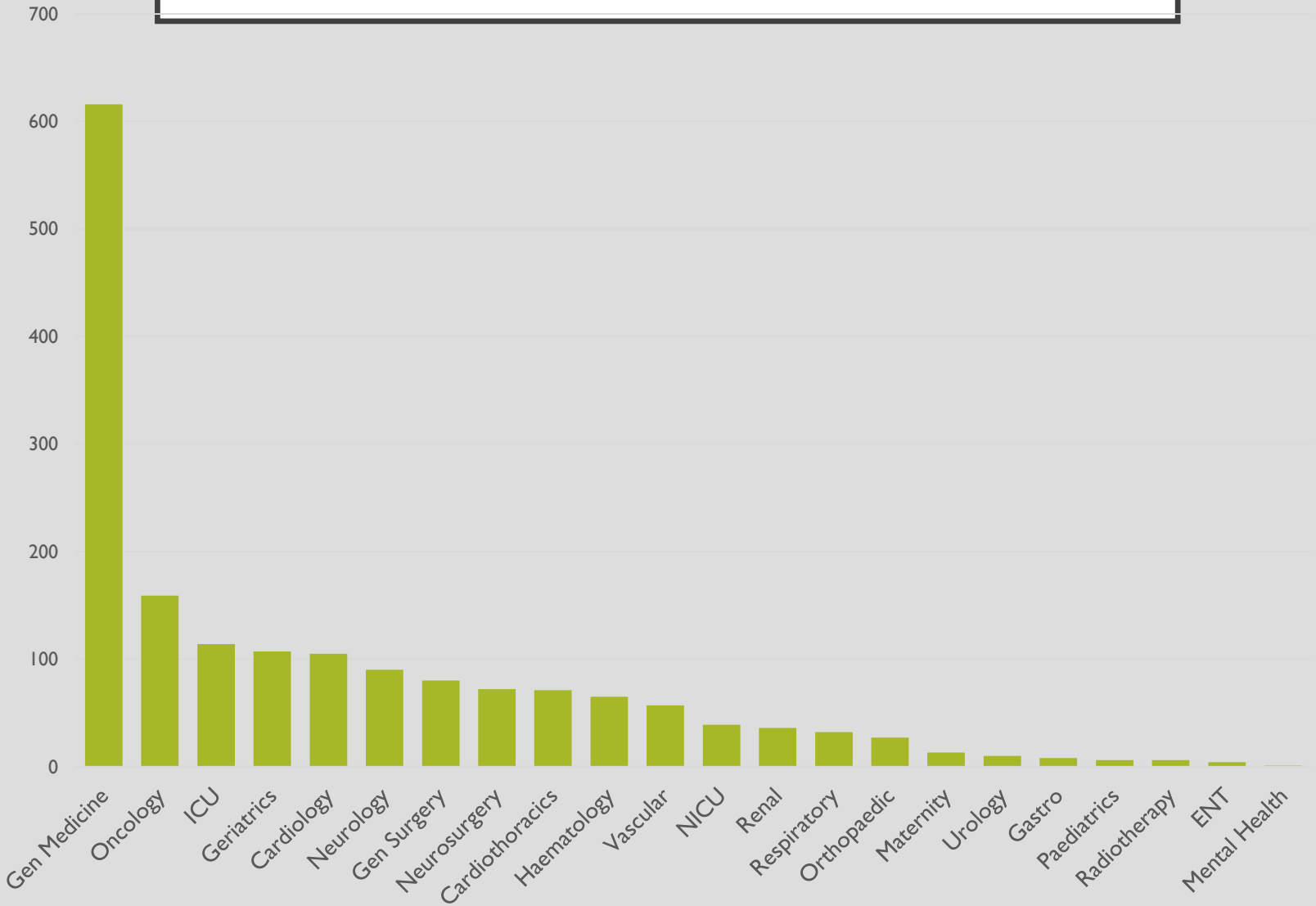


Source: NZ Department of Statistics, Population Forecasts, Median Assumptions

% INPATIENTS OVER 80



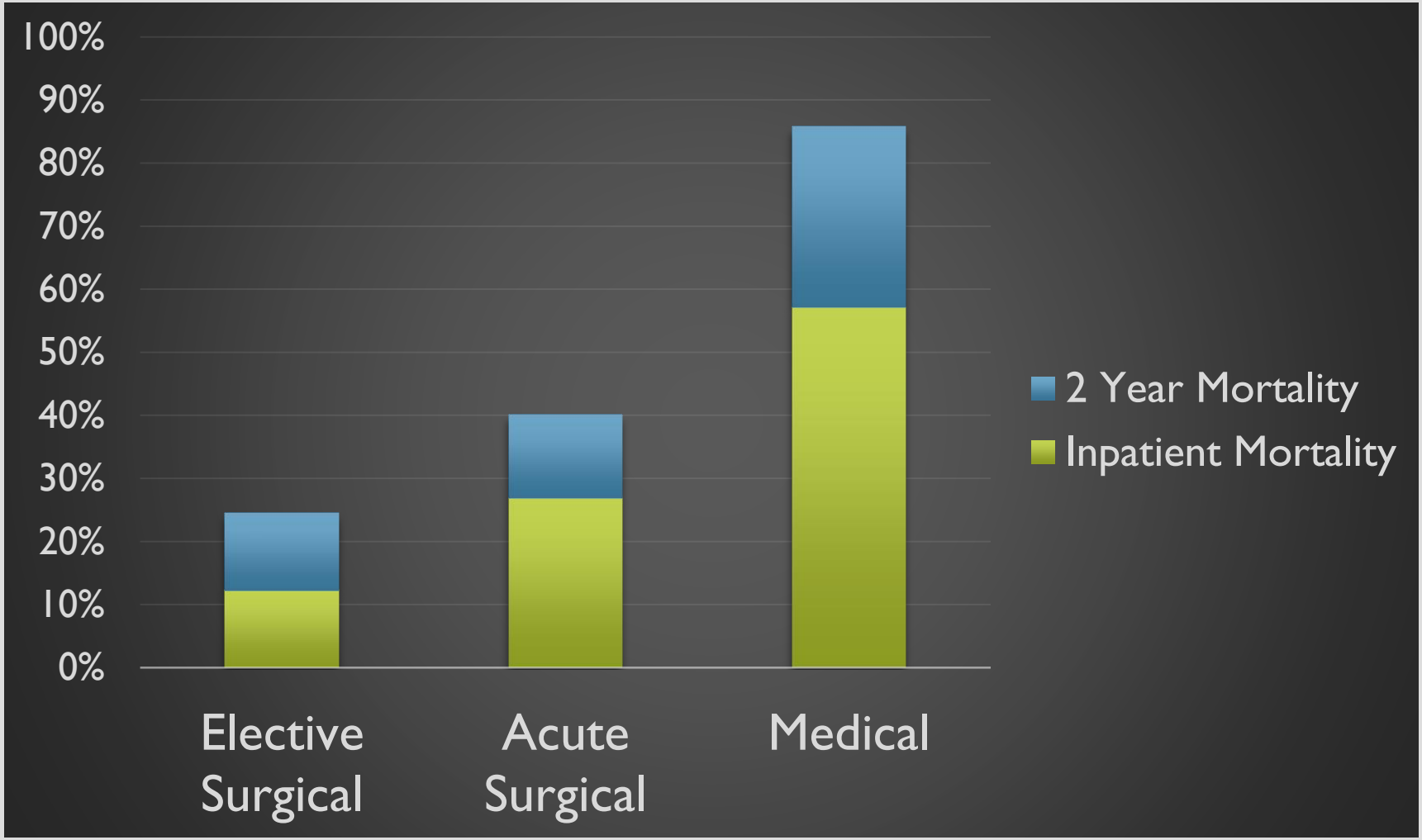
INPATIENT DEATHS



The balancing act….

What for not not for….

ICU VENTILATED PATIENTS, 80+



Goals of Care Plan

CCDHB - TRIAL DOCUMENT

Capital & Coast District Health Board

Surname: ..... NHI: .....
First Names: .....
Date of Birth: ...../...../..... Sex: .....
PLACE PATIENT ID HERE

For General Medicine only

Not applicable for pregnancy or paediatrics.
This decision relates to this current admission.

A ☐ The goal of care is **curative** or **restorative.** For CPR

Treatment is aimed at prolongation of life. CPR is medically indicated and in accordance with person's wishes.

For CPR, ICU referral, MET calls and all appropriate life sustaining treatments:

B ☐ The goal of care is **curative** or **restorative.** Not for CPR

Treatment is aimed at prolongation of life. **CPR is not medically indicated** or not desired by the patient.

For MET calls ☐ Yes ☐ No
For ICU referrals ☐ Yes ☐ No

Document treatments e.g. inotropes, non-invasive ventilation, dialysis, DC cardioversion:

C ☐ The goal of care is **symptom-focused and non-burdensome** treatment aimed at enhancing quality of life. Not for CPR or ICU referral.

For MET Calls? ☐ Yes ☐ No

Patients should be medically reviewed if there are concerns or there is a change of status

Notes: e.g. IV antibiotics, IV fluids:

D ☐ The goal of care is **comfort during the dying process.** Not for CPR, not for ICU referral, not for MET calls. Allow natural death, consider End of Life Care guidelines, Te Ara Whakapiri.

Patients should be medically reviewed if there are concerns or there is a change of status.

The basis for these decisions should be documented on the following pages.

Name:	Date: / /
Designation:	Signature:
Consultant informed of goals of care ☐ Yes ☐ No	Date informed: / /

GOALS OF CARE PLAN

Preventing vs rescuing deterioration….


LEAVE
Nothing personal... but I got to pay Paul.
SIGN IN

Experts vs learners….

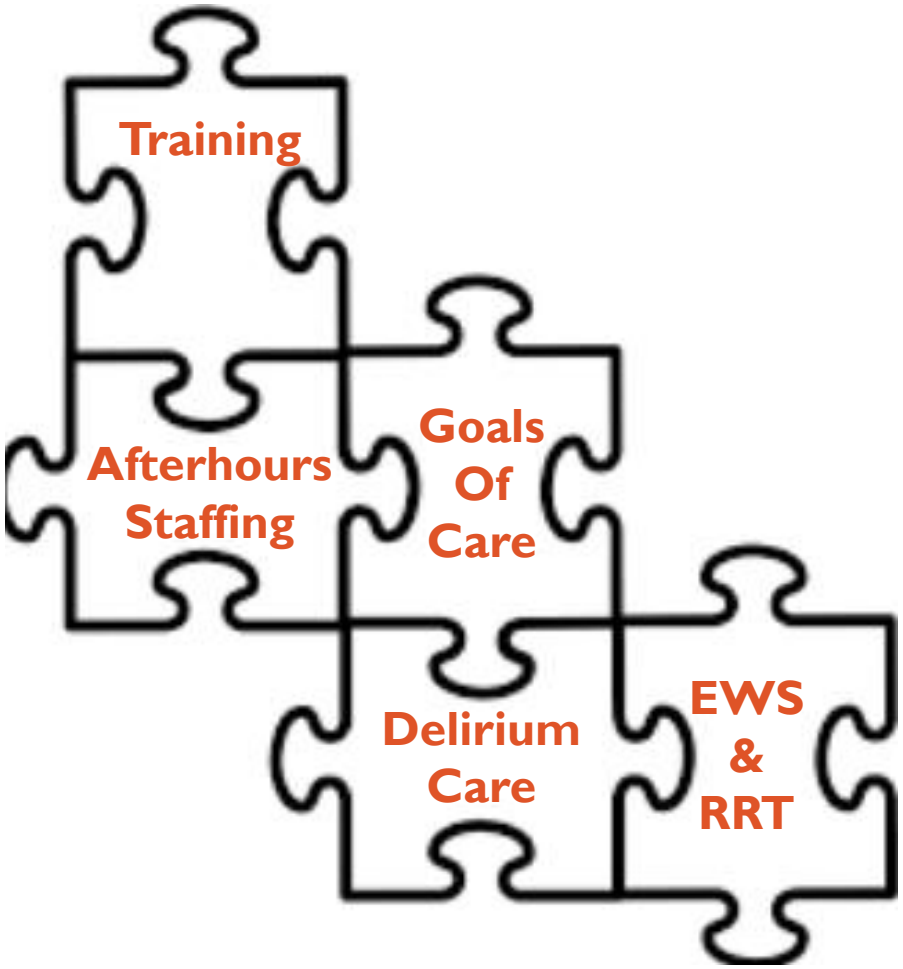

HELLO
I AM...
AN EXPERT


HELLO
I am a
STAR STUDENT!

PRE AND POST COURSE

Scale: 1 = "wetting yourself" 7 = "piece of cake"

What is your comfort with being the lead doctor if:	Pre	Post
Starting a patient on Bipap	4.3	5.1
Hypoxic CAP despite 4 l/O2	4.6	5.3
DKA with pH 7.02	4.7	5.3
STEMI and shock	2.6	3.4
VF Arrest	3.7	4.1
Urinary sepsis and hypotensive	5.3	5.5
Prolonged seizure	4.1	4.9
Unresponsive patient	3.0	3.8
Frail patient, likely dying	5.3	5.6


Training
Afterhours Staffing
Goals Of Care
Delirium Care
EWS & RRT

MY WISH LIST....

What For not Not For

Manage brain failure with the urgency of respiratory and cardiovascular failure

Recognize and optimize the cost of pre-MET-call escalation

Reduce MET call false-positives – sensitivity is critical to safety, lack of specificity is costly

Call home team to every meet call

Invest in training ward staff in deterioration patient management