

The Capital Region of Denmark



REGION

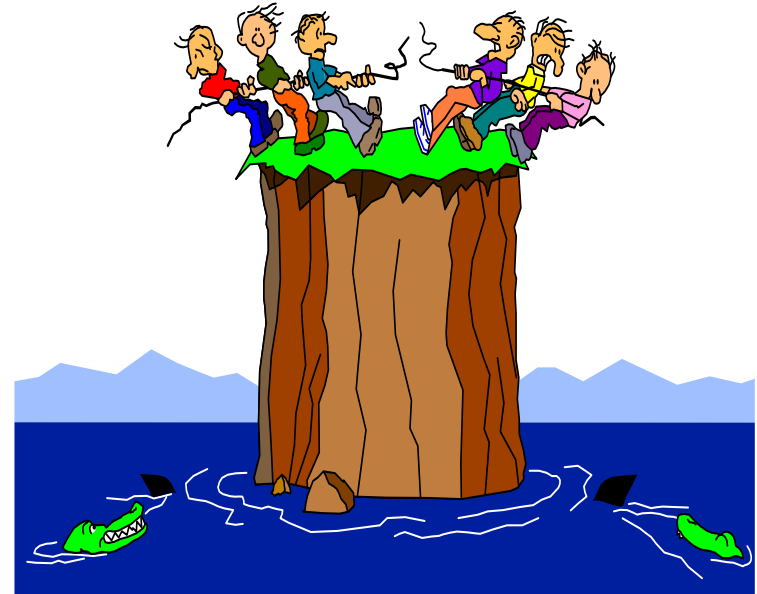
Monitoring all in-hospital patients continuously – con

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Outline:

- The Problem
- The Patients
- The Personnel
- The Costs
- An Alternative
- Conclusion



The situation in Denmark – and elsewhere

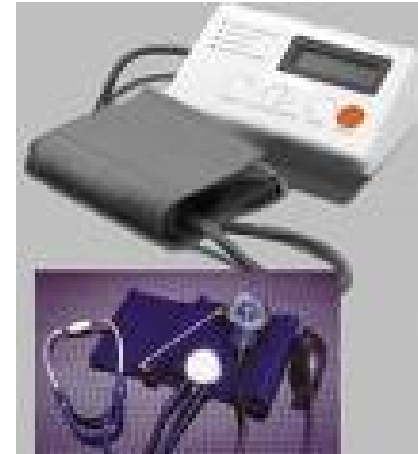
- Lack of monitoring / observations and documentation, Hesselfeldt et al, Ugeskr Laeger 2009, 171/7:502-506
- Lack of knowledge and skills, Fuhrmann et al, Resuscitation 2008, 77(3):325-330
- Inappropriate decision making and delay in activating MET, Downey AW and Bellomo group, Crit Care Med (2) 2008

The Problem:

- There are unrecognized critically ill patients on the wards
- Those recognized often get delayed or insufficient help

What can we monitor on a ward?

- Oxygen saturation (peripheral)
- Respiratory rate
- Blood pressure (non-invasive)
- Pulse rate
- Consciousness
- Temperature



But it is not done anyway !



Why?

The situation in Denmark – and elsewhere

- Nurse / patient ratio has decreased
- The culture has changed – drift into failure
- Shortage of staff – it is difficult to keep staff
- Insufficient education
- Specialized staff

Monitoring all patients at all times?

- No thanks

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"And this one is wired directly to his lawyer..."

Challenges in monitoring The Patients:

- Patients feel more ill
- Tethered to the bed
- Left alone
- Disconnection anxiety

Challenges in monitoring

- False sense of security
 - Hospital administrators
 - Families and patients
 - Ward staff



Challenges in monitoring, The Personnel:

- Overload of information
- Do not see the patient
- False alarms
- Alarms switched off?
- Individual, dynamic alarm limits



Challenges in monitoring, The Monitors:

- What kind of monitor – standards?
- Which company's monitor?
- What must we monitor? – standards?
- Who owns the data?

Challenges in monitoring, The costs

- Purchasing monitors
- Re-designing wards
- Educating the personnel
- Overcoming barriers



An alternative: Clinical examination, what does it accomplish:

- **Look:** airway patency, respiratory rate, colours (not only cyanosis), perspiration, pupils, movements
- **Listen:** talk to the patient: conscious state, patient history, well-being, pain, auscultation, percussion, bowel sounds
- **Feel:** skin temperature, capillary response, abdominal or neurologic examination

An alternative, Clinical examination, what prevents it?

- Get bedside, leave other duties
- Time consuming: hand washing, full examination, talking to patient and / or relatives, talking to nurse / doctor
- Demands instant decision making

An alternative:

- Change of culture
- Education
- High Dependency Units

Change of culture

- Head of department
- Change-ambassadors
- Staff must see the advantages to themselves
- Patience – this will take time

Clinical decisionmaking

- Structured approach – ABCDE
 - Medical and nursing school
- Re-evaluation
- Communication
- Team skills



Clinical decisionmaking

Medical Education Team

- Set an example
- Use every opportunity
- Get superfluous

- This requires training of all staff – ward and MET



Conclusion:

- Maximize usefulness of both clinical examination and monitoring
- Introduce clinical decisionmaking, communication and team skills in medical and nursing school
- Continue this education-simulation
- Medical Education Team