Strategies for a Successful ER Visit for People with I/DD

March 10, 2015
Massachusetts DDS
WCI-Work, Community, Independence

UMASS MEDICAL SCHOOL | COMMONWEALTH MEDICINE
CENTER FOR DEVELOPMENTAL DISABILITIES EVALUATION AND RESEARCH

Welcome and Introduction

- Please use Q&A Box for questions
- CDDER@umassmed.edu with problems

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Speaker Introduction

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Today's Agenda

- DDS Emergency Room Visit Data
- ER Provider Survey Results
- Steps for a successful ER Visit
- Advocacy
- Case study
- Questions

Emergency Room Data

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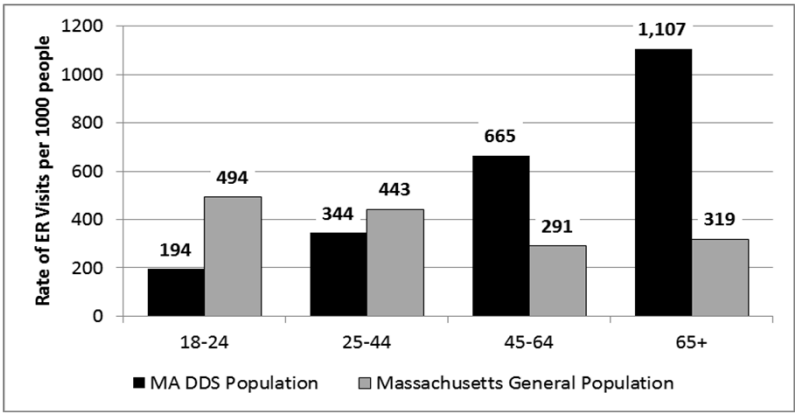
DDS ER Visits by Age
Compared to MA General Population
Oct 2011-Sept 2012



Data includes people receiving residential or individual support services. It does not include people living at home with their families or people living independently.

Data Source: Incident Data Report :Unexpected Hospital Visits. Prepared for the DDS Statewide Incident Review Committee, November 2012, updated May 2013

ER Visits Top 5 Diagnosis
Oct 2011-Sept 2012

Rank	Diagnosis	# of Incidents	% of incidents	Category
1.	Physical injuries (non-burn)	2129	31.0%	Injury, poisoning and external causes
2.	Seizures	482	7.0%	Neurologic medical problems
3.	Respiratory infections	452	6.6%	Respiratory medical problems
4.	Urinary Tract Infection	365	5.3%	Kidney/genitourinary conditions
5.	G/j-tube related	243	3.5%	Surgical devices, artificial openings and complications

Data includes people receiving residential or individual support services. It does not include people living at home with their families or people living independently.

Data Source: Incident Data Report :Unexpected Hospital Visits. Prepared for the DDS Statewide Incident Review Committee, November 2012, updated May 2013

What makes a successful ER visit?

Surveyed Providers Summer of 2013:

- Bringing accurate and up-to-date health care information and history (86%)
- Having familiar staff accompany the person (76%)
- Having staff willing and able to speak up for the person (57%)

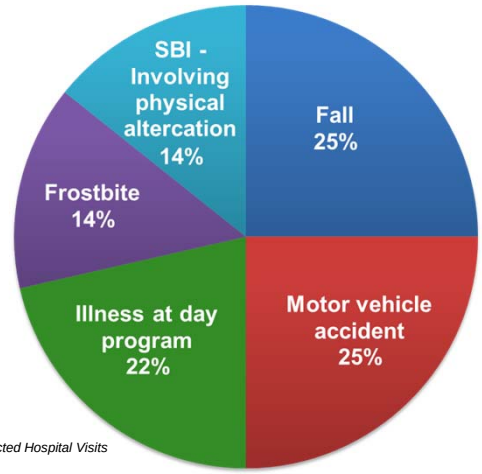
Important to have good information, familiar staff and advocacy for the person

About WCI

- Work, Community, Independence (WCI) is a private, non-profit agency providing 24 hour and less than 24 hour support to homes and apartments for over 135 people.
- Employment/Day Supports (75 individuals):
  - Competitive and Supported Employment, including Volunteer Work
  - Social Skills, Community Based Day Supports and the Art Initiative Program
  - Deaf Employment & Day Supports
  - Life Skills
  - Day Habilitation
- Clinical Team
  - Clinical Director and 2 Assistant Clinical Directors
  - 3 Registered Nurses (2 Full Time, 1 Part Time)

Top 5 Reasons for ER Visits at WCI

28 visits January – June 2014

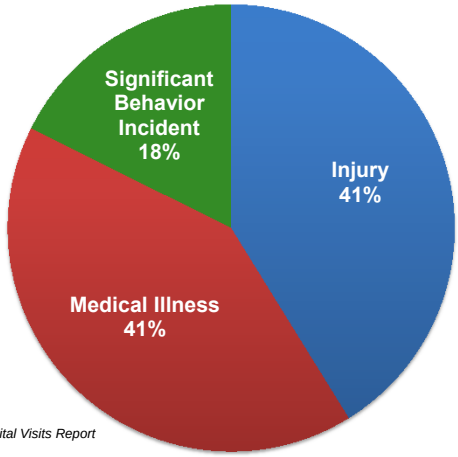


Data Source: HCSIS Unexpected Hospital Visits Report Prepared for CARF

SBI – Significant Behavior Incident

All Unexpected Hospital Visits

51 visits January – June 2014



Data Source: HCSIS Unexpected Hospital Visits Report Prepared for CARF.

The Emergency Room

When to go, who to send, what to bring

How to decide if someone needs the ER

Agency policies may differ. Consider the following:

- Written, signed protocols for the person's Medical Conditions
- Magnitude of the problem
- Emergency Support for Direct Support Staff
  - Who provides assistance to make the decisions?
    - Administrator on Duty (AOD), Clinician on Call, etc. may assist
    - Agencies may differ on when staff are expected to call 911

Always follow Doctor's Instructions!

- If he/she tells you to go to Urgent Care or ER, go!

When in Doubt…

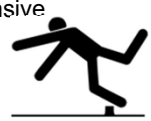
- **Err on the side of caution**
  - **Go to the PCP or Specialist, Urgent Care or ER**

When to go to the ER or Urgent care

Agency policies may vary. WCI's guidelines:

Life Threatening Emergencies

- Bleeding profusely, chest pain, unconscious or non-responsive
- CALL 911 and go to the ER



- **Falls**
  - Err on the side of caution
  - Urgent Care may be more appropriate, if available, unless life threatening
- **Changes in significant Medical Condition**
- **Signs of common illnesses that do not improve** for more than 24 hours (coughing, diarrhea, stuffy nose).
- **Medication refusal**
  - More than 3 times
- **New/unusual symptoms** that are not medical emergencies
  - Headache for someone who never had one, pain in a new area

Who goes with the person?

1) MAP Certified staff who are familiar with the person
2) Staff who the person feels very comfortable with

If 911 is called, follow the ambulance to the hospital or meet the person at the hospital. Ensure adequate staffing at the home

Interpreting services

- Video Relay Interpreting for the Deaf and Hard of Hearing
- Administrator on Duty (AOD) calls ahead

What to Bring to the ER:

- Medical Record or other book
- Copy of the Health Care Record
- Emergency Fact Sheet & ID Form
- Current Medication List
- HCP Encounter Form(s)
- HCP Order Sheets
- Incident Report
- Health Insurance Card and/or Hospital Card

Ensure that the Hospital staff copy any record information and return it to the Direct Support Staff accompanying the person

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CURRENT MEDICATION LIST

For use if Medication Log is not otherwise provided. Please complete the following information about ALL medications and give to the Health Care Provider (HCP). Always update, attach a copy to EFS and place in the Record.

Individual Name: **Effective Date:**

Allergies (Circle in red): **Self-Medicating (Circle One): Yes No**

Start Date & Stop Date	**Medication Name** (List Both-- unless otherwise specified by HCP for a specific Brand) **Brand & Generic**	**Purpose Or Reason**	**Dose**	**Route** (No Acronyms)	**Frequency** (Specify-- Morning, Afternoon, Evening or Bedtime) No Acronyms.	**HCP, Specialty & Telephone**	**Vitals (Y/N)**

Staff Name: _____ **Staff Title:** _____

Advocacy in the ER

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What is Advocacy?

- Advocating means speaking up to support another person
- An Advocate helps protect a person's rights, tries to improve services for that person, and helps to remove barriers to service
- Advocacy should be done in a professional manner, and should always show respect to the person you support and to the health care provider
- Don't be afraid to ask for help (information, advice, assistance)

Advocacy in the ER

- Remain calm and assist the person as much as possible
- Speak with the person, not for the person
  - ***Do not talk to hospital staff as if the person is not there***
- Help the person accurately report their symptoms and pain
  - Prompt with questions or provide additional info as needed
- Remain with the person for tests and blood work
- Review Health Care Provider's instructions with the person in terms that they can understand

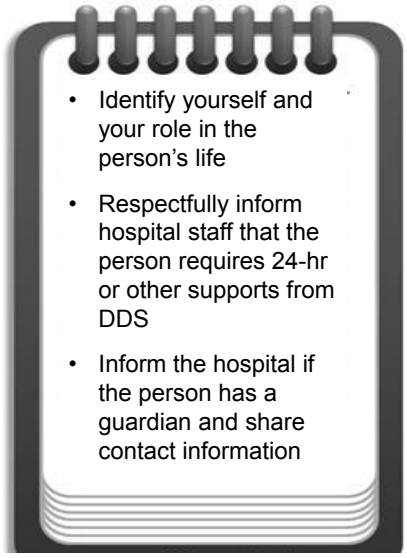
Advocacy training

- Conduct advocacy training for all Direct Support Staff
  - On Call Staff or AOD will assist Direct Support Staff in any advocacy efforts while at the ER regarding wait time, behavioral strategies, treatment, and follow up.

Emergency Room Follow-Up and other Must Do's

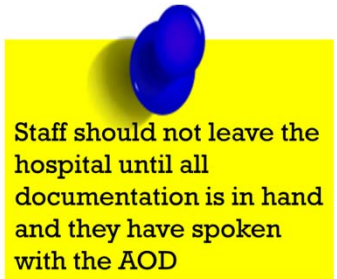
Advocacy in the ER - Triage

- Report all symptoms and relevant history to hospital staff, even if it appears minor
- Contact Nursing on Call or the Administrator on Duty (AOD) to give them an update. Contact at any time for assistance, *especially if you feel staff or the person is not being heard or treated appropriately.*
- On Call Administration can give you behavioral strategies to help keep the person calm and tolerate tests



Emergency Room Must Do's

- Give the person's full name, direct support staff's name, role and agency
- Explain that the person lives in a DDS community supported home
- Explain guardianship and make sure contact information is readily available.
- Staff should not leave the hospital unless the person is admitted fully to their room, discharged, or relieved by another staff.
- If admitted, the AOD or designee speaks to hospital regarding the need for 1:1 agency or hospital staffing depending on the needs of the person



Advocacy True or False?

- Guardians should be contacted to approve treatment? True

- Staff can sign for the person? False

Emergency Room Visit Must Do's Discharge

Medication

- Check for new medication orders and assure MAP compliance
- If discharged after hours, request that the hospital provide enough doses of medication to cover until the pharmacy opens
  - Or, have the prescription called into a 24 hour pharmacy

Signed and complete?

- Ensure all orders are signed by the HCP and documentation is legible and complete
- Ensure that the ER discharge HCP orders match the preadmission HCP orders or correctly reflect changes

Discharge (continued)

- Follow Up – Make sure follow up instructions are specific. If a specialist is required, make sure the hospital recommends one if the person does not already have an HCP in that specialty.
- Documentation – AOD will review documentation with staff to make sure they have everything required.

At Home

- Bring the Discharge paperwork & Doctor's Orders home
- Make sure all medical documents you brought with you are given back
- Inform appropriate personnel and document notification upon return home

Critical ER discharge instructions

- Discharge summary must be signed and legible
- New medication orders are obtained and signed
- A signed note to return to work or Day program is obtained, if needed.
- Review timeframes and specific referrals to specialists, if needed
- Find out when the person should return and follow-up with the PCP

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HCP ORDER FORM Pg. 1

NAME: _____ **D.O.B.:**_____ **Date/Time of Appt:** _____
ADDRESS: _____ **PHONE:** _____
ALLERGIES (*Please circle in Red*)

PHARMACY (Name, Address & Telephone)

HCP Name, Specialty & Telephone:

Reason for Visit/Symptoms: _____

List of Current Medications: *(Is Current med list updated? Please reconcile and refer to box below as SEE ATTACHED)*

Date	Name of Medication	Dose	Frequency (Specify--Morning, Afternoon, Evening or Bedtime) No Acronyms.	Route (No Acronyms)	Reason for Medication	Special Instructions (Required if PRN)
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						

Staff Acknowledgement Review of Current Medications: _____ Date/Time: _____

HCP Acknowledgement Review of Current Medications: Date/Time:

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HCP ORDER FORM Pg. 2

The following section is to be completed by HCP

NAME: _____
D.O.B.: _____
ALLERGIES (*Please circle in Red*) _____

Findings/Diagnosis (Please attach a summary of the visit)	
Test/ Treatments Ordered (Please attach a summary of the visit)	

New or Changes in Medications:

PRN Meds include parameters: (E.g. Oxycodone 5mg every 6hrs by mouth for hip pain; Do not to exceed 4 doses in 24hrs)

Date	Name of Medication	Dose	Frequency	Route	Reason for Medication	Special Instructions
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						

If vital sign monitoring is indicated, please give parameters and when to call the HCP: ☐ **N/A** ☐ **Yes:**

Follow-up for this problem or other problems: ☐ **N/A** ☐ **Yes:** **Date/Time:**

HCP signature:

POST (*In Blue*): Staff Signature: _____ **Date/Time:** _____
VERIFY (*In Black*): Staff Signature: _____ **Date/Time:** _____

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HCP ORDER FORM Pg. 3

Additional New or Changes in Medications:

PRN Meds include parameters: (E.g. Oxycodone 5mg every 6hrs by mouth for hip pain; Do not to exceed 4 doses in 24hrs)

Date	Name of Medication	Dose	Frequency	Route	Reason for Medication	Special Instructions
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						
Start:						
Stop:						

If vital signs are indicated, please give parameters and when to call the HCP:

Follow-up for this problem or other problems: Date/Time:

Staff Follow-up:
☐ Yes ☐ No ☐ N/A Transcribed orders to Med Log

Staff Follow-up:
☐ Yes ☐ No ☐ N/A Communicated results of visit to co-workers/supervisor
☐ Yes ☐ No ☐ N/A Picked up pharmacy/medication/treatment forms
☐ Yes ☐ No ☐ N/A Guardian/health care agent/family notified
☐ Yes ☐ No ☐ N/A Consultant arranged
☐ Yes ☐ No ☐ N/A Completed lab/X-ray Date _____
☐ Yes ☐ No ☐ N/A Scheduled lab/X-ray Date _____

HCP signature:

POST (*In Blue*): Staff Signature: _____ Date/Time: _____
VERIFY (*In Black*): Staff Signature: _____ Date/Time: _____

Notify Chain of Command and Internal Parties of Follow-Up Plans

- Clinical Team
- Guardian (if applicable)
- AOD or Back up System
- All Direct Support Staff
- Complete a HCSIS Incident Report & forward to supervisor to submit to HCSIS

Check with your agency for chain of command procedures

Notifying External Parties of Follow-Up Plans continued

- Service Coordinator
- Employment or Day Program, even when there are no changes
- PCP and Specialists with information, status & follow up, as needed

Text messages may be more effective than calls in the hospital

Agency Review of ER visit

Review in Clinical Operations Team Meetings:

- Updates
- Recommendations for follow-up
- Prevention strategies

What have we learned?

- How to decide if someone needs to go to the ER or UC?
- Who should go with the individual?
- What to bring with you?
- Necessary documentation to bring and complete at the visit?
- How to help the individual advocate for themselves?
- Communication is essential to a successful visit!

HEALTH AND SAFETY ALWAYS COME FIRST!

Case Study

Case Study - Bob

Bob is a 70 year old man, living in 24 hours supports. Previously lived in an apartment with his significant other until his health issues caused a need for increased support.

- Communicates very well, is presumed competent.
- Uses a walker for balance.
- Seizure disorder, ABI, multiple surgeries, history of falls, multiple medications.

Case Study – In the ER

Bob fell out of bed trying to reach a glass of water

- Staff called 911, then AOD
- Provided EMT with Medical Record and followed the ambulance to the hospital
- Notified AOD upon arrival
- Begin writing Incident Report while waiting
- In triage, Bob provided his medical history. Staff noticed he left out crucial information and asked questions to help him with accuracy
  - While waiting in exam room, staff discussed expectations with Bob and the Nurse

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Case Study (continued)

- Staff accompanied Bob to X-Rays and Blood Work
- Staff updated AOD with text messages
- Bob was discharged with an Rx for Tylenol for pain
  - Changed to be MAP compliant
  - Staff requested a dose of Tylenol prior to leaving
- Staff clarified follow up instructions

Everyone arrived safely at home, notified AOD, guardian and everyone else who knew about the hospital visit.

DDS Resources

- DDS Falls Prevention and Intervention Webinar: http://shriver.umassmed.edu/programs/cdder/dds-webinars
- DDS Health Promotion and Coordination Initiative: http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/intellectual-disability/provider-support/health-promotion/
- DDS Risk Management: http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/intellectual-disability/provider-support/health-promotion/risk-management.html
- DDS Quality Is No Accident Reports; http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/intellectual-disability/newsroom/quality-assurance/developmental-services-quality-is-no-accident.html

Thank you!

- Questions and Answers