Succeeding in Avoiding Failure to Rescue in Parkinson’s Disease Care

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RACE
PD nursing model
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Learning outcome

• Identify the clinical issue of emergency for the Parkinson’s disease patients when they are admitted in inpatient service units within the first 24° to 48° of admission.

• Describe the nursing intervention via the use of a PD nursing toolkit in avoiding failure to rescue (FTR) of the PD patients.

• Apply the theoretical framework in the nursing practice.

• Analyze and evaluate the outcome of the intervention using the practice toolkit.
Presented at the 4th World Parkinson’s Congress in Portland, OR in 2016, and as a lecture in Neuroscience Nursing Conference (Boston, MA – 2017)
“My friends stopped seeing me. My husband has been quite distant from me. I feel so alone and helpless sometimes. Please don’t drop me too.”
Actual statement of a male Parkinson’s patient.

“My Parkinson's is always there even when I sleep. It’s always there even in my dreams; physically and mentally. It’s a constant shadow”
Parkinson’s disease (PD)

- Chronic and progressive debilitating neurologic disease affecting the substantia nigra, the organ in the brain stem responsible for the production of neurotransmitter dopamine (Antony, Diederich, Kruger, & Balling, 2013).
- 2nd most common neurodegenerative disease, second only to Alzheimer’s.
- Affecting about 1 million Americans with est. 60,000 new diagnosed each year (PDF, 2015)
- Affects men more than women (about 1.5x higher).
Parkinson’s disease (PD)

• More people are getting diagnosed and more younger people are getting diagnosed with PD (≤ 40 y/o).

• TRAP – the most common sign and symptoms (T=tremors, R=rigidity, A=akinesia, P=postural changes)

• Motor and non-motor symptoms

• Non-motor symptoms – more difficult to reconcile (e.g. memory impairment, apathy, sleeplessness, hyposmia, hypomimia, dysarthria, dysphagia, diaphoresis, constipation, et al.).

• ”On and Off” phenomenon – motor fluctuations.
Failure to Rescue (FTR) - PD

• From the view of reducing patient harm, described as the clinician’s ineffectiveness in catching, ceasing, and preventing complications from arising in patient conditions (Thielen, 2014; IOM, 2000, 2001).

• Avoiding FTR of PD patients from deterioration within the first 24 to 48° of inpatient admission (Gerlach, Broen, van Domburg, Vermeij, & Weber, 2012).

• PD patients are admitted as inpatients = 1.5% higher admission rates than the general population (Oguh & Videnovic, 2012).

• Clinical pitfalls lie in the clinicians’ lack of familiarity of the disease (Ahlskog, 2014).
Significance of the problem

• PD management and care – usually in the outpatient setting
• ICD- 332.0 (idiopathic Parkinson’s) – alone or as a primary diagnosis is not reimbursable in the inpatient setting.
• PD – Most hospitals are not confident on the quality of PD care in inpatient settings (Chou et al., 2011).
• Notification of hospitalization more often came from patient and/or family, rather than from physicians.
• Clinical inadvertence – medication mismanagement, misinterpretations of PD symptoms, inaccurate diagnoses, etc.
• PD care – requires highly rigorous multidisciplinary care (Carne et al., 2005)
PD fall rate: A study from 2008 to 2011

- A retrospective study with \textbf{n size} = 28,280 samples.
- US based study with data provided by Truven Health Market Scan, a raw data collection system.
- Est. PD falls = 60.5% of the sample, with 39% recurrent falls.
- Fractures in PD – estimated to be 2x the average risk.

Nursing Toolkit

• A crafted approach especially designed with high-quality instructions and procedures, based upon research-based standards intended to improve clinical performance and outcome (Hammerman, 2006).

• Nurses can use at the time and point of crucial need of PD nursing care.

• **EBP question** – With regards to the PD competency of nurses at the time when PD patients are admitted in inpatients units, how would the RACE toolkit affect and promote nursing PD competency, as compared to not using any toolkit resource at all?
PD RACE Nursing Toolkit

**Steps**
- **R** = Recognition
- **A** = Alert
- **C** = Capacity
- **E** = Elevation

**Center of nsg action**
- Assessment
- Planning
- Intervention
- Evaluation

**Elements in this step**
- Nsg diagnosis, identify PD patient needs
- Med. Recon., communication to PD ctr, alert MDS
- Safety measures, support ADLs, multidisciplinary approach
- Education, modify practice
RACE Toolkit

• **Recognition** – Nursing diagnosis, checking history, pt. dx (primary, secondary, tertiary).

• **Alert** – medication alerts, prompt notification/communication made to the PD center or movement disorders center, or the PD resource (physician or NP).

• **Capacity** – Safety measures, mobility, speech, swallowing, dietary, psychology, social work, etc. Centered on the multidisciplinary approach.

• **Elevation** – Education (nurses educating each other by sharing PD experiences, cultivating the toolkit at hand, survey the previous PD experience as compared to the new one, use for training, etc.)
What are the moving parts of the toolkit?
Kurt Lewin’s model of change – Theoretical framework

- Lewin’s theory of change involves implementation change with the facilitators (f) and the barriers (b). (Yoder-Wise, 2015).
- Facilitators (f) – those that are advocating for the change.
- Barriers (b) – those that are opposed.

(f) > (b) = ▲

- The phases in the change process of this theory (White & Dudley-Brown, 2012).
  - (1) Unfreezing – state of equilibrium is changed
  - (2) Moving – when the process of change is in progress
  - (3) Refreezing – state of equilibrium is re-established
RACE toolkit – theories relating to the nursing process

<table>
<thead>
<tr>
<th>Steps in the RACE toolkit</th>
<th>Phases in Lewin’s theory of change</th>
<th>Phases in Lippitt’s model of change</th>
<th>Steps in the Nursing Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>R=Recognition</td>
<td>Unfreezing</td>
<td>Assess the need for change</td>
<td>Assessment</td>
</tr>
<tr>
<td>A=Alert</td>
<td>Moving</td>
<td>Establish the change relationship</td>
<td>Planning</td>
</tr>
<tr>
<td>C=Capacity</td>
<td></td>
<td>Clarify the change, determine resources</td>
<td>Intervention</td>
</tr>
<tr>
<td>E=Elevation</td>
<td>Refreezing</td>
<td>Generalize and stabilize the change</td>
<td>Evaluation</td>
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Method for the construction of the RACE toolkit

• The following data used:
  • The needs of the PD patients during hospital admissions
  • Definition of terms (this also includes the concept maps)
  • PD - Quality of life (PD-QoL) questionnaire
  • PD questionnaire – PDQ-39
  • Hoehn & Yahr Scale
  • UPDRS – Unified Parkinson’s disease Rating Scale
  • Selection of nursing patient services for the pilot of the toolkit.
  • Construction of the flowchart
  • Design of the toolkit
  • Formulating the EBP question
PD patient admission → Inpatient admission to neuroscience unit

Health care practitioners attending to PD patients

Multidisciplinary approach in PD care and the nurse serving as the hub for the patient.

Neuroscience RNs

Nurses using the RACE toolkit → 24-48 hrs post-admission: stabilized

Flowchart
Outcome measures

**Safety**
- Fall incidence is the benchmark for this comparison

**Accuracy**
- Were the PD team promptly notified or contacted?
- The PD team for this patient may also be from another institution.

**PD symptoms**
- Any improvement on the patient’s PD symptoms
- Changes in the PD scales (Hoehn & Yahr Scale and the UPDRS)
Future recommendations and changes

• Personal digital assistant (PDA) guidelines or clinical pathway flowchart.

• Project charter for the implementation phase – this is institution-specific.

• Movement disorders nursing as a specialized nursing practice.
References


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![PD nursing model](image-url)
References


• Thielen, J. (2014). Failure to rescue as the conceptual basis for nursing clinical peer review. *Journal of Nursing Care Quality, 29*(2), 155-163. doi: 10.1097/NCQ.0b013e3182a8df96


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