THE FAILING BRAIN AND DETERIORATION

Dr Tracy Brown
Geriatrician
HNEHealth
“I make no excuse for being passionate about the care of older patients, their patient experience, their family’s experience and the special skills required to provide safe and quality care for this part of our population.”  Dr Tracy Brown - Geriatrician
ROGERS ADOPTION CURVE
WHERE DO YOU FIT?

- Innovators: 2.5%
- Early Adopters: 13.5%
- Early Majority: 34%
- Late Majority: 34%
- Laggards: 16%
The Unstable Patient

* Proactive vs Reactive care
* Do we need to reconsider in 2018 – Code Black vs MET call in the elderly?
* Care post Code Black
* What if Bob were 8 months not 80?
We had a good team on Paper, unfortunately the game was played on GRASS

Brian Clough
BRAIN FAILURE

- Brain failure = organ failure
- Dementia as a chronic disease
- How does it make you feel?
- What do your patients +/- their families know?
- Care in your hospital - where and by whom?
- Prognosis and life expectancy
- Technology
- dementiaaustralia.org.au
Cerebrovascular disease +/- CVA, Epilepsy, M.S, Parkinsons disease, Huntingtons
Diabetes +/- insulin requiring, *thyroid disease*
IHD +/- CABG, valvular heart disease +/- surgery
Schizophrenia, depression, anxiety
ESRF
OSA
Downs Syndrome
• Comprehensive assessment on admission – include cognition
• BNW – Before, Now (active problem list), Why (diagnosis)
• Importance of documenting diagnosis and diff diagnosis
• An individualized care plan eg TOP 5
• Clear management plan – investigations, treatment, planned discussions, directions re review criteria
• Regular review of plan – results, what has worked and hasn’t, what has been discussed and is yet to be discussed. According to patient needs.
• Priority patient at handover
• Summaries and suggestions for teams overnight and at weekends
TAILORED CARE- BRAIN FAILURE CARE

* Get the basics right – pain, vision, hearing, teeth, bladder & bowels
* Investigations
* IV access, IDC
* Antibiotic dosing
* Continuity of care
* Instructions and information
* Mobility and fresh air
* Brain retraining
* Music, aromatherapy, pet therapy
* Drugs as a last resort, knowledge of meds
“First do no harm”
Right care, Right place, Right time
A priority patient – VIP (very intensive patient)
Proactive vs Reactive care
Flexibility and support
The time that they deserve and need
Planned follow up for review post discharge
Praise for a job done well!
WHERE ARE YOU NOW?

- What is your road map for brain failure care?
- How is the journey for your patients, carers and staff?
- Do you know how you perform?
- Do you measure, audit, reflect?
- Mortality, morbidity and premature entry to RACF
- What is your culture regarding the care of patients with brain failure?
- Would patients or staff recommend your unit/hospital to their family and friends if they were at risk of brain failure?
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