

## The Residential Aged Care Integration Programme

### Making Best Practice Accessible Through Evidence Based Care Guides and Clinical Coaching

Residential Aged Care Integration Programme  
Waitemata District Health Board  
Gerontology Nursing Service

**Carole Pilcher**  
Gerontology Nurse Specialist


Our core values: Customer Focus 'eye' | Integrity 'sunrise' | Compassion 'bird' | Respect 'koru' | Openness 'flower'



## Background

- ❖ Many acute admissions from residential aged care are potentially avoidable.
- ❖ Early identification and intervention is the key.
- ❖ Registered Nurses and Caregivers manage the care of older adults with complex health problems.
- ❖ Relevant training and support is sometimes lacking in this area.

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## The Residential Aged Care Program (RACIP)

- ❖ The Residential Aged Care Integration Program (RACIP) is a collaboration between Waitemata District Health Board Gerontology Nurse Specialists (GNS) and aged care managers, registered nurses and care givers from the Residential Care Sector.

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## Objectives: Residential Aged Care Integration Programme

- ❖ Provide Gerontology Nurse Specialists (GNS) outreach to residential aged care to increase integration and coordination across services.
- ❖ Collaborate with Residential Aged Care providers to develop easy to use RN Care Guides for the common gerontology issues. Also develop the Care Giver Guides
- ❖ Provide targeted gerontology education and clinical coaching for residential aged care nurses and caregivers by advanced gerontology nurses employed by WDHB.

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**RN Care Guides**  
for Residential Aged Care

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**RN Care Guides**



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## The RN Care Guides for Residential Aged Care

July 2007: Residential Aged Care Stakeholders Work Group

*What would be the most beneficial outcome of this work group for you and your facility?*

*“Developing clinically related guidelines for common geriatric conditions which are evidence based and promote best practice”*

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## Objectives for Developing RN Care Guides

- ❖ Quick Reference tool
- ❖ 18 Common Conditions
- ❖ Developed as a guide only
- ❖ Do **not** replace sound clinical judgement.
- ❖ Enhance the thoroughness of Registered Nurse Assessment
- ❖ Assist in care planning
- ❖ Achieve best outcome for the patient
- ❖ Promote early intervention
- ❖ Enhance communication

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## Topics included in the RN Care Guides

1. Advanced care planning
2. Cardiac
3. Constipation
4. Delirium
5. Dementia
6. Depression
7. Diabetes
8. EPOA
9. Falls
10. Fracture
11. Incontinence
12. Nutrition
13. Pain
14. Palliative care
15. Respiratory
16. Skin
17. Syncope and collapse
18. Urinary Tract infections

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## Chosen Format for the RN Guides

- ❖ Algorithm and flow charts
- ❖ Visio to construct flowcharts in RN care guides
- ❖ Not too wordy
- ❖ Data organised in a succinct + concise manner
- ❖ Information had to be easy to access – especially in emergency situations.
- ❖ Information had to be easy to follow – step by step so as to guide the nurse through the process.
- ❖ Guides were developed to act as prompt

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## DIABETES CARE GUIDE

Page 17  
GWGHR RACP

### Differentiating between HYPOglycaemia and HYPERglycaemia – Signs and Symptoms

#### HYPOGLYCAEMIA

Sometimes feel confused, anxious or irritable

Trembling hands or feet

Dizzy

Weak and tingling knees

Pin & needles of the lips and tongue

Light headed

Hungry

Thumping heart

Shaky pale and fast a sweaty skin

Diabetes

#### HYPERGLYCAEMIA

Signs & Symptoms of HYPERglycaemia Blood glucose >20 mmol/L

Polydipsia (increased thirst), polyphagia (increased hunger), polyuria (increased urination), weight loss, blurred vision, fatigue, gradual onset, persistence and slow resolution.

As hyperglycaemia progresses → neurological symptoms: Lethargy, focal signs and loss of awareness → progresses to COMA.

Hyperosmolar non ketotic coma (HONK): Neurological symptoms more common.

Diabetic Ketoacidosis (DKA): hyperventilation with 'fruity' breath and abdominal pain more common.

Signs of volume depletion common in both HONK and DKA, including decreased skin turgor, dry mucus and oral mucosa, low jugular venous pressure and if severe, hypotension.

**Both are medical emergencies.**

#### Treatment of HYPOGLYCAEMIA in the conscious patient

CO > 10 mmol/L?

- Yes: Blood glucose < 4 mmol/L: Give snack (e.g. fruit, biscuits) or 150ml of 10% dextrose. Re-test in 15 minutes.
- No: Blood glucose < 4 mmol/L: Give water or 150ml of 10% dextrose. Re-test in 15 minutes.
- Yes: Blood glucose < 4 mmol/L: Give water or 150ml of 10% dextrose. Re-test in 15 minutes.
- No: Blood glucose < 4 mmol/L: Give water or 150ml of 10% dextrose. Re-test in 15 minutes.

Re-test in 15 minutes

#### Treatment of HYPERGLYCAEMIA in the conscious patient

Blood glucose > 18 mmol/L: Administer CO in 5-10 hours or before next meal. NB: watch patient's finger before test.

CO returned to appropriate range for patient's condition. Re-test in 15 minutes.

CO > 20 mmol/L: Administer CO in 5-10 hours or before next meal. NB: watch patient's finger before test.

CO returned to appropriate range for patient's condition. Re-test in 15 minutes.

CO > 20 mmol/L: Administer CO in 5-10 hours or before next meal. NB: watch patient's finger before test.

CO returned to appropriate range for patient's condition. Re-test in 15 minutes.

NB: Notify GP if blood glucose level is not above 4 mmol/L within 30 minutes but continues with hypo treatment.

Be wary of hypoglycaemia in the elderly who are on sulphonylureas (Glibenclamide or Glibase). Glibenclamide is not recommended for use in the elderly because of its very long duration of action. The next blood glucose again 2-4 hours after treating the hypoglycaemia as the action of these medications can cause the blood glucose to fall again.

Hyperglycaemia happens gradually – hours to days.

If unconscious..... **This is a medical emergency. If no doctor is immediately available dial 111**

UPDATED 10.12.08

## CARE GIVER GUIDES For Residential Aged Care

### Care Giver Guides

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## Care Giver Guides for Residential Aged Care

### "Care Givers have the greatest opportunity to look, find and report"

#### INTAKE & OUTPUT

Caregivers have the greatest opportunity to look, find and report

#### INTAKE

Hygiene

- Check for soiling
- Check for odour
- Check for incontinence
- Check for dehydration
- Check for weight loss
- Check for malnutrition
- Check for swallowing difficulties

Residence

- Check for signs of pressure sores
- Check for signs of falls
- Check for signs of infection
- Check for signs of dehydration
- Check for signs of malnutrition
- Check for signs of swallowing difficulties

#### OUTPUT

Stool

- Quantity & colour
- Consistency
- Frequency
- Presence of blood
- Presence of mucus
- Presence of undigested food
- Presence of faecal impaction
- Presence of faecal incontinence
- Presence of faecal urgency
- Presence of faecal retention
- Presence of faecal obstruction
- Presence of faecal impaction
- Presence of faecal incontinence
- Presence of faecal urgency
- Presence of faecal retention
- Presence of faecal obstruction

Urine

- Quantity & colour
- Consistency
- Frequency
- Presence of blood
- Presence of mucus
- Presence of undigested food
- Presence of faecal impaction
- Presence of faecal incontinence
- Presence of faecal urgency
- Presence of faecal retention
- Presence of faecal obstruction


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## Care Giver Guides

**Format:**  
The Caregiver Guides have been placed in A4 poster format and include the following topics.

- ❖ Intake and Output
- ❖ Falls, Fractures and Incidents
- ❖ Vital Organs
- ❖ Skin
- ❖ Dementia, Delirium and Depression
- ❖ Pain

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## VITAL ORGANS

**Report these observations to the RN  
Record in resident's file**

**Brain**

**New or increased** confusion, partial or total.

**CHANGE TO:**

- Disorientation
- Confusion
- Seeing or hearing things that are not real.

**Behavior:**

- Agitation
- Irritability / wandering
- Incontinence
- Aggression
- Inability to follow care
- Tremors

**Change in function:**

- ADLs
- Weakness
- Seizures
- Swallowing
- Headache

**Falls or body changes:**

Facial expression, weakness of arm or leg

**Lungs**

**New or increased:**

- Breathlessness at rest or on exertion,
- Cough or wheezing,
- Pain on breathing

**Signs:**

- Cyanosis
- Blood

**Change to sleeping pattern:**

- Rapid or fast
- Shallow
- Slow
- Noisy

**What treatment has been given?**

**Heart**

**New or increased pain**

- Chest pain / left arm
- Upper abdomen, radiating
- Jaw pain
- Indigestion
- Heaviness
- Nausea
- Sweating
- Dizziness when standing up
- Irregular pulse

**What treatment has been given?**

**New or increased** swelling, redness

**Pain:** Type, extent, severity, e.g. sharp, tingling

**Increased:**

- Rapid or rapid
- Changes in
- Swelling, tenderness
- Pain (not sharp)
- Appetite

See PCA Care Guide, 'Intake & Output'

**Stomach**

**New or increased:**

- Bloating or distension
- Bowel noise
- No bowel motion
- Pain
- Difficulty / pain passing urine
- Frequency of urine
- Changes to urine e.g. ketones
- Urine pathogen

See PCA Care Guide, 'Intake & Output'

**Sexual Organs**

**New or increased:**

- Discharge
- Color
- Blood
- Pain
- Swelling
- Rash

**Skin**

**Change:**

- Dull, itchy, pale or red
- Cracks, sores
- Ulcers
- Swelling of feet, ankles, sacrum

**New:**

- Fluid leakage
- Rash, breaks, rashes
- See PCA Care Guide, 'Skin'

**Bowel**

**New or increased:**

- Bloating or distension
- Bowel noise
- No bowel motion
- Pain
- Difficulty / pain passing urine
- Frequency of urine
- Changes to urine e.g. ketones
- Urine pathogen

See PCA Care Guide, 'Intake & Output'

**Bladder & Kidneys**

**Observed every one:**

- Difficulty / pain passing urine
- Frequency of urine
- Changes to urine e.g. ketones
- Urine pathogen

See PCA Care Guide, 'Intake & Output'

**General**

Weight loss or gain

**PROMPTS**

- Have I checked the Care Plan and progress notes?
- Have I reported the family's concerns?
- Is there an Advanced Care Plan in place?
- Have I written / recorded accurately all forms and notes to the file?
- What is the follow up plan after reporting this to the RN?

WHDH August 2009

## Gerontology Nurse Specialist Team

Each GNS has specific aged care facilities

- ❖ Clinical coaching
- ❖ Case finding
- ❖ Receive referrals
- ❖ Communication




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## Evaluations: RN & Caregiver Guides

- ❖ The Feedback from Registered Nurses/Caregivers and Health Care Assistants has been overwhelmingly positive.
- ❖ 57 facilities within our catchment area. 48 facilities responded to an evaluation asking for comments about the RN care guides – 100% positive comments.
- ❖ Caregivers were delighted to have such information available to them and felt empowered to act logically in any related emergency.


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## CONCLUSION

- ❖ The programme provides a mechanism for proactive care coordination and clinical coaching with improved health outcomes for older people residing in aged care.
- ❖ The response to the programme from residential care facilities has been overwhelmingly positive. Collaboration has been greatly increased.
- ❖ We have received many requests and expressions of interest from Health Professionals through out New Zealand regarding the RN Care guides..

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**The RN and Care Giver Guides have been a great success and are available on the web site so every one can access them.**

**[www.wdhd-agedcare.co.nz](http://www.wdhd-agedcare.co.nz)**

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