



Summer 2011

Philadelphia Coordinated Health Care

Southeast Region Health Care Quality Unit

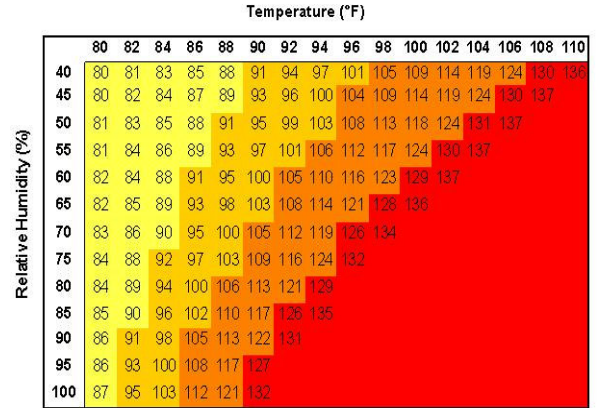
HEALTH CARE ALERT

A QUARTERLY PUBLICATION PROVIDING HEALTH CARE TIPS FOR PEOPLE WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES AND THEIR SUPPORT TEAMS

Risk Management Corner

BEAT THE HEAT!

It's summer again and time to use strategies to prevent health problems that may occur due to the heat. Heat Stress (includes heat exhaustion and heat stroke) occurs when the body is no longer able to regulate its temperature. **Heat Stress is a potentially life-threatening condition and prevention is important.** Listen to weather reports daily because when the indoor or outdoor temperature is 90 degrees or higher you are at greater risk. Pay attention to the level of humidity because when the humidity is above 60%, it makes the body feel 10-20 degrees hotter!!



Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity
 ■ Caution ■ Extreme Caution ■ Danger ■ Extreme Danger

Are you at higher risk??

Talk to your doctor about your specific risks as some health conditions and medications place you more at risk for heat related illness. You are more at risk if you:



- Have heart or kidney failure
- Have high blood pressure
- Have diabetes
- Take "water pills"
- Are overweight or underweight
- Have had a stroke
- Have an infection or fever
- Have vomiting or diarrhea
- Drink alcohol or caffeine
- Have no air conditioning
- Take certain medications (talk to your doctor)

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Coming Soon to the PCHC Website

Updated Dysphagia Resource Directory

Over the past year, many people have contributed to updating our Dysphagia Resource Directory. Please take the time to check out the new updates – you will not be disappointed. There are many tools for people who have the diagnosis of dysphagia as well as those who offer assistance.

*PCHC does not support or advocate for any one company. We share all of our resources to keep you fully informed.

Cultural Competency and Intellectual and Developmental Disabilities

You may be aware of common terms in the Intellectual and Developmental Disabilities (I/DD) system such as: 'Putting People First', 'Person Centered' and 'Everyday Lives'. Often times the intent is to teach communities, individuals, direct support professionals, care-givers and families that we all want the same things out of life. This may include a comfortable place to call home, a loving family, something meaningful to do during the day, support when needed and the opportunity to make personal decisions while living a valued life in the community. Since the closing of many institutions, there has been a significant increase in advocating for people with Intellectual and Developmental Disabilities (I/DD). Although much has been accomplished in this field, it is important to recognize that we all desire the opportunity to practice the same rights. As our country and the I/DD system become more diverse, we should address a new term and meet the challenge of "Cultural Competency".

What is Cultural Competency?

It is the way we communicate with all people, including those with I/DD, without cultural differences hindering the experience but enhancing it. In other words, it means to have knowledge with respect, and accept without question, the fundamental moral views of a group in order to have a positive healthy outcome. Culture can be defined as "the thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic,

religious or social groups." Competence can be defined as "the quality of being competent, adequacy, possession of required skill, knowledge, qualification or capacity", in other words to satisfy the wants of life. The Intellectual and Developmental Disability (I/DD) system can be considered a culture unto itself. It is important to clearly explain the needs of the people you support so that everyone feels competent enough to adequately advocate for them.

How does cultural competency relate to health care?

We should also recognize other cultures with respect regardless of beliefs, traditions and linguistic differences about health care. It is important to remember that not everyone is coming from the same background or understanding of health care in general for the I/DD population. We must all communicate clearly about a person's needs and wants. This practice will ensure a positive health outcome.

Cultural Competency is an ongoing process.

As we adapt and reevaluate the way things are done in other cultures and in ours (I/DD), we must learn to listen and become more sensitive, respectful and basically show that we care.

References:

<http://minorityhealth.hhs.gov>, <http://omhrc.gov>, Putting People First



Hospital Rapid Response Teams...To the Rescue

Rapid Response Teams were implemented in 2004 by the Institute for Healthcare Improvement (IHI) as part of their 100,000 Lives Campaign - one of its strategies for reducing preventable hospital deaths. The team is made up of medical personnel, most often a physician (or physician's assistant), ICU nurse, and a respiratory therapist. The goal is to provide immediate attention to a patient who is showing signs of decline and determine if they need to be moved to an Intensive Care setting.

Research shows that patients most often exhibit signs and symptoms of increasing instability several hours prior to a cardiac arrest; these include breathing changes, and changes in heart rate or mental status. The idea is to rescue patients heading towards respiratory or cardiac arrest.

Studies performed show the following:*

- 66-84% of patients exhibit abnormal signs and symptoms within 6 hours of a cardiac arrest, including altered mental status, chest pain, fluctuations in heart rate, respiratory rate and blood pressure, fast breathing (58%), fast heart rate (54%), low blood pressure (46%) and decreased urine output (29%)
- Elevated respiratory rate is an indicator of muscle weakness and fatigue. Of patients requiring CPR, 54% had at least one documented increase in respiratory rate above 27 breaths per minute within 72 hours of cardiac arrest.
- There has been a 65% drop in cardiac arrests and 56% decrease in deaths from cardiac arrest following the placement of a medical emergency team (rapid response team).

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“Beat the Heat” Continued from cover page

Prevention is Key

Indoors	Outdoors
Stay in cool areas (if you do not have air conditioning, try visiting a shopping mall, library, senior center, or movie theater for a few hours)	Drink plenty of water even if you do not feel thirsty (avoid alcohol or caffeine as they cause you to lose water)
Use a fan (but only when there is cooler air blowing – never use a fan in a closed room that does not have air conditioning)	Wear lightweight, light-colored, loose clothing (cotton is best)
Take a cool shower or bath	Wear a hat or use an umbrella
Use your stove and oven less	Use a sun block with SPF 15 or higher and UVA and UVB protection
Avoid hot foods and heavy meals	Take rest periods in the shade or a cool area
Keep curtains and blinds closed during the day	Limit your physical activity
Have someone check on you twice a day	Limit your time outdoors (best to go out early morning or evening)
	Never sit in a parked car or leave anyone in a parked car.

Warning Signs of Heat Stress

- ❖ Loss of energy
- ❖ Prickly heat
- ❖ Thirst
- ❖ Loss of appetite
- ❖ Muscle cramps
- ❖ Headache
- ❖ Sick to stomach
- ❖ Heavy sweating
- ❖ Lightheadedness
- ❖ Confusion, feeling silly

Actions to Take

- ❖ Go to a cool place
- ❖ Drink fluids
- ❖ Remove excess clothing
- ❖ Rest

Signs of Severe or Worsening Heat Stress

- ❖ No sweating
- ❖ Staggering/unsteady
- ❖ Convulsions/Seizures
- ❖ Hot, dry, flushed skin
- ❖ Combativeness
- ❖ Loss of consciousness
- ❖ Throbbing headache
- ❖ Fever
- ❖ Confusion
- ❖ Rapid breathing or heartbeat

Actions to Take:

Call 9-1-1 and while waiting for medical help to arrive:

- Move the person to a cool place
- Remove excess clothing
- Place cool wet cloths on forehead, wrists, underarms, groin
- Only give fluids if the person is alert enough to swallow safely and is not vomiting



Additional information on Heat Safety can be located on the PCHC website at www.PCHC.org.

References:

Centers for Disease Control
 City of Philadelphia DBH-IDD Heat Safety Policy and Program
 Philadelphia Corporation for Aging

Hospital Rapid Response Team cont.

Nurses are often the staff who see the beginnings of this decline but often have difficulty obtaining immediate intervention through phone calls to the physician alone. The RRT takes the uncertainty and delay out of the call process, bringing life saving care to the bedside within minutes.

The nurses are given guidelines of when to call for a RRT. These include:

- Acute change in heart rate (< 40 or > 130 beats per minute)
- Acute change in systolic blood pressure (< 90 mm Hg)
- Acute change in respiratory rate (< 8 or > 28 breaths per minute)
- Acute change in Oxygen saturation (< 90 %)
- Acute change in urine output (< 50 milliliters in 4 hours)
- Any time staff is "worried" about a patient

Through phone call, beeper, or overhead page, the RRT arrives to the floor within about 5 minutes. Although this may be frightening for the patient, family, or even visitors, it is reassuring to know that prompt, efficient medical care is being utilized...as soon as it is needed.

If you or someone you support is admitted to the hospital, ask about their Rapid Response Team. Take the time to know which nurse is assigned to the person or family member and discuss what steps to take if sudden changes occur. You may not need to take action but it always helps to be prepared.

*Babyak, S. *Respiratory Therapists Play Unique Role on Rapid Response Teams*. AARC Times: June, 2007.

Announcements

Chester/Delaware County Nurse Network Meetings

September 9, 2011

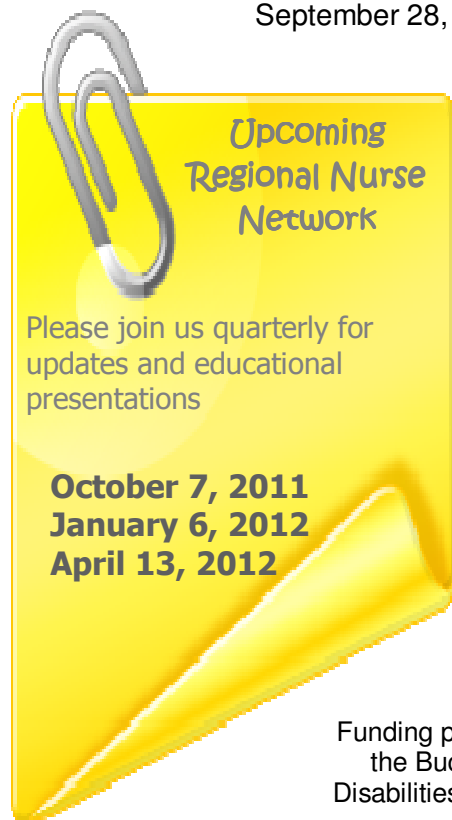
Bucks/Montgomery County Nurse Network Meetings

September 28, 2011

2011 Special Needs Unit Meeting Dates

October 19, 2011 • 10AM to 12PM

123 Boro Line Road
King of Prussia, PA



**Upcoming
Regional Nurse
Network**

Please join us quarterly for updates and educational presentations

**October 7, 2011
January 6, 2012
April 13, 2012**

Save the date!

Train the Trainer

Dysphagia for Nurses

Date: October 7, 2011

King of Prussia, PA

Continuing Education Units will be awarded



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