

April 2022

## PCW Education



This material was originally developed by Queensland University of Technology as part of the Researching Early Detection of Deterioration in Elderly residents (EDDIE+) project, which was funded by the NHMRC MRFF 2019-2023. It can be used in line with the associated Creative Commons license.



# Acknowledgement of Country

We acknowledge the First Nations owners of the lands on where we gather today and pay our respects to the Elders, lores, customs and creation spirits of this country.

For thousands of years, the First Nations owners have gathered to share their knowledge and stories.

We pay our respects to all Aboriginal and Torres Strait Islander peoples and acknowledge the important role they play within our communities.

We recognise their long and continuing connection to country, the lands, winds and waters throughout Australia.

We recognise that these lands have always been places of teaching, researching and learning.

# Learning outcomes

## Aged Care Quality Standards

1	2	3	4	5	6	7	8	
✓	✓	✓		✓		✓	✓	1. Identify risk factors for deterioration in residents
✓	✓	✓	✓			✓	✓	2. Recognise early changes in a resident's physical, mental and cognitive status
✓	✓	✓				✓	✓	3. Understand the importance of reporting early signs of deterioration in residents
		✓	✓			✓	✓	4. Understand the processes and tools to report early signs of resident deterioration

# Keeping residents in the home

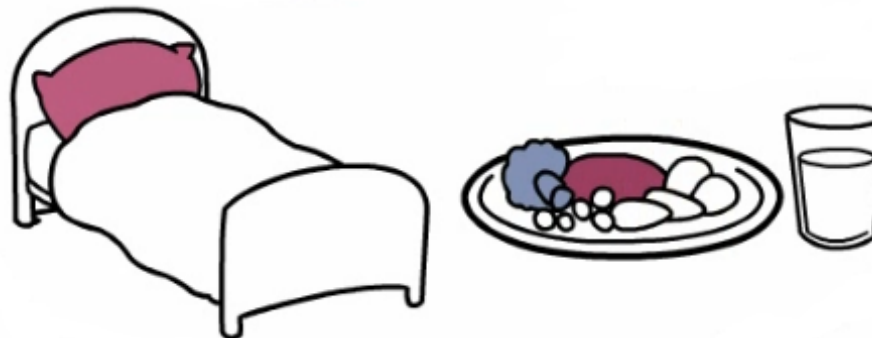
## Hospitalisation can lead to:

- Increased risk of delirium, immobility, infection, drug reactions, falls and pressure areas
- Loss of independence related to an unfamiliar setting
- Deconditioning (malnutrition, dehydration, sarcopenia)
- Physical, emotional, social and mental distress
- Worse or extended illness, delayed recovery
- Decreased quality of life and shortened life span



# Why PCWs?

BECAUSE YOU spend more time than anyone else with the resident



# Noticing changes

How are they  
responding to you?

Aggressive, not  
talking, tired?

Are they less active  
or overactive?

Unsteady on feet?

Has a family member/  
carer/advocate told you of  
a change?

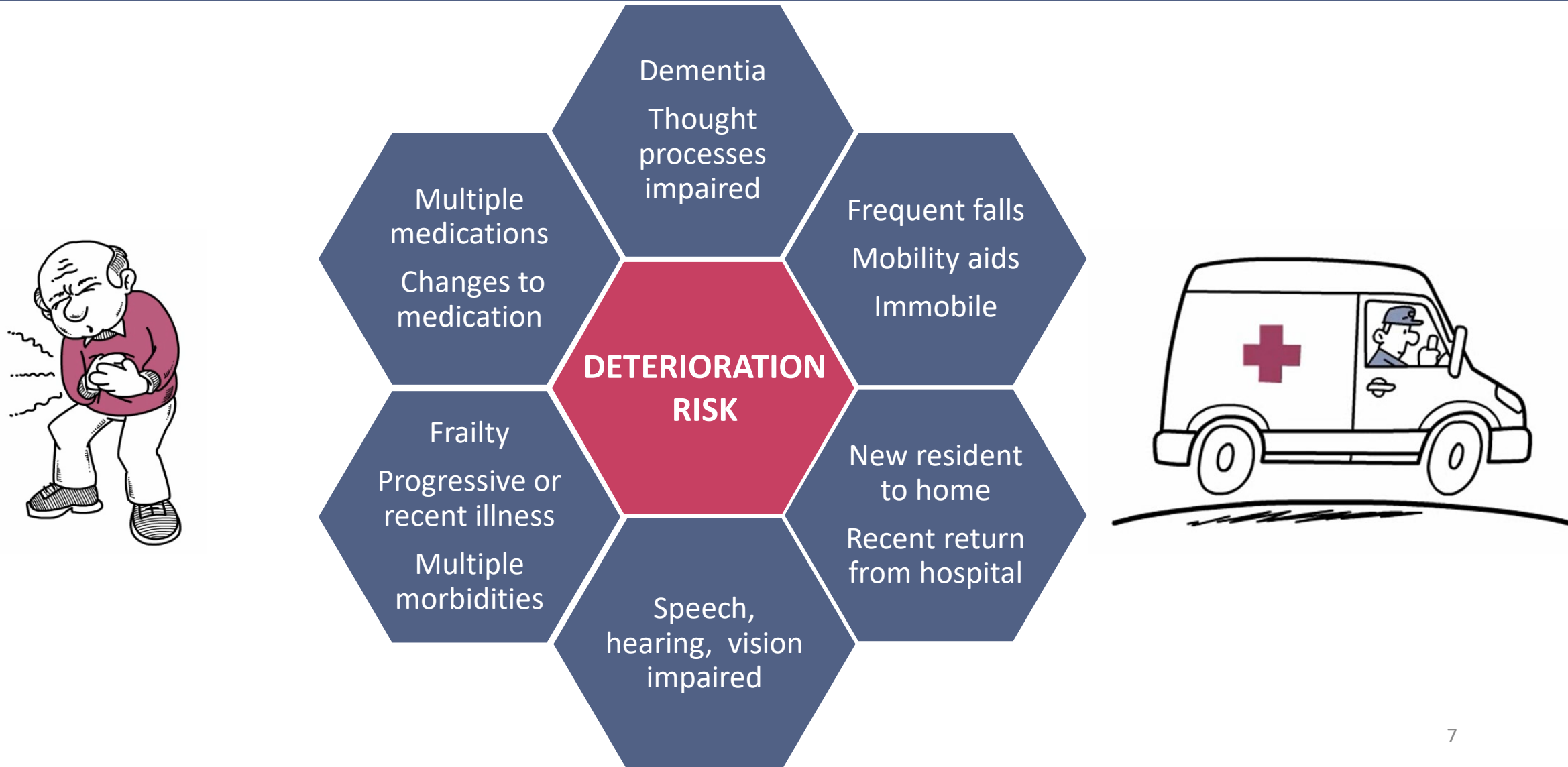


How is their  
eating, drinking,  
toileting, and  
sleep?

Are they in pain,  
distressed, confused?

Is this behaviour normal  
for them?

# Residents at higher risk of deterioration



# Barriers to early reporting

**Process:** uncertain of whether to report, what to say, to whom, when and how?

**Timing:** time needed to report, when to report, workload

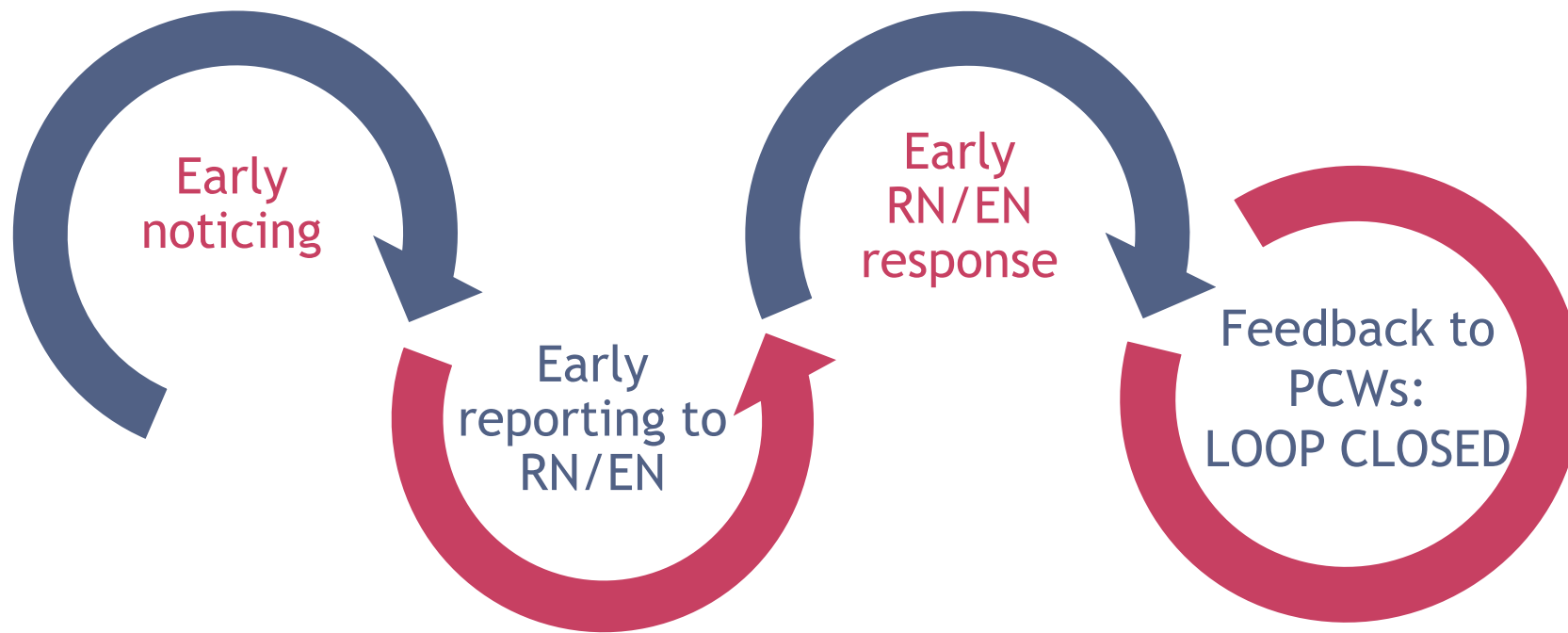
**Experiences of reporting:** Follow up and feedback, unsure of outcomes in past, felt like not heard



RNs/ENs will acknowledge and offer feedback to PCWs



# Communication



## LOOP CLOSED:

- ☐ PCWs concerns & reports are acknowledged
- ☐ PCWs made aware of what follow-up action has been taken for the resident

# Deteriorating resident case



Edwina is 85 years old with a history of osteoarthritis, cardiac failure and mild stroke. She wears glasses and a hearing aid. Edwina is cognitive, but forgetful at times. She walks with a wheelie walker and requires assistance with toileting. She is frail and thin looking.

In the last 2 weeks she has had two witnessed falls not requiring hospitalisation. Her daughter has just mentioned to you that she is now refusing to eat.

- How might you know that Edwina is deteriorating?

# Early Detection of the Deteriorating Resident



DELIRIUM



CHEST PAIN



DYSPNOEA



DEHYDRATION



UTIs



CONSTIPATION



FALLS

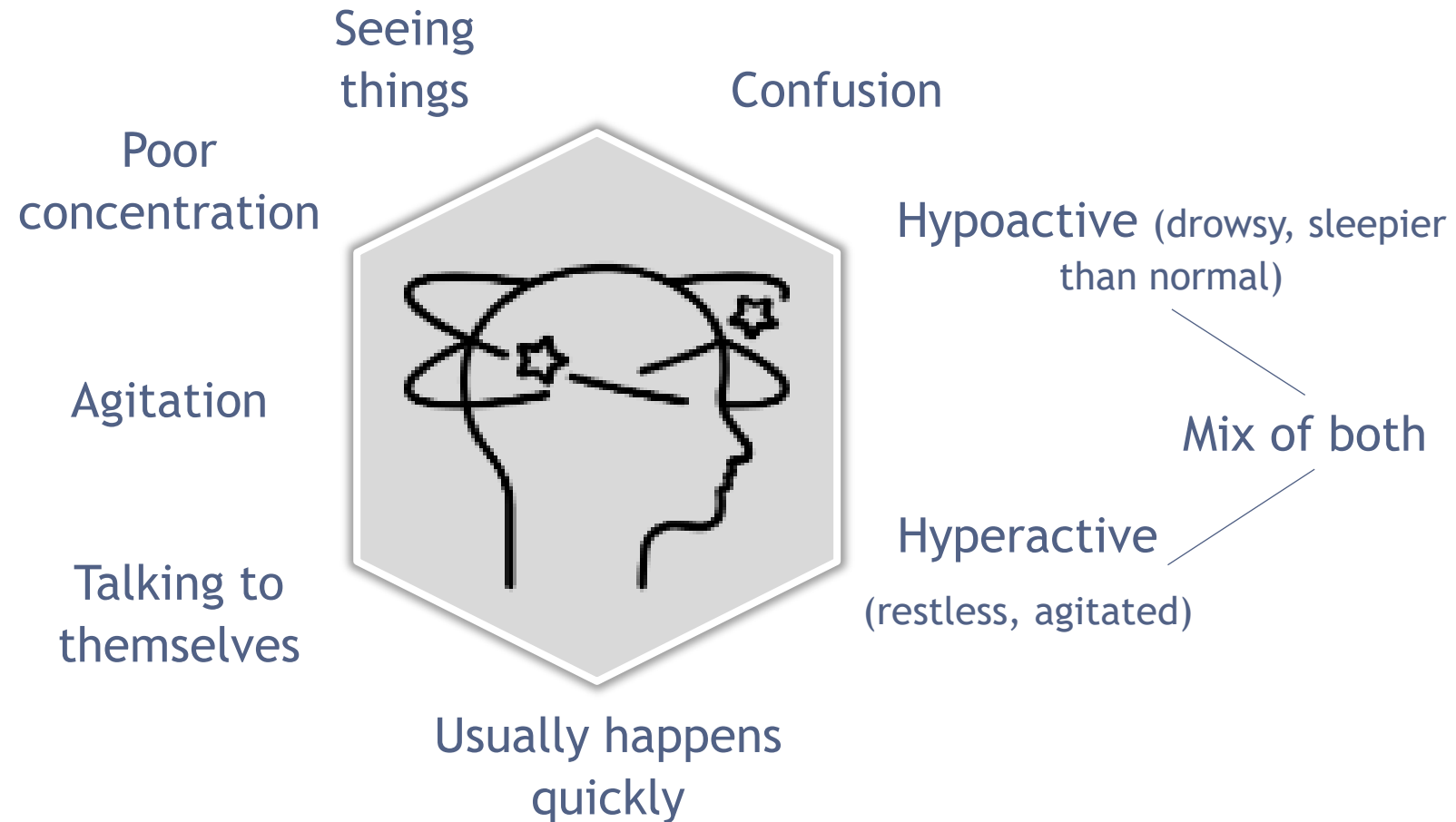


PALLIATIVE CARE



# Delirium

## What does delirium look like?





# Chest pain

How can you tell if someone has chest pain?

Distress, feeling of impending  
dread

Heavy/tight/crushing feeling  
in chest

Rapid breathing

Indigestion-type pain

Agitation

Pain jaw/arm

Sweating

Nausea, vomiting





# Dyspnoea (Difficulty breathing)

EDDIE<sup>+</sup>

Does the resident's breathing look right?

Breathing quickly or noisily

Short of breath at rest or on movement

Agitation

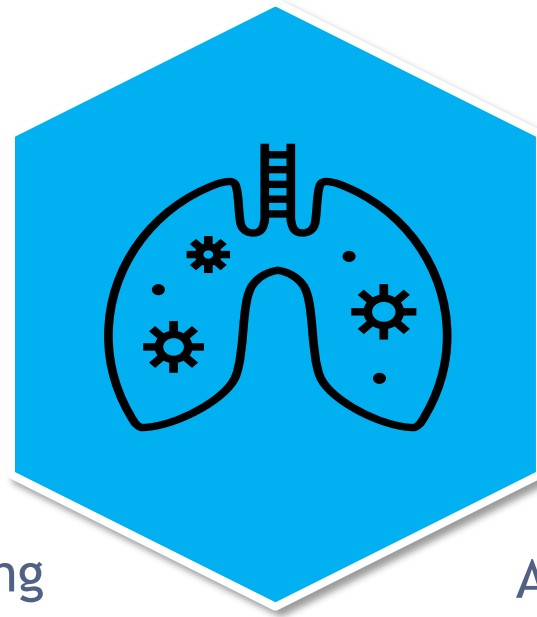
Cough (dry or moist)

Confusion

Fever

Sweating

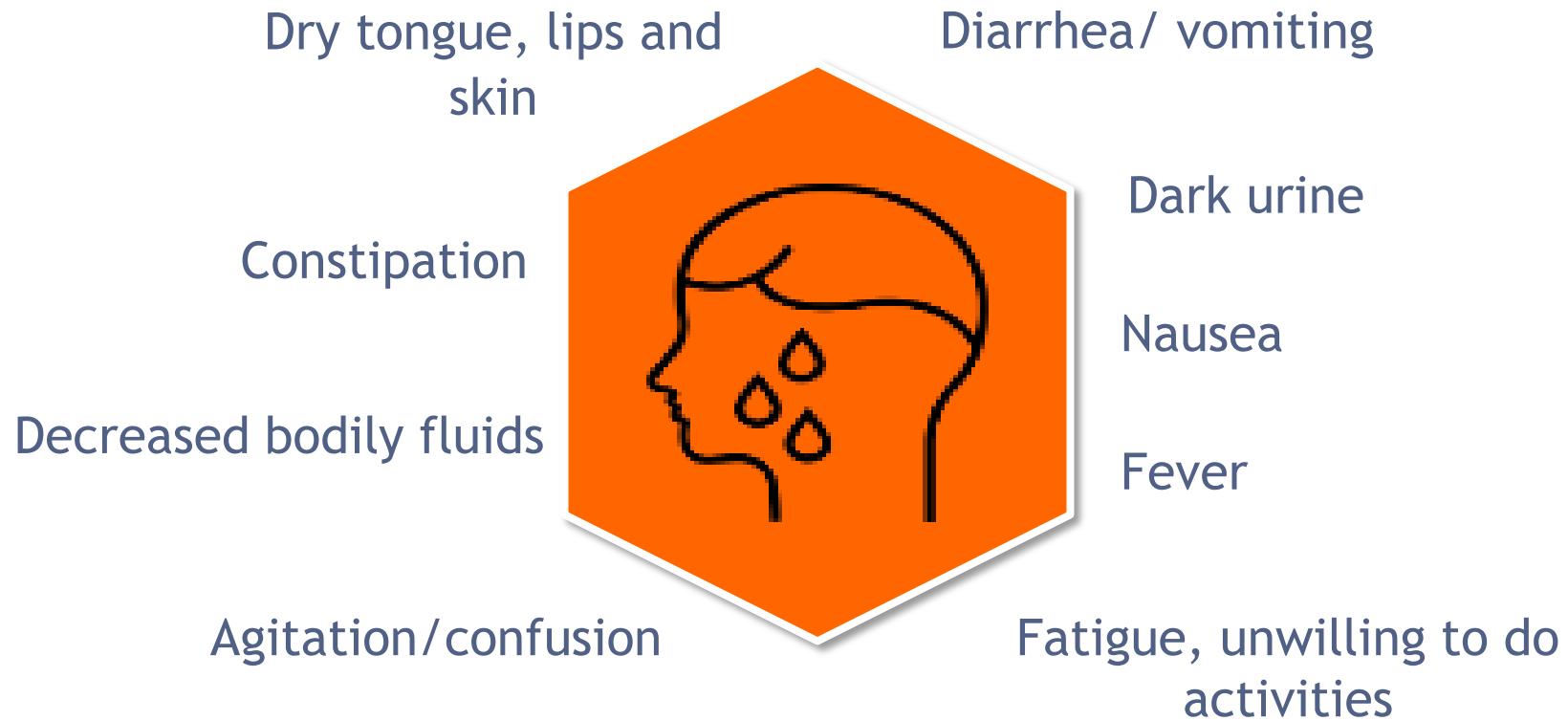
Asthma/chest infection





# Dehydration

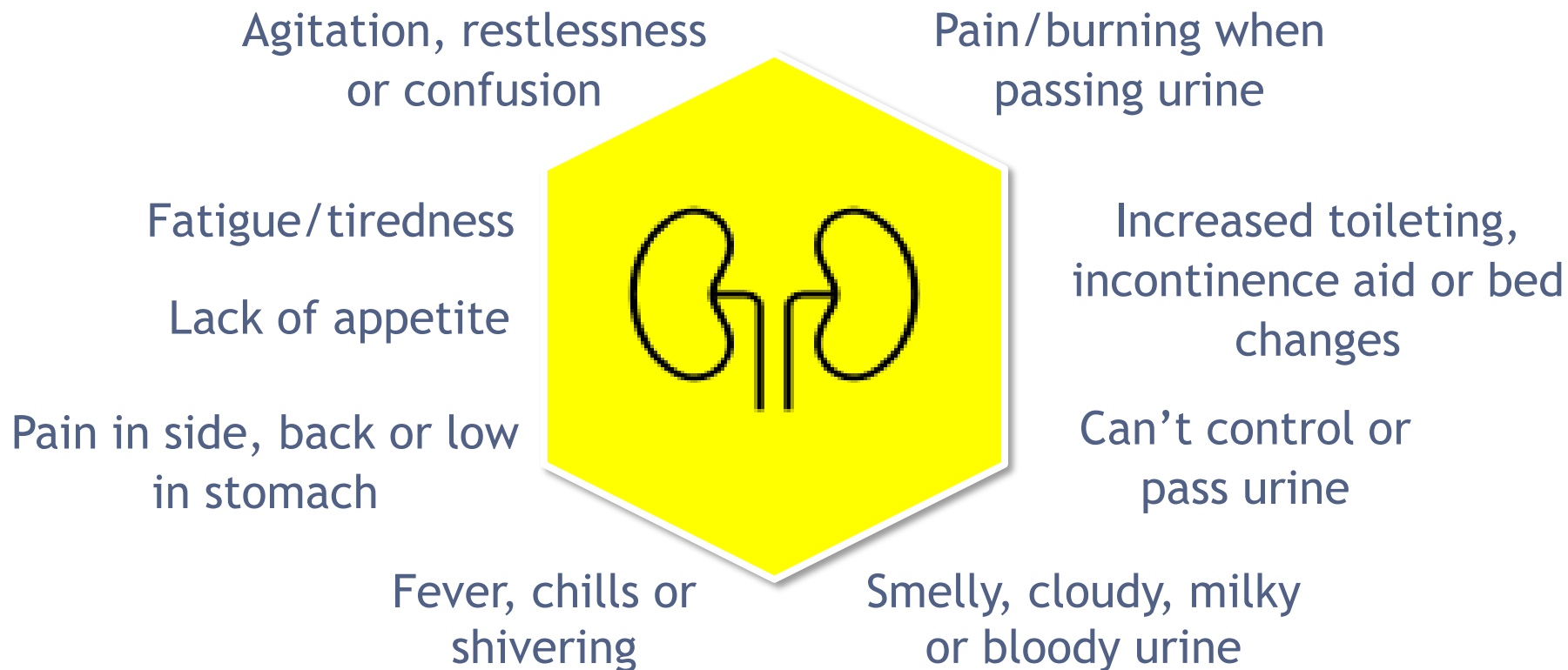
Is the resident lacking fluids?





# UTIs

Could the resident have a urinary tract infection?

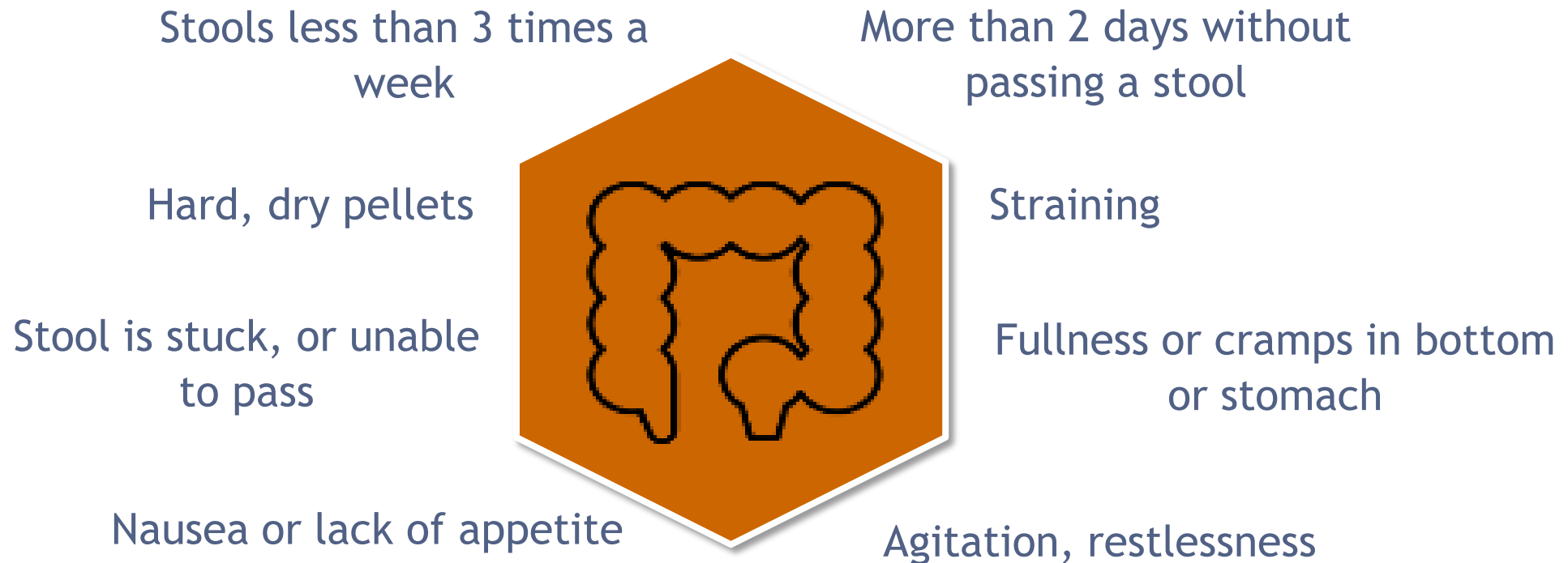






# Constipation

Is the resident having trouble with toileting?





# Falls

## Is the resident unsteady?

Recent illness, frailty, delirium, or  
return from hospital

Resident not wearing glasses,  
hearing aids or footwear

History of falls

New to the home

Decreased walking and  
activity recently



Not using mobility aids

General deterioration in  
health



Is the resident getting more frail, showing discomfort?

Increased agitation, confusion,  
tiredness

Decreasing alertness

Increased pain and  
distress

Progression of life-limiting  
disease



Poor diet and fluid intake

Unable to perform usual  
activities

Worsening  
condition, and  
general  
deterioration in  
health

- Delirium
- Dyspnoea
- Diarrhea, vomiting
- Wounds
- Urinary/constipation issues
- Falls

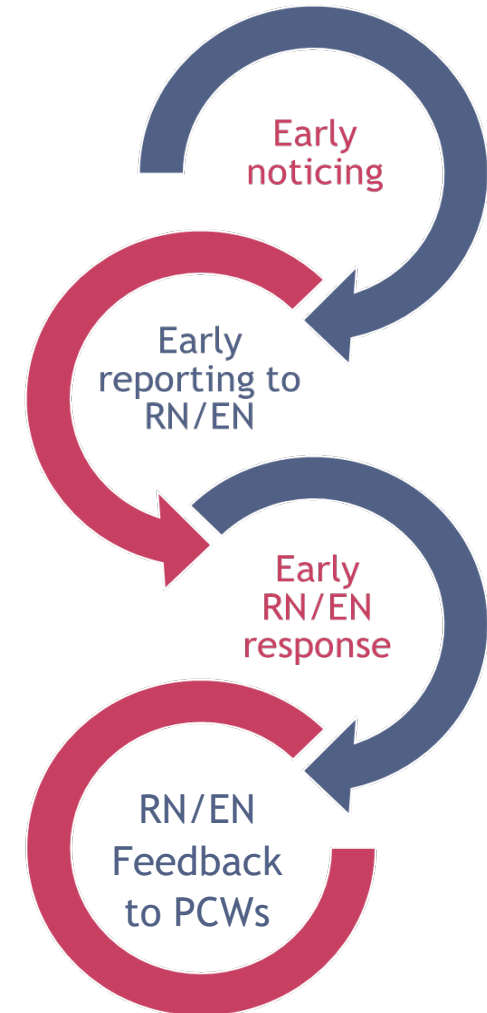
# Communication tools

## CUS

I am Concerned about...

I feel Uncomfortable because...

This is a Serious/Safety issue, can you please...



# Deteriorating resident case study



Edwina is 85 years old with a history of osteoarthritis, cardiac failure and mild stroke. She wears glasses and a hearing aid. Edwina is cognitive, but forgetful at times. She walks with a wheelie walker and requires assistance with toileting. She is frail and thin looking.

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- How would you use ‘CUS’ to report Edwina’s deterioration?

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- How would you use '*CUS*' to report Edwina's deterioration?

# After reporting

Continue to observe  
& support the  
resident



Maintain resident  
safety

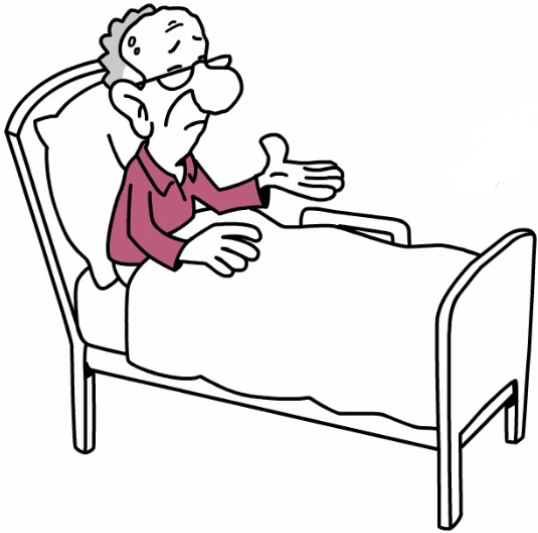


Check in with RN/EN &  
report further changes



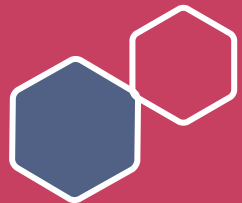


# Remember



- YOU spend more time than anyone else with the resident, and what you notice matters
- Report early using CUS to EN/RN
- EDDIE + intervention to support early noticing and response to resident changes





From today I will.....

