

# The Same Old Problem?

## Older Adults in Critical Care

*Philip Woodrow*

Practice Development Nurse, Critical Care

©2011



BACCN National Conference  
September 2011

Thank you to BACCN Southern Region for funding

# A growing problem...

- ageing population
- old people = majority of ICU patients

Pisani MA. 2009. Considerations in caring for the critically ill older patients. *Intensive Care Medicine*. 24 (2), 83-95.

Ehlenbach WJ, Hough CL, Crane PK, Haneuse SJPA, Carson SS, Curtis JR, Larson EB. 2010. Association between acute care and critical illness hospitalization and cognitive function in older adults. *JAMA*. 303 (8): 763-770.

- numbers of older people in ICU are increasing

Ridley S. 2005. Critical care needs of the elderly. *Geriatric Medicine*. 35 (2): 11-16.

- ICU patients are vulnerable;  
old people are vulnerable
- 2 recent national reports raise major concerns

*so do we have a problem in ICU?* ~

# Care & Compassion?

## Care and compassion?

Report of the Health Service Ombudsman on  
ten investigations into NHS care of older people



February 2011

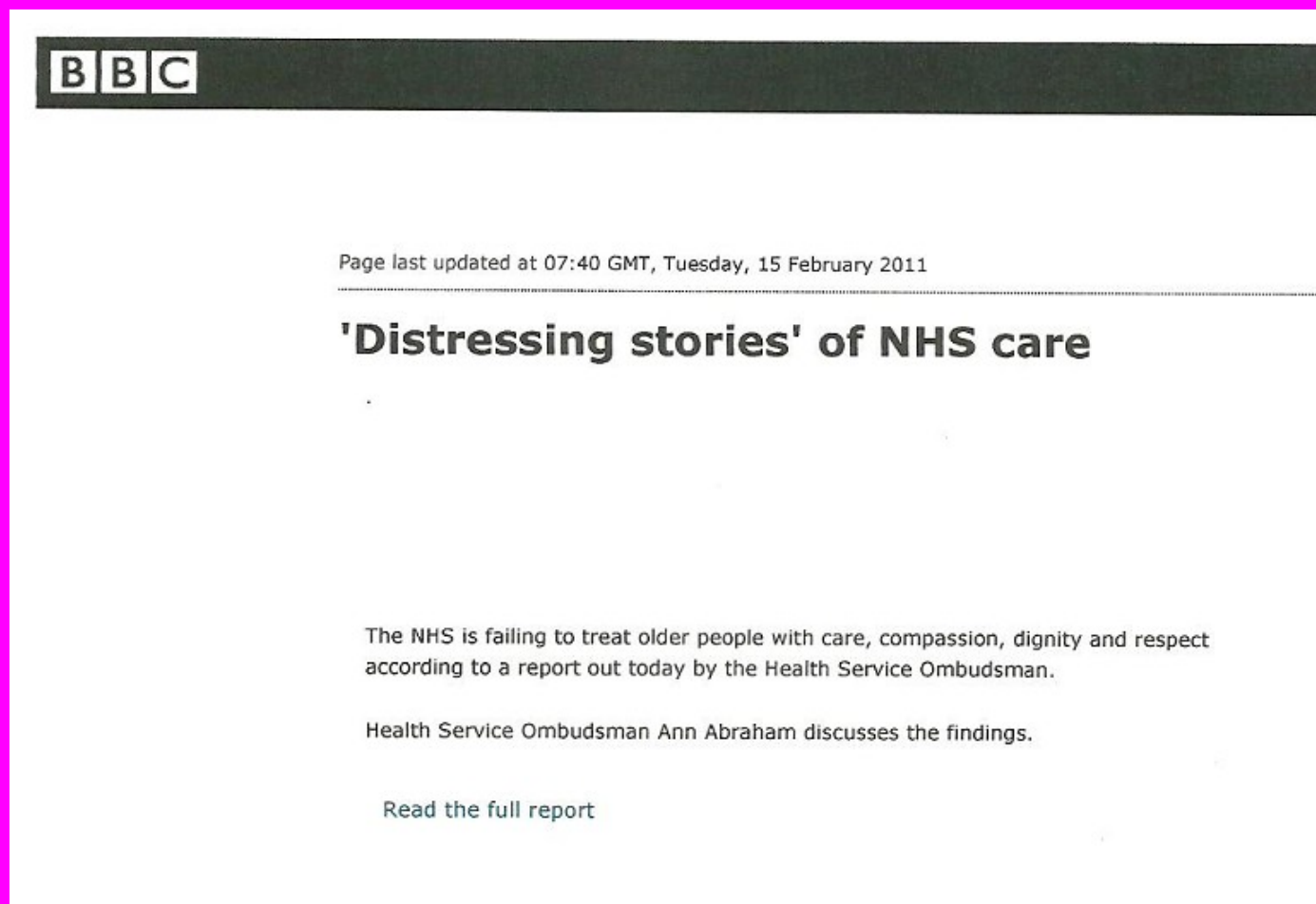
- 2011
- about 18% complaints about older people
- 226 cases investigated
- report describes 10 patients >65
- 9 died during/soon after events described
- 1 case described in ICU...

# case 6: Mr C(summary)

CABG (quadruple), started mid-day  
anticipated surgery time 3 hours; family in waiting room for 5  
hours, found consultant who said surgery had gone well  
open heart massage needed; family unclear from discussion with  
registrar whether Mr C had died (language problem)  
9.15 DNR order recorded; family unaware  
9.30 family saw Mr C; nurse informed daughter he had  
“flatlined”; mother & daughter went to telephone Mr C’s sons,  
expressly stating ventilator should not be switched off  
wife & daughter returned to find ventilator switched off  
death recorded 10.25 ~

# what happened next?

- apologies, compensation, policy/procedure review & changes
- media reports
- including television *and the staff?* ~



The screenshot shows a BBC news article. At the top left is the BBC logo. Below it, the text reads: "Page last updated at 07:40 GMT, Tuesday, 15 February 2011". The main headline is "'Distressing stories' of NHS care". Below the headline, there is a sub-headline: "The NHS is failing to treat older people with care, compassion, dignity and respect according to a report out today by the Health Service Ombudsman." Below that, it says: "Health Service Ombudsman Ann Abraham discusses the findings." At the bottom of the article snippet, there is a link: "Read the full report".

# *An Age Old Problem*

- 2010
- surgical patients >80 years old;  
April-30th June 2008
- 820 surgical deaths  
(within 30 days)
- only 36% received good care
- but ward focus;  
where ICU mentioned,  
generally favourable ~



# findings related to ICU (1)

(especially chapter 6)

- 1999 NCEPOD report >90s:  
6% post-operative care in ICU, 4% in HDU  
2010: 17% level 3, 3.2% level 2 (p82)  
so significant increase in level 3 admissions
- level 2/3 planned less often (292/790)  
than would be expected (p83)
- 17 (nearly 1:5) cases of “aggressive surgery”  
with no provision for appropriate after-care (p98) ~

# findings related to ICU (2)

- age alone not a good indicator of ICU outcome (p84)
- 72 of 793 needed unplanned ICU admission, most should have been predicted, so poor risk assessment (p84)
- decisions to stop aggressive post operative medical treatment were sometimes made late (p87) ~

# What is Ageism?

The notion that people...  
cease to be people by  
virtue of having lived a  
specific number of years

Comfort A. 1977. *A Good Age*. London. Mitchell Beazey. p35

# Ageism is insidious

“Health care workers, like other segments of society, often hold highly negative, unjust (and often patronizing) views of older people. Such stereotypes do not recognise the complexity that is the modern experience of ageing.”

2006. What is old age? in Redfern SJ, Ross FM (eds). *Nursing Older People*. 4th edition. Churchill Livingstone Elsevier. 7-21. (p20)

Victor CR.  
Edinburgh.

# Is ICU ageist?

- ageism in relation to access to critical care probably does not exist

Hubbard RE, Lyons RA, Woodhouse KW, Hillier SL, Wareham K, Ferguson B, Major E. 2003. Absence of ageism in access to critical care: a cross-sectional study. *Age & Ageing*. 32 (4): 382-387.

- very few ICUs now have age exclusion criteria

NCEPOD. 2010. *An Age Old Problem*. London. National Confidential Enquiry into Patient Outcome and Death.

- but covert age exclusion do criteria exist

Mick

DJ, Ackerman MH. 2004. Critical care nursing for older adults: pathophysiological and functional considerations. *Nursing Clinics of North America*. 39 (3): 473-493.

eg negative attitudes, scoring systems: ~

# what about crises?

- pandemic planning: rationing
    - will it be by age?
- eg “fair innings”

*WHO. 2007. Ethical considerations in developing a public health response to pandemic influenza. WHO/CDS/EPR/GIP/2007.2. Geneva. World Health Organisation.*

- age-based rationing should only be adopted after widespread public consultation WHO ibid
  - will there be time for consultation? ~

# (acute) psychological issues

- older ICU patients more likely to develop post traumatic stress disorder

Wallen K, Chaboyer W, Thalib L, Creedy DK. 2008. Symptoms of acute posttraumatic stress disorder after intensive care. *American Journal of Critical Care*. 17 (5): 534-543.

and dementia

Ehlenbach WJ, Hough CL, Crane PK, Haneuse SJPA, Carson SS, Curtis JR, Larson EB. 2010. Association between acute care and critical illness hospitalization and cognitive function in older adults. *JAMA*. 303 (8): 763-770.

- greater risk of impaired communication:  
poor vision, poor hearing, slowed response time, dementia, language impairments

Happ MB, Baumann BM, Sawicki J, Tate JA, George EL, Barnato AE. 2010. SPEACS-2: Intensive Care Unit “Communication Rounds” with Speech Language Pathology. *Geriatric Nursing*. 31 (3): 170-177.

# NCEPOD

NCEPOD. 2010. *An Age Old Problem*. London. National Confidential Enquiry into Patient Outcome and Death.

- older people more likely to have specialist needs which benefit by input from teams specialising in health care of older people

# What can we learn from HCOOP?

in hospital, functional decline can occur in a few days, a “cascade to dependency”; so avoid immobility, use activities to prevent sensory deprivation, & achieve timely discharge

Graf C. 2006.

Functional decline in hospitalized older adults. *AJN*. 106 (1): 58-67.

psychological care – eg reality orientation vs validation: reality orientation can cause aggravation; negative emotions increase risk of coronary heart disease ~

Todaro JF, Shen BJ, Niaura R, Spiro A III, Ward KD. 2003. Effect of negative emotions on frequency of coronary heart disease (The Normative Aging Study). *American Journal of Cardiology*. 92 (8): 901-906.

# What can we learn from HCOOP?

“care of critically ill older people...may cause us to modify physical environments, reflect on professional attitudes, revise education and training and be more collaborative with older people advocacy groups and experts from outside critical care”

people in critical care: the hidden side of the moon. *Intensive and Critical Care Nursing*.

Deeny P. 2005. Care of older  
21 (6): 325-327. p325.

eg Happ initiated communication rounds,

& communication case conferences (with SALT)

~ Happ

MB, Baumann BM, Sawicki J, Tate JA, George EL, Barnato AE. 2010. SPEACS-2: Intensive Care Unit “Communication Rounds” with Speech Language Pathology. *Geriatric Nursing*. 31 (3): 170-177.

# Conclusions

- healthcare should be provided according to individual need, regardless of age

2001. *National Service Framework for Older People*. London. Department of Health.

Council of Nurses. 2006. *The ICN Code of Ethics for Nurses*. Geneva. International Council of Nurses.

DOH.

International

- most ICU patients are old

- many older people benefit from ICU

Somme D, Maillet J-M, Gisselbrecht M, Novara A, Ract C, Fagon J-Y. 2003. Critically ill old and the oldest-old patients in intensive care: short- and long-term outcomes. *Intensive Care Medicine*. 29 (12): 2137-2143.

- chronological age = poor predictor of outcome; should not determine ICU admission

NCEPOD. 2010. *An Age Old Problem*. London. National Confidential Enquiry into Patient Outcome and Death.

or care

~

