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Older patient specialling: A call for a consistent approach

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Abstract
People over 65 years of age are now the major consumers of acute health services (Australian Institute of Health and Welfare 2017). This population presents with multiple co-morbidities and is susceptible to further complications during hospitalisation.

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OLDER PATIENT SPECIALLLING: A CALL FOR A CONSISTENT APPROACH

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People over 65 years of age are now the major consumers of acute health services (Australian Institute of Health and Welfare 2017). This population presents with multiple co-morbidities and is susceptible to further complications during hospitalisation.

Approximately 20% of these patients present to hospital with dementia, 10% will present with an underlying delirium and a further 8% will develop delirium on admission (Australian Commission on Safety and Quality in Health Care 2014).

During hospitalisation, older people can quickly become disoriented, confused and agitated. In these instances, ‘specialling’, involving close monitoring and observation of the person to prevent accidents, injuries and clinical deterioration is often required (Wilkes et al. 2010). Specialling can be provided either one-to-one, or to a ‘cohort’ (one nurse for two or more patients). Due to financial constraints, less qualified members of staff, (eg Assistant in Nursing), commonly undertake this role (Dewing 2013).

Despite the widespread practice of older patient specialling, there is no evidence of the best model, or any clear guidelines around the essential requirements for this practice.

To find out exactly what is required for older patient specialling in hospital, a study was conducted in four aged care wards at a large metropolitan hospital in Sydney. Nine registered nurses participated in a focus group interview, and specialling practices for 12 patients ≥ 65 years were observed.

Observation data around specialling practices indicates that delirium and falls risk were the most common reasons for older patient specialling. More males were specialled than females. The mean age of specialled patients was 84 years. Most specialling was undertaken by Assistants in Nursing and one-to-one specialling was undertaken more frequently than cohorted patient care.

Observation data were confirmed by registered nurses in the focus group interview.

Nurses highlighted concerns around the skills of the nursing staff allocated to specialling: “…junior [staff are] not really equipped to special”; and workload issues when specialling is required: “We are giving one nurse one patient…and then the other two nurses will be dividing the whole ward”.

These preliminary findings suggest the need for a consistent approach (eg nursing skills/qualifications required, staff workload) to older patient specialling in acute care settings.

As a result of this study, recommendations and a clinical update to support this approach are currently being developed.

References

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