

Delay of Treatment Alert

Medical Update

The Medical Review Coordinator uses a list of 11 screening indicators to determine whether or not a death requires a full review by the Medical Review Subcommittee (MRS). One of the screening indicators is “**A death of a person receiving services that may be related to a delay or failure to diagnose and/or treat in a timely manner.**”



Over the past year, there has been an increase in the number of reported deaths that have met this indicator for full review. The MRS requested that this Medical Alert be distributed to agencies and facilities reporting to the Office. (Please see the other side of this Alert for details of the three cases.)

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MRS recommendations for Case #1: The MRS concluded that the DT & H staff had acted assertively and in good faith in their attempts to obtain medical care for their client. It is not surprising that staff persons, who often do not have training in medical or nursing assessment, would rely upon the advice of a physician. This case illustrates the importance of a staff person to **clearly communicate to the medical provider the purpose of the medical visit.** It also illustrates the importance for all staff persons who work with vulnerable clients to **be aware of the risk factors for heart disease** and to **advocate for appropriate assessment of**



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your clients who complain of chest pain. Clinical resources consider the EKG to be the critical first test for any adult experiencing chest pain. One clinical resource recommends that the EKG be administered within the first five minutes of a clinic visit for an adult complaining of chest pain.



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MRS recommendation for Case #2: **When your client has a change in physical health, do not delay a face to face assessment by a qualified professional.** It's easy to think that the client will “get better by morning or by Monday,” and sometimes it seems that staff are unofficially discouraged from calling the medical provider or on-call supervisor late at night or on the weekend. Please don't make that mistake with your client.



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MRS recommendations for Case #3: **Call your supervisor or seek medical attention for your client when his or her behavior changes.** Many of our clients cannot tell you “where it hurts” and many may appear to have a high pain tolerance. In addition, clinical resources indicate that an infection (like pneumonia) in the elderly may not produce a fever. **It is important to know what your client's baseline temperature is, so you can compare it to temperature checks done later.** Even a one or two degree temperature elevation may indicate the need for a medical assessment including chest auscultation (using a stethoscope to listen to the lungs).



Bottom Line: There is no substitute for caring, well trained, and well-supported front line staff. You are the first to see a change in your client's behavior. Your attention to your client, your recognition of a change, and your early call for help just may save your client's life.



Office of the Ombudsman for Mental Health and Mental Retardation

Suite 420, Metro Square Bldg., St. Paul, Minnesota 55101-2117

(651) 296-3848 or 1-800-657-3506 TTY/voice - Minnesota Relay Service 1-800-627-3529

Web Site: <http://www.ombudmhr.state.mn.us>

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Details of Cases referred to on the other side of this Medical Alert:

Case #1: A client with mental retardation, who lived independently in the community, complained of chest pain to the staff members at his DT & H. (He was an older, overweight male with a high cholesterol level and insulin dependent diabetes mellitus.) His staff person accompanied the client to his physician's office. By the time they arrived at the physician's office, the client was sweating, pale, and short of breath. The physician assumed the appointment was for a follow-up to a previous visit for a sinus infection and failed to perform an EKG. The next day, when the client again complained of chest pain to his DT & H worker, the staff person called an affiliated clinic for a second opinion, but reached the original physician, who then ordered Tylenol Extra Strength for the client's chest pain. The man died of a cardiac arrest in his home 4 days later. (Please see the other side of this Alert for the MRS Recommendations.)

Case #2: One day after receiving a flu shot, a client with a mental illness, who was receiving services in a state operated facility, developed a fever. The nursing staff, by phone, because it was the weekend, obtained a physician's order for aspirin and frequently assessed the client. He died Sunday evening after a cardiac arrest caused by severe pneumonia. (Please see the other side of this Alert for the MRS Recommendations.)

Case #3: A client with mental retardation and a seizure disorder had stayed home from his DT & H for two days. He then refused to take his medication. Overnight, he appeared "pretty sick," according to staff reports. In the morning, he was taken to his clinic and admitted to the hospital where he suffered a heart attack and died. After his death, it was discovered that he had pneumonia. (Please see the other side of this Alert for the MRS Recommendations.)

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From the American Heart Association's Website



Heart Attack Warning Signs are:

- Uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes.
- Pain spreading to the shoulders, neck or arms
- Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath.

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Less common warning signs of heart attack are:

- Atypical chest pain, stomach or abdominal pain.
- Nausea or dizziness.
- Shortness of breath and difficulty breathing.
- Unexplained anxiety, weakness or fatigue.
- Palpitations, cold sweat or paleness.

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Cardiac Risk Factors, according to the American Heart Association, are:

- Increasing age.
- Male gender.
- Heredity (including race and family history).
- Tobacco smoke.
- High blood cholesterol.
- High blood pressure.
- Physical inactivity.
- Obesity and overweight.
- Diabetes mellitus.

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Please check the American Heart Association's website for additional information on heart attacks and strokes at <http://www.americanheart.org>.

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