

# Managing deterioration in care home residents: Support for the use of NEWS2, Is my resident Unwell and deterioration measurement tools

Tuesday 9th June 2020, 1.00-2.30pm

**#WCCHNENC** 





### **Dave Belshaw**

## Health Programme Manager AHSN NENC



### **House Keeping**

- Please ensure microphones are muted
- If you have any questions throughout the session then please use the chat facility. We will attempt to address questions, if we can't then we will follow up after the event.
- Speaker presentations will be circulated following the event
- The event will be recorded and shared
- Join the conversation, #WCCHNENC



### Meet our speakers....



Dave Belshaw Health Programme Manager AHSN NENC



Tony Roberts
Patient Safety Collaborative
Programme Lead
AHSN NENC



Karen Hampshire
Clinical Educator
North Tees and Hartlepool NHS Foundation Trust

### **Programme**

13:00	Welcome, Introduction and Housekeeping								
13:05	Context:								
	<ul> <li>Progress to date In the North East and North Cumbria</li> <li>Challenges across the North East and North Cumbria</li> <li>Agreed Locality partnership approach to support training and awareness</li> <li>Introduction to 'Is my resident unwell?'</li> </ul>								
13.25	Soft signs and why they are important								
13:45	Managing deterioration using NEWS2 video								
13.50	Introduction to SBAR and why it is important								
14:10	Structured communications and escalation video								
14:15	Why is oximetry important?								
14:30	Introduction to suite of videos								
14:40	Questions, answers and next steps								
15:00	Close								





#### **Introduction and Context**

#### **Progress to date In the North East and North Cumbria:**

- Well Connected Care Home Project across the NENC area and development of Regional tool 'Is my Resident Unwell'
- Exemplar sites across our region for care home use of NEWS2
- Where successful implementation has taken place, it has been in a partnership and with support from local community infrastructures such as those community nursing teams who interface with care homes.
- > 100% coverage of Acute Trusts using NEWS2
- 100% coverage of Ambulance Trusts using NEWS2
- AHSN survey suggests 40-50% primary care teams (GPs) using NEWS2 in a variety of patient appointments





#### **Progress to date:**

- AHSN Regional Scoping Report of digital capacity across NENC in response to COVID 19 and recommendations
- Pilot sites established to use NEWS2 measurements on care home staff at the beginning of each shift and evaluation underway
- Commitment from Health and Social Care community to work together to further progress and set new ways of working for the future
- Part of a national network discussion and agreement of 3 broad principles soft signs, NEWS2 and SBAR
- Suite of training resources developed and AHSN hosted locally developed training webinars agreed



#### **Challenges across the North East and North Cumbria region:**

- > 7 CCG groups across the NENC ICS footprint and over 800 of care homes
- Agreeing funding models which could include initial capital investment and subsequent asset cost management by LAs or other organisations
- Locality variation in digital systems currently adopted
- NEWS2 information not always communicated across organisational boundaries at patient transfer points
- Staff training in community and care home settings in the use of digital equipment and deterioration measurement tools, NEWS2, 'Is my resident unwell'
- COVID-19 has given us some unprecedented challenges



#### Agreed Locality partnership approach to support training and awareness:

- Agreed partnership approach
- Series of AHSN hosted locally developed webinars and support links
- Suite of nationally agreed training materials
- Locality delivered with local expertise, skills and knowledge.



### Is my resident unwell?

- Six month development process
- Reviewed all available tools
- Developed in partnership with community nursing and care homes
- Originally launched February 2020





#### Is my resident unwell?

#### If you feel the situation is a life-threatening emergency, ring 999

- 1. This is a tool to ensure that communication is clear and purposeful. It can be adapted to any situation. This is a guide to help you give relevant information. In all cases the health professional contacted is responsible for determining what action is required and for the diagnosis of the problem.
- 2. The checklist can be used to help with describing symptoms. It is not exhaustive and if you notice other symptoms not listed or have other information please include this as well.
- 3. Not every question will be relevant to every person.
- 4. Write it down before you make contact! This helps you put the information together in a logical way, provides a written record and a record for other members of staff to follow if necessary.
- 5. The information on the completed form is confidential. Remember to keep it where it can only be accessed by the people who require the information.



### **Karen Hampshire**

Clinical Educator
North Tees and Hartlepool NHS Foundation Trust



#### Step 1: Recognise and record the changes

Resident name:

Am I worried enough to want a review?					Am I worried enough to want a review?				
			NO					Ю	
-0:	Are they becoming restless or agitated?				@??	Are they more confused or drowsy?			
	Are they flushed, sweating hot or cold, or clammy?				4	Do they have cold hands or feet?			
	Are they more or less mobile than usual, or unsteady?				<b>₩</b>	Are they feeling sick, or being sick?			
<b>(a)</b>	Is there new, or worrying, pain?				×	Are they off their food or drinking less fluid?			
િ	Are there changes in skin colour or condition?				<b>R</b>	Any changes in urine colour or smell?			
B	Are they short of breath or breathing harder than usual?					Any changes in bowel habits?			

Date of birth:

What does the resident say about how they feel?

If the resident is able to express how they feel please tell us what they say.



Name: Date: Time: Signature:



#### Step 2: Take a set of observations

Resident name: Date of birth:

#### NEWS2. Please record

Temperature	Patso	Respiration	Blood pressure	Air or oxygen	Sp02:1	Sp02:2	Conscious- ness size key below)

Consciousness ACVPU Key:

A = ALERT - awake and responding, eyes open
C = CONFUSION - new onset of confusion (do not score if chanic)
V = VERBAL - moves eyes / limbs or makes sounds to voice

P = PÁIN - responds only to painful stimuli U = UNRESPONSIVE - unconscious

Residents NEWS score is...

Does your resident have an end of life plan, anticipatory care plan or Emergency Health Care Plan?

yes / no

Does your resident have a DNACPR (Do Not Attempt Cardio-pulmonary Resuscitation)

yes / no

How concerned are you? (tick appropriate box)

0	1	2	3	4	5
No concern					Extremely concerned

Any extra information you think might be important? i.e. fluid chart, medication changes etc.

Name: Date: Time: Signature:

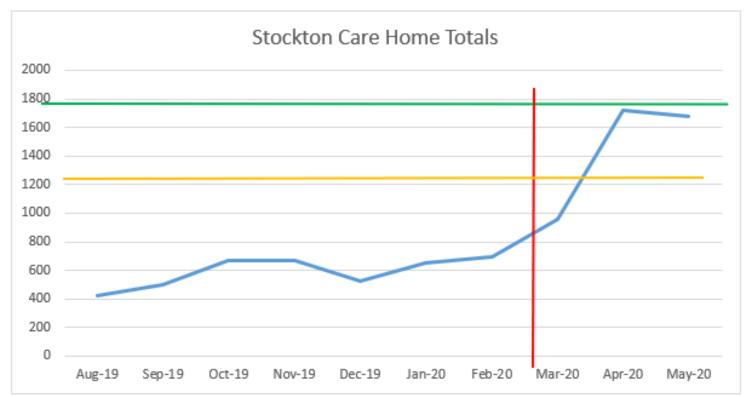




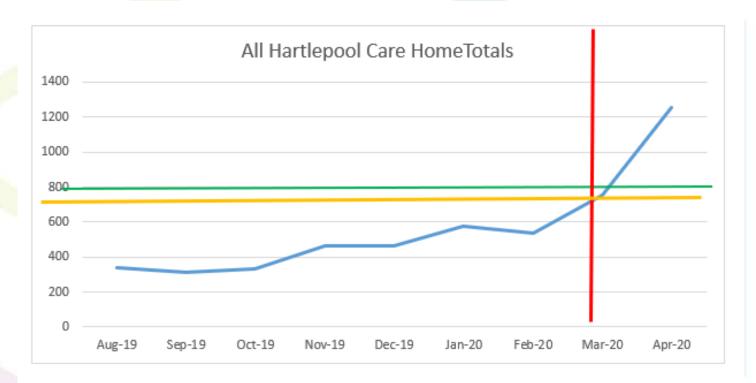
#### NEWS usage across Stockton and Hartlepool Care Homes

KE'	Υ
NEWS Usage	
Corona Virus Lockdown	
Number of beds in Home	
Number of beds (monthly	
average)	











### **Dave Belshaw**

Health Programme
AHSN NENC



#### Step 3: Pass on your concerns

Res	ident name:		Date of birth:	
SI	BARD Escalation and Communica	tion	Tool and ac	tion tracker
		_	tes (Including date and	
S	SITUATION Briefly describe the current shazion and give a clear, concise overview of relevant boxes.  (Provide address, direct line contact number,)  1 am., from., says if you are a neglezoned professional).  1 am calling about resident., (Name, DOB)  1 The residents pressure NEWS score is Reference/ baseline NEWS score is Reference/ baseline NEWS score is Reference/ baseline NEWS score is Reference/ standing because I am concerned that (think about the signs you ticked on page 2 or the part of the NEWS score which is concerning you.)			
В	BACKGROUND Briefly scare the relevant history and what got you to this point.  Resident XX has the following medical conditions  The resident does/does not have a DNACPR or ReSPECT form / agreed care plan with a limit on recurrent/hospital admission.  If the person is approaching End of Life and shey on a palliative care register, Do they with so be eteased as home.  They have had. (20/oshor health professional involved recently, eg review, investigation, medication.)  Resident XX's condition has changed in the lass XX hours.  The last set of observations wasdate and elme.)  Their normal condition is			
A	ASSESSMENT Summarise the facis and give your base assessment on what is happening.  I think the problem is And I have(e.g. given pain relief, medication, sat the patient up enc.) Oil I am not sure what the problem is, but the resident is desertorating Oil I don't know what's wrong, but I am really worried.			
			Actions I have been juitle! 8 time when ac	
R	RECOMMENDATION What actions are you asking for? What do you want to happen must? I most you want to be a resident in the next XX hours AMD Is there anything I need to do in the meansime?  gg. repear observations, give analysista, escalate to emergency services.			
D	DECISION What have you agreed?  What have agreed you will visit/call in the next XX hours, and in the meantime, I will do JX. If there is			

Time:

Signature:





### **Tony Roberts**

Patient Safety Collaborative Programme Lead
AHSN NENC



### **NHS Home Virtual Ward and Pulse Oximetry**

- National proposal to create 'virtual wards' for patients at risk of deterioration.
   This included asking patients (with support from carers) to keep a tds diary of pulse oximetry, temperature and symptoms
- 15 or so 'pilots' across the country sharing learning between them and with all others using obs
- Primary care in care homes during COVID-19 webinarhttps://www.ahsnnetwork.com/primary-care-in-care-homes-during-covid-19





### **Dave Belshaw**

## Health Programme Manager AHSN NENC



### Here is a <u>link</u> to a whole suite of videos

- 1. Introduction to sepsis and serious illness
- 2. Preventing the spread of infection
- 3. Soft signs and deterioration
- 4. NEWS What is it?
- 5. Measuring the respiratory rate
- 6. Measuring oxygen saturation
- 7. Measuring blood pressure
- 8. Measuring heart rate
- Measuring the level of alertness
- 10. How to measure temperature
- 11. Calculating and recording a NEWS score
- 12. Structured communication and escalation
- 13. Treatment escalation plans and resuscitation
- 14. Recognising deterioration in people with learning disabilities





#### Meet the panel....



Dave Belshaw Health Programme Manager AHSN NENC



Tony Roberts
Patient Safety Collaborative
Programme Lead
AHSN NENC



Oliver James AHSN NENC



Karen Hampshire
Clinical Educator
North Tees and Hartlepool NHS
Foundation Trust



Catherine McShane Specialist Dietitian County Durham and Darlington NHS Foundation Trust

### **Questions, Answers and Next Steps**

- Copy of presentation will be shared
- Link to this recorded webinar to be circulated to all participants for future use
- We want you to start using this tool, discuss locally, integrate into your processes and pathways
- The AHSN NENC is here to support



## Thank you for joining us, we hope you enjoyed the session.

If you have any questions please contact anne.richardson@ahsn-nenc.org.uk

