

# Well Connected Care Homes

# Aims

- Support care homes in becoming internally and externally 'well connected' in the digital age
- Enhance the quality of care experienced by care home residents
- Significantly improve communication between care homes and the external health environment.

# Regional Projects

- Sunderland
- Gateshead Newcastle
- Hartlepool and Stockton
- North Tyneside
- Durham & Darlington
- North tees, small scale deep dive
- Northumberland, planning pilot
- North Cumbria, planning pilot
- South Tyneside, pilot implementation

# Outputs

- IG Data Sharing Template (case study to follow)
- WCCH case study, Atlas accepted
  - <http://atlas.ahsnnetwork.com/well-connected-care-homes/>
- NEWS study, waiting publication
- Qualitative paper nearing submission
- Event publication, PLUS quick guide of learning.
  - <http://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/digital-health/well-connected-care-homes/>

# Lessons Learned

- Requires connectivity and investment from the wider support system
- Design implementation with each care home, they don't all work the same way
- Needs continuous education effort, not just formal sessions
- Lots of concerns re escalation around the region
- Focus on well being, NEWS is a 'part' of the conversation

# National and Regional Programme

- New national conversation via PSC
  - PINCH group developing consistent national principles
  - Leading national webinar on 23<sup>rd</sup> October
  - May to be funded workstreams next year NHSE/I
- Agreed regional approach and tool
  - Reviewed available tools, group approach to development
  - Discussion with Health Call re digital version ongoing
- Agreed further evaluation support Durham and Darlington
- Repeating Health Economics in Sunderland
- Large NIHR grant for Newcastle Uni team re Implementation in difficult to engage care homes.

## 999 Calls\* % change

(July 2016-June 2017 versus February 2018-January 2019)

	All Homes	Nursing Homes	Residential / Care Homes	Combined Care with Nursing Homes
NEWS/RESTORE2	↓15.91%	↓8.36%	↓31.13%	↓26.15%
No Deterioration tool	↓11.35%	↑1.54%	↓14.11%	**insufficient data

# 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.



# Is my resident unwell?

## ➔ Step 1: Recognise and record the changes

Am I worried enough to want a review?		YES	NO	Am I worried enough to want a review?		YES	NO
	Are they getting restless or agitated?				Are they more confused or drowsy?		
	Are they flushed, sweating hot or cold, or clammy?				Do they have cold hands or feet?		
	Are they unsteady or less mobile than usual?				Are they feeling sick, or being sick?		
	Are they wandering more than usual?				Are they off their food or drinking less fluid?		
	Are there changes in skin colour or condition?				Any changes in urine colour or smell?		
	Are they short of breath or breathing harder than usual?				Any changes in bowel habits?		

What does the resident say about how they feel?

# NEWS2. Please record

## ➔ Step 2: Take a set of observations

Temperature	Pulse	Respiration	Blood pressure	Air or oxygen	SpO2-1	SpO2-2	Consciousness (see key below)

### Consciousness ACVPU Key:

- A = ALERT - awake and responding, eyes open
- C = CONFUSION - new onset of confusion (do not score if chronic)
- V = VERBAL - moves eyes / limbs or makes sounds to voice
- P = PAIN - responds only to painful stimuli
- U = UNRESPONSIVE - unconscious

Residents NEWS score is..

Does your resident have an end of life plan or anticipatory care plan?

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

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.

### SBARD Escalation and Communication Tool and action tracker

		Notes (including date and time of escalation)
<b>S</b>	<p><b>SITUATION</b> Briefly describe the current situation and give a clear, concise overview of relevant issues.</p> <ul style="list-style-type: none"> <li>• (Provide address, direct line contact number)</li> <li>• I am... from... (say if you are a registered professional)</li> <li>• I am calling about resident... (Name, DOB)</li> <li>• The residents present NEWS score is... Reference/baseline NEWS score is...</li> <li>• I am calling because I am concerned that... (think about the signs you ticked on page 1 or the part of the NEWS score which is concerning you.)</li> </ul>	
<b>B</b>	<p><b>BACKGROUND</b> Briefly state the relevant history and what got you to this point.</p> <ul style="list-style-type: none"> <li>• Resident XX has the following medical conditions...</li> <li>• The resident does/does not have a ResPECT or DNACPR</li> <li>• form / agreed care plan with a time on treatment/hospital admission.</li> <li>• If the person is approaching End of Life and they on a palliative care register. Do they wish to be treated at home.</li> <li>• They have had... (GP review/medication/medication e.g. antibiotics recently)</li> <li>• Resident XX's condition has changed in the last XX hours</li> <li>• The last set of observations was...</li> <li>• Their normal condition is...</li> </ul>	
<b>A</b>	<p><b>ASSESSMENT</b> Summarise the facts and give your best assessment on what is happening.</p> <ul style="list-style-type: none"> <li>• I think the problem is...</li> <li>• And I have... (e.g. given pain relief, medication, sat the patient up etc.) OR</li> <li>• I am not sure what the problem is, but the resident is deteriorating OR</li> <li>• I don't know what's wrong, but I am really worried</li> </ul>	
		<b>Actions I have been asked to take (initial &amp; time when actions completed)</b>
<b>R</b>	<p><b>RECOMMENDATION</b> What actions are you asking for? What do you want to happen next?</p> <ul style="list-style-type: none"> <li>• I need you to...</li> <li>• Come and see the resident in the next XX hours AND</li> <li>• Is there anything I need to do in the meantime? (e.g. repeat observations, give analgesia, escalate to emergency services)</li> </ul>	
<b>D</b>	<p><b>DECISION</b> What have you agreed?</p> <ul style="list-style-type: none"> <li>• We have agreed you will visit/call in the next XX hours, and in the meantime, I will do XX. If there is no improvement within XX, I will take XX action.</li> </ul>	

# Discussion

- What are the extended 'digital' opportunities

