AHSN NENC Digital Care Homes Event

Robin Blythe (NECS)
Digital Programme Manager - AHSN NENC

Housekeeping

- Please ensure your **microphone and video are turned off** during the session. This is to help with the quality of the call. Please turn them on when you join a breakout room.

- If you need to **take a break**, please feel free to drop off the call at any time and re-join.

- **Live captions** are available if required. To turn on click on the 3 dots on your toolbar and select 'Turn on Live Captioning'.

- This **event will be recorded and photographs may be taken.**

- Please **ask any questions** you have through the chat facility. We will try to address questions during the event, but if we don't manage to do this we will follow up after the event.

- If you cannot see the chat **or have any issues during the event** please email your question/s to leanne.maitland@ahsn-nenc.org.uk

- **Speaker** presentations and recording will be circulated following the event.
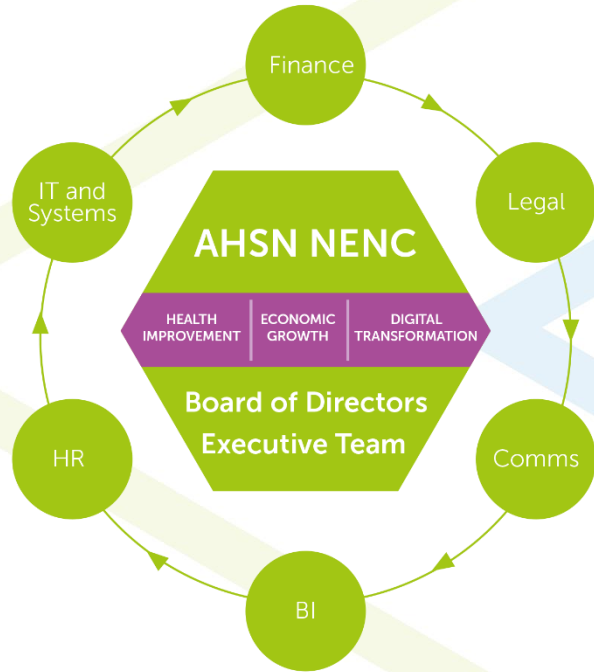
Key event aims

- Outline the **digital support** provided to care homes in **NENC**

- Provide an overview of the "**is my resident unwell**" tool and Health Call: **Digital Care Home Service** (DCHS)

- Share various **experiences and benefits** of deploying digital solutions within NENC
  - Durham & North Cumbria team (including a care home perspective)

- Summarise **independent analysis** of the Health Call DCHS

- Discuss **best practice and lessons learnt** to support a more informed rollout and future support strategy

- Provide the opportunity to **ask questions** to a dedicated panel.

Digital support for Care Homes

Dave Belshaw
Digital Transformation Director
AHSN NENC

Our mission is about today... our vision is about tomorrow

Finance

Legal

IT and Systems

AHSN NENC

HEALTH IMPROVEMENT | ECONOMIC GROWTH | DIGITAL TRANSFORMATION

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TRANSFORMING LIVES THROUGH INNOVATION

OUR PURPOSE

MISSION

'Create, Evaluate & drive adoption'
To facilitate a reduction in health inequalities and contribute to economic growth through partnership and collaborative working; and to provide the capability and capacity to create, evaluate, and drive the adoption of innovation.

VISION

'Deliver optimum health, economic and societal impact'
To be a thought leader, and a major contributor to driving innovation and its adoption, regionally, nationally, and internationally, within the health and social care sector; consequently, leading the delivery of better health, economic, and positive societal outcomes.

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Our values underpin who we are and how we work together.
We expect that you embody these values every day in your AHSN roles

Academic Health Science Network, North East North Cumbria

Health improvement

Economic growth

Digital transformation

Values

Professional

Positive impact

Committed

Collaborative

Mindful

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North East and North Cumbria

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

- Started in 2017 to support Vanguard and Pathfinder programme's in Gateshead and Sunderland

- Programme support plus investment in evaluation and research

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So far,

- Secured around £1m investment across the region

- Development of IMRU tool, need to revisit with apps and training

- Around 90% digital platform coverage across NENC care home sector by end of 2022

- Working on next stages of functionality and opportunities

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

The "Is my resident unwell?" tool

Karen Verrill

Programme Manager – Managing Deterioration Patient Safety Collaborative
AHSN NENC

Please see the following link which signposts to a number of tools (including 'Is My Resident Unwell?') and resources available to support those working in care homes and other community settings -

http://frailtyicare.org.uk/making-it-happen/working-with-our-partners/academic-health-science-network-for-the-north-east-and-north-cumbria-ahsn-nenc/resources/

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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.

⊙ Step 1: Recognise and record the changes

Resident name: _____   **Date of birth:** _____

Am I worried enough to want a review?		YES	NO
	Are they becoming restless or agitated?		
	Are they flushed, sweating hot or cold, or clammy?		
	Are they more or less mobile than usual, or unsteady?		
	Is there new, or worrying, pain?		
	Are there changes in skin colour or condition?		
	Are they short of breath or breathing harder than usual?		

Am I worried enough to want a review?		YES	NO
	Are they more confused or drowsy?		
	Do they have cold hands or feet?		
	Are they feeling sick, or being sick?		
	Are they off their food or drinking less fluid?		
	Any changes in urine colour or smell?		
	Any changes in bowel habits?		

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	Pulse	Respiration	Blood pressure	Air or oxygen	SpO2:1	SpO2:2	Conscious-ness (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, 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:

⊙ Step 3: Pass on your concerns

Resident name:		Date of birth:	

SBARD Escalation and Communication Tool and action tracker

		Notes (including date and time of escalation)
S	**SITUATION** Briefly describe the current situation and give a clear, concise overview of relevant issues. • (Provide address, direct line contact number.) • I am... from... (say if you are a registered professional). • I am calling about resident... (Name, DOB.) • The residents present NEWS score is... Reference/ baseline NEWS score is... • I am calling 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.)	
B	**BACKGROUND** Briefly state 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 treatment/hospital admission. • If the person is approaching End of Life and they on a palliative care register, Do they wish to be treated at home. • They have had... (GP/other health professional involved recently, eg review, investigation, medication.) • Resident XX's condition has changed in the last XX hours. • The last set of observations was...(date and time.) • Their normal condition is...	
A	**ASSESSMENT** Summarise the facts and give your best assessment on what is happening. • I think the problem is... • And I have... (e.g. given pain relief, medication, sat the patient up etc.) OR • I am not sure what the problem is, but the resident is deteriorating OR • I don't know what's wrong, but I am really worried.	
		Actions I have been asked to take (initial & time when actions completed)
R	**RECOMMENDATION** What actions are you asking for? What do you want to happen next? • I need you to... • Come and see the resident in the next XX hours AND • Is there anything I need to do in the meantime? (e.g. repeat observations, give analgesia, escalate to emergency services).	
D	**DECISION** What have you agreed? • 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.	

Name:	Date:	Time:	Signature:

North East and North Cumbria **Patient Safety Collaborative**

Catherine McShane - Product Specialist
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About Health Call

- 100% NHS-owned limited company providing digital health solutions
- A partnership between 7 NHS organisations
- Profits are reinvested into Health and Care
- Committed ethical practises and transparent costing
- 'Do it once' and share philosophy
- Clinician led patient centric
- Over 60 applications with more than 1.3M users in the North East

Continuous improvements and collaboration across the North East region and beyond

Health *Call*

PHASE 1 IN REGION — Build, Test and Evaluate

PHASE 2 IN REGION — Share, Spread and Evaluate

PHASE 3 IN REGION — Connect, Create and Network within Learning Communities

PHASE 4 OUT OF REGION — Revenue Creation

PHASE 5 — Knowledge and Profits Reinvested

NHS

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Health *Call*

Digital Care Home

Undernutrition

Digital Referral
and Remote Monitoring

Video
Conference

Wound
Care

Falls
Prevention

Diabetes
Remote Monitoring

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Digital Care Homes in County Durham

Sarah Douglas - Project Manager for Supporting the Provider Market in County Durham
sarah.douglas@durham.gov.uk

Health Call

What we did?
- Solved a shared problem, by working with care homes to develop the right solution
- Partnership working throughout
- Implemented Health Call Digital Care Home in 109 provider sites
- DCC provided the 'kit', CDDFT Telehealth provided training and ongoing wraparound support

Why we did it?
- To make it easier for our local social care providers to make quality referrals (improved interface)
- To develop a more efficient system for all, but importantly for DCC to 'free up' care staff time
- To reduce unnecessary admissions to hospital and identify early signs of deterioration
- To improve care for County Durham service users but also improve wellbeing
- To improve use of digital systems / digital skills (varying digital maturity across the market)

Who we worked with?
- Older People Care Homes, Learning Disability Care Homes & Extra Care Providers
- CDDFT & GP Federations
- Health Call Solutions
- Care Quality Commission

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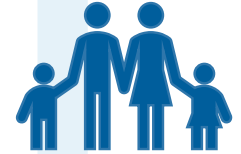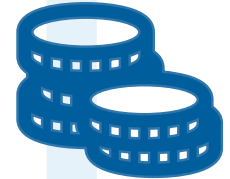
Digital Care Homes in County Durham

Lorraine Adams, Clinical Nurse Trainer
jennifer.adams9@nhs.net

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What works well

- Simple and easy to use
- System approach- not happening to the care homes
- Clear roles and responsibilities
- Consistent language (Is My Resident Unwell)
- Valued opinion of the care staff
- Clinical decisions being made by clinical staff, no risk to care home staff
- Being front and centre
- Auditable
- Improved triage

Lessons learned

- Using technology is more of a challenge than taking the obs
- Used a variety of training methods but face to face more effective
- Continued presence is key to sustainability
- Be data driven
- Leadership within the homes is vital – whose the key player?
- Working together
- Having clear roles and responsibilities

Qualitative Analysis of the Health Call Digital Care Homes Service

Dr Zoë Cockshott, Senior Research Associate
Division of Health Research, Lancaster University
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Funded by Health Data Research UK (HDRUK)

Research Team: Professor Nancy Preston, Dr Zoë Cockshott, Professor Jo Knight, Lancaster University; Professor Barbara Hanratty, Dr Siân Russell, Dr Rachel Stocker, Newcastle University

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Digital Care Homes – Interview Study

Interviewed 35 people:

– Care Home staff (16)

– Care Home Residents & relatives (8)

– Health Call Team (4)

– NHS & LA Staff (7)

Eight Care Homes

– Residential (6) and Residential with Nursing (2)

– Chain (6) and independent (2)

– Size range: 20-75 bed

Interviews – three main themes

Challenges

Training and communication

Ease, efficiency and enhancing resident care

Challenges: Digital skills and technology

Some staff nervous about the technology

"I'm very slow with technology. They think I'm a bit of a numpty, I think! But no, I'm getting there."
Deputy Manager 2

Wi-Fi limitations in some care homes meant the app on portable devices only worked in certain parts of the care home. Some staff had to access via a computer, eg in the manager's office.

Solutions with 4G devices.

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Challenges: new ways of doing things

It could seem like a lot of information to input. Some initially thought it might be easier to continue using phone.

Clinical Trainer :*"Not an extra job. It's an 'instead of' job".*

During early Covid waves some staff fell back into using the phone.

Health Call Training and Communication

Flexibility of training

Trainers came several times – to catch people on different shifts / address queries etc

"She was very patient. No question was silly …" **Deputy Manager 2**

Quick response to problems

"Any concerns that we've got they're very quick at responding and fixing the problem". **Senior Carer 6**

Easy to use, efficient and enhancing resident care

Easy to use

>*"We click the person's name and then it will ask you what are you concerned about? And … you just fill in the boxes, the questions… and then you submit and it's that easy."* **Senior Carer 7**

Efficient

>Previously - *"You could be in a queue [on the phone] … for an hour and a half and you've got other things to be doing"* **Senior Carer 6**

For residents

>*"As long as it means they're keeping an eye on you."*
>
>*Interviewer: "So, it's reassuring?"*
>
>*"Yes it is really. I think so yes."* **Resident**

Enhancing clinical knowledge and communication

Increasing confidence and clinical understanding

> *"I think staff are learning .. They read someone's blood pressure they're going, 'Oh no that's a bit high,' or 'That's a bit low.'"* **Care Home Manager 4**

District nurses received more detailed information – helped with triage and clinical decision making.

Care home staff felt that they were taken more seriously when they provided increased clinical information and observations.

In summary ..

- Whilst there were some early challenges

- Training was thorough and supportive

- Easy and efficient – Those who had been using it for a while said they wouldn't be without it now

- Thank you.

Comfort break

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Breakout Session

Breakout session- knowledge share

Share key points around the following questions: -

Question 1 (before deployment)

1) How are you going to implement your digital solution?

Question 2 (after deployment)

2) What best practice would you share?

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Our Digital Care Home Experience

Paul Oates - Managing Director
Premier Care Homes

Before we went digital

- **What were our initial apprehensions?**
  – Lack of time to use the system
  – Accountability of information
  – What was in it for us?
  – Moving from Residential to Nursing
  – Difficult to use
  – Less professional visits, more remote monitoring

- **What convinced us to give it a go?**
  – Discussions with other care homes (& then deployment team)

As a digital care home

- **What difference has it made?**
  - Time saved
  - Regular use for referrals (various teams, non-urgent, night staff)
  - Improved audit trails
  - Upload photos e.g. wound care
  - Tasks functionality
  - Ease of use and information prompts

- **How is it working now?**
  - Embedded in our operation
  - Staff are more comfortable with technology – high usage for the area
  - More time for resident care
  - Referral tracking

- **What would we say to care home staff in a similar position?**

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Digital Care Homes in North Cumbria

Richie McGregor, Head of Digital and Performance

Scope

- 94 care and residential homes

- Roughly 2,400 care home population

- 34 GP practices

- 8 Primary Care Networks

- 8 Integrated Care Community Hubs

- 1 Out of Hours Organisation

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APPROVED
THE SOCIAL ENTERPRISE MARK
TRADING FOR PEOPLE AND PLANET

Inspected and rated
Outstanding ☆
Q CareQuality Commission
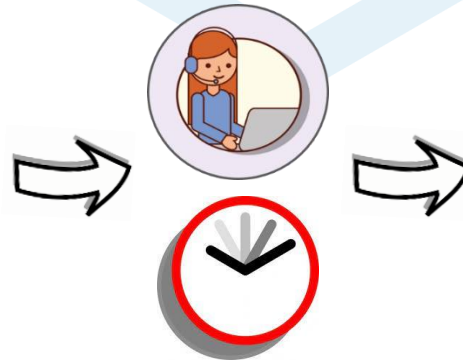
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CHoC Existing Flow

Cumbria Health on Call

Calls which are:

- Urgent (a 20 minute response or less)
- Regarding medication
- For a district nurse to attend

CHoC New Flow

Question and Answer panel

The panel

Name	Organisation
Dave Belshaw - Digital Transformation Director	AHSN NENC
Karen Verrill - Programme Manager - PSC	AHSN NENC
Catherine McShane - Project Manager	Health Call
Sarah Douglas Project Manager - STPM	Durham County Council
Lorraine Adams - Clinical Nurse Trainer	CDDFT
Dr Zoë Cockshott- Senior Research Associate	Lancaster University

Final round up and key points

Dave Belshaw - Digital Transformation Director AHSN NENC

Care Homes Digital Survey

- What do care homes need?

- Survey to cover: -

    – Rating of their network connectivity

    – Usage of NHS mail

    – Main digitally related issues

    – Priority for digital support (18-24 months)

- We need your feedback…

Scan the QR Code on Screen

Or type the address:
https://forms.office.com/r/YuZ336LXna

Please complete this short questionnaire which takes approximately 3-4 minutes. Your answers will help us to choose the most appropriate and effective digital solutions which will, in turn, futurise the provision of care in our region.

Please exclude funding as a consideration for this questionnaire.

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Thank you for attending

If you require any further information please contact: -

Event information

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Digital Care Homes

Robin Blythe – Digital Programme Manager

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