Care Homes
Our Partners in Care
Care Homes and Domiciliary Care

NHS
Vale of York
Clinical Commissioning Group

Partners in Care Covid 19 Response Echo Network

Monday 06 April 2020
2pm

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Hello my name is Sarah Fiori, I am a nurse and work as Head of Quality Improvement & Research at the NHS Vale of York CCG.

Welcome and thank you to everyone who has joined us today on our first 'Partners in Care Covid19 Response Echo Network'. In order for us to support you in the strange world we find ourselves in the Partners in Care team have collaborated with our local ECHO team to connect with you. We aim to facilitate sessions where we can cascade and share important information followed by questions, answers and hopefully lots of discussion.

To begin with we have identified some priority messages such as Covid19, early identification of deteriorating residents, nhs mail and capacity tracker support, but hope that for future sessions you may suggest topics. It might also be that we can also share the partners in care meetings virtually for those who cannot attend or would like to watch later at a more convenient time.

This is the first time we have ever done anything like this so please enjoy, participate and make sure to give us your feedback!

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NHS Vale of York CCG
Recognising and Responding to Deterioration

At this critical time we need to;

1. recognise and respond to early signs of deterioration

2. communicate effectively and in a timely manner with our colleagues and other health and care professionals (GP, DN , YAS etc)

Today we will introduce 2 tools to help you

- stop and watch
- SBAR communication

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What do we mean by ‘Deterioration’?

The term **Deterioration** can be defined as when a clients moves from their normal clinical state to a worse clinical state. This increases their risk of morbidity, organ failure, **hospital admission**, further disability and even sometimes death.

We need to recognise and respond to deterioration in **ALL** residents and not just those with suspected or confirmed Covid19

The recognition tool STOP AND WATCH should be used for **ALL** residents that show signs of deterioration including those that may have a deterioration due to Covid19 and those that have a deterioration due to other causes.

You may not use this everyday or with every resident – but you **WILL** use this when a resident is deteriorating

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Why are clients at risk of Hospital Admissions?

Alongside the general risks of hospital admission and the disruption and upset for residents, especially for those with Dementia

We now have additional risks and demands on NHS hospitals and services

- Early recognition can support the Coronavirus plans, help reduce unnecessary hospital admissions, provide safe prompt care to residents
- Help prioritise workload
- Support staff , help reduce anxiety and carry on providing care

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Tools are based on knowing your residents

- Important signs can be spotted by everyone who comes into contact with residents (care staff, support staff, relatives, residents themselves)
- Understanding what is normal for your clients is key to detecting changes.
- Good communication in the team is crucial for this, handover, accurate paperwork and up to date care plans all add value along with tools designed for this specific purpose e.g. 'This is me', Respect, advanced plans.
- Remember all team members, can spot differences in residents , you need to ensure all feel able to speak up and are listened to if they say they are worried or have noticed anything.
- On their own they may not look significant but all play an important role in recognising deterioration.

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Stop & Watch

This tool consists of 11 prompts to help
spot signs of deterioration.

The tool is designed to support your '*Gut Instinct*' and help you explain to colleagues why you are worried so better care decisions can be made.

There are clinical reasons why each of these questions are in the tool.

You do not need to be able to carry out clinical observations to use this tool

But if you do e.g. take a temperature, this information will need to be added to your observations

What do GP's look for?

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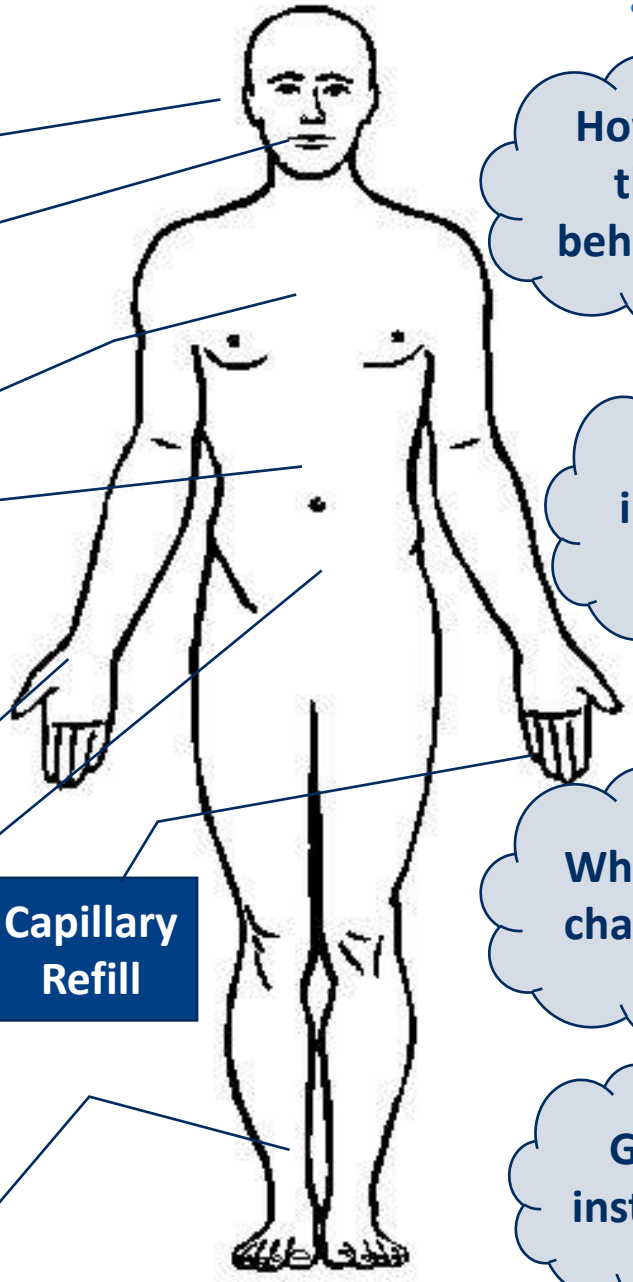

- Are they conscious? AVPU
- What does breathing sound like?
- How is chest moving?
- What does skin look like?
- Check pulse
- What does abdomen look like? What are bowels & waterworks doing?
- Capillary Refill
- Can they move their legs and arms? Any one-sided weakness or facial changes?
- How are they behaving?
- Any injuries ?
- What has changed?
- Gut instinct

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S - Seems different to usual

- However small the change, if **YOU** feel the client is different assess using Stop & Watch
- Often early signs of a problem show when a client is not 'quite right', or acting Out of Character – like a gut feeling.
- This may be changes in a clients daily routine, not joining in as much as usual.
- Are there any symptoms of Covid19

T – Talks or communicates less

- Whatever the clients usual way of communicating, are they are doing this less often or less effectively?
- We focus on communication as this can be a sign a client is becoming more confused, depressed or tired.

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O – Overall needs more help

- More dependent, asking for help, needing more staff to help transfers, needing more help for activities of daily living.
- Lower energy levels can point to infection or deterioration in the clients medical condition.

P – Pain new or worsening; Participating less in activities

- Not all clients can tell you they are in pain. You may need to observe for non verbal clues.
- Pain is often a symptom of something not being right e.g. pressure damage, bowel problems, angina.
- Look for non verbal cues; looking uncomfortable, fidgety, agitated or not wanting to move
- Think about where the pain is – is it specific to one area or general aches and pains
- Does the pain respond to pain relief
- Use of a pain scale to assess

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A – Ate Less

- You may notice the clients normal eating pattern has altered, eating less, avoiding certain foods.
- Lack of appetite can be a sign of lots of medical conditions
- Lack of nutrition can lead to malnutrition with its potentially serious consequences. Many studies have found a direct relation between malnutrition and increased length of hospital stay, treatment costs, return to usual life.
- Does the resident need help with feeding ?

N – No bowel movement in 3 days: or diarrhoea

Monitoring of bowels is an important indicator of ill health. As well as frequency it is useful to also note the colour of stools:

- **Black** - Often a sign of internal bleeding
- **Red** - Red signifies blood and bleeding
- **Pale** - indicates an underlying problem in the liver, gallbladder, or pancreas; all of which contribute to the digestive system
- **Green** - may also be caused by consuming leafy vegetables, iron supplements, or be due to an intestinal condition or infection.
- **Watery** - Disturbances of the digestive tract, as seen with various bacterial and viral infections.
- Use the Bristol stool scale or other to identify

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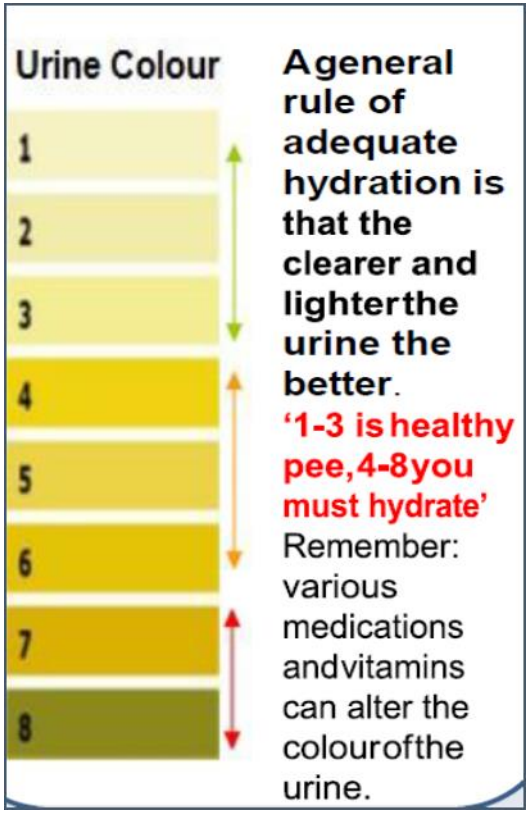
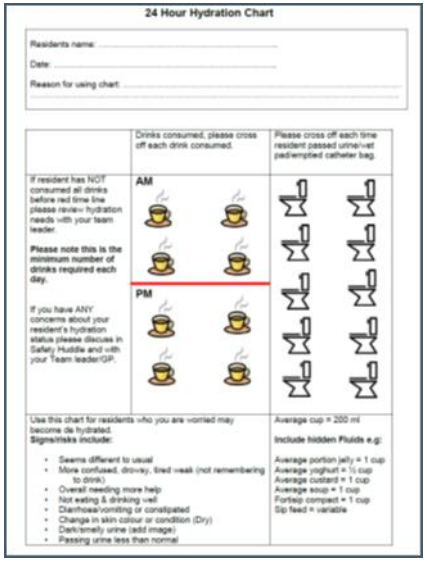
D - Drank Less – Hydration in all residents is important

- Sometimes difficult to spot until the resident becomes dehydrated which can have serious health consequences.
- Key is monitoring, using a simple hydration chart. Also observe the colour of urine.
- Other signs of dehydration include dry skin, dry mouth/tongue, worsening / new confusion.





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W - Weight Change

- You may notice the client has lost weight, either through weekly monitoring or you may notice other signs like poorly fitting clothes, jewellery, drawn face.
- Causes of weight loss include stress, decreased intake due to ageing or can be a result of other changes in the body such as depression, infections and cancers.

A - Agitated or more nervous than usual

- You may notice the client fidgeting, trying to get out of their chair/bed, looking scared or anxious. Clients may become more active and aggressive, or nervous, withdrawn and tearful.
- This can be an important sign of a developing infection, pain, lack of oxygen or problems with medication.

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T - Tired, weak, confused, drowsy

- You may notice the client appears to have less energy of has new or increased confusion. This could be a sign of delirium.

- Delirium is an acute confusional state compared to normal that is not progressive, but is reversible. It is often worse at night. Delirium can mean the client has less energy (withdrawn, quiet, sleepy) or more energy (restless, agitated, aggressive).

Common causes of delirium are:

	Cause
D	DRUGS – new medications, medication side effects, interactions, withdrawal.
E	ELECTROLYTE DISTURBANCES – acute kidney disease, sodium or potassium imbalance
L	LOW OXYGEN - due to COPD, heart failure, heart attack, pulmonary embolism
I	INFECTION – UTI, chest infection, cellulitis
R	RETENTION – of urine or constipation
I	INJURY / PAIN / STRESS – fracture, head injury, pain from internal problem, lack of sleep / mental health problems
U	UNDER-HYDRATION / UNDER-NUTRITION – dehydration or malnutrition, weight loss
M	METABOLIC – high or low blood sugar, diabetes, pancreatic problems.

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C - Change in skin colour or condition

- Increasingly dry skin is a sign of dehydration. Other changes may be increasing bronzing of the skin (problem with iron), a yellowing of the skin and whites of eyes (liver failure). Poor circulation or inadequate oxygen levels in blood can also cause your skin to turn bluish (Hypoxic).
- A rash that does not respond to treatment, and is accompanied by other symptoms — such as fever, joint pain and muscle aches — could be a sign of an internal problem or infection
- **Think pressure areas & React 2 Red information**
- **If residents become unwell and are not mobilising as usual or are confined to chair / bed / room**

H - Help with walking transferring, or toileting more than usual

- You may notice the client has “Gone off legs”. This usually refers to older people who were previously mobile and active, having a sudden deterioration in their mobility.
- It may be a sign of acute illness such as UTI, dehydration, malnutrition, chest infection.

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Joseph, 81 – a non Covid 19 case study to recognise deterioration

- He had a care package put into place two years ago when his wife died because he wasn't managing at home. His daughter visits once a week.
- He has a past medical history of bowel cancer and he had an operation in his 60's to remove part of his bowel, leaving him with a stoma which he can manage himself.
- He was diagnosed with prostate cancer 5 years ago, which has spread to his hip bone and can cause him some pain on walking. He walks with one stick, but can mobilise independently.
- He is sometimes a little forgetful but does not have a diagnosis of dementia

About Joseph

- He struggles with practical tasks such as washing, dressing and food preparation.
- He can mobilise slowly with his stick.
- He is normally an early riser, and enjoys a large breakfast to start the day.
- During the day he watches TV, reads the paper and socialises with staff and other residents. He likes to talk about his days in the navy.
- He also likes to sit out in the garden on a sunny day and watch the birds.
- He enjoys his life in the home and gets on well with all staff.

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Monday

- Joseph gets up at his usual time but comments to carers that he feels a bit 'groggy' and that he didn't sleep well.
- He sits in his chair and watches TV and doesn't chat to staff like he usually would.
- He dozes off a few times during the day, which isn't like Joe but staff leave him to sleep because he has had a disturbed night's sleep.
- He has not had much stoma output today, but he doesn't mention this to carers.
- Joe does not mobilise as much as usual during the day.

Is joe different to usual ?
Complete the stop and watch

Has Joe got any of these symptoms ?

Most common: **Cough, Fever, Difficulty breathing.**

Can include: **aches, pains, nasal congestion, runny nose, sore throat, diarrhoea.**

- Symptoms are usually mild and begin gradually.
- Some people become infected but don't develop any symptoms

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Tuesday – lets redo the Stop and Watch to see how his condition has changed

- Joseph had another disturbed night with back pain. He is short-tempered with staff when they ask why he hasn't eaten all of his breakfast.
- He sits in his chair watching TV again. It is a lovely sunny day but Joe shows no interest in sitting in the garden today.
- When walking to the toilet staff notices he seemed a little unsteady on his feet and needed help with his trousers.
- When offered a cup of tea he declines, asking for juice because his mouth is dry.
- Joe finds that he doesn't really fancy the cottage pie for evening meal. He usually looks forward to this on a Tuesday. He has some soup instead.

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Stop and Watch - Early Warning Tool

If you have identified a change while caring for or observing a resident, please tick the change and notify the person in charge with a copy of this tool.

Name of resident: .....Joe Black .... Date of Birth: ...1.../.....1.../...1938... Room Number:...675.....

Date /time	1/1/20 9am	2/1/20 9am		Additional information
S Seems different to usual	Yes	yes		
T Talks or communicates less	yes	yes		
O Overall needs more help	no	yes		
P Pain new or worsening; participating less in activities	no	yes		
A Ate less	no	yes		1/2/20 But sleeping more
N No bowel movement in 3 days; or diarrhoea	Yes	yes		1/2/20 Stoma not working usually daily
D Drank less	No	yes		1/2/20 But sleeping more need to encourage fluids
W Weight change	no	no		
A Agitated or more nervous than usual	no	yes		
T Tired , weak , confused or drowsy	Yes	yes		1/2/20 Poor nights sleep
C Change in skin colour or condition	No	Yes		2/1/20 Pressure areas checked
H Help with walking, transferring or toileting more than usual	No	Yes		
Carer name	kf	kf		
Reported to (senior)	fk	fk		
Senior Action /call GP / 999/ 111 / DN etc Resident monitored or other action	1/1/20 Continue to observe, encourage fluids and mobility , observe PA, risk of falls, use SW again in 24 hours unless deterioration noted sooner 2/2/20 deteriorated – call GP for advice use SBAR to communicate			
Outcome / transferred to hospital/ visited by GP/ DN or phone	Important to document this			

CIRCLE IF APPLICABLE
In line with preferred place of treatment Y N
In line with preferred place of death Y N

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Using the Stop & Watch Tool (Carers)

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If you think a resident may have deteriorated, grab a tool and complete the Stop & Watch Assessment – even if its just a gut feeling!
Spotting signs of deterioration and taking action early really does make a difference.

Riccall House Care Home
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Stop and Watch - Early Warning Tool

INTERACT™

If you have identified a change while caring for or observing a resident, please circle the change and notify the person in charge with a copy of this tool.

Name of resident: ..... Date of Birth: ...../...../..... Room Number:.....

STOP and WATCH

- Seems different to usual
- Talks or communicates less
- Overall needs more help
- Pain – new or worsening; Participating less in activities
- Ate less
- No bowel movement in 3 days; or diarrhoea
- Drank less
- Weight change
- Agitated or more nervous than usual
- Tired, weak, confused, drowsy
- Change in skin colour or condition
- Help with walking, transferring or toileting more than usual

Describe the change you noticed: .....

Carer Name : .....
Team Leader reported to: .....
Team leader Actions
Reported to (circle) GP 111 999 Not reported (Why) .....
Used SBAR format (Circle) Y N
Date..... Time..... AM/PM
Outcome (circle) Phone advice
Treatment given in the home (Circle) GP Ambulance UCP
Transfer to hospital
Other .....
In line with their preferred place of treatment/ death? (circle) Y N
If No reason: .....

If you can please describe why you are worried

Complete your name and the team leaders – the team leader will then take action.

Let your team leader know, face to face

Your team leader can then take the best action

Please pass this information on to the rest of the team as soon as possible so everyone can ensure correct care is given.

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This case study shows how Joe is deteriorating day on day and how, by using the stop and watch it was recognised and responded to early

Wednesday

- Joe is really not feeling himself today. He is tired and doesn't have the energy to eat or drink much.
- He decides to mention his low stoma output to carers, and when they ask about his waterworks he realises it has been darker and more smelly than usual.
- Carers dip his urine which is all clear.
- Joe asks for extra paracetamol during the day and before bed for his backache. Embarrassingly, he forgets the name of several carers and domestic staff during the day. He goes to bed early.

Thursday

- Joe's daughter Maggie is visiting today. He always looks forward to the weekly visits, but today he seems to have forgotten, because the carers have to remind him this morning.
- He is eating and drinking less, and Maggie notices that his mouth and skin seem dry and his clothes appear loser than normal
- He falls asleep during her visit, which is troubling for Maggie. She talks to carers.
- Carers inform her of Joe's sluggish bowels and say they think it is because of the increase in pain medication at night. They reassure Maggie that they are giving him laxatives and keeping an eye on things.

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Friday

- This morning, carers find Joseph in the bathroom in a mess. His stoma has started working and is passing loose watery stool.
- He has obviously tried to change the bag, but has not managed this and has soiled his clothes and the bathroom. He seems muddled and upset as to what he should be doing.
- Carers let him rest in his chair today and bring food to him at meal times. He picks at his food and leaves drinks unfinished.
- He is put to bed early because he is falling asleep in his chair throughout the day.

Saturday morning

- Joe has significantly deteriorated overnight. He mobilised to the bathroom during the night without his stick and fell for the first time. Luckily, he does not seem to have significantly injured himself, and denies hitting his head. Staff helped him back to bed. He seemed disorientated and unsteady on his feet.
- Carers note that his skin is dry and he appears pale.
- This morning, Joe was unable to get out of bed. He has had an accident and wet himself overnight. He is complaining of back and tummy ache. He is confused, asking for his wife Barbara.

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Saturday evening - IF JOES DETERIORATION HAD NOT BE RECOGNISED AND RESPONDED TO THIS IS WHAT HAPPENS

- Joe is taken by ambulance to hospital.
- He is transferred to an elderly medical ward where he is found to have high calcium. This has probably been caused by his prostate cancer affecting his bones.
- High calcium causes dehydration, constipation, confusion and bony aches. It can be fatal if not treated quickly.

- **THINK WHAT WOULD HAPPEN IF JOE NEED HOSPITALISATION DURING THE CURRENT SITUATION !**
- **THIS COULD HAVE BEEN AVOIDED AND SAVED JOE DISTRESS AND SAVED A HOSPITAL BED**

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Saturday afternoon
Clear, accurate information is crucial to help clinical decisions be made

- Carer / (or from care support team) calls GP or other responder for advice about Joe:
- **Situation –** I am calling about one of our clients , Joseph. He is 81. He started to be unwell on Monday and has since deteriorated
- **Background –** He has a past medical history of bowel cancer and prostate cancer which has spread to his bones. He does have a DNACPR / does Joe have an advanced care plan in place and preferred place of care / treatment?.
- **Assessment –Use the assessment from the stop and watch relay how joe was on Monday and how he has deteriorated to his current state, is there any symptoms of coronavirus? Include any temperature / blood pressure , respiration rates if you have them . Also say what you have been doing for Joe, e.g increase fluids / if pain relief has been effective**
- **Recommendation – remember you know Joe best and what you feel should be done**

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Two weeks later…

- Joseph had a prolonged hospital stay because of the severity of his symptoms. He was very dehydrated and he also needed lots of laxatives to get his bowels working again.
- On day 6, he developed a chest infection which set his recovery back another few days.
- Two weeks on, he is ready to be discharged back to his home.
- Joe's hospital stay may have been shorter if a GP Team had seen Joe early enough assess and diagnose the problem.
- Community treatment may have prevented a hospital admission altogether.

- THINK HOW DIFFERENT THIS MIGHT BE IF JOE HAD TO SPEND TIME IN HOSPITAL RIGHT NOW

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This is an example of how a deterioration can be recognised and responded to promptly when a deterioration happens quickly

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Stop and Watch - Early Warning Tool *EXAMPLE OF USE*

If you have identified a change while caring for or observing a resident, please tick the change and notify the person in charge with a copy of this tool.

Name of resident: ...Mrs A Resident..... .....Date of Birth: ...1.../.....1.../..31... Room Number:.....365.....

Date /time	2/2/19 9am	2/2/19 12am	2/2/19 2pm	Additional Information
S Seems different to usual	√	√	√	9 am Not feeling well , 12 am still not well but Mrs A not sure why
T Talks or communicates less		√	√	12 am Very quite all morning
O Overall needs more help	√	√	√	9am needed help to wash & dress 12am needed help to go to toilet
P Pain new or worsening; participating less in activities		√	√	12am complaining of new pain all over body in muscles & joints
A Ate less	√	√	√	Only wanted toast 12 am only had soup at lunch had to be encouraged
N No bowel movement in 3 days; or diarrhoea				
D Drank less	√	√	√	Only taking small sips of tea and juice
W Weight change				
A Agitated or more nervous than usual		√	√	12 am not comfortable & fidgeting in seat & agitated & not settling
T Tired , weak , confused or drowsy	√	√	√	9am very tired, poor nights sleep 12 am still tired & not sure what time of day it is
C Change in skin colour or condition		√	√	Face looks tired & slightly grey in colour
H Help with walking, transferring or toileting more than usual	√	√	√	Needs help with getting out of bed & taking to toilet in morning & lunch
Carer name - describe the change you noticed	AB	EF	EF	9am General not well with aches & pains, not drinking or eating as much 12am Quite but more agitated at lunch time , feels tired 2pm Feeling much worse, seems confused, pale clammy skin, still in pain
Reported to (senior)	CD	CD	CD	Seen and agree with EF & AB to monitor 2pm agree changes continue with fluids and carers observe
Senior Action /call GP / 999/ 111 / DN etc Resident monitored or other action	9am – encourage fluids & small food take temp (normal) 12am – condition worse temp normal paracetamol given as MARs 2pm – condition worse temp raised still has pain although regular paracetamol given , GP Called & visit requested			
Outcome / transferred to hospital/ visited by GP/ DN or phone advice given	2pm GP called will visit today 5.30 pm Dr Gee visited antibiotics given, to push fluids , send urine specimen tomorrow			

CIRCLE IF APPLICABLE
In line with preferred place of treatment Y N
In line with preferred place of death Y N

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SBAR Communication Form

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EXAMPLE OF USE

Before calling for help
Evaluate the resident: Complete relevant: aspects of the SBAR form below
Review Record: Recent progress notes, medications, other orders
Have Relevant Information Available when Reporting
(i.e. medical record, advance directives such as DNACPR and other care limiting orders, allergies, medication list)

SITUATION - Date & Time 2/2/19 2pm

I am calling because I am worried about:……Mrs A resident ……Date of Birth: ……1…../…1…../…..31….This started on today at 9am ……/…../…../……
Since this started it has got Worse……Better……Stayed the same……since this morning

BACKGROUND
Medical Condition (or this may be known by residents own GP) - GP knows resident & history of urine infections
Other medical history (e.g. Medical diagnosis of CHF,DM,COPD)
DNACPR Y/N Advanced care plan Y/N

ASSESSMENT
Identify the change/s from the stop and watch tool
Not feeling well since 9am this morning , has been very quite and not wanting to eat as usual, has also only drank small amounts, has needed more help generally in washing and dressing and mobilising, since 10 am complained of general aches and pains in muscles and joints, we have given paracetamol but this has not eased the pain temp taking was normal but at 2pm was raised to 38c. She is now feeling much worse and is more tired and confused than earlier in the day . we have been encouraging fluids.

Consciousness: Alert?..... New Confusion? …Yes…. Responsive to voice? ……. Pain? …yes , general aches in muscles and joints ….
Unconscious?……

CIRCLE IF APPLICABLE		
In line with preferred place of treatment	Y	N
In line with preferred place of death	Y	N

RECOMMENDATION
Responding Service Notified: ……GP ……Date……2../…..2…/..19…… Time(am/pm)……2pm ……..
Actions you were advised to take : keep giving paracetamol and push fluids until Gp comes

THIS IS AN EXAMPLE OF USING THE SBAR WITH INFORMATION FORM THE STOP and WATCH ON PREVIOUS SLIDE

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If a resident seems different to usual

- Grab a stop and watch
- Complete the form (see example)
- Take this and hand to senior / nurse and talk through why you are concerned

- Senior / nurse
- Use info from completed SW
- Review resident – complete further details
- Escalate – use SBAR
- Once SW has been resolved – residents notes

- USE THE STOP AND WATCH AT YOUR FLASH MEETINGS/ SAFETY BRIEFS/ 10@10/ HANDOVERS

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Which service should I call?
Follow guidelines for Coronavirus as to who to call

NHS 111

- For advice and guidance if unsure
- For clinical advisor support
- To contact a GP
- For a medication query
- For general health information
- An expected death when no one can verify the person has died

999 for urgent assistance

- If someone is choking
- If someone has stopped breathing and this is unexpected
- If someone is having a possible heart attack or stroke
- If someone has suffered a major injury / trauma