

Acute deterioration in care home residents: recognising and responding to acutely unwell residents.

Background

Older people in care homes are some of the frailest in society. Managing the care of older adults living with frailty in care homes is complex as they are more likely to experience multiple long-term conditions, deconditioning and, have weakened immune systems due to age related changes. This means older people are more susceptible to sudden illness such as infection and acutely deteriorating. If acute deterioration is not identified and responded to early, this can lead to poorer outcomes for residents such as, protracted duration of illness, hospital admissions, and adverse events such as cardiac arrest and death.

What's the problem?

Over the past 5 years there's been a growing rhetoric that more needs to be done to support the care of older adults in care homes. In particular, identification and management of acute deterioration in residents. We know from previous studies and clinical evidence that early identification of illness and swift treatment has better outcomes for residents. They are less likely to become more unwell and require hospitalisation therefore, their illness and care can be managed in their care home.

Due to system wide pressures across the NHS (austerity measures, depleted resources, increased number of emergency attendances and hospital admissions) the story of improving care in for residents has been tied to managing acute deterioration early to prevent hospital admissions from care homes. This, in part, has encouraged the rapid growth and spread of acute deterioration tools being implemented in care homes. The problem with this is that some of these tools have been designed and tested for use in hospitals settings and have not been validated for use in care home settings. Therefore, we don't really know how effective they will be in supporting the identification and management of acute deterioration.

Further, care homes typically do not have access to onsite medical and nursing teams to manage the care of an acutely unwell resident. This differs from the tool being used in hospitals as patients have access to medical and nursing teams that can deliver medicines and treatments with immediate effect.

Additional recognise and response tools have been developed for use in care homes, whilst they are similar to hospital designed tools, they also incorporate 'soft signs' of infection or acute deterioration. Initial feedback from some care homes suggests this is better for care home staff, but problems occur when trying to escalate care to external healthcare providers (GPs, NHS 111, ambulance handovers) as these services do not endorse these

newly developed tools. We still don't really know what works best in care homes, what is already working well and what areas need improving.

What's the knowledge gap?

There is minimal evidence available about how care home staff recognise and respond to acute deterioration. A few studies have been conducted in Australia but very little exists in the UK. We still don't know how effective current acute deterioration tools are in practice, what is being used and the associated care outcomes for residents.

Whilst acute deterioration in care home residents is important and one of many priorities, what is expected from using these tools? If escalation to other healthcare providers is required, then discussions about what infrastructure is needed to manage the care of unwell residents appropriately and effectively needs to happen. We need the evidence from care home staff to underpin these conversations and shape the care moving forward.

More importantly, care home voices, experiences and perspectives are missing from the current evidence. Too few projects involve the expertise of care home staff. The question of how acute deterioration is identified and managed is yet to be explored in-depth and this is key to providing rich, context specific data. We need to know what it is like for care home staff on the frontline in order to generate care home specific tools/frameworks/recommendations to manage this condition in our residents.

What am I doing about it?

I am conducting care home research as part of my PhD. The purpose of this is to provide a platform for care home staff to be heard and share their experiences of caring for acutely unwell residents.

There are two main studies that have had some responses from care homes in England. To make the research meaningful and relevant to care homes, we need more to care home staff to take part and share their experiences.

I aim to bridge the knowledge gap by exploring what acute deterioration practices are being used in care homes based in England and bring care home staff's experiences to the forefront in the research. This knowledge will be used to co-produce a framework to manage this acute deterioration with care home staff.

How am I going to achieve this?

We need the help of our care home staff – this is a plea to for help and asking staff to participate in the research.

It is critical that we involve care homes throughout the research process. As an advocate for care in care homes, I have had care home workers/stakeholders help design and review my research so that it is relevant to care homes.

In order to answer these important research questions, I need the help of care home staff.

I am inviting care homes staff to participate in a short survey about acute deterioration in residents and a more in-depth chat with me about their experiences.

This research cannot succeed without the support of care homes. It is pivotal that care home staff have a say in shaping the care they deliver to some of the most vulnerable members of society.

Please help by taking completing the survey (link below) and getting in touch if you are interested in speaking in more detail about your experiences of caring of unwell residents.

<https://nottingham.onlinesurveys.ac.uk/respond-care-home-2-copy>

To speak about your experiences of caring for unwell residents or for more information, please get in touch.

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Sevim Y Hodge - ARC-EM PhD Fellow/Clinical Academic Nurse

Sevim is a registered nurse and aspiring academic. She has a special interests in the care of older adults living with frailty, acute deterioration and sepsis management. She is an advocate for improving care and access to care for care home residents. She is using her PhD research to better understand how the care of suddenly unwell residents is identified and managed; learn from care home staff about caring for some of the most vulnerable adults in society and develop ways to improve this aspect of care with, and informed by care home staff. Her PhD Primary Supervisor is Professor Adam Gordon who is an expert in this field and continue to be an advocate for care homes.



Adam L Gordon – Professor of the Care of Older People/Geriatrician

Adam's research interests are predominantly in how healthcare is delivered in care homes. He led the authorship of the BGS guidance on managing COVID-19 in care homes and more recently helped collate the Ambitions for Change document that sets out the Society's vision for healthcare in care homes in the future. He has also conducted work around peri-operative geriatrics and has recently begun to work in the field of sarcopenia as part of the Centre for Musculoskeletal Ageing Research at the University of Nottingham. He maintains an active educational portfolio and played a key role in developing the UK and European recommended undergraduate curricula in geriatric medicine. He is a firm believer in bringing more clinicians into research and in ensuring that healthcare professionals and patients understand the impact of research in the real world.



Excerpt summary paragraph:

Older people in care homes are some of the frailest in society. Their care is complex and they are at an increased risk of becoming suddenly unwell and acutely deteriorating. There has been a big push to improve how acute deterioration in residents is recognised and managed. However, we are yet to understand what acute deterioration means in the context of care homes, how it is recognised and responded to and the outcomes associated with using different approaches to manage this condition. Perhaps most importantly, we don't have the experiences, knowledge and expertise of care home workers to understand acute deterioration in the context of care homes. We desperately need to involve care home workers' and learn from their experiences in order to inform and shape acute deterioration practices in care homes.