

Recognising deterioration

Why recognising deterioration earlier is so important

Deterioration in someone's health is when their normal clinical state changes. This change increases that person's risk of morbidity, organ failure, further disability, or maybe even death.

It's because it's a matter of life and death in some cases, that recognising deterioration in someone's health as early as possible is so important.

Following a number of national inquiries into the death of patients in hospitals, the need for a standardised system to detect earlier a patients' clinical deterioration was highlighted. This led to the Early Warning Score (EWS) system being developed for use in hospitals.

It's a national, standardised, system used across the NHS in acute hospitals settings and is primarily based on measuring six vital signs. They are: pulse rate, blood pressure, respiratory rate, oxygen levels, temperature and consciousness.

Each is given a score which, when added together, gives a very accurate picture of just how ill someone is.

The system is now referred to the National Early Warning Score (NEWS) and a more recent update, which is based on the same basic principles but adds the measurement of confusion and few other adjustments, is referred to as NEWS2.

This system is now widely used in all acute hospitals and ambulance trusts.

However, is it always the best way of recognising deterioration in health in people with learning disabilities? Is it always the best tool for non-clinical staff looking after people in their own homes? Are soft-signs a better way to measure deterioration in people with learning disabilities?

This bulletin will explore some of the work which is happening around the country which is helping to recognise deterioration in the health of people with learning disabilities.

[Video: What is News2?](#)

[PDF version of this bulletin](#)

Is NEWS2 useful for people with learning disabilities?

Dr Jane Greaves, who sits on NHS England's LeDeR Learning into Action group, explores the use of Early Warning Scores in hospitals and how beneficial they are for people with learning disabilities.

Those who work with patients who have learning disabilities have expressed concern that their disability may interfere with care in acute hospital wards, when their status is monitored by means of an early warning score (EWS). The use of NEWS 2 for patients with learning disabilities must be considered in the context of the effectiveness of EWS in general.

Some clinical audits and trials have not consistently demonstrated that early warning scores always lead to improved outcomes for every patient. Despite this, their adoption has been recommended by the National Institute for Clinical Excellence (NICE) and NHS Improvement. Other specialists argue in favour of EWS.

A number of issues appear to influence the operation of an EWS in a patient with learning disabilities:

- Early warning data may be difficult to monitor in people with learning disabilities, leading staff to omit the monitoring altogether
- NEWS includes a score for oxygen therapy. It may not be possible to get a patient with learning disabilities to use an oxygen enrichment device consistently
- Conscious level is now included in NEWS 2, but staff who do not know the patient may not be able to assess this reliably
- NEWS 2 provides an early warning, but what then happens depends on the medical and nursing teams evaluation of the situation. Patients with learning difficulties are likely to complicate the decision-making
- A systematic review of the pre-hospital use of EWS found that very high and very low EWS scores discriminated some patients at risk, but there was again no evidence of an overall improvement in outcome

In conclusion, the use of EWS to monitor the general progress of patients with acute illness may contribute usefully to their overall care, but more research is needed to evaluate this application and to investigate whether specific modification for people with learning disabilities would be beneficial.

This has been adapted from an academic paper written by Dr Jane Greaves, who is a senior lecturer at Northumbria University. She formerly worked as a critical care nurse and is the Royal College of Nursing's representative on the National Confidential Enquiry Patient Outcome Death (NCEPOD) bowel obstruction study expert group. For further information, email jane.greaves@northumbria.ac.uk

This soft-signs system is leading to less hospital stays

Andy Cook, chief nurse for Interserve Healthcare, talks about the simple and cost-effective soft signs system developed by the organisation to recognise signs of deterioration in people being cared for at home.

When we first set out to find a solution to detecting deterioration, we thought we'd probably come up with some form of algorithm or scoring system. We expected to create something along the lines of NEWS, or a training package to better equip our care staff to spot signs and symptoms.

However, we found that our Quality Improvement model, which we had learned through our work with the Wessex Academic Health Science Network (AHSN), was an ideal tool for ensuring early communication about changes in a client's condition and this led to our soft signs system.

Unlike a hospital, it is important to avoid medicalising a person's environment. People live at home to feel independent and to lead lives that they determine. We aim to provide care as unobtrusively as we can make it, while meeting their needs. Furthermore, it isn't routine for many of us to get out of bed each morning and take our blood pressure, which is no different for people who have a disability or a long-term condition - unless those conditions specifically require such close monitoring at home. Also, most of our clients are cared for by healthcare staff who do not have clinical assessment skills to interpret blood pressure or other test readings.

We set out to increase the likelihood that our care staff would identify and raise any concerns about subtle changes in a person's condition early, all without the need for intrusive medical equipment. We could then intervene before a minor change potentially deteriorated into something more serious.

Being alert for soft signs will help to detect sepsis, but this system is not just about early detection of sepsis. Soft signs can be used to spot a whole range of medical or clinical conditions that could become serious and lead to harm.

At Interserve Healthcare, we carried out a retrospective review of a sample of care records and looked for subtle changes, which with hindsight could have been used as a pre-diagnostic indicator of concern. We realised that clients can often deteriorate slowly. But, if care staff can flag simple changes sooner, we can take action and avoid unnecessary, and often distressing, transfers to hospital. This is particularly important for people with learning disabilities.

Our system works on the basis that everyone's soft signs indicators are individual to them. What works for one person may not work for another. We put in place a selection of soft sign indicators for individuals, which were relevant to them and therefore most likely to help us spot the beginnings of deterioration. They can be changes in sleeping patterns; feeding; toilet habits; an increased lack of interest in wanting to get out of bed, or more fatigue than usual.

We now have 120 observable measures. These are not physiological measurements. People with learning disabilities can struggle with having their blood pressure, or temperature, taken using medical equipment.

At Interserve Healthcare, we use a combination of these indicators to create bespoke care plans for every patient. Each plan details a short list of super-stable indicators - taken from the overall list of 120 common signs - which are specific for each patient. If those indicators suddenly change, that might indicate something of concern that warrants further investigation. Soft signs are not directly diagnostic, more a simple indication of the need for a more detailed clinical review or consideration.

Care plans are drawn up by a qualified nurse with care staff, the patient's family and most importantly the patient, where they can engage in that process.

Our care staff are empowered to escalate when there is a sudden change in one of those pre-determined soft sign indicators. They alert one of our registered nurses, who will then review the patient and liaise with primary care or the relevant hospital team as needed.

Our soft signs system takes away the need for care staff to have to make a judgement about whether that change is serious enough to require medical attention, whether that be from a nurse, GP or a stay in hospital. This has reduced the human-factors impact on the care process; the fear of concerns being considered too minor, or irrelevant, which might stop carers from speaking up. Now all healthcare staff need to do is to follow the care plan.

This has led to early interventions. Since our system was first implemented, we have avoided approximately 35 hospital admissions as a result of the use of early indicator soft signs.

Interserve Healthcare is a national care agency providing services to adults, children and young people – including those with learning disabilities – while living in their own homes. The organisation provides social and complex care services across England, Wales and Scotland. For further information, email andycook@interservehealthcare.com or visit www.interservehealthcare.com.

Stop and Watch: It's about (really) knowing the person

North Cumbria Health & Care has put together a system of 11 prompts designed to support carers 'gut instincts'. Anne Stabler explains why.

Research carried out in recent years suggests that carers can spot the signs of deterioration much earlier than they present in clinical observations. In fact, one study carried out in 2000 showed that nursing assistants in a care home spotted signs of illness in people five days before they were seen in clinical observations.

Spotting these signs early can prevent unnecessary hospital admissions, which can often be disruptive and unsettling for people with learning disabilities.

Everyone who comes into contact with a person with learning disabilities is able to spot these signs. You don't need to be clinically trained. Carers need to understand what 'normal' looks like so they can then easily detect and communicate when even the smallest of changes take place.

And it's not just carers who can spot these changes. Families and visitors should always be listened to.

It's important to remember that on their own, a small change may not look significant, but they play an important part in recognising deterioration. However small the change is, it's important that carers and nursing staff 'Stop and Watch'. In other words, spent some time observing them and then communicate those observations, either with the rest of the care team or a manager.

We've put the Stop and Watch early warning training tool together to help spot these changes in soft signs. I've adapted it to be specific for people with learning disabilities from a similar campaign designed by NHS Vale of York Clinical Commissioning Group, which was demonstrated at the annual UK-wide Q Community event in Birmingham.

Stop and Watch is a series of 11 prompts designed to help carers, or nursing staff, spot signs of deterioration, report it and then communicate it.

It's been designed to support carers gut instincts and as a tool to help them explain to others what they are concerned about

These are the 11 prompts:

Seems different than usual

Talks or communicates less than usual

Overall needs more help than usual

Participated in activities less than usual

Ate less than usual (not because of dislike of food)

N — — —

Drunk less than usual

Weight change

Agitated or nervous more than usual

Tired, weak, confused or drowsy

Change in skin colour or condition

Help with walking, transferring or toileting more than usual

If carers are concerned, the most important thing they can do is to tell someone.

We're hoping to roll Stop and Watch out in Cumbria before the end of 2018.

Anna Stabler is the director of nursing and quality at NHS North Cumbria Health & Care. It is working collaboratively to reduce inequalities, while raising standards of care. For more information, email anna.stabler@NorthCumbriaCCG.nhs.uk

Next issue:

In January's bulletin, we will be focusing on constipation. Please let us know about your best practice actions by emailing chris.allen@bristol.ac.uk by January 4, 2018.

Briefing for Carers poster: [PDF version here](#)

BRIEFINGS FOR CARERS
SIGNS THAT A PERSON IS BECOMING UNWELL

What is the problem?

It is essential that any deterioration in a person's health is detected and acted on quickly. We know from reviews of deaths that some people die because those caring for them have not noticed or reacted quickly enough to a change in the person's health. People with learning disabilities are particularly vulnerable because they often rely on others to spot the signs that they are unwell.

Who is most at risk of deteriorating health?

- People with an existing health problem that is worsening
- People with existing chronic health conditions e.g. diabetes, heart disease
- People who are susceptible because of their age, poor mobility, poor nutritional status or frailty

Reducing the risk:

Know each person well so that you can identify any changes that may indicate they are becoming unwell.

Listen to the concerns of others who know the person well, and act on these

Use your intuition – if you think the person's health is deteriorating it probably is, so act on your 'gut instincts'

Use assessments such as recording body temperature, but don't rely on these measures alone

Look at the whole person – don't just focus on one part of the body or symptom

Communicate concerns effectively so you share the important information and get the response you need

Some signs of potential deteriorating health – one or more of these may be present

Change in consciousness/awareness – including subtle changes such as increased anxiety, confusion or restlessness

Change in heart and circulation – changes in heart/pulse rate, dizziness, feeling faint, chest pain, sweating. High (above 37.5°C) or low (35°C or below) body temperature, chills or shivering

Change in breathing – breaths sound different to usual, using effort to breathe, nostrils flaring when breathing, cough

Change in skin colour – mottling of skin, rash, pallor, blueish tinge to lips

Change in bowels – diarrhoea or vomiting, distended abdomen

Change in urine output – change in quantity, colour or smell of urine (measure urine or weigh pads to check)

Other changes eg. pain, person not feeling well, change in appearance or behaviour

National Early Warning Scores (NEWS – 2)

A scoring system used in hospitals to identify acutely ill/deteriorating patients. NEWS-2 scores are based on: respiration rate, oxygen saturation, systolic blood pressure, pulse rate, level of consciousness or confusion, body temperature

Communicating information – SBAR

Situation – who you are, who the person is, signs and symptoms, what your concerns are

Background – how long the person has been ill, when their condition changed

Assessment – what you think the problem is

Recommendation – what you want to happen

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The Learning Disabilities Mortality Review (LeDeR) Programme