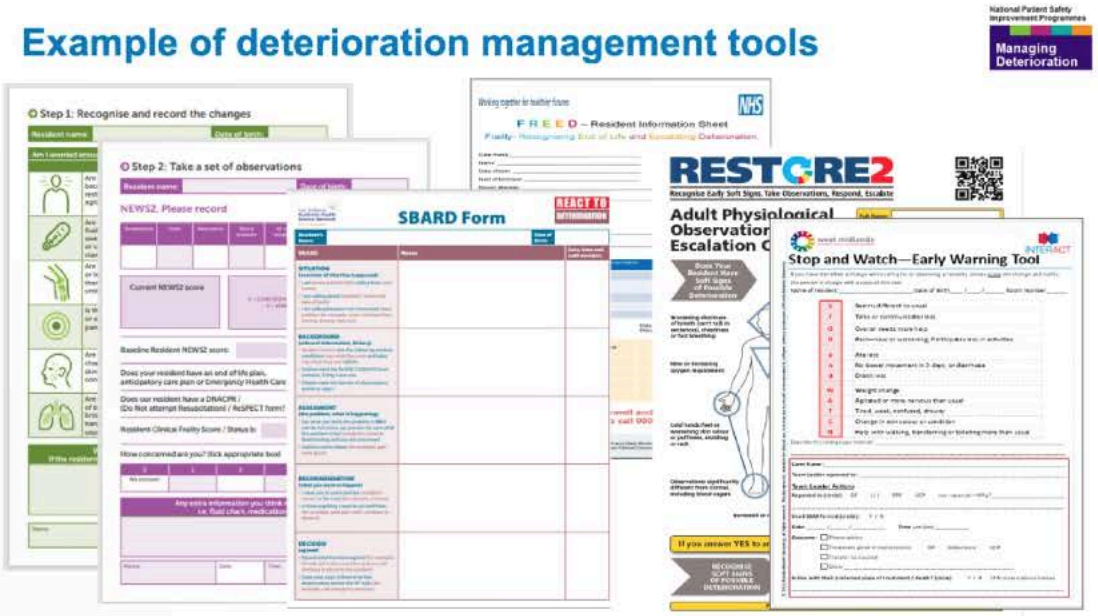
care sector news

Example of deterioration management tools



Improving outcomes for residents and carers through proactive deterioration management in care homes

With thanks to Daniel Hodgkiss, Assistant Programme Manager at Health Innovation West Midlands [formerly known as the West Midlands Academic Health Science Network] for sharing this insight with Hub News...

Healthcare providers are under immense pressure to deliver high quality care to patients while navigating a growing number of challenges, such as rising costs, staff shortages and funding cuts.

It has become more crucial than ever to establish a strong patient safety culture at every level of care to alleviate these pressures and support staff in doing what they do best.

Being able to identify the early signs that a person's health is deteriorating helps ensure timely treatment can be sought before the condition gets more serious or results in loss of life. This is particularly important in vulnerable or elderly patients.

So how can we better identify early signs of a patient's health deteriorating to ensure timely treatment can be sought? We know managing deterioration in care home residents is fundamental in protecting patients' long-term health and independence, particularly as these individuals often have varying degrees of frailty and compounding health conditions. Yet, there is an implementation gap in between what care providers view as best practice and the care paths residents currently follow when they are deteriorating.

Looking after our most vulnerable patients is not just about ensuring comfort and quality of life but reducing the distress residents and their loved one's experience when admitted to hospitals. Adopting the right processes for managing preventable deterioration also supports staff by building confidence and knowledge while limiting the number of serious preventable incidents, something I have witnessed first-hand through my work.

Proactively managing risk and limiting mistakes

At Health Innovation West Midlands (HIWM) [formerly known as West Midlands Academic Health Science Network] and its Patient Safety Collaborative (PSC), I oversaw the Improving Deterioration in Care Homes project to support the identification, and reduction in avoidable deterioration in our most vulnerable patients. Working with 1,678 care homes across the region, we set out to provide deterioration management tools and training to reduce the number of patients being taken to hospital or requiring additional care, by reducing deterioration-associated harm.

In recent years we have seen the NHS face considerable challenges with an increasing rate of 999 calls, conveyances and emergency department attendances.

According to a study by the Health Foundation in 2019, care home residents, although only making up 2.8% of the overall population, constitute 8% of all emergency admissions. What's more, 41% of these emergency admissions came from conditions that could be treated outside of acute care or prevented entirely.

With so many admissions stemming from preventable conditions - if identified and managed earlier as part of a coordinated approach - we felt confident overall admission figures could be improved if carers were given the right tools and felt empowered in acting sooner.

Working together to improve outcomes

To create a comprehensive solution that would be seamlessly adopted, we took a whole systems approach involving care providers and stakeholders at every stage of the care pathway.

With the healthcare industry consisting of a complex network of stakeholders with many individuals involved in the provision of care to any one patient, we understood that our deterioration management approach needed to consider the full pathway, not just one link in the chain. This is why we engaged care home staff, primary care, urgent community response teams, ambulance trusts, senior leadership, pathway leads and local authorities, to agree a shared view of what best practice looks like.

Working with the entire network, we supported the creation of regional and Integrated Care System (ICS) level networks to promote knowledge sharing, disseminating learnings and best practice and roll out a strategy bespoke to each area. The network provided overarching consistency across ICS's while considering and accounting for local intricacies and requirements. This helped ensure quicker and easier and quicker transfer of patient information and streamlined decision making.

Alongside this we developed learning resources for operators within each ICS. Including the Care Home Deterioration Resource Pack and supporting webinars to build confidence, knowledge and adoption of these new tools and techniques.

Working with general practitioners, advanced nurse practitioners and care home staff within each ICS Deterioration network we established clear escalation pathways to make it easier for care home staff to access healthcare services.

hub news | hubpublishing.co.uk

Nationwide rollout of deterioration tools

Through our initial project all care homes in the West Midlands were given access to the free resources, 85% of which adopted them as part of the project, 55% of which have continued their use long-term.

Between, January 2021 and September 2022, there were 2,960 fewer 999 calls and 42,382 fewer emergency admissions, and 36,204 fewer bed days with a total saving of £15 million.

We also saw a significant reduction in the number of care homes residents admitted to emergency departments for less than 24 hours, and instead received proactive treatment upstream in community as part of the new patient pathway. Care homes are also reported fewer incidents of harm and have seen positive improvements to their care quality commission ratings.

If these tools were adopted across England, we would see a significant benefit to the NHS, patients and of course the carers at the front-line of this process.

We now have our sights set as we are paving the way to create a national change package to support care homes nationally as the lead delivery partner of the PIER (Prevention/Planning, Identification, Escalation and Response) framework. We expect this to be rolled out across all 42 Integrated Care Boards in 2024 bringing more support to carers in spotting and managing the signs of deterioration.

Shared tools and pathways help empower staff in recognising the signs of deterioration and medicine side effects earlier and ensure escalation is made to the most appropriate healthcare service swiftly, meaning better outcomes.

I firmly believe the best way to improve outcomes for deteriorating patients is to give carers, families and patients themselves more power to take meaningful action, as they are the ones most likely to spot the subtle signs of deterioration early.

By having robust pathways for care, and a clear and defined best practice where staff feel empowered to speak up, we can protect resources and time while ensuring the utmost safety of patients and continuous improvement.

To find out more about the project or get involved with our continued work to improve outcomes for deteriorating patients, please email daniel.hodgkiss@healthinnovationwm.org.

Health Innovation
WEST MIDLANDS