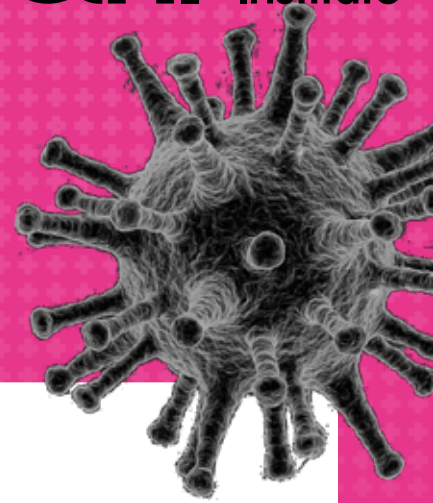# Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Recognising Deterioration and NEWS2 Training in the Community

1/

Personal details
Name: Sue Swanson
Job title: Clinical Educational Lead
Employer: Leicestershire Partnership NHS Trust

2/

Please describe your practice innovation.

Introduction of guidance and tools to assess and escalate the care of a deteriorating patient in Community Nursing and Therapy teams within the Community Health Service directorate of the Trust. Provision of standardised equipment to enable trained staff to complete a full set of vital signs on any patient displaying deterioration.

Cascade training programme to assure competence in use of NEWS2 early warning score, and recognition and early response to deterioration.

3/

How has this enabled you to treat/support patients /residents/families/carers more effectively and safely?

Staff are more confident in recognising and reporting deterioration appropriately and in a timely manner. Staff now have the appropriate equipment to take a full set of vital observations and know how to complete the Community NEWS2 chart. Through the cascade training, over 400 staff have been trained in a 3 month period and now have the knowledge and equipment to recognise deterioration and care for that patient more effectively and safely. Patients' and residents' confidence in the quality of care that they receive from the Community teams we hope is thereby being increased, particularly through this Covid-19 period when there is much fear and anxiety.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

A) Clear guidelines produced within an easy to follow flow chart for all Adult Community Health and Therapy staff to follow.

B) Community nursing and Therapy staff have all received the same training and have access to the Community NEWS2 tool and the relevant sepsis screening recognition and action flowcharts.

C) Each staff member had to complete an external e-learning module on NEWS2 tool followed by COVID related scenarios (written by our Education team).

D) Close work with the Medical Devices team has enabled procurement of standardised equipment and distribution of this equipment to all staff that are clinically competent to complete a full set of vital signs for patients. This equipment has been provided in a red bag marked 'Sepsis' and complies with IPC requirements. (Photo attached).

E) Integration of operational services, and two small 'task and finish' teams leading the work, enabled this all to happen in a short period of time.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

This is a permanent/evolving change to practice and discussions are already underway with the lead nurses in the Trust to consider the training provision across all directorates in the use of the NEWS2 tool, in a common approach to early recognition and response to deterioration for all our service users.

6/

Please describe any particular challenges you had to overcome.

A) Not all staff had access to the correct equipment to perform a full set of observations - overcome by purchase of equipment by Trust with Covid monies and a robust operation to asset tag and distribute to all relevant community staff (including Bank staff).

B) The NEWS2 tool being used in the Community hospitals was not appropriate for direct transfer into the Community setting - overcome by producing new Community guidance triggers to support the NEWS2 score.

C) Classroom face to face training not possible during COVID restrictions yet 500 staff needed training in a short time frame – overcome with use of e-learning and cascade training in small groups with social distance and appropriate IPC measures in place.

7/

Please describe any continuing challenges you would like to address.

Trust-wide approach to the delivery of training for all clinical staff in the recognition of the deteriorating patient. The recognition and appropriate response to those early signs of deterioration is a high priority for all our staff, in order to increase the quality of care and management for all our service users.

8/

Please list any websites, online platforms or apps that have helped you.

A) NICE guidance on managing suspected or confirmed pneumonia in adults in the community.

B) https://news.ocbmedia.com for the e-learning training module.

C) UK Sepsis Trust

D) National Early Warning Score 2 (NEWS2) Royal Colleges of Physicians 2017. https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/

E) https://www.qni.org.uk/nursing-in-the-community/care-home-nurses-network/coronavirus-information-centre/

9/

What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).

All staff have access to: Mobile SMART phone. Laptop with access to patient health records (to enable mobile working). Tympanic thermometers (on order but awaiting supplies: ThermaDots are being used as temporary measure).

10/

Please give any individual examples, quotes or other information.

'This training has increased my confidence in knowing when and who to report any concerns about deterioration to.'

'Even though I cannot complete a set of vital signs I now have a clearer pathway to follow and know the screening questions I can ask my patients.' (re. use of sepsis recognition and flowchart).

'Through the cascade training, over 400 staff have been trained in a 3 month period and now have the knowledge and equipment to recognise deterioration and care for that patient more effectively and safely. Patients' and residents' confidence in the quality of care that they receive from the Community teams we hope is thereby being increased, particularly through this Covid-19 period when there is much fear and anxiety.

Staff feedback