Recognition of the Deteriorating Patient in Primary Care

Dr Laura Ryan
Context

• 90% NHS consultations occur in primary care

• Sphere of Influence

• 1,000,000 OOH primary care consultations 2014/15

• 20% at home/homely setting

• National OOH Primary Care Review
Demand for OOH Primary Care

Out of Hours, rates per 1000 population for Scotland
(Scotland only includes NHS Board areas where data is available)
Rural OOH

• NHS Borders

• 113,000

• 25,000 consultations/year

• Semi rural and some remote
Advantages

• Small is beautiful
• Single base/co location with ED and hospital colleagues
• Direct access for carers/professionals
• Skill mix/OOH nurses
• Education/cross fertilisation
• SIRS
• Opportunity for iterative change
Aimed for scale from the outset (avoid Pilotitis)

Ready to share model developed quickly
Baseline

- Incomplete recording of physical observations RR 51% of 55 cases
- Ambulance timeframes either not recorded or frequently not timely
- Those with sepsis got a one hour ambulance 13% of time
- Those with severe sepsis got a blue light ambulance 33% of time
- Searching for the data was not easy - no code for sepsis
After 6 months....

• Jan and Feb 2015 96 patients coded with sepsis
• 92 were admitted to hospital
• Detailed analysis of 16 cases with two OOH nurses
• 100% observations done 100% of time
• Appropriate ambulance called 100% of time
• Sepsis code available
• Culture of safety and awareness very high around sepsis – drivers and receptionists know
• Receptionists making clinicians document time they ordered ambulance
Potential unintended consequences

• Increased admissions?

• Admission of patients who could be managed more appropriately elsewhere?

• Rate of admissions fell in NHS Borders (12.7% vs 12% for same time period a year ago)
Opportunities for enablement

• Anticipatory care planning
• Key Information Summary
• Average age of patients admitted with sepsis in NHS Borders
  Sepsis Project = 73
• Staff working to top of license (Models of Care)
• Demographic of our population and patient wishes (pt story)
Appropriateness of admission-Definition

There are a number of patients who by the nature of their wishes, their anticipatory care plans or stage of their disease process for whom admission is not appropriate. These patients include:

- Palliative care patients in the terminal phase of their illness
- Patients with an anticipatory care plan that identifies the home/homely setting as preferred venue of care
- Patients who specifically say and are competent to do so, that they do not want admission
“I would be interested how other boards in Scotland manage their sepsis patients out of hours – what evidence is there?.

It’s really scary when you read some of the government papers with the statistics of death / mismanagement of sepsis and the urgency of fluids / oxygen.

I appreciate this has been crucial and it has built the foundation for us to move forward so onto the next challenge.

It will take time Laura but I’m certainly keen to be involved in the implementation of change and improve the outcome for this group of patients”
Contacts

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SBAR/NEWS/Escalation.....

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NEWS in Primary Care

• Standardises assessment and a common language

• Early recognition of deteriorating patients

• Expedites treatment

• SAS
Beyond SIRS ..specific next steps NHS Borders

- Community focus
- SBAR handover
- NEWS
- Patient escalation decision making record documentation
# Patient Escalation Decision Making Record

<table>
<thead>
<tr>
<th>RESUSCITATION STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a DNACPR order currently in place for this patient?</td>
</tr>
<tr>
<td>IF YES: Date decision made: Date of expiry:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESCALATION STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is patient suitable for transfer back to BGH?</td>
</tr>
<tr>
<td>If they are NOT for transfer to BGH are there any limits on which treatments should be given to this patient:</td>
</tr>
<tr>
<td>Further antibiotic treatment?</td>
</tr>
<tr>
<td>Further monitoring?</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

| Is this patient purely for SYMPTOMATIC MANAGEMENT i.e. no active treatment of new medical problems? | YES/NO |

*Expected death documentation should usually be completed in these cases*

Name of doctor completing form: 
Signature:  
Name of nurse completing form: 
Signature:  
Date of form review:  

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*PLEASE DO NOT AMEND THIS FORM.*

If any of the treatment plan has changed please complete another form and file this form immediately to the back of the case notes.
**COMMUNITY HOSPITAL ESCALATION PLAN & SBAR FORM**

**SITUATION**

Why are you calling? Overview of problem and concerns.

**BACKGROUND**

Tell clinician about the problem including:
- What is their normal condition/background history?
- Treatment escalation plan in notes agreed by patient/ECG?
- Welfare power of attorney in place?
- Drug allergy/allergies?

**ASKS FOR**

DNACPR FORM? Y/N

**ASSESSMENT**

Temperature
Heart rate
Blood pressure
Respiratory rate
Oxygen Saturation
Check BMI
AVPU?
Level of cold hands/feet?
Sweating?
Passed urine in the last 5 hrs?
New or worsening confusion?
Pan?

**NEWS SCORE:**

**RECOMMENDATION**

What do you think should happen next?

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**ESCALATION PROCEDURE**

<table>
<thead>
<tr>
<th>NEWS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1-3</td>
<td>4 or more or 3 in one parameter</td>
</tr>
</tbody>
</table>

- **0**
  - Continue observations unless otherwise documented in case notes.
  - NEWS to be calculated with every set of observations.

- **1-3**
  - Inform nurse in charge for assessment.
  - Review frequency of monitoring required.
  - Check the patient’s escalation plan in their case notes.
  - Inform medical team caring for patient (GP/BECG).
  - Check the patient’s escalation plan in their case notes:
    - If transfer to hospital is necessary - call blue light ambulance.
    - Fill in SBAR transfer form.
  - Inform next of kin.
  - If patient not for transfer discuss with GP/BECG clinician within 10 minutes.

- **4 or more or 3 in one parameter**
  - Nurse in charge assessment.
  - Inform medical team caring for patient (GP/BECG).
  - Check the patient’s escalation plan in their case notes:
    - If transfer to hospital is necessary - call blue light ambulance.
    - Fill in SBAR transfer form.
  - Inform next of kin.

The NEWS should not replace sound clinical judgement. Any concerns regarding the patient’s condition should be appropriately escalated and documented in the nursing notes.
Horizon and aspirations

• Models of care mean we have to look to all staff working to top of license
• Starting antibiotics in community
• Make getting data easier
• Technology enabled care
• Certain patient groups
• Familiar language

#SPSPCONF15
The early detection and management of sepsis in community settings a priority area for SPSP in Primary Care

• Formation of Subject Matter Expert Group: sharing experience of early detection and management of the deteriorating and septic patient

• Working with GP daytime and out-of-hours services, SAS

• Development of resources to be tested across Scotland

• Aiming for change package available for spread in Spring 2016