@home Acuity and Dependency Tool

Background

Guys and St Thomas' @home service is an acute community service that aims the residents of Lambeth and Southwark to avoid admission or return home from an acute hospital setting early. This is achieved through multidisciplinary working and supported through integrated team working. The service provides a short episode of care and interventions with the aim of returning patients to their previous or an improved health status. Typically patients receive visits for 7 days or less and can require up to 3 visits during a day and delivers care 365 days a year from 8am – 11pm.

There are various national acuity tools more specific to the hospital ward environment, therefore the purpose of this revised tool from the JF-Patient Acuity Tool is to provide an acuity scoring for the unwell adults being cared for in their usual place of residence through community services such as @home.

It is recognised that patients being referred to @Home are becoming increasingly unwell and require multiple interventions to maintain their safety while avoiding admission to hospital, this is more evident than ever following the global Covid-19 pandemic. The revised tool enables safe and efficient planning as the tiers capture a more specific patient group aligned with clinical skill. The tool will allow the management team and operational leaders to easily identify cohorts of patients, their medical needs and the clinician skill required to meet the patient demand. This will contribute to the successful measurement of caseload capacity and service capability to deliver safe care.

The care acuity scale is grouped into 4 tiers, 1 to 4 as below:

Tier 1

Acute care at home. However, patient needs are met through routine visits carried out by band 5.

- Bloods monitoring
- Virtual pharmacy review
- Once daily visit from registered professional
- ECG
- Single NRSW visit for medication prompting/care call
- OD Antibiotics administration
- Telephone/Virtual review only

Tier 2

Acute care at home. Patient requires more than a routine visit, clinically stable but at risk of deterioration. This would be typically carried out by senior band 5 and band 6 clinicians.

- More than one profession visiting. i.e. therapy and nursing
- Face to face pharmacy input
- NEWS score at low risk level (1-4)
- Complex wound or PA management
- Low to medium risk (10-22) on Waterlow +/- PA damage
- Immunocompromised patients
- BD nebuliser regime
- BD IV Antibiotic administration

- BD SH POC or medication prompting
- Falls Risk identified
- Home Exercise Programme being provided
- Complex Discharge
- MH review during care or follow up arranged
- Shared Care patient

Tier 3

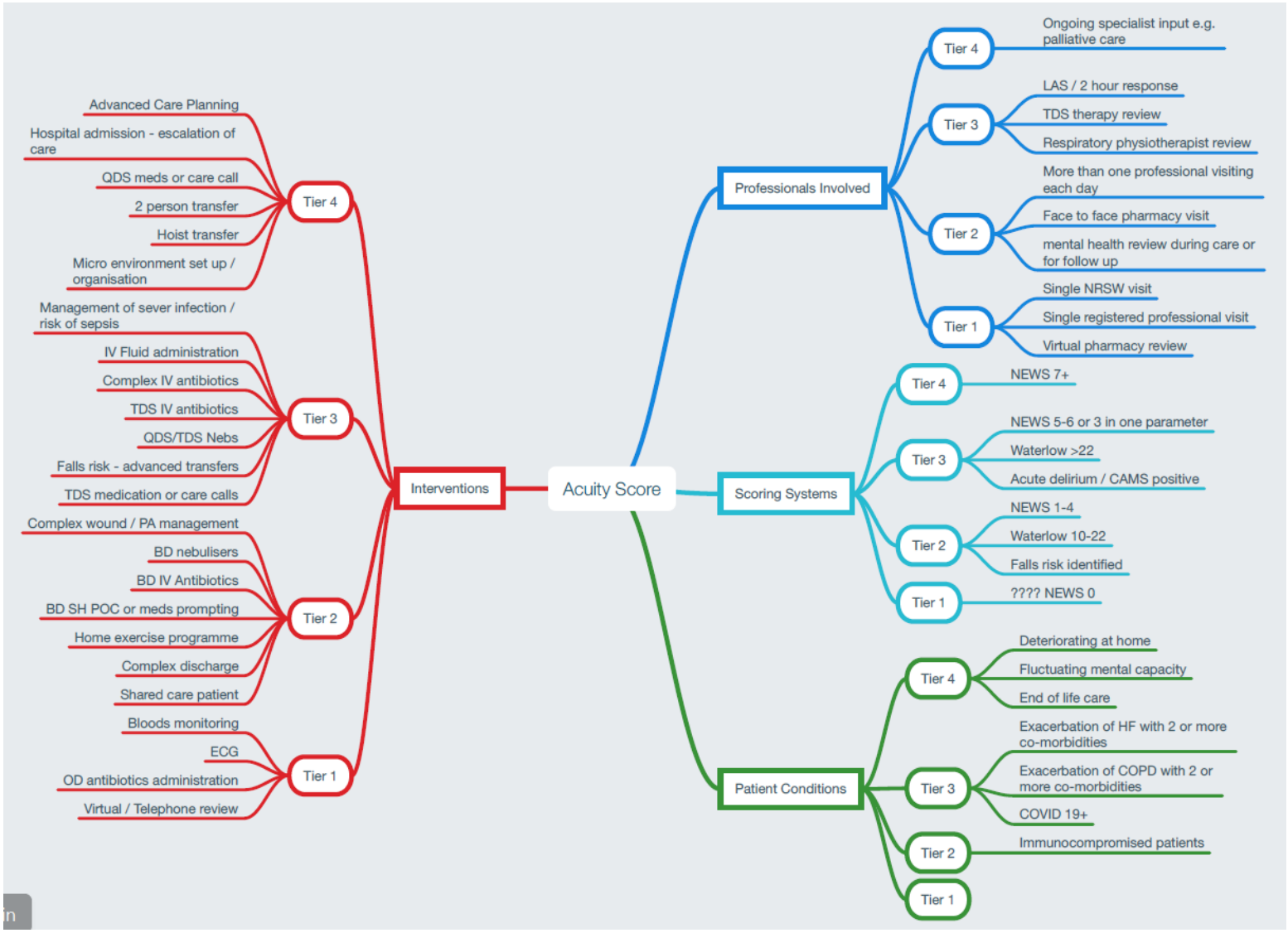
Acutely unwell at home, clinically unstable with higher risk of deterioration. These visits would typically be carried out by senior band 6, band 7 and doctors.

- Exacerbation of HF with 2 or more co-morbidities
- Exacerbation of COPD with 2 or more co-morbidities
- Identified as COVID-19 positive
- LAS Referrals / 2 hour response required
- TDS therapy reviews
- NEWS score – medium risk (total of 5 or more or 3 in one perimeter)
- Acute fluctuating delirium/CAM's positive
- Management of severe infection/ risk of sepsis
- IV Fluid administration
- Complex IV Antibiotic administration
- TDS Antibiotic administration
- QDS & TDS Nebulisers
- High risk waterlow >22 +/- PA
- Respiratory Physio input
- Falls risk requiring advanced transfers
- Falls risk requiring daily therapy input
- TDS medication or care calls

Tier 4

Acutely unwell requiring external expertise and staffing level. These visits would typically be carried out by band 7 clinicians and doctors.

- Advanced Care Planning
- Hospital admission for escalation of care
- Deteriorating at home
- NEWS – high risk/at trigger point (total 7 or higher)
- Fluctuating Mental capacity
- End of life Care
- QDS medication or care calls
- Mobility / Transfers requiring 2 clinicians to visit multiple times
- Advanced transfers – use of hoist
- Micro-environment set up/organised input from specialist services. E.g palliative care
- Covid – 19 Bundle


Acuity Score
Interventions
Tier 4
Advanced Care Planning
Hospital admission - escalation of care
QDS meds or care call
2 person transfer
Hoist transfer
Micro environment set up / organisation
Tier 3
Management of sever infection / risk of sepsis
IV Fluid administration
Complex IV antibiotics
TDS IV antibiotics
QDS/TDS Nebs
Falls risk - advanced transfers
TDS medication or care calls
Tier 2
Complex wound / PA management
BD nebulisers
BD IV Antibiotics
BD SH POC or meds prompting
Home exercise programme
Complex discharge
Shared care patient
Tier 1
Bloods monitoring
ECG
OD antibiotics administration
Virtual / Telephone review
Professionals Involved
Tier 4
Ongoing specialist input e.g. palliative care
Tier 3
LAS / 2 hour response
TDS therapy review
Respiratory physiotherapist review
Tier 2
More than one professional visiting each day
Face to face pharmacy visit
mental health review during care or for follow up
Tier 1
Single NRSW visit
Single registered professional visit
Virtual pharmacy review
Scoring Systems
Tier 4
NEWS 7+
Tier 3
NEWS 5-6 or 3 in one parameter
Waterlow >22
Acute delirium / CAMS positive
Tier 2
NEWS 1-4
Waterlow 10-22
Falls risk identified
Tier 1
???? NEWS 0
Patient Conditions
Tier 4
Deteriorating at home
Fluctuating mental capacity
End of life care
Tier 3
Exacerbation of HF with 2 or more co-morbidities
Exacerbation of COPD with 2 or more co-morbidities
COVID 19+
Tier 2
Immunocompromised patients
Tier 1

How will the data be collected accurately?

1. The scoring will be collected in the table below for evaluation.

2. To ensure accuracy the duty clinician of both @home caseloads (North and South) will be nominated to record the acuity daily.

3. The data will be captured at the end of each shift - 1930 to ensure the events of the previous 24 hours has been captured. Including patient acuity tier and patient flow.

4. The data collection form will be stored electronically in the shared drive folder: \\SV-PR-FS06\ShrCommunityHealthServices$\Commshare 2\Corporate\GSTT@HOME\GSTT@HOME Service\@Home Active Data\Handovers\Acuity Score Audit

5. Daily, Weekly and Monthly evaluation to be conducted and shared with the Deputy Head of Nursing/ Clinical lead of @home.

@home Acuity and Dependency Tool

Duty Clinician: Date:
Caseload: North Staffing: Red/Amber/Green
Initial Assessments: Discharges:
Escalation in care: Deaths:

Acuity

Bed	Interventions	Professionals Involved	Scoring Systems	Patient Conditions	Highest Acuity
1	3	3	4	2	4
2	2	2	2	2	2
3	1	1	1	2	2
4	3	4	2	2	4
5					0
6					0
7					0
8					0
9					0
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18					0
19					0
20					0
21					0
22					0
23					0
24					0
25					0
26					0
27					0
28					0
29					0
30					0
31					0

	NO. Acuity 1	NO. Acuity 2	NO. Acuity 3	NO. Acuity 4		% Acuity 1	% Acuity 2	% Acuity 3	% Acuity 4
Interventions	1	1	2	0	4	25	25	50	0
Professionals Involvec	1	1	1	1	4	25	25	25	25
Scoring Systems	1	2	0	1	4	25	50	0	25
Patient Conditions	0	4	0	0	4	0	100	0	0
Total Acuity	0	2	0	2	4	0	50	0	50

@home Acuity and Dependency Tool

Duty Clinician: Date:
Caseload: North Staffing: Red/Amber/Green
Initial Assessments: Discharges:
Escalation in care: Deaths:

Acuity

Bed	Interventions	Professionals Involved	Scoring Systems	Patient Conditions	Highest Acuity
36	3	3	4	2	4
37	2	2	2	2	2
38	1	1	1	2	2
39	3	4	2	2	4
40					0
41					0
42					0
43					0
44					0
45					0
46					0
47					0
48					0
49					0
50					0
51					0
52					0
53					0
54					0
55					0
56					0
57					0
58					0
59					0
60					0
61					0
62					0
63					0
64					0
65					0
66					0

	NO. Acuity 1	NO. Acuity 2	NO. Acuity 3	NO. Acuity 4		% Acuity 1	% Acuity 2	% Acuity 3	% Acuity 4
Interventions	1	1	2	0	4	25	25	50	0
Professionals Involvec	1	1	1	1	4	25	25	25	25
Scoring Systems	1	2	0	1	4	25	50	0	25
Patient Conditions	0	4	0	0	4	0	100	0	0
Total Acuity	0	2	0	2	4	0	50	0	50