Case Study: Tameside Partnership Approach to Managing Deterioration

NHS

BACKGROUND

A key deliverable of the Greater Manchester (GM) Managing Deterioration Safety Improvement Programme is to reduce harm from deterioration in care homes.

Tameside & Glossop Integrated Care NHS Foundation Trust (TGICFT) have taken a system approach, working with local partners to develop a Community Managing the Deteriorating Patient Programme.

TGICFT identified Restore2 and Restore2mini as the tool to underpin their approach to managing deterioration across all community settings including care homes.

SOLUTION

The care homes pathway development involved:

- Care homes digital kit upgrade
- Refresher/induction training package
- Alignment of partner services escalation thresholds with Restore2Mini parametres
- PDSA cycles to test processes

For care homes, the managing deterioration pathway is characterised by:

- Care Home staff contacting the Digital Health Hub with their concerns (via Ms Teams)
- The Digital Health Hub completing a coaching assessment including soft sings and SBARD to identify appropriate escalation
- Care homes daily check-in calls with the Digital Health Hub

CHALLENGES

- Some care homes are without Wi-Fi and an alternative solution had to be put in place
- Investment and training was required to equip care homes to engage with the digital health hub
- It took time to raise awareness and embed pathway changes

LEARNING

- ✓ Persistence is essential to building good relationships with care home teams
- ✓ A system approach enables all teams to speak a common language; improving communication
- ✓ Flexibility is needed to ensure a consistent approach across sectors that may have specific barriers to adoption
- ✓ Effective implementation is compromised where there is a lack of partnership working and no shared vision
- ✓ Embedding tools into existing escalation routes supports adoption

CONCLUSION

Local partnerships and digital maturity require investment and focus to develop over time. These key elements have enabled a system approach to managing deterioration in Tameside & Glossop.

Dr Saif Ahmed, Associate Medical Director TGICFT, shared that "the focus on patients and a commitment to working together is what has enabled Tameside & Glossop to make such great progress".

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IDENTIFYING AND MANAGING THE DETERIORATING PATIENT IN THE NON-ACUTE ENVIRONMENT

RESTORE2

RESTORE2 is a physical deterioration and escalation tool for staff based on nationally recognised methodologies including early recognition (Soft Signs), the national early warning score (NEWS2) and structured communications (SBARD). It is designed to support staff to:

- Recognise when a patient may be deteriorating or at risk of physical deterioration;
- Act appropriately according to the escalation and patients' care plans;
- Speak with the most appropriate professional in a timely way to get the right support;
- Provide a concise escalation history to support their professional decision making.

OBJECTIVES

- To develop a process to identify early soft signs of deterioration;
- To provide an escalation plan to act accordingly and better manage deterioration;
- To develop staff competencies enabling them to better manage the deteriorating patient;
- To promote the use of SBARD as a recognised structured method of communicating providing a common language when escalating or handing over care;
- To provide a comprehensive digitally enabled service that aspires to the highest standards of excellence and professionalism, available to all based on clinical need, and delivering the best value for the taxpayers' money

Work Streams	Work Stream One: Own Residence	Work Stream Two: Stamford Unit	Work Stream Three: Care Homes	Work Stream Four: Extra Care Supported Living	Work Stream Five: LD Supported Living	Work Stream Six: 2 Hour Crisis Response
UPDATES	PDSA to test application of RESTORE2 across community health services, social care and PCN. Escalation pathway agreed with health care – need to develop further to include social care and PCN	Escalation pathway agreed for patients on the Stamford Unit. PDSA planned March 22 to test out RESTORE 2 mini processes and SBARD. Link RESTORE2 process with new ACP staff model on the unit.	Digital kits to be upgraded; refresher/induction training package provided alongside replacement of the kit. Link with PCNs to ensure anticipatory care plans include escalation thresholds in line with RESTORE2 parameters. Promote falls prevention methodologies.	Additional digital technology providing sufficient digital kits to provide for a digital unit in each extra care housing scheme. Care at home staff to receive training on RESTORE2 mini – HInM to support with delivery of training. Escalation pathway to be developed.	Test of change site identified with one residency. Care staff to access RESTORE2mini training via Blue Stream Academy. RESTORE2 training to take observations, populate NEWS2 chart and follow escalation pathway to be delivered by blended role facilitator	2 hour crisis response service to be developed to provider sufficient capacity to respond to the wider system as patient becomes unwell, begins to struggle and at risk of reaching crisis point. RESTORE2 methodology to underpin clinical approach within service. To develop staff in IUCT to support patients at home observing early soft signs; escalation pathway agreed.
LEAD	Emma Frain/Dave Wilson	Antony Makepeace	Tim Wilde	Dave Wilson	Tim Wilde	Peter Grace
SRO	Grace Wall	Grace Wall	Steph Butterworth	Saif Ahmed	Steph Butterworth	Grace Wall
GOVERNANCE	ITS/PCN Collaborative	ITS DIVISIONAL ASSURANCE BOARD; MANAGING THE DETERIORATING PATIENT GROUP			FALLS COLLABORATIVE; FRAILTY PROGRAMME BOARD	
LINK	Anticipatory Care	NHS@HOME; VIRTUAL WARDS; LONG TERM PLAN – NEW MODELS OF CARE & HEALTH INNEQUALITIES; AGEING WELL				