National Early Warning Score

Tuesday 14 June 2017
National Early Warning Score in homes

- In Nursing/Care homes it can be difficult for staff to identify sepsis. Unfortunately residents have died, purely because the nurse/carer did not have an escalation pathway.
- Challenges for professionals who are clinically reviewing residents in care /nursing homes:
  1. Poor documentation of clinical observations (nursing)
  2. No baseline observations recorded (care)
- NEWS ensures there is a clear process for escalation as well as a common language across healthcare.
Challenges

• Staff movement, including manager
• Staff remembering to complete the NEWS tool
• Staff remembering to continue recording observations until they return to their baseline
• Care home staff not able to record observations
• Communication within the home.
Team story so far:

• Part of Wessex AHSN - Wessex Patient Safety Collaborative
• Implementing the NEWS scoring tool into a cohort of Care and Nursing Homes
• Working with Hampshire County Council, PaCT to produce an observation training package for care home staff
• Working with GPs to embed NEWS into their practice
• Working with South Central Ambulance Service - to ensure crews are aware of homes and NEWS.
NEWS Audit results – Home 1

- Have a complete set of observations recorded
- Documented evidence of Escalation
- NEWS Score Calculated Correctly
- Is the Frequency of monitoring vital signs recorded

Quality services, better health
NEWS Implementation Case Study 1)

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<th>Participant</th>
<th>Nurse Facilitator, Quality Team, West Hampshire CCG</th>
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**Background**
- As part of the WHCCG/Wessex AHSN Deteriorating Patient Collaborative, the nurse facilitator visited a care home to carry out an audit of the use of the WHCCG NEWS tool within the home.
- Monthly audits are being undertaken to ensure the tool is being used correctly, to highlight areas for practice development and review the effectiveness of the NEWS tool in highlighting the deteriorating patient.
- All clinical visits allow an opportunity to highlight areas for development in a supportive manner and to identify and share good practice across providers.

**Key observations**

**Case:** The nurse facilitator reviewed the case of a 73 year old resident with Lewy body dementia and Parkinson's disease. The documentation showed their baseline National Early Warning Score (NEWS) was 2.

**Staff judgement:** The staff told the nurse facilitator that one day the resident was having rigors and looked flushed. The resident had seen their GP two days prior and commenced on oral clarithromycin antibiotics. The staff knew that the patient had had a history of sepsis in August 2015, with an unknown source of infection at that time and on that occasion was admitted to hospital for IV antibiotics. Staff were able to recall this information and soft signs on the NEWS chart to make them query whether this episode of deterioration could also be sepsis.

**National Early Warning Score (NEWS):** The resident's observations were taken by nursing staff. It was found that their NEWS score was 4 (2 above baseline) – Temperature 37°C, Blood Pressure 124/84, Pulse 98, Respirations 28, Saturations 97%.

**Escalation:** The out of hours GP was called immediately by the staff and visited within four hours (escalation plan of six hours). The GP decided to admit the resident to hospital given their previous history of sepsis. The resident was admitted for four days for IV antibiotics and returned back to the home.

**Outcome:** There was evidence of early detection of this deteriorating resident, continued observations (2 hourly), early escalation and assessment by GP and timely hospital admission. The resident's condition improved steadily over the four days and she was discharged back to the home after a short stay in hospital.

**Assurance**
- The NEWS tool was used correctly in this patient's case, deterioration in soft and vital signs noted immediately and escalated appropriately to the GP. NEWS scores are directly linked to mortality; a NEWS score of >5 has a predicted mortality of 22%. Early identification of this resident may have prevented further deterioration and timely intervention and treatment prevented a protracted hospital admission.

**CGC Action**
- This report is provided by exception for the information of the CGC.
Visit undertaken by
Nurse Facilitator, Quality Team, West Hampshire CCG

Background to visit
• As part of the WHCCG / Wessex AHSN Deteriorating Patient Collaborative, the nurse facilitator visited a care home to carry out an audit of the use of the WHCCG NEWS tool within the home.
• Monthly audits are being undertaken to ensure the tool is being used correctly, to highlight areas for practice development and review the effectiveness of the NEWS tool in highlighting the deteriorating patient.

Key observations
• Case Study:
An 89 year old living in a nursing home who has a diagnosis of Alzheimer’s. The resident had been in the home for 7 months.
Baseline NEWS was undertaken in January 2017 which showed a NEWS score of 0 when well. Monthly routine observations in place as per the home’s policy.
Mid February 2017, the carers noticed that the resident was eating less than normal & appeared flushed (part of the soft signs trigger tool) and alerted the nursing staff. The registered nurse carried out a set of observations and found the resident to have a NEWS score of 4 – which is 4 points above their normal baseline when they are well.
The nurse identified the resident to be at risk of deterioration and instigated hourly observations as per the escalation protocol, telephoned the GP surgery and organised a home visit for 2pm (3 hours after the initial assessment). There is evidence that the nurse used the SBAR communication tool provided by the CCG during conversations with the GP and clear documentation of the actions taken. The GP visited the resident as arranged and decided to admit to hospital for further assessment.

• Outcome:
The resident’s condition improved steadily over the next 24-48 hours and he was discharged back to the home after a short stay in hospital.

• Synopsis:
The NEWS tool was used correctly in this patient’s case, deterioration in vital signs noted immediately and escalated appropriately to the GP. NEWS scores are directly linked to mortality; a NEWS score of >5 has a predicted mortality of 22%. Early identification of this resident may have prevented further deterioration and timely intervention and treatment prevented a protracted hospital admission.