



Wessex
Academic Health
Science Network

Wellbeing and Wealth

Telemedicine Service for Care Homes



What is the service?

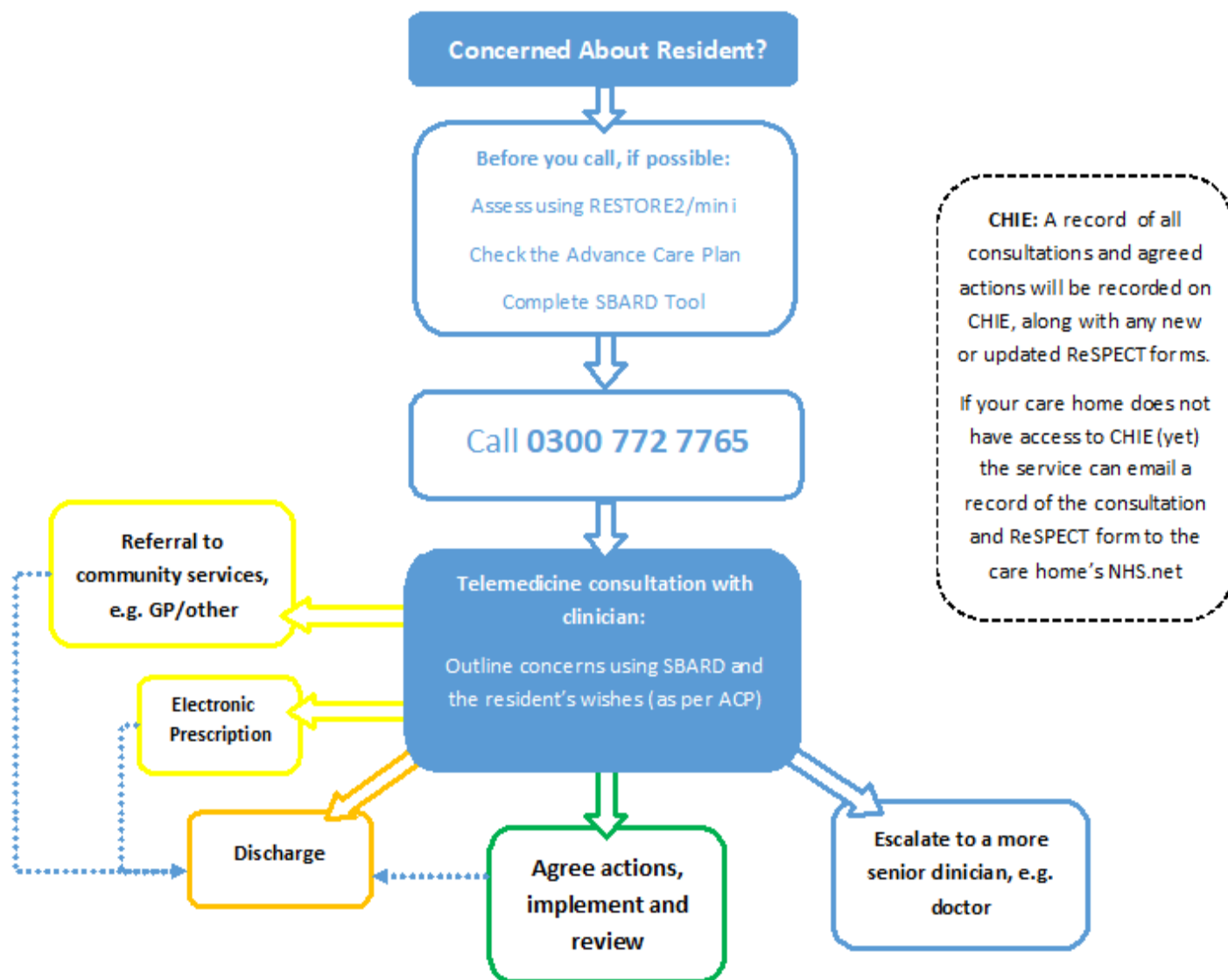


“Telemedicine is a service allowing assessment and clinical support of residents using teleconferencing.

The service is provided by Hampshire
Hospitals Foundation Trust (HHFT)



The Telemedicine Service Pathway



How to access the service



0300 772 7765

- Available **seven days a week 8am – 8pm**
- The service is new and we are actively recruiting team members, but once we have a full team it will be open 24/7. We will let you know as soon as we achieve this
- If you are answer 'yes' to the questions below then the Telemedicine Service should be accessed.
 - ✓ Does the resident's health need urgent attention?
 - ✓ Could a trip to hospital negatively impact the resident's psychological wellbeing?



Benefits

Residents

Stay at home, less likely to become agitated, disorientated, delirious

Reduced rates of hospital acquired infections, falls, deconditioning.

Enable people to die in their place of choice

Improved experience and enhanced quality of life

Care Home

Expedient access to secondary care professionals with +++ experience in assessing and managing acute exacerbations in elderly and frail

Enabling a two way discussion in real time about deteriorating residents

Development of an agreed risk sharing plan about how to manage residents

Increased staff confidence and competence

NHS Services

Reduced and appropriate utilisation of a under-resourced and over stretched workforce / resource

Improved bed flow, decreased DTOC and LOS = Improved system resilience

Decreased demand on OHH services

? Reduced demand on in hours primary care services

Care Home requirements to participate

A diagram consisting of three blue boxes. The left box is tilted and contains the word 'ReSPECT'. The center box is upright and contains the text 'NHS.net (generic)'. The right box is tilted and contains the word 'RESTORE2'.

NHS.net
(generic)

ReSPECT

RESTORE2

Andover War Memorial Hospital
Basingstoke and North Hampshire Hospital
Royal Hampshire County Hospital

Use the service for unexpected and sudden change, for example:

- Higher than normal RESTORE2™ score
- General deterioration: The person is off food/drink, unable /unwilling to mobilise, not passing urine or opening bowels
- Any type of fall or trauma (incl. head and neck) or broken bone: including those on blood thinners
- Suspected infection (e.g. urine infection, chest infection)
- Symptom control
- Breathlessness
- New confusion / delirium
- Sudden and unstable diabetes management
- Swallowing deterioration
- Chest pain
- Suspected stroke
- Abdominal pain
- General pain management



Don't use the service for routine and predictable care, for example:

- Repeat prescription
- Chasing a test result
- Stable RESTORE2™



RESTORE2™



What is it?



- A tool that helps assess and manage a deteriorating resident
- Recommended by the British Geriatric Society (2020)
- Should be used with consideration to any anticipatory care planning or treatment escalation plans
- Consisting of three parts in addition to your knowledge about the resident:
 1. Soft signs – recognising early indications that your resident may be unwell
 2. National Early Warning Score (NEWS2) and guidance on what to do
 3. SBARD – a standard tool to communicate your concerns



Recognise Early Soft Signs, Take Observations, Respond, Escalate



What if my team is not trained to complete clinical observations?

- You can use RESTORE2™ mini which uses Soft Signs and SBARD to help identify and communicate concerns about residents' health and wellbeing
- It does not include NEWS2™ (which is the part involving clinical observations)
- RESTORE2™ mini can be found here:
<https://westhampshireccg.nhs.uk/restore2/> (scroll halfway down and select the RESTORE2™ mini tab).

RESTORE2 mini
Recognise Early Soft Signs, Take Observations, Respond, Escalate

Ask your resident – how are you today?

Does your resident show any of the following 'soft signs' of deterioration?

- Increasing breathlessness or chestiness
- Change in usual drinking / diet habits
- A shivery fever – feel hot or cold to touch
- Reduced mobility – 'off legs' / less co-ordinated
- New or increased confusion / agitation / anxiety / pain
- Changes to usual level of alertness / consciousness / sleeping more or less
- 'Can't pee' or 'no pee', change in pee appearance
- Diarrhoea, vomiting, dehydration

Any concerns from the resident / family or carers that the person is not as well as normal.

If YES to one or more of these triggers...

Get your message across

Raise the Alert within your home e.g. to a senior care, registered nurse or manager.

If possible, **record the observations** using a NEWS2 based system.

Report your concerns to a health care professional e.g. Nurse/GP/GP HUB/111/999 using the SBARD Structured Communication Tool.

	Key prompts / decisions
S Situation e.g. what's happened? How are they? NEWS2 score if available	
B Background e.g. what is their normal, how have they changed?	
A Assessment e.g. what have you observed / done?	
R Recommendation 'I need you to...'	
D Decision what have you agreed? (including any Treatment Escalation Plan & further observations)	

Don't ignore your 'gut feeling' about what you know and see. Give any immediate care to keep the person safe and comfortable.

©2020 NHS Care 120119



How can I find out more?

- **West Hampshire CCG resources** – workbook, training pack, competency documents and online videos, please visit:
<https://westhampshireccg.nhs.uk/restore2/>
- **Health Education England resources** – 14 short (2-3 mins each) videos, to help you improve the skills you need to use RESTORE2™
 - ✓ Videos 5-10 are particularly useful for staff who are new to taking clinical observations
 - ✓ Please note, these videos do not prove competence – your Nurse Facilitator or Enhanced Health Care Practitioner can guide you through the competency assessment
 - ✓ Video 12 shows how to use the SBARD tool to communicate the relevant information to the Telemedicine Service
 - ✓ Videos are available on YouTube from:
www.youtube.com/playlist?list=PLrVQaAxyJE3cJ1fB9K2poc9pXn7b9WcQg



Other considerations



- The RESTORE2™ tool and Health Education England video clips are for generic care home use
- When accessing the Telemedicine Service, your homes will also need to include extra and essential information included on the SBARD prompt card
- Always clearly and accurately document any referrals, discussions and decisions in your residents' care records
- Your home must have an NHS.net email address to enable secure sharing of confidential information about residents





Future wishes & difficult conversations



What is my role in supporting advance care planning?

- As the resident's main carer, you are ideally placed to discuss your residents' future wishes
- Discussions and documentation should take place on admission to the care home
- Wishes about future events such as hospital admission and end of life care should be documented clearly in the Anticipatory Care Plan (ACP)
- If you identify residents without this documentation, flag this up with your manager
- It is essential that all staff caring for the resident know the contents of any ACPs and associated documentation so they can ensure this is considered and communicated on the resident's behalf
- These conversations can be challenging
- The **Rockwood Clinical Frailty** score - simple screening tool to help you identify a resident's level of frailty. It can help you build an overall understanding of your resident's general condition and guide your advanced care planning conversations. Available from: www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/rockwood_cfs.pdf



What is an Anticipatory Care Plan (ACP)?

- An ACP helps residents make informed choices about how and where they want to be treated and supported in the future
- It requires health and care practitioners to work with residents and their carers to ensure the right thing is done at the right time by the right person to achieve the best outcome
- It should involve a holistic approach covering all aspects of the resident's health and wellbeing, including normal daily activities of living such as eating and drinking to end of life care wishes



Key things to include in an ACP

- The resident's individual preferences (considered alongside clinical assessment), to provide a summary of recommendations for health care professionals to consider when responding to an emergency or situation when the resident may be deteriorating
- The person your resident has appointed to act as 'Lasting Power of Attorney (LPA) for health and welfare' (where they have named someone)
- The mental capacity of the resident, as highlighted in the 'Mental Capacity Act', along with any deprivation of liberty safeguards processes that apply
- More information on LPA and the mental capacity act can be found on the following NHS website: www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/giving-someone-power-of-attorney/



What is ReSPECT and how can I use it?

- ReSPECT is an example of Recommended Summary Plan for Emergency Care Treatment (and is endorsed by the Telemedicine Service)
- ReSPECT is a process that creates personalised recommendations for a resident's clinical care in a future emergency in which they are unable to make or express their choices (resus council)
- The form is usually started and signed by a Hospital doctor/consultant or a GP. You can contribute and be an advocate for your resident's wishes to be considered as you know your residents well
- A number of electronic resources are available to help you use ReSPECT, including the ReSPECT form, digital guide, a leaflet and letter for residents/relatives, posters and training slides. To view / download these, please visit:
<https://www.resus.org.uk/respect/downloads/>



What are the benefits of using ReSPECT?

- Has been developed by The UK Resuscitation Council with the support of the Royal College of Nursing and Cancer Support Macmillan
- the Telemedicine Service can start the ReSPECT process if required and can review and amend existing versions to ensure they are appropriate for current needs.
- They can email them immediately to the care home if required

ReSPECT Recommended Summary Plan for Emergency Care and Treatment for

1. Personal details

Full name: _____ Date of birth: _____ Date completed: _____

NHS/CHU/Health and care number: _____ Address: _____

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, (communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also (include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort. Prioritise comfort, even at the expense of sustaining life.

Considering the above priorities, what is most important to you is (optional): _____

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below. Focus on symptom control as per guidance below.

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital *vi*-receiving life support:

SPECIMEN COPY - NOT FOR USE

CPR attempts recommended Adult or child. For modified CPR Child only, as detailed above. CPR attempts NOT recommended Adult or child.

Version 2.0 © Resuscitation Council UK 2017



What other tools can I use to support my residents' ACPs?

- ***Treatment Escalation Plans (TEPS)*** - Allows the resident and staff to be aware of the limits of treatment in the event of deterioration in the resident's health
- ***Do Not Attempt Cardiac Resuscitation forms (DNACPR)*** - A document that is issued and signed by a doctor, designed to guide those present (mainly healthcare professionals) to provide immediate guidance should the person suffer a cardiac arrest



Infection prevention & control



Cleaning of Care Home based Equipment

- If your home has clinical observation equipment (e.g. thermometers and/or a mobile digital device like an iPad), this should be given the same care and attention regarding infection prevention and control as all other areas of your practice
- If your home has an existing '**Cleaning of Care Home based Equipment**' policy, this should be sufficient. If not, please **follow the instructions** in the following table to ensure that the equipment does not become a source of infection transmission between residents
- For all equipment – if used on a resident with an infection e.g. COVID-19, MRSA, allocate a device for single resident use (or for mobile digital devices: where possible)



Item	Method	Frequency
Mobile Digital Devices, e.g. iPad	<ul style="list-style-type: none">• Wipe front and back with a microfiber cloth and a simple soap. Dry and replace any accessories• Don't use harsh chemicals, hand gels and abrasive wipes (these can damage the screen's protective coating)• Use minimal fluid – take care not to let any fluid leak into the sides / front screen or any openings	Daily, or every use if the device is used by residents
Blood pressure Machine	<ul style="list-style-type: none">• Wipe cuff thoroughly with a disposable cloth wipe or detergent wipe. Wipe the cables and rest of the monitor• Take care not to let any fluid leak underneath the buttons	Every use



Item	Method	Frequency
Temporal or Tympanic Thermometer	<ul style="list-style-type: none"> • Wipe entire device with disposable cloth/detergent wipe • Remove lens cap and pay particular attention to the lens (check inside of lens for any build-up of debris, clean with wipes and dry with a paper towel) 	Every use
Pulse Oximeter	<ul style="list-style-type: none"> • Clean all over with disposable cloth or detergent wipe wiping - particularly the inside of the probe • When cleaning inside, take care not to allow too much fluid to go beneath the rubber • Dry with paper towels 	Every use



IT/Digital Support





If your care home has connectivity issues, please recall the telemedicine service on:



0300 772 7765



If you need help on Teams Training, please contact via your CCG Nurse Facilitator Lead





Thank you

Any questions?

