The Gold Standards Framework
Care Homes
COVID -19 Support call

Wed May 6th 2020

Prof Keri Thomas Dr Julie Barker , Dr Laura Pugh
Julie Armstrong Wilson, Ginny Allen


Supporting you
to care for
your residents
and staff ……

Plan of zoom call

- Welcome and Introduction
  - Ground rules and use of chat room and polling survey
  - Poll
- Presentation- Dr Julie Barker
  - Care for residents with suspected COVID 19, Verification of Death policies and other issues for care homes , RESTORE 2 tool + Questions
- Discussion forum Drs Keri Thomas, Laura Pugh Julie AW
  1. Proactive care, use of coding , baseline pulse oximetry etc
  2. Advance care planning, DNAR,TEPs
  3. Self Care and Resilience
- Your questions, feedback, next steps, and close

Zoom Webinar Ground Rules

- Facilitation
- Mute
- Chat room
- Wave hand
- Feedback at the end by chat room or email

- Polling surveys - baseline

Integrated Care System
Nottingham & Nottinghamshire

Dr Julie Barker

- GP Sherwood Forest Nottingham shire
- Notts EOLC Lead
- GSF Clinical Associate

Caring for a patient with Covid-19
- The best of times or the worst of times?

- Leadership
- Preparation
- Keep calm & carry on
- Compassion
- Care - for the patient, their loved ones & each other
- Communication
- De-brief, recovery, trauma & grieving

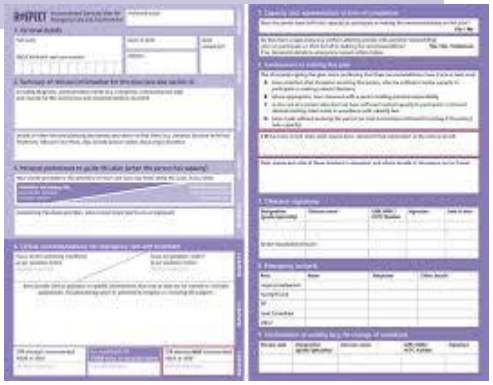
Caring for a patient with Covid-19 - Recognition

Often non specific:

- stopping eating and drinking
- drowsiness or delirium (can indicate low oxygen levels)
- appears more breathless or just breathing faster
- higher temperature, high pulse, low sats

Vigilance needed!

ReSPECT Recommended Summary Plan for Emergency Care and Treatment



ReSPECT

The ReSPECT document supports people to get the right level of care and support at the end of their lives.

It is one of the ways they or their loved ones can be in control at the end.

ALL individuals should be offered an advance care conversation with relatives if necessary or desired leading to the creation of a ReSPECT Form to record their priorities and escalation plans.

Please ensure, where appropriate, all individuals are offered the opportunity to have an advanced care plan in place. If the individual does not have an advanced care plan you can discuss this with your nurses or GP.

https://www.resus.org.uk/respect/learning/
https://learning.respectprocess.org.uk/#landing

Gold Standards Framework

It is good practice to ensure all residents are proactively assigned an accurate RAG status.
In the context of Covid-19 transition from amber to red and death may be a few days -hours only.
ALL amber & red should be known to a health care professional for registration on EPaCCS - Electronic Palliative Care Coordination Systems to enable coordinated care and support.
https://www.goldstandardsframework.org.uk/gsf-signposting-and-guidance-on-the-coronavirus-epidemic

Assessment of the Dying person

A proportion of individuals dying of Covid-19 could have severe symptoms with rapid decline. In this situation it is important to deliver effective medications, at effective doses, from the outset. Early management of symptoms will be the most effective way to reduce suffering.

The clinical profile of Covid-19 related dying is likely to include:

- Persistent Cough
- breathlessness / 'air hunger'
- distress
- delirium / agitation(hyperactive or hypoactive)
- fever
- Rapid deterioration over a short number of hours.

Using Technology - Virtual Assessments

Video assessments and multidisciplinary meetings can be used to support end of life care and management. Personal devices can be used to enable this if your service does not have access to a shared video enabled device. The consultation should take place wherever possible in the individuals' room. Video consultations can help after death as it equates to a face to face consultation in new legislation and means that GPs may not be required to see the person again after death. https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance

Please sign up for **NHS Mail** this will enable Microsoft teams which can be used for video consultations.

For urgent clinical support contact : Call for Care – County 01623 7818 99
Citycare - Monday – Friday 8am-6pm - 0115 8834863 Weekend and Bank Holiday 8am-6pm – 07827823465 Between 6pm and 8am everyday – Evening and night service 0115 8838151 or 0115 8838152 NHS 111 9 * 6 or NEMS Out of Hours Service

Recognising and Responding to Deterioration

NURSING CARE HOMES	HOME CARE AND RESIDENTIAL HOMES
•Check all individual's temperature (via ear) B/P, pulse, respirations and if available pulse oximetry twice daily where possible •If temperature is 37.8 or more with or without a continuous cough the individual should be cared for as if Covid-19 positive. •If Oxygen saturation levels have reduced by >2% below their normal, the individual should be cared for as if Covid-19 positive	Check all individual's temperature twice daily (via ear). <2 visits per day planned – if available family/carer could be trained to undertake this (community nurses should support education as required) If temperature is 37.8 or more with or without a continuous cough the individual should be cared for as if Covid-19 positive. If temperature is above 37.8 or more and the individual is becoming newly confused, poor colour, raised respiratory rate and/or they have developed a continuous cough they should be cared for as if Covid-19 positive.

For all individuals with possible Covid -19 symptoms seek medical care early.
If the individual is showing other signs such as breathlessness, agitation, confusion, acute diarrhoea contact Call for Care – 01623 681691 or Citycare for support/advice NHS 111

Symptom Management

Controlling symptoms of Covid-19 in Community Settings & NICE Clinical Guidance NG163 offer guidance about how to mange Covid-19 treatments and care planning to include management of;

•cough
•fever
•breathlessness
•delirium and agitation
•managing medicines
•anticipatory medications.

Put link here to Meds Management

Always refer to the individuals' advance care plan/Respect form to consider the right course of action in an emergency

RESTORE2™

Recognise Early Soft Signs, Take Observations, Respond, Escalate

https://westhampshireccg.nhs.uk/restore2/restore2-training-and-resources/

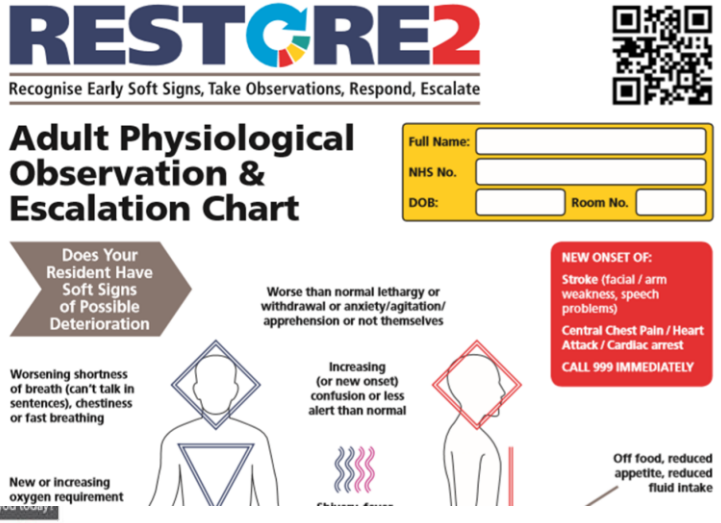
RESTORE 2

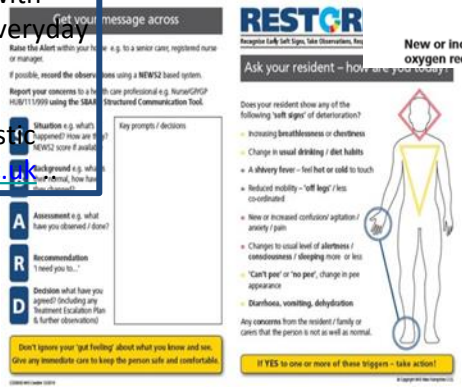
RESTORE 2 can help you to spot deterioration from Covid-19 related illness or recognise non-Covid-19 related deterioration and act to get your individual the most appropriate care and support.

RESTORE2 uses three tools (Soft Signs, NEWS2 and SBARD) which when used together can help you to get the help and support you need more quickly.

The CCG, Academic Health Science Network and Notts Training Hub Alliance have joined together to work with you and your teams to help you to use this in your everyday practice.

If you would like to know more and access the fantastic resources, please contact empscdet@nottingham.ac.uk





Caring for a patient with Covid-19

What is needed?

- ***Rapid access to PPE***. Care homes colleagues have told us that the number of residents with symptoms of Covid-19 can quadruple overnight. When this happens, they need to be able to get additional PPE within hours, not days.

- ***Rapid access to medical advice*** from general practitioners or other professionals such as advanced care practitioners or nurse prescribers. Residents' health can deteriorate rapidly, and diagnosis and prognosis are essential to establish what care can be offered in situ and when residents should be cared for in hospital.

- ***Rapid access to medicines and support*** from palliative care teams where residents are very unwell and may not survive. The rapidity of deterioration and the severity of symptoms in Covid-19 are such that this support must be provided within hours rather than days.

Public Health England | Academy of Medical Royal Colleges | GIG CYMRU NHS WALES – Iechyd Cyhoeddus Cymru Public Health Wales | Health Protection Scotland | HSC Public Health Agency | NHS

Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection[1]
Any setting	Performing an aerosol generating procedure[2] on a possible or confirmed case[3]	✓ single use[4]	✗	✓ single use[4]	✗	✗	✓ single use[4]	✓ single use[4]
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s)[3] (within 2 metres)	✓ single use[4]	✓ single use[4]	✗	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]
	Working in reception/communal area with possible or confirmed case(s)[3] and unable to maintain 2 metres social distance[6]	✗	✗	✗	✗	✓ sessional use[5]	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case[3,7]	✓ single use[4]	✓ single use[4]	✗	✗	✓ single or sessional use[4,5]	✗	✓ risk assess single or sessional use[4,5,8]
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding[9]	✓ single use[4]	✓ single use[4]	✗	✓ single use[4]	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case[3,7]	✓ single use[4]	✓ single use[4]	✓ single use[4]	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]
Community and social care, care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s)[3] – and direct resident care (within 2 metres)	✓ single use[4]	✓ single use[4]	✗	✗	✓ sessional use[5]	✗	risk assess sessional use[5,8]
Any setting	Collection of nasopharyngeal swab(s)	✓ single use[4]	✓ single or sessional use[4,5]	✗	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]

Table 2

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. The list of aerosol generating procedures (AGPs) is included in section 8.1 at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-persona-protective-equipment-ppe. (Note APGs are undergoing a further review at present)
3. A case is any individual meeting case definition for a possible or confirmed case: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection
4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
6. Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered where there are high rates of community cases.
7. Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering; where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.
8. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.
9. For explanation of shielding and definition of extremely vulnerable groups see guidance: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Correct use of Personal Protective Equipment (PPE)

In circumstances where there are no staff or their families and no residents with ANY symptoms of CV-19 precautionary PPE MAY NOT be required (SEE Flow chart below).	For ALL care delivery (within 2 metres) Individuals in the extremely vulnerable group or where any member of the household is within the extremely vulnerable group – 'shielding' No symptoms (Negative Covid-19) Table 2.	For ALL care delivery (within 2 metres) Individuals in the extremely vulnerable group or where any member of the household is within the extremely vulnerable group – 'shielding' possible or confirmed CV-19 Table 2.	For Aerosol Generating Procedure care delivery all individuals negative Covid-19, symptomatic or Positive Covid-19 (deep suctioning, high flow oxygen, cough assist, CPAP/BiPAP, ventilation) Table 2 & 4	Working in reception/communal areas
	Gloves (single use) Aprons (single use) Surgical mask (sessional use) Risk Assessment for Eye Protection (single or sessional use)	Gloves (single use) Aprons (single use) Fluid Resistant (Type IIR) surgical mask (sessional use) Risk Assessment for Eye Protection (single or sessional use)	Gloves (single use) Long Sleeved Gown (single use) Aprons/CoveralFFP2 or FFP3 Masks (single use) Eye/Face Protection (single use)	Surgical mask (sessional use)

Single Use = Wear once and dispose.
Sessional Use = 3-8 hours unless wet or soiled. Do not need to be changed between individuals.

2 meters is approximately 3 steps.

Putting PPE on & taking it off – Safe Practice
https://youtu.be/-GncQ_ed-9w
https://youtu.be/kKz_vNGsNhc

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance#anchor

The risk of infection transmission increases every time PPE (especially face masks) .are touched

PPE is only effective when combined with good hand hygiene, good respiratory hygiene and effective infection control practice.

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
https://www.gov.uk/government/publications/Covid-19-how-to-work-safely-in-care-homes

Other wider & more general considerations;

Before you come to work;

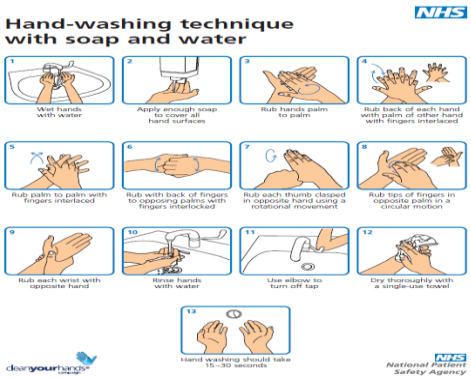
•Do not come into work if you have symptoms
•If using a car to get to work – use antibacterial spray/wipes to clean high risk areas before and after travel
•Come to work in clean clothes with a clean uniform to change into and a separate outer coat/clothes and work shoes OR Come to work in a clean uniform and bring a clean change of clothes for the end of shift in a clean disposable bag.
•Bring disposable bag to store uniform at the end of the shift
•Use hand sanitiser 70% alcohol when you leave your vehicle

At the end of your shift

Appropriate use of PPE may protect clothes from contamination, but staff should change out of work clothes before travelling home. Work clothes should be washed separately, in accordance with the manufacturer's instructions.
Remove uniform and place in disposable bag to take home or use the care home laundry service
Wash hands before leaving
If you are travelling home in your uniform wear an outer coat

On arrival at your base;

•Check your temperature, only commence work if your temperature is OK
•Wash your hands for at least 20 seconds using soap and water, use disposable towels to dry your hands well.



https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/

Hand- Washing;

Wash your hands **before, during and after** all contact with individuals for a minimum of 20 seconds using soap and water
Wash your hands;

•Before leaving home
•on arrival at work
•after using the toilet
•after breaks and activities
•before food preparation
•before eating any food, including snacks
•before leaving work
•on arrival at home

Use 70% hand sanitiser as required

General Infection Control principles

•Avoid touching your face
• Used PPE should be placed securely within disposable rubbish bag.
•These bags should be placed into another bag, tied securely and kept separate from other waste within the room.
•Rubbish bags should be put aside for at least 72 hours before being put in the usual waste bin.
•Laundry –
•Increase general cleaning It is estimated that viable virus could be present for up to 48 to 72 hours on environmental surfaces in "room air" conditions

Arrival at home

•If you used your own care before entering home disinfect the vehicle thoroughly e.g. seat belts and all fixtures inside and outside the car that have been touched
•Place all clothes or uniform straight into the washing machine or separate basket and wash at the highest temperature for the material
•Wash hands
•Shower/bath

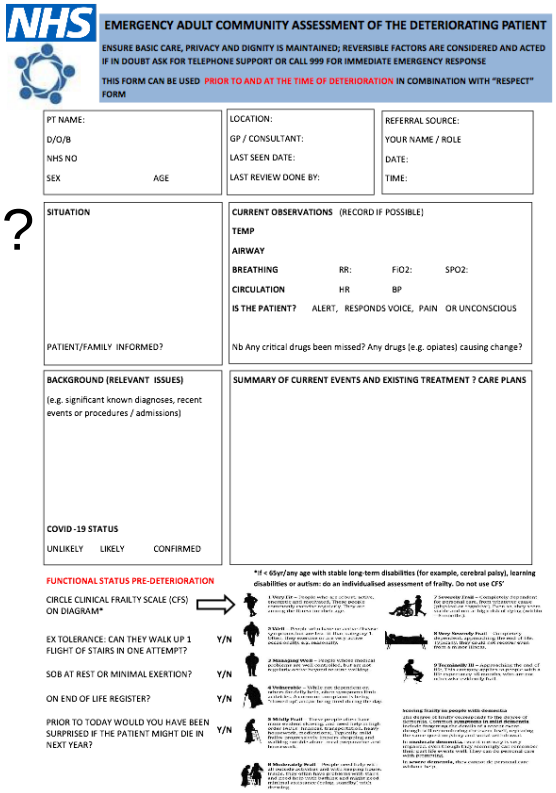
Caring for a patient with Covid-19
- General principles of care

- Positioning the patient
- Fluids & mouth care
- General support & reassurance
- Checking observations
- Escalation to hospital - check advance care plans
- Inform local doctor asap
- Inform relatives asap

Caring for a patient with Covid-19
- Escalation for hospital treatment

Principles

- Follow pre-existing treatment plans, check appropriateness
- Good communication & best interests
- How likely is the patient to recover? Triage tools?
- Risks of transporting patient to hospital
- Where is the best place of care?



NHS

EMERGENCY ADULT COMMUNITY ASSESSMENT OF THE DETERIORATING PATIENT

ENSURE BASIC CARE, PRIVACY AND DIGNITY IS MAINTAINED; REVERSIBLE FACTORS ARE CONSIDERED AND ACTED IF IN DOUBT ASK FOR TELEPHONE SUPPORT OR CALL 999 FOR IMMEDIATE EMERGENCY RESPONSE

THIS FORM CAN BE USED PRIOR TO AND AT THE TIME OF DETERIORATION IN COMBINATION WITH "RESPECT" FORM

PT NAME:
D/O/B
NHS NO
SEX AGE

LOCATION:
GP / CONSULTANT:
LAST SEEN DATE:
LAST REVIEW DONE BY:

REFERRAL SOURCE:
YOUR NAME / ROLE
DATE:
TIME:

SITUATION

PATIENT/FAMILY INFORMED?

CURRENT OBSERVATIONS (RECORD IF POSSIBLE)
TEMP
AIRWAY
BREATHING RR: FiO2: SPO2:
CIRCULATION HR BP
IS THE PATIENT? ALERT, RESPONDS VOICE, PAIN OR UNCONSCIOUS

Nb Any critical drugs been missed? Any drugs (e.g. opiates) causing change?

BACKGROUND (RELEVANT ISSUES)
(e.g. significant known diagnoses, recent events or procedures / admissions)

COVID -19 STATUS
UNLIKELY LIKELY CONFIRMED

SUMMARY OF CURRENT EVENTS AND EXISTING TREATMENT ? CARE PLANS

FUNCTIONAL STATUS PRE-DETERIORATION

If < 65yr/any age with stable long-term disabilities (for example, cerebral palsy), learning disabilities or autism: do an individualised assessment of frailty. Do not use CFS

CIRCLE CLINICAL FRAILTY SCALE (CFS) ON DIAGRAM*

EX TOLERANCE: CAN THEY WALK UP 1 FLIGHT OF STAIRS IN ONE ATTEMPT? Y/N

SOB AT REST OR MINIMAL EXERTION? Y/N

ON END OF LIFE REGISTER? Y/N

PRIOR TO TODAY WOULD YOU HAVE BEEN SURPRISED IF THE PATIENT MIGHT DIE IN NEXT YEAR? Y/N

the gold standards framework®

Caring for a patient with Covid-19 - Medications

- Simple first - paracetamol, cooling wipes, good room ventilation
- Anxiety
- Breathlessness
- Anticipatory medications

A. Oral
B. Subcutaneous

- Re-use of medications?
- Role of local treatment hubs

Local Infection Prevention Control teams are there to support you to care for your individuals in the most safest way.
You will need to complete risk assessments and care plans for individuals with possible or positive Covid-19 – the teams can help you with this;
They should liaise with PHE who will support with testing and advise about infection control matters.

A resident has new symptoms – Possible Covid-19 or confirmed
- Isolation is needed for a minimum of 14 days
- Strict IPC precautions should be followed
- Inform xxx
- Ensure risk assessments and care planning is completed

Essential information needed from the hospital
The date and result of any CV-19 test
The date symptoms started

Covid-19 possible or confirmed - New admissions or returning from hospital
- PPE should be worn as described on page 1
- Covid-19 individuals can be safely cared for together.
- Homes with Covid-19 and NON Covid-19 individuals should have **RED zones** for Covid-19 individuals.
- If this is unavailable, individuals must be cared for in their own room

All individuals with symptoms or a positive test should be isolated for a minimum of 14 days from the start of symptoms or positive test date.
Strict IPC precautions should be followed.

Covid-19 -19 Negative/no symptoms new admissions or returning from Hospital
- PPE should be worn as described on page 1.
- **NON Covid-19** individuals can be safely cared for together but must be TWO METRES APART
- Homes with Covid-19 and NON Covid-19 individuals could have **GREEN zones** for NON Covid-19 individuals.
- If this is unavailable, individuals must be cared for in their own room where possible

TESTING	
Residents	**Staff**
All test for residents are being arranged via PHE	All test for staff are being arranged through CQC / CCG

https://www.gov.uk/government/publications/coronavirus-Covid-19-adult-social-care-action-plan

Local and National guidance is available via GOV.UK and your IPC teams, this is changing frequently, for the latest guidance please visit the GOV.UK website or contact your team on the email address above.

NHS
Mansfield and Ashfield
Clinical Commissioning Group

NHS
Newark and Sherwood
Clinical Commissioning Group

Signs of the Dying Patient

For most people, dying is peaceful.

The dying process is unique to each individual, but some of the **common changes** that may be observed during the **final stages of life** are listed below:

- Loss of appetite.
- Extra tiredness - taking to bed.
- Dry mouth and difficulty swallowing.
- Cold mottled skin - sometimes clamminess - especially the fingers.
- Reduced level of consciousness.
- Erratic, rattly breathing.

Further information about the final stages of life can be found within the following guidance document; **End of Life: a guide - A booklet for people in the final stages of life and their carers** which is located on the Marie Curie website: http://www.mariecurie.org.uk/documents/patients-carers-families/publications-and-guides/end-of-life-guide.pdf

Please contact your GP or Out of Hours service if you have any concerns.

Integrated Care System
Nottingham & Nottinghamshire

- **Do not panic**
- **Work as a team & support each other**
- **If in doubt ask a senior or speak to GP/ community nursing service**
- **Remember that 111 call handlers are not clinicians**
- **Remember your residents wishes.**

Confirmation or Verification of Death

Confirmation or verification of death is defined as deciding whether a person is actually deceased. Verification of death can be undertaken by staff who are competent to carry out this task. There is no legal requirement for a doctor to verify a death.

Check your local area arrangements.

If you do not have a competent/trained person available to verify death contact :

Care of the deceased -After care

When a person dies of suspected coronavirus (Covid-19) in a residential care setting be aware that there is likely to be continuing risk of infection from body fluids. Whilst undertaking last offices, it is recommended that the usual PPE and standards of Infection prevention control precautions are maintained. You should follow the usual processes for dealing with a death in your setting.

Since there is a small but real risk of transmission from the body of the deceased, mourners should be advised not take part in any rituals or practices that bring them into close contact with the body of an individual who has died from, or with symptoms of Covid-19. Given the very significant risk for vulnerable and extremely vulnerable people who come into contact with the virus, it is strongly advised that they have no contact with the body. Cremation is permitted where the deceased does not have a medical device that requires removal.

https://www.gov.uk/government/publications/Covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-Covid-19

https://www.gov.uk/government/publications/Covid-19-guidance-for-care-of-the-deceased

https://www.hse.gov.uk/pubns/books/hsg283.htm

Informing the CQC

The CQC are now recording all deaths where Covid-19 was possible or confirmed

Death certification

All doctors in primary care AND hospitals can carry out death certification. Where an individual has been discharged from hospital and dies quickly before any contact with GP, the hospital discharging doctor should be asked to complete the death certificate. Doctors can do the death certification if they have seen the Individual within 28 days (this can be by video) or after death. It is recommended that if you are asking for a medical opinion, you check patient ohs and ask consent to do a video consultation with the doctor via a smart device. All GPs now have the ability to send you a link to do this securely.

Death Registration

The person registering a death (known as the informant) can be

•a close relative of the deceased, named the executor of the Will. If a close relative is not available to do so, it's also possible that the

•a relative who witnessed the loved one's death, last illness or who lives near their residence

•the owner of the premises where the death occurred

•the relative arranging the funeral with the funeral director or someone else who was present at the death

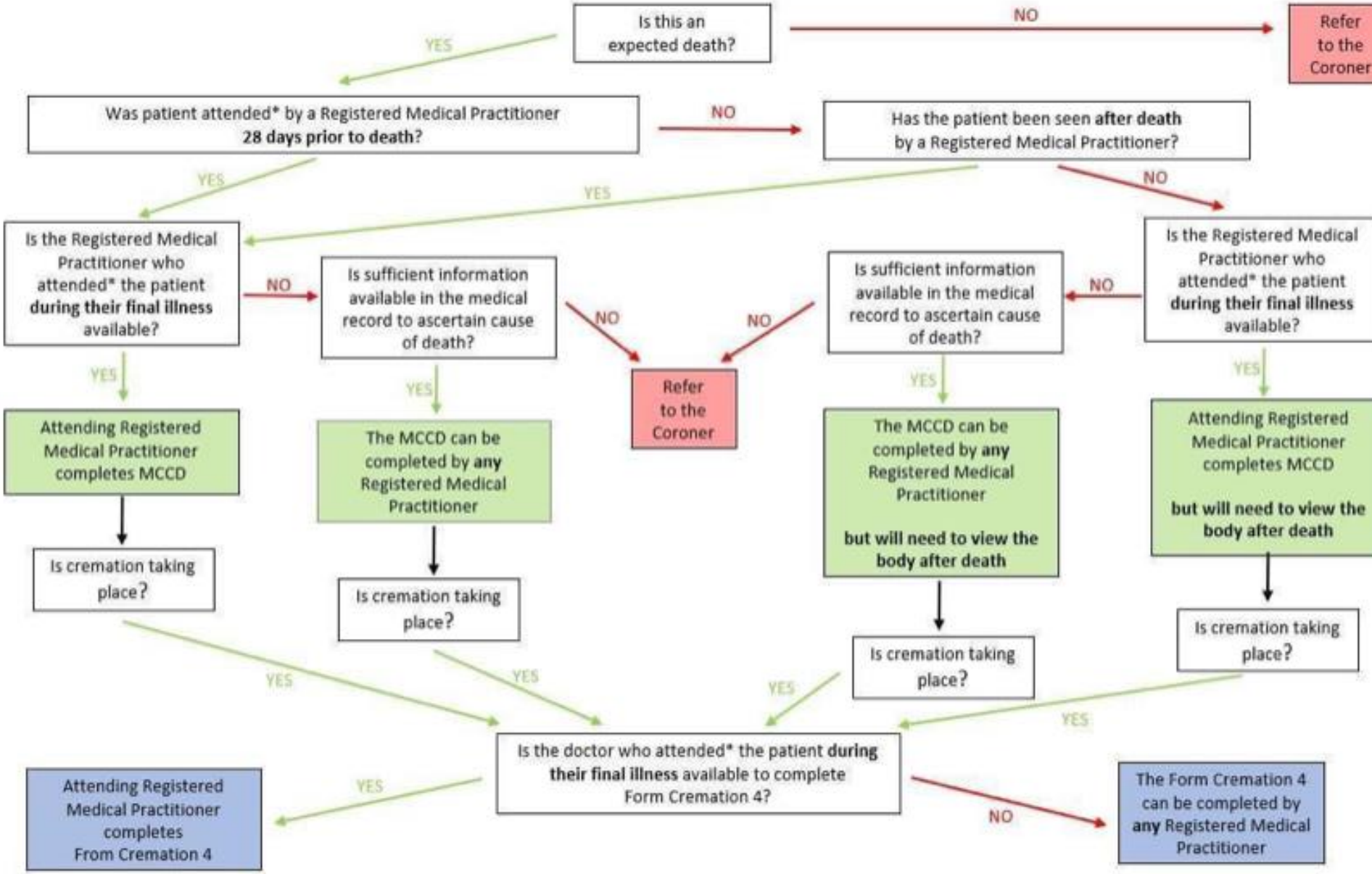
•During the Covid-19 pandemic doctors are emailing death certificates directly to the Registrars (so no need for relatives to pick up from surgery)

Bereavement Support

A service being scoped to ensure single coordinated process

https://www.cruse.org.uk/get-help/coronavirus-dealing-bereavement-and-grief

Changes to Death & Cremation regulations (The Coronavirus Act 2020)



*A patient is now considered to have been attended (seen) by a Registered Medical Practitioner even this via audio-visual/video consultation

Questions

Discussion Forum

1. **Proactive care, use of needs based coding ?**
2. **Advance Care Planning ?**
3. **Self care and resilience ?**

- Dr Keri Thomas
- Dr Laura Pugh
- Julie Armstrong Wilson

Recognising and coding residents

Recognising dying -care in the final days – Red code (NICE)

- Reversible causes excluded
- Increasingly fatigued
- Diminished interest in food and drink
- Inability to recover from wounds & infections
- Increased oedema
- Patient states they are dying
- Recognising those dying of COVID 19 ?

Use of Pulse Oximeter for oxygen saturation baseline level

Recognising people earlier in final year - Amber Green, Blue

- Surprise question/ GMC definition
- General indicators, personal choice, refusing treatments
- Specific clinical indicators for different conditions
- Anyone is vulnerable to COVID 19- predicting earlier ?

Frailty

Clinical Frailty Scale (eg Rockwood) = GPs' EFI

- **Best practice is to assess degree of frailty** of all residents in care homes and inform GP (1-9)
- GPs have frailty register (use Electronic Frailty Index) – for moderately & severe frail (Rockwood score 6+)

Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with**

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

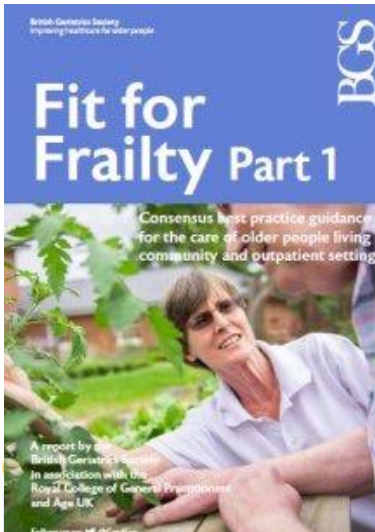
The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

See BGS 'Fit for Frailty'



Lightning Learning: Clinical Frailty Scale

http://em3.org.uk @EM3FOAMed youtube.com/em3orguk

#EM3
East Midlands Emergency Medicine Educational Media

WHAT?

Frailty affects:

~10% aged over 65 years

<50% aged over 85 years

Patients with long term conditions aren't necessarily frail, however those patients *can also have frailty.*

Frailty can be assessed by identification of deficits, as described by the Rockwood **Clinical Frailty Scale.**

While it is associated with the aging process, frailty can be a long term condition, so it can worsen and improve.

WHY?

Identification of frailty helps to **improve both long and short term** health management for these patients.

These patients require more in-depth comprehensive geriatric assessment where possible.

Recognition of frailty is important in planning any intervention.

The scale ranges from **1** *(very well)* to **8** *(very severely frail)* and **9** *(terminally ill, though not otherwise frail).*

HOW?

Clinical Frailty Scale

(Dalhousie University)

http://bit.ly/2pLDrUF

Fit for Frailty

(British Geriatric Society)

http://bit.ly/2oYejr1


Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

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DALHOUSIE UNIVERSITY Inspiring Minds

Author: Darren Whitelaw *Date: 21.04.2017* *Version 1.1*

How are you finding proactive care , GSF needs-based coding and Rockwood frailty scoring during COVID19 crisis ?

A - Blue "All" from Diagnosis Stable Year plus prognosis

B - Green Unstable/Advanced disease Monthly prognosis

C - Amber Deteriorating Weeks prognosis

D - Red 'Days' Final days of life Days prognosis

Purple 'After Care'

WHAT TO DO?

GSF MINI PIG - Care Homes

Suggested actions to enable better proactive supportive care through needs-based coding and support.

the gold standards framework

Stable (years)	Unstable (months)	Deterioration (weeks)	Dying (last days)	After Death Care
Include on supportive care register & notify GP. Review at monthly coding meeting.	Include patient on supportive care register. Review coding monthly. Inform GP of any changes.	Review the resident's coding on a weekly basis. Update whole team. Request review by GP.	Recognition of dying phase. Review daily. Request GP review.	Verification of death and protocol for after death care.
Establish good links & communication with resident, their family and others important to them.	Communicate with & involve resident & family in planning care.	Continue to communicate with & involve resident, family and others important to them.	Ensure effective communication with relatives. Provide written information as appropriate	Communicate with & involve family and carers.
Assess clinical needs with appropriate tools - specific & holistic. Consider referral to other services.	Ongoing Clinical assessment using appropriate tools. Consider referral to other professionals.	Assess/review clinical symptoms and needs. Consider referral to other specialists.	Continual assessment, care planning and review to reflect 5 priorities of care and NICE guidance. Commence personalised EOL care plan.	Provide support to family. Give information about registering a death and other practicalities.
Advance Care Plan - provide written information. Offer ACP discussion - Identify LPA or proxy.	ACP - provide written information. Offer/review Advance. Care Plan discussion.	Review ACP with resident & family. Consider spiritual, religious & cultural needs.	Review ACP and care provided in alignment with wishes. Consider spiritual/cultural needs & wishes.	Offer bereavement support & signpost to bereavement care available.
DNACPR status to be discussed with GP, senior staff member, resident and family.	Review DNACPR status if appropriate.	DNACPR in place & ensure OOH's has a copy.	DNACPR in place.	Send card, attend funeral & arrange future contact.
Consider if OOHs need to be aware of patient. Inform OOH's if DNACPR in place.	Consider if OOHs need to be aware of patient. Inform OOH's if DNACPR in place.	Complete/Update Out of Hours form. Anticipatory medication in place. Essential equipment in place.	Update OOH's. Anticipatory medication in place. Syringe driver available	Relative/carer feedback e.g. bereavement questionnaire.
Offer carer assessment. Provide written information, signpost to	Assess carers' needs & plan support	Apply for CHC fast-track funding if required. Reassess relatives/carers	Support families emotionally & practically - accommodation	SEA for team. Action plans if appropriate

What do residents need at different stages: needs-support matrices amended for these COVID 19 days ?

the gold standards framework®

2. Advance Care Planning

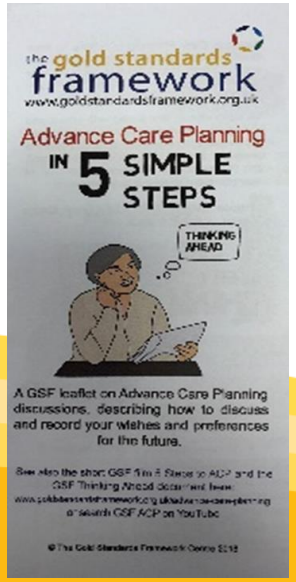
- ACP statement of wishes
- DNACPR
- ReSPECT and others
- Treatment Escalation Plans / Ceilings of care

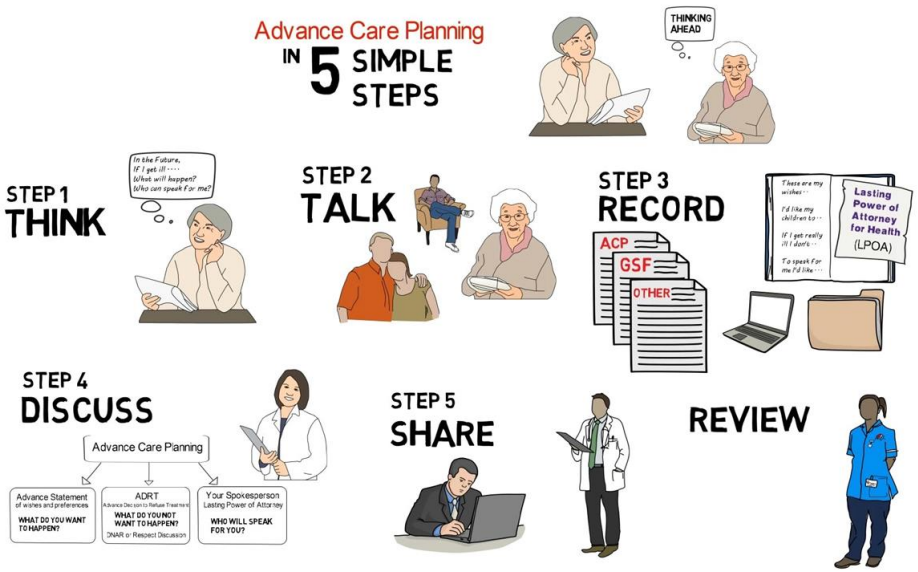
- May 2020 GPs' DES EHCH - Enhanced Health in Care Homes - Care and Support Planning (ACP) offered to every resident

GSF ACP in 5 Simple Steps-
video, leaflet, poster, booklet

Use of GSF 5 Steps to ACP free video and resources to raise awareness of ACP with residents and families- or other resources

see http://www.goldstandardsframework.org.uk/advance-care-planning,
or YouTube https://www.youtube.com/watch?v=i2k6U6inIjQ





In line with the UK Mental Capacity Act

Advance Care Planning discussions

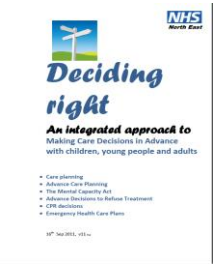
Advance Care Planning

What you do want to happen

AS-Statement of wishes and preferences

What you do not want to happen

ADRT-Advance Decisions to refuse treatment

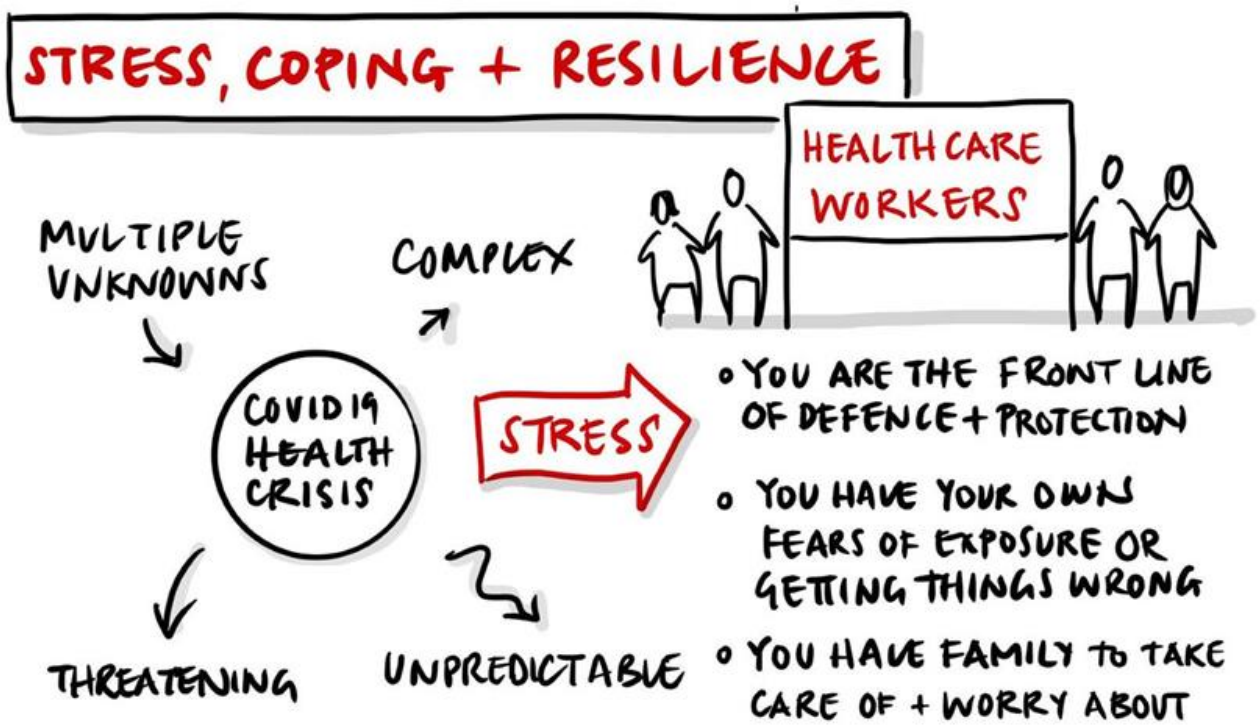


Who will speak for you

Proxy or LPOA-Lasting power of attorney

Is ACP for all residents helping now and what challenges are you facing ?

3. Self care and resilience – how are you doing ?



1 STRESS, COPING + RESILIENCE

MULTIPLE UNKNOWNS

COMPLEX

COVID 19 HEALTH CRISIS

STRESS

THREATENING

UNPREDICTABLE

- YOU ARE THE FRONT LINE OF DEFENCE + PROTECTION
- YOU HAVE YOUR OWN FEARS OF EXPOSURE OR GETTING THINGS WRONG
- YOU HAVE FAMILY TO TAKE CARE OF + WORRY ABOUT

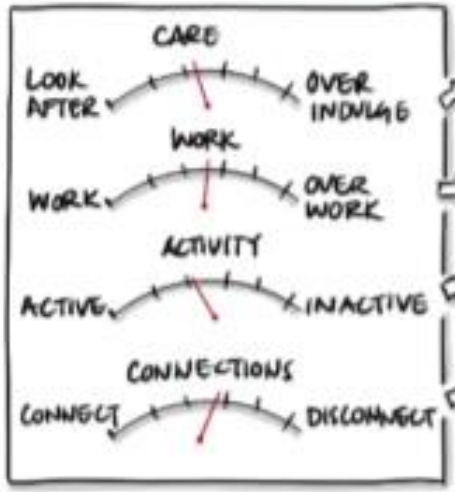
2 PROBLEM FOCUSSED COPING + EMOTION FOCUSSED COPING

ACKNOWLEDGE FEELINGS DON'T BOTTLE THEM UP

BE COMPASSIONATE - YOU ARE DOING YOUR BEST!

BREATHING IN CALMS MY BODY . BREATHING OUT CALMS MY MIND

3 FIND YOUR WAY ALONG THESE CONTINUUMS



CARE FOR YOURSELF + OTHERS. AVOID EXCESS - JUNK FOOD OR ALCOHOL

WHEN WORKING HARD - YOU NEED TO DECOMPRESS

FIND WAYS TO MOVE, CONNECT WITH NATURE + REST

CONNECT TO YOUR VALUES + TRUSTED INFORMATION USE TECH POSITIVELY + VALUE DISCONNECTION TOO!

4 RESILIENCE

"THE ABILITY TO WITHSTAND AND REBOUND FROM ADVERSITY"
F. WALSH

STRESS + CRISES CHALLENGE US, BUT THEY DON'T NECESSARILY DAMAGE US

HOW TO KEEP ON, KEEPING ON...

BE FLEXIBLE - ABLE TO CHANGE, REORGANISE + FIT CHALLENGES OVER TIME

RESPECT INDIVIDUAL (+ YOUR OWN) NEEDS, DIFFERENCES + BOUNDARIES. PAY ATTENTION

KEEP CONNECTED - MUTUAL SUPPORT + COLLABORATION

KEEP IN TOUCH WITH YOUR VALUES + WHAT IS IMPORTANT TO YOU

DON'T FORGET THERE IS A WHOLE WORLD OUT THERE - AND YOU ARE PART OF IT

COMMUNICATE - TALK TO PEOPLE

REST - DO SOMETHING COMPLETELY DIFFERENT

SEEK HELP IF YOU NEED IT

framework

Are you a nurse in charge?

Watch the team support and defusing video, which has been created for a nurse in charge or nurse manager, alongside a supporting leaflet.

Shared success

and positive experiences

For further information and advice please go to:
www.rcn.org.uk/time-and-space

Developed by the RCN Nursing in Justice and Forensic Health Care Forum

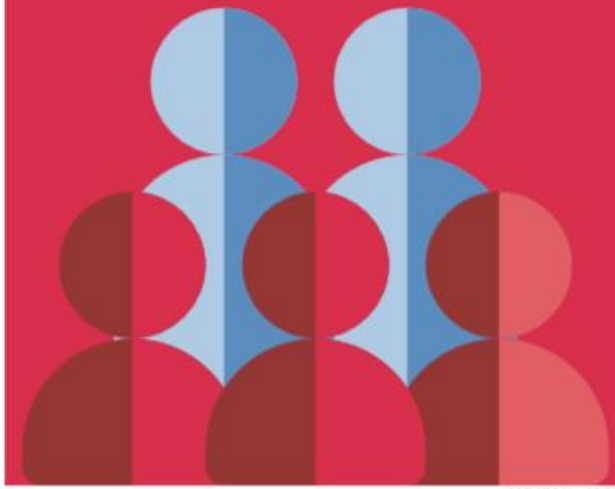
Royal College of Nursing

April 2019 Publication code: 007 477

Royal College of Nursing

Time and space

Enabling defusing activities



framework

Making time for nursing teams to defuse after challenging or difficult situations can support their psychological wellbeing and enhance their self-care and management. It can also help to sustain a workforce and reinforce teamwork. It is also a perfect opportunity to share success and positive experiences.

The purpose of defusing

- To aid communication and understanding.
- To acknowledge what has been happening.
- To celebrate success/growth.
- To maximise the functionality of individuals and the team.
- To offer support/reflection opportunities.

Opportunities for defusing exist at the beginning (handover), during (at an agreed time) and at the completion of each shift of duty. The nurse in charge should assume responsibility for facilitating defusing activities per shift and should:

a) explain the importance of honest and open communication and reflection, encouraging the team to connect regularly

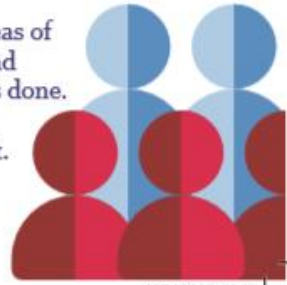
b) plan an agreed time that the whole team can get together and connect with the nurse in charge mid-shift and at that time briefly check:
   - that original task allocations are working/ manageable and re-evaluate this if necessary
   - to raise any concerns and agree ways forward.

c) bring the team together (facilitate connection with the nurse in charge) again at the end of the shift.

Remember... keep it fairly brief

Suggested content of a more detailed defusing session after a particularly busy or difficult shift of duty.

1. Acknowledge that it has been a particularly busy and/or difficult shift.
2. Emphasise areas of good practice and how well everyone has done. Thank them for their efforts during the shift.
3. Ask how everyone has been feeling during the shift and how they are feeling now.
4. If any strong feelings or opinions are expressed, just let this happen. Don't feel that you have to rationalise these or come up with the answer. The simple message should be, 'it's okay to have feelings and it's okay to express them.'
5. Reassure staff about the normality of any reactions, thoughts or feelings they may experience ie, normal reactions of normal people to extreme and busy circumstances.
6. If any physical interventions were used during the shift, check the physical wellbeing of staff.
7. Ask staff if they have any important points or observations they want to make about anything that has happened during the shift or any problems eg, racial abuse, threats, procedure or equipment. Don't try and sort these out now. Comment or explain if you can but make it brief. Where necessary, encourage staff to take any issues to the weekly staff meeting/ clinical supervision.
8. Try and give staff a sense of proportion, perspective and control over what has been happening during the shift.
9. Some staff may want to ventilate feelings, others will prefer not to talk about what happened, both at the time and afterwards. Encourage staff to use existing supervision arrangements and staff meetings as a means of getting support and also as a way of supporting each other.
10. Finally, emphasise areas of good practice again and how well everyone has done. Thank them for their efforts during the shift.



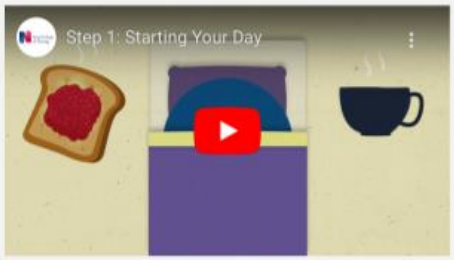
Time and space

Mindfulness based videos for nursing staff

These mindfulness based videos have been created for nursing staff. The six videos each cover a different stage of your day, from starting your day to arriving home. Each video provides practical techniques which you can put into practice.

Watch the videos:

- Step 1: Starting your day
- Step 2: The journey to work
- Step 3: Arriving at work
- Step 4: Leaving work and letting go
- Step 5: The journey home
- Step 6: Arriving home



Step 1: Starting your day

This first video will encourage you to see that the way in which you enter your waking experience can influence the day ahead.

In this video we help bring attention to the moment from the minute you wake.

Step 2: The journey to work

The second video invites you to experience your journey as a transitional space through the senses.

Connect with this time as a way of moving away and letting go of one area of your life and coming towards another.

How are you doing caring for yourselves and your staff ?

Next Steps

- Feedback

- Send powerpoints and resources
- Check chat room

- Repeat in 2 weeks? Wed May 20th –same time?
- What key questions/ issues would you like to raise ?

- GPs' EHCH DES for care homes – more details

Thankyou -we salute you !
Keep up the good work !

Gold Standards Framework

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