

## **QITALK TIME** Building an Irish Network of Quality Improvers



"STOP AND WATCH": An Early Warning Tool for Recognising Deterioration

17th Nov 2020

S. O'Reilly, Dr A. Mooney, A. Hopkins, M. Fitzpatrick and F. Shanahan



## **Introductions:**

Sandra O'Reilly has recently taken up the role of Quality and Practice Nurse within Cheeverstown Services. Prior to taken up this role Sandra has worked as a clinical Nurse Manager within 2 other disability services. Sandra has qualifications in Nursing, Management and Education and is a registered Nurse Tutor.

Ailish Mooney is a Senior Clinical Psychologist in Cheeverstown House. She trained in NUI Galway. Ailish is currently a member of the Psychological Society of Ireland and is the secretary of the Autism Sig. Her areas of special interest are Intellectual Disability, Autism, and Dementia.

Alan Hopkins is one of the current Fellows for Innovation and Change. Prior to studying medicine, he studied mechanical engineering in Trinity College Dublin. He then completed masters in genetics by research. He graduated from medicine in 2017 after which he was an academic intern followed by a year working in ophthalmology before enrolling in the general medical training scheme. Alan believes that NCHDs and all other healthcare workers are perfectly placed to identify problems and provide solutions that and make meaningful change.





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## **Introductions:**

Fiona Shanahan is a CNM3 in Cheeverstown House currently supporting service users in residential settings. She trained in Stewarts Hospital and completed her degree in Nursing in Trinity College. Fiona has previous roles in Clinical placement coordination and allocations. Her areas of special interest are de-congregation. Fiona has completed training with Genio in supported self-directed living.

Maria Fitzpatrick has extensive experience in ID nursing and in particular involved in strategic planning for care of the older person in Cheeverstown. Maria has a strong focus on delivering optimum care in the palliative care journey of persons with ID in conjunction with MDT, community and primary care teams. Education includes PG Dip in Dementia Care for Person with an ID, MSc in Palliative Care, and Professional Diploma in Education Studies, Palliative Care Needs Assessment Guidance Facilitator and most recently Facilitator for HSE National Person-Centred programme.







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# **Stop and Watch Tool**







Maria Fitzpatrick CNS



Sandra O'Reilly Quality and Practice CNM2

Fiona Shanahan CNM3



Dr. Ailish Mooney, Senior Clinical Psychologist

## **Spark Innovation Programme**



## Background



## What is stop and watch??

Stop and Watch is an early warning communication tool which can be utilized by certified healthcare assistants or social care workers to alert a nurse or manager if they notice something different in a person's daily care routine.



# Origin of the tool

➢ It was developed as a response to local learning reviews that highlighted circumstances where vulnerable patients could have been helped to seek medical assistance sooner.

➤ The need for it was particularly noted in patients with a learning disability, as the characteristics and symptoms associated with the learning disability potentially masked symptoms of other underlying health problems, meaning they might go undiagnosed and lead to more serious health issues (Stabler, 2019).



# How does the tool work?

Presentation of the 12 signs of deterioration as a simple abbreviation to help people to remember them.

> It comes in a printed leaflet format, carers and family members are able to keep this with them as an aid memoire.

It can be used as a reference point to check any concerns a person has, and also has space for notes to be made to aid communication of concerns to health professionals.





## **VIDEO CLIP**





If you have identified an important change while caring for a resident today, please circle the change and discuss it with the nurse/supervisor before the end of your shift.

Name of Resident

Seems different than usual

T alks or communicates less than usual

Overall needs more help than usual

Participated in activities less than usual

Ate less than usual (Not because of dislike of food) N Drank less than usual

Weight change

Agitated or nervous more than usual

T ired, weak, confused, or drowsy

C hange in skin color or condition

H elp with walking, transferring, toileting more than usual

Staff

Date

Reported to

Time

© 2010. Florida Atlantic University

Adapted from Boockvar et al., J Am Geriatr Soc 48:1086 (2000)

#### **STOP AND WATCH**

Designed to support your 'Gut Instinct' & help you explain to others what your worries are.



#### **Can carers Spot the Signs?**

There is lots of research that says



One study in 2000 showed that nursing assistants in a care home spotted signs of illness in people 5 days before they were seen in observations. The study found that nursing assistants were able to spot behavioural and functional state changes in residents.

Reference: Boockark1, Brodie HD, Lachs M, Geriatr Soc. 2000 Sept;48(9):1086-91. Nursing Assistants detect behavioural changes in Nursing home residents that precede acute illness: development and validation of an illness warning instrument.

# Why are tools like STOP & WATCH important for people with ID

- Significant disparity in health outcomes for people with ID Vs General population
- Generally poor access to healthcare so having evidence of deterioration can be helpful for medical appointments
- Communication deficits leading to difficulties communicating pain & illness.
- Pain/illness often overlooked and deterioration may be misattributed to 'behavioural difficulties'
- Difficulty recognizing pain/illness and difficulty identifying source of discomfort – particularly in people with Autism.
- Higher rates of certain illness/conditions (see next slide)
- High rate of staff turnover provides a standardized tool for staff

# Health outcomes for people with ID

People with intellectual disabilities have an increased risk of early death compared to the general population (Hollins et al., 1998), although the life expectancy of this population is increasing over time and, for people with mild intellectual disabilities, approaching that of the general population

People with Down's syndrome have a shorter life expectancy than people with intellectual disabilities generally, although the life expectancy of this group is increasing with improved medical care (Puri et al., 1995).

# Causes of Mortality ID

The most common main causes of mortality include:

- circulatory diseases (21.6%)
- respiratory diseases (18.8%)
- neoplasms (14.9%)
- nervous system diseases (11.6%).

# Health outcomes for people with ID

According to IDS Tilda – People with ID have

- Higher rates of osteoporosis than the general population (42%)
- High rates of constipation (48.8% in women ad 36.8% in Men )
- High rate of falls (27% with 12.5% sustaining injury)
- High rate of dental issues with 28.3% of people reporting that they had no teeth (very few offered dentures)
- High rates of eye disease with 15.9% of people with cataracts high rates in DS in younger population.
- Dementia rates very high, particularly the DS population
- Higher rates of diabetes
- Higher rate of epilepsy



## **Aims of Implementing stop and watch**

➢ To facilitate detection of a deteriorating service user, particularly *early* signs of deterioration and prompt more timely medical review of service users.

➢ To guide care staff or social care worker through a brief review of early changes in the service users presentation.

➢ To enhance communication between frontline staff and the nurse/manager in charge.

> To improve the quality of care for the service user.

> To develop interdisciplinary projects that would utilise the tool to collect data to support positive health outcomes for the people who use our service.

#### **AND THEN....** Ireland's first recorded case of Covid 19 Feb. 29<sup>th</sup> 2020





## **Cheeverstown's Response to Covid 19**

- The stop and watch tool was combined with our clinical observations assessment tool to form our monitoring and escalation tool kit .
- ISBAR tool for communication

Step 1

Step 2

Step 3

- Connected to escalation protocol
- Training on the tool was fast tracked to support staff to monitor and escalate concerns as part of phase 1 Covid training
- This information was communicated from the frontline managers to the Outbreak control team which lead to daily reviews for our service users.

- This training was led out by our Nursing Response team who have become champions of the tool
- Training was facilitated 3 times a day /7 days a week to support staff



### Recognise, Respond and Communicate

#### If you are concerned, the most important thing is to tell someone



## Important outcomes to date

Data collected in relation to daily reviews of service users indicated that Staff are using the tool to identify signs of deterioration.

> The main symptoms reported linked to the stop and watch tool from April to July 2020 were:

- ➢ Fatigue
- > Agitation
- Decreased appetite
- Loose Stools
- > Overall needs more help

Staff feel validated in identifying change and escalating it and not depending or waiting for clinical signs

Organisation/managers too recognising the strength of these changes to be taken seriously



#### Benefits of stop and watch

- Increase staff confidence and understanding of deterioration in a social care setting
- > You don't need to be clinically trained to use the tool
- Earlier escalation to G.P review
- Common language being used between all staff
- Improved communication
- >Improved health outcomes.
- Easy to use!!!!!!

## Feedback from staff

"I feel more confident to know what changes to look for and report them " "The tool is very useful to look out for changes that might be linked to Covid 19 "

"The tool would be very useful for our families of service users" "Its a very helpful tool especially for the people we support who live on their own" "What would we have done if we did not have stop and watch when Covid came "

"It's so easy to use and makes me feel assured I know what changes to look for"



#### Challenges

Confusion of stop and watch with clinical observations

- >Assurance regarding the accuracy of baseline information
- Ensuring consistent application of the tool
- Continuing to provide training
- More effective with familiar staff

#### Proposed Future plan for sustainability

Continue to liaise with HSE & developers to further progress this tool in Intellectual Disability Services

>Within Cheeverstown:

- Continue to use as part of our monitoring tool kit for the recognition of covid 19 with current emphasis on rolling out phase two of Covid training to refresh Knowledge on the tool
- Use the tool for specific research on individuals and groups to inform future support needs and validate its effectiveness.
- Provide stop and watch training to all new employees as apart of the induction program
- > Extend education on the tool to service users and families

# Other Irish Developments – Care of the Elderly

- The Nursing and Midwifery Planning and Development Units Dublin Mid-Leinster (DML) have completed:
- > A literature review (RCSI, 2017) was carried out to identify best evidence and recommendations
- > A needs analysis of the Older Persons Residential Services, Dublin Mid Leinster
- Following this the INTERACT programme, a US based QI programme, accessible at <u>https://pathway-interact.com</u>, was identified as a method of supporting the early recognition of potential problems or changes in the resident's clinical condition
- Two pilots were carried out, as part of the NMPDU Dublin Mid Leinster QI Project, to develop tools

> They have developed the Interventions to Reduce Acute Care Transfers (INTERACT) Toolkit:

- A suite of tools that are designed to support the earlier recognition of deterioration/change in the resident's clinical condition, enhance communication processes and subsequently reduce the requirement for unnecessary hospital admissions. The toolkit consists of:
- Step 1 Stop and Watch Response Tool (all staff)
- Step 2 -Assessment Frameworks for nurses Change in Condition Prompts for nurses
- Step 3 Communication Framework ISBAR/ISBAR

# HSE/NMPDU's INTERACT Derived Products Toolkit

- The use and implementation of the *INTERACT Derived Products Toolkit* is supported by a Licence Agreement developed between Pathway Health in the US and the HSE Office for Nursing and Midwifery Services Director /NMPDUs
- NMPDU Dublin Mid Leinster are finalising a framework document to provide a standardised approach to support HSE and HSE Funded Services to implement and use the INTERACT Derived Products Toolkit
- To support compliance with the licence agreement, the following requirements have been put in place:
  - HSE Services will be required to complete a disclaimer prior to access to and implementation of the toolkit.
  - HSE Funded Agencies/Services will be required to complete an End User Licence Agreement prior to access to and implementation of the toolkit.

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## **QUESTIONS AND FEEDBACK?**







Missed a webinar – Don't worry you can watch recorded webinars on HSEQID QITalktime page https://www.hse.ie/eng/about/who/qid/resourcespublications/qitalktime.html

Dates of QITalktime 2020	Торіс	Speakers
Tues 17 <sup>th</sup> Nov	Stop Watch Early Warning Tool	Sandra O'Reilly Quality and Practice Nurse in Cheeverstown
Tues 1 <sup>st</sup> Dec	Guidance regarding Cardiopulmonary Resuscitation and DNAR Decision-Making during the COVID-19 Pandemic	Prof S O'Keefe, Consultant Geriatrician, Dr B O'Shea, GP & Principal in Practice and C. Gleeson ADM Office, National QI Team

#### Thank you from all the team @QITalktime

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