

A common language across healthcare:

using RESTORE2 & NEWS2 to identify the physically deteriorating
patient in Care/Nursing Homes

Training Pack

RESTORE2 uses NEWS2 reproduced from the Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute illness severity in the NHS. Updated report of a working party. London: RCP, 2017. The NEWS2 charts must be reproduced in full colour and high resolution only.

RESTORE2 and its components must not be modified/amended in any way.

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Joint **national winner** for
'Excellence in Primary Care'

Endorsed by Steven Brine MP for Winchester & Chandler's Ford

What is

RESTORE2

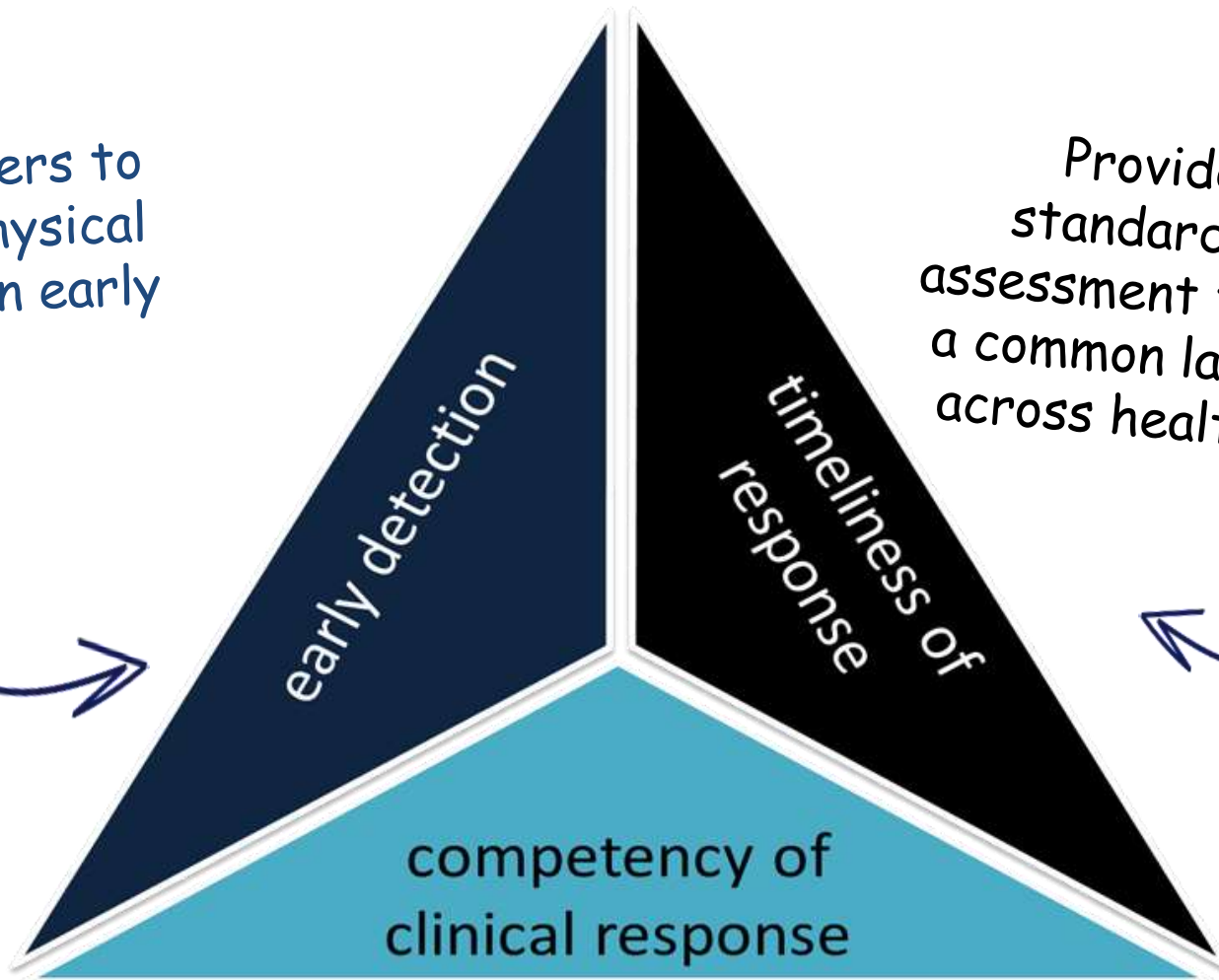
Recognise early soft-signs, Take observations, Respond, Escalate

- **RESTORE2 is a physical deterioration and escalation tool for care/nursing homes**
- It is designed to support homes to:
 - Recognise when a resident may be deteriorating or at risk of physical deterioration
 - Act appropriately according to the residents care plan
 - Obtain a complete set of physical observations to inform escalation and conversations with health professionals
 - Speak with the most appropriate health professional in a timely way
 - Provide a concise escalation history to health professionals to support their professional decision making
 - Get staff and residents the right support in the right timescale

The Triad of Clinical Outcomes

Support carers to recognise physical deterioration early

Provide a standardised assessment tool and a common language across healthcare



Enable staff to communicate concisely with clinical decision makers to get an effective response

Objectives and Aims

Objective

- To provide staff with an overview of the RESTORE2 tool and the necessary skills and knowledge to apply the tool in practice

Aims

- To provide an understanding of the advantages of applying the RESTORE2 tool to recognise and react to the deteriorating patient
- Train staff on the steps and processes of applying the RESTORE2 tool in practice, including soft signs, recording observations, escalation and communication
- Provide staff with skills required to apply the RESTORE2 tool to their practice to ensure early and appropriate intervention
- Undertake scenarios to ensure that staff are comfortable with using the tool

Why do your
residents need

RESTORE2

Recognise early soft-signs, Take observations, Respond, Escalate

Case Study Lost Opportunities

- 10am Resident Y developed 'flu like symptoms - referred to the local GP practice who diagnosed a chest infection – prescribes antibiotics



Oxygen saturations
91% in air

Not engaging in rehab

More lethargic than
previously

Chance to repeat
observations and
recognise potential
for deterioration

NEWS would have
been 3 if measured

Case Study Lost Opportunities

- 5pm Antibiotics have not arrived
- 00.10am Resident developed a fever and elevated heart rate and the nursing home contacted the Out of Hours GP service who advised paracetamol and fluids

NEWS
**NOT
MEASURED**

worsening clinical picture
OOH GP did not do a NEWS

advised to wait until morning for antibiotics

NEWS
8

NEWS would have been 8 if measured

Nursing Home – GP – Out of Hours GP

Case Study Lost Opportunities

- 03.30am Home contacted Out of Hours again because of concerns around falling blood pressure and oxygen levels in the blood



worsening clinical picture
Effects of paracetamol in reducing temperature not appreciated

NEWS would have been 7 if measured

Nursing Home – GP – Out of Hours GP

Case Study Lost Opportunities

- 04.00am Home call 999 as so concerned about the resident.
- The resident died in the emergency department at 09.30am due to sepsis



root causes

no-one recognised how sick the resident was

response from healthcare services was inadequate

home were unable to effectively communicate their concerns to healthcare professionals

low mortality

NEWS Score	Mortality
0	0.5%
<5	5.5%

high mortality

NEWS Score	Mortality
≥5	22%
≥7	27%
≥9	38%

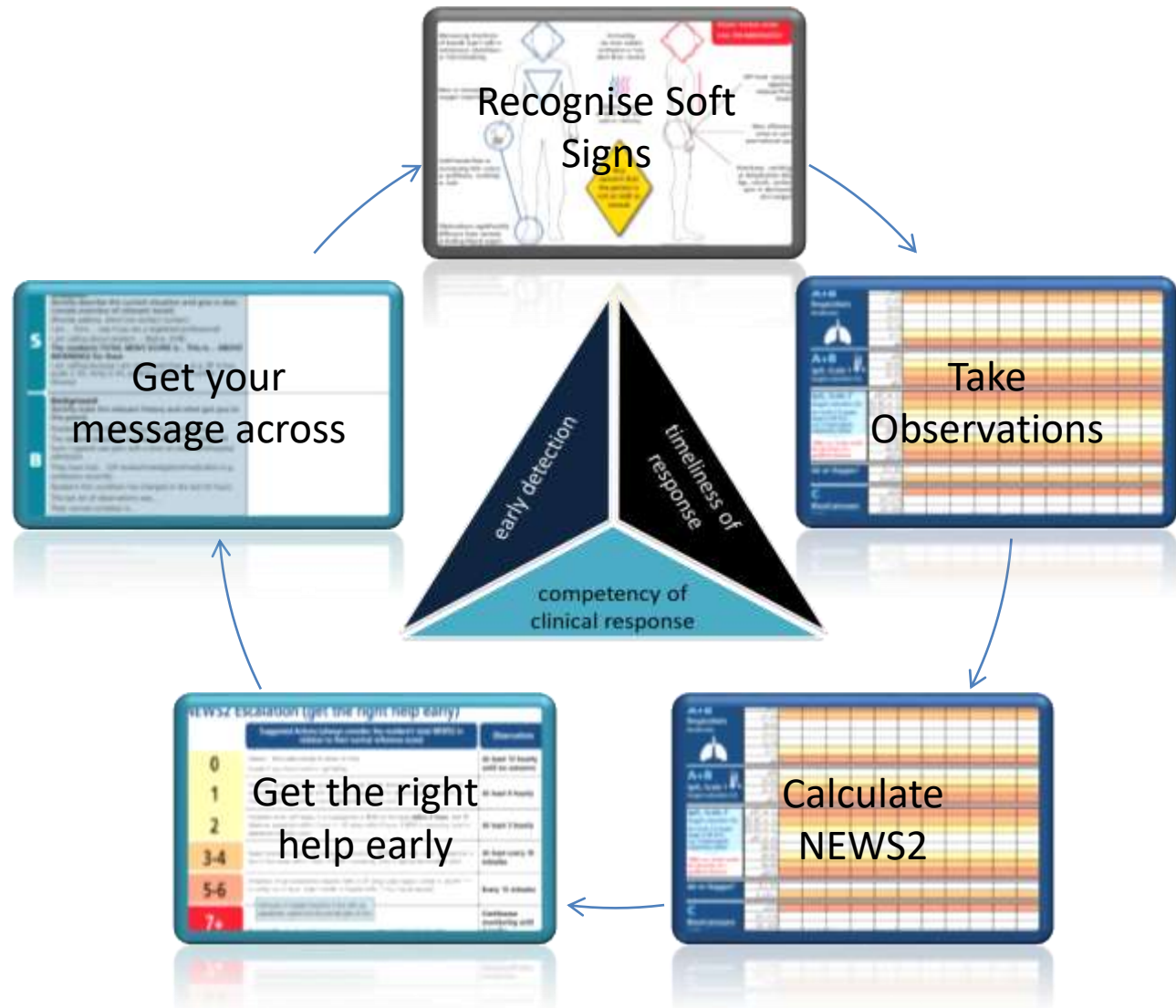
Nursing Home – GP – Out of Hours GP – 999 - Hospital

How do you use

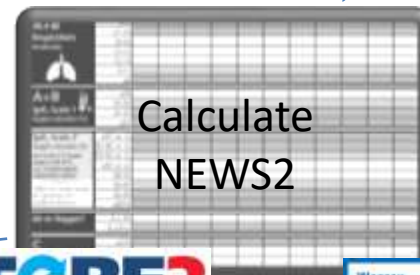
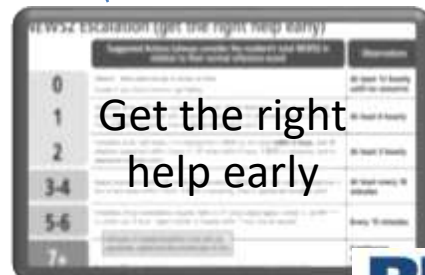
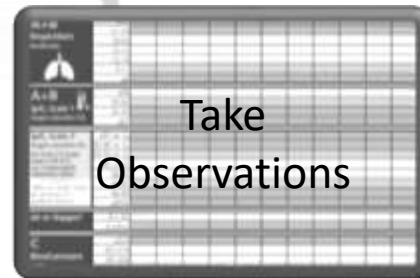
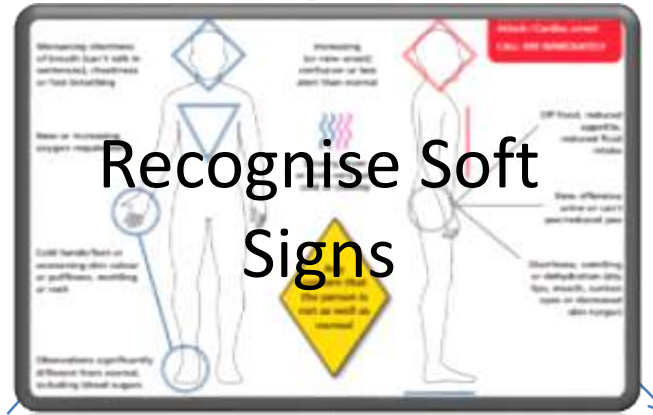
RESTORE²

Recognise early soft-signs, Take observations, Respond, Escalate

- RESTORE2 combines soft signs with NEWS2, a clear escalation pathway designed around care homes and an SBARD communication tool and Action Tracker



Identifying the soft signs of deterioration



Making NEWS accessible + SBARD

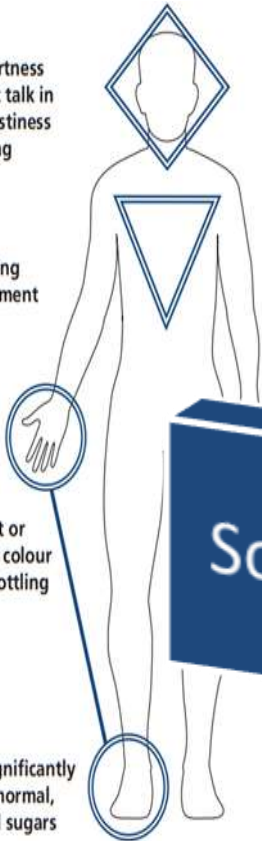
Worsening shortness of breath (can't talk in sentences), chestiness or fast breathing

New or increasing oxygen requirement

Cold hands/feet or worsening skin colour or puffiness, mottling or rash

Observations significantly different from normal, including blood sugars

Increased or new onset pain



NEWS2 Scoring Key:

- 0: Stable - Only stable enough to admit at home. Exclude if any clinical concern / gut feeling.
- 1: Immediate senior staff review, escalate if concerned. Repeat observations within 4 hours. If new observations almost identical with no clinical change for CP review suggested within 24 hours. If NEWS is worsening, move to appropriate escalation point.
- 2: Immediate senior staff review, if no improvement in NEWS by the time within 8 hours, seek GP telephone assessment within 2 hours or GP review within 4 hours. If NEWS is ascending, move to appropriate escalation point.
- 3-4: Repeat observations within 30 minutes. If observations = NEWS +3 or more, seek urgent GP telephone or face to face review within 2 hours. If NEWS is ascending, move to appropriate escalation point.
- 5-6: Immediate clinical intervention required. Refer to GP using urgent hospital number or use NHS 111 to contact out of hours. Urgent transfer to hospital within 1 hour may be required.
- 7+: Admission to hospital/department on the ward and symptoms, agreed and documentation of care.

NEWS2 Tables:

- A+B Respirations:** Table with columns for observations and scores (0-3).
- A+B SpO₂ Scale 1:** Table with columns for observations and scores (0-3).
- A+B SpO₂ Scale 2:** Table with columns for observations and scores (0-3).
- C Blood pressure:** Table with columns for observations and scores (0-3).
- P Pain:** Table with columns for observations and scores (0-3).
- E Temperature:** Table with columns for observations and scores (0-3).
- U Unresponsive/unconscious:** Table with columns for observations and scores (0-3).

NEWS TOTAL: Summary table at the bottom of the form.

Does Your Resident Have Soft-Signs?

Worse than normal lethargy or withdrawal or anxiety/agitation/apprehension or not themselves

NEW ONSET OF:

Stroke (facial / arm weakness, speech problems)

Central Chest Pain / Heart Attack / Cardiac arrest

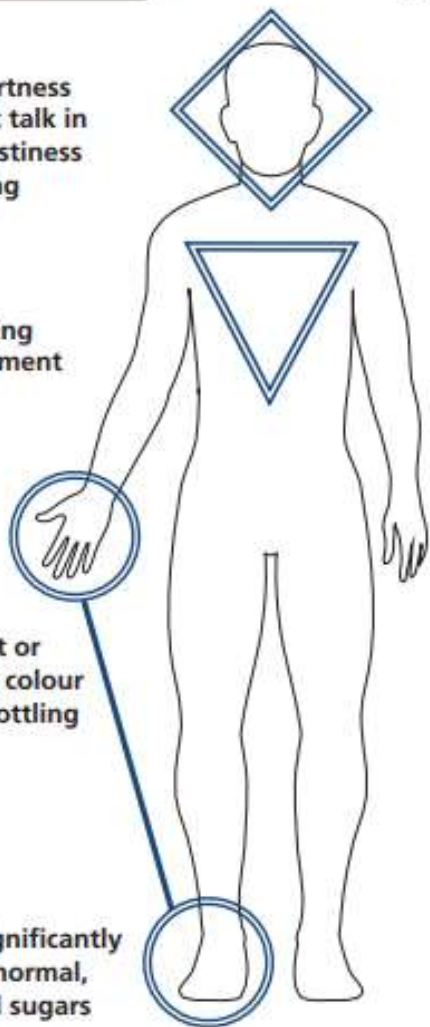
CALL 999 IMMEDIATELY

Worsening shortness of breath (can't talk in sentences), chestiness or fast breathing

New or increasing oxygen requirement

Cold hands/feet or worsening skin colour or puffiness, mottling or rash

Observations significantly different from normal, including blood sugars



Increasing (or new onset) confusion or less alert than normal



Shivery, fever or feels very hot, cold or clammy

Any concern that the person is not as well as normal



Off food, reduced appetite, reduced fluid intake

New offensive urine or can't pee/reduced pee

Diarrhoea, vomiting or dehydration (dry lips, mouth, sunken eyes or decreased skin turgor)

When to call 999

NEW ONSET OF:

Stroke (facial / arm weakness, speech problems)

Central Chest Pain / Heart Attack / Cardiac arrest

CALL 999 IMMEDIATELY

- A stroke is a brain attack. It happens when the blood supply to part of the brain is cut off. Without blood brain cells can be damaged or die – do not use RESTORE2 but call 999



When to call 999

NEW ONSET OF:

Stroke (facial / arm weakness, speech problems)

Central Chest Pain / Heart Attack / Cardiac arrest

CALL 999 IMMEDIATELY

- All chest pain should be investigated. Get immediate medical help if you think someone is having a heart attack– do not use RESTORE2 but call 999

Call 999 if you have sudden chest pain that:

- spreads to your arms, back, neck or jaw
- makes your chest feel tight or heavy
- also started with shortness of breath, sweating and feeling or being sick

You could be having a heart attack. Call 999 immediately as you need immediate treatment in hospital.

Understanding your resident

- Homes are encouraged to understand what is normal for the resident and work with GP's or other teams (e.g. frailty teams) to define when another health professional would want to be informed of an event – this should include knowing what a normal set of physical observations looks like for the resident
- Any escalation should be with reference to the residents wishes and advanced care plan – if a plan does not exist it should be created with the resident or the appropriate person with Power of Attorney (health and welfare)
- Essential that there is evidence of a documented Capacity Assessment where Best Interests Decisions are being made and that decisions are made with others and are clearly articulated

Understanding your resident

Reference NEWS2 (What's normal for this resident)

Edward is normally fit and active but is often mildly confused in the mornings before breakfast. Normally NEWS score is 0 but in the morning Edward may trigger the AVPU scale - only call a GP if the confusion continues to lunchtime. Edward is for full treatment and admission to hospital if required. Edward becomes agitated when he is becoming unwell which is a good soft sign for him.



Print name: Dr. Davids

Date: 12/4/18

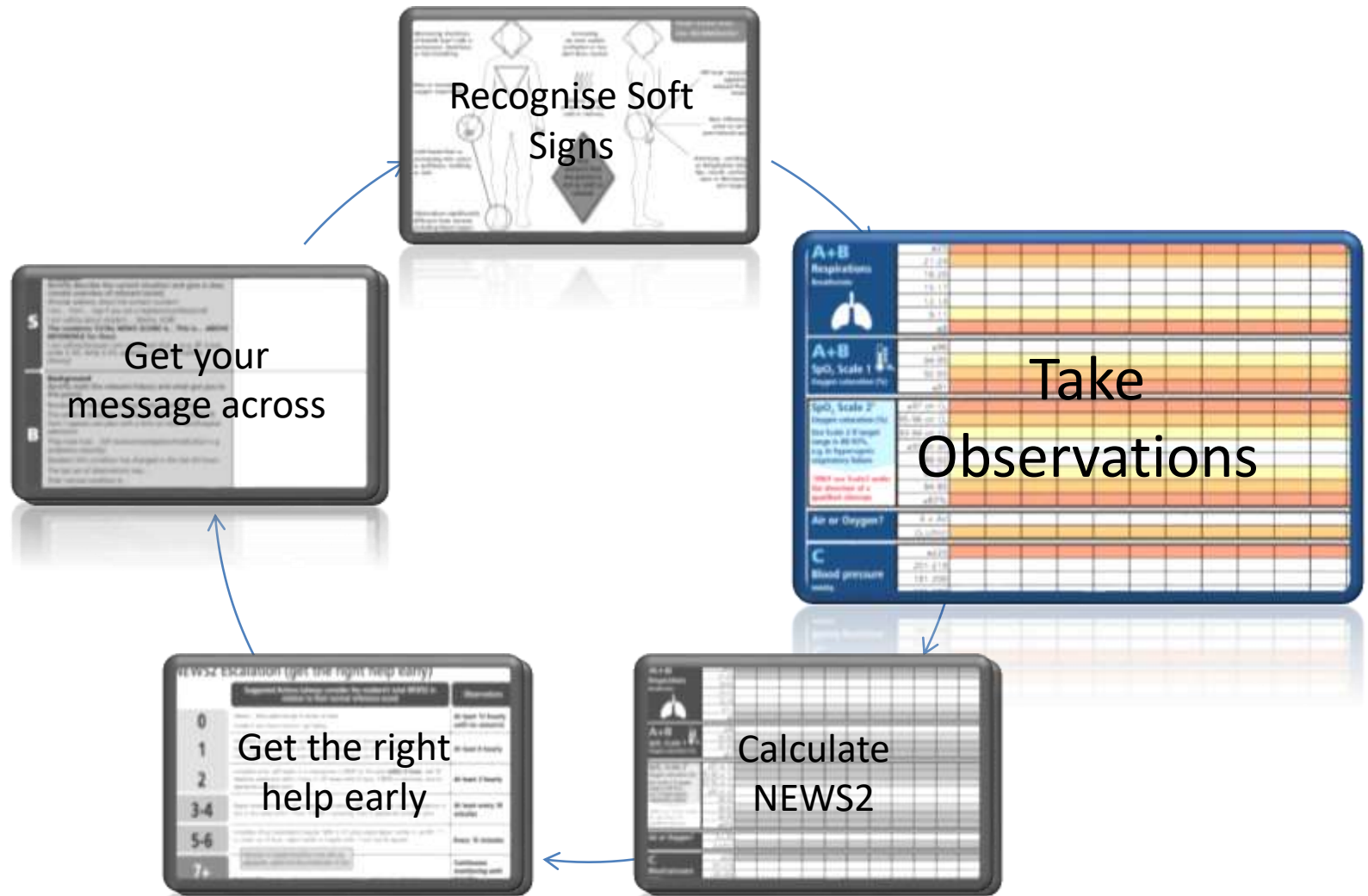
Signature: DDAVIDS

What is the resident normally like? What observations are reasonable and safe for them? When would your GP want you to call them? What escalation has been agreed with the resident (or their advocate)?

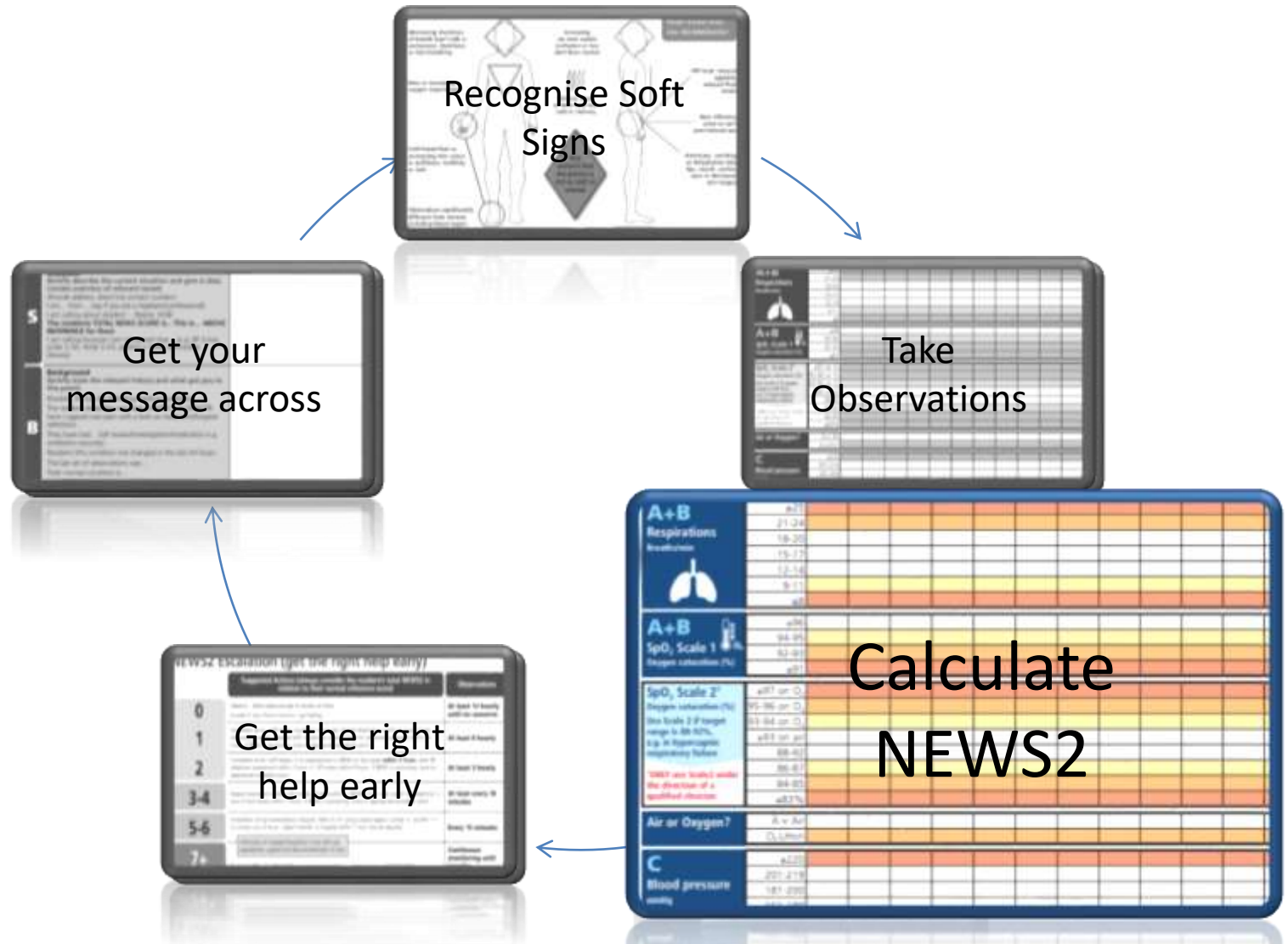
End of Life (EOL) or Agreed Limit of Treatment

- All residents should have had the opportunity to discuss their end of life preferences in advance of any crisis
- RESTORE2 must be used in conjunction with the expressed wishes of the resident e.g. treatment escalation plans or advanced care plans.
- RESTORE2 can be used in residents with an agreed limit of treatment (e.g. not for hospital admission, not for resuscitation or not for intravenous antibiotics) to identify recoverable deterioration amenable to treatment. It is also useful for anticipating end of life to inform conversations with residents and their relatives - once the resident is on an EOL care pathway, RESTORE2 should be discontinued.

Take Observations



Calculate NEWS2



Physical Observations

- Validated tool widely used in acute care comprising six biological measurements:
 - Respiration Rate
 - Oxygen Saturations
 - Temperature
 - Systolic Blood Pressure
 - Heart Rate
 - Level of Consciousness (defined by ACVPU)



- Staff need to have had the appropriate training in taking physical observations
- Homes need to invest in quality equipment for observations and ensure that this is serviced and calibrated regularly
- Staff must take and document complete observations
- Recording should be made in black pen, be clear, dated, timed and signed

NEW

Authorising clinician

Signature & Date

SpO2 Scale 2'
Oxygen saturation (%)
Use Scale 2 if target range is 88-92%, e.g. in hypercapnic respiratory failure

*ONLY use Scale 2 under the direction of a qualified clinician

≥97 on O2											3
85-96 on O2											2
93-94 on O2											1
≥93 on air											
88-92											
86-87											1
84-85											2
≤83%											3

Air or Oxygen?

A = Air													
O2 L/min													2

ACVPU KEY

A
Alert
awake & responding, eyes open

C
Blood pressure
mmHg
Score uses systolic BP only

≥220													3
201-219													
181-200													
161-180													
141-160													
121-140													
111-120													
101-110													1
91-100													2
81-90													
71-80													
61-70													3
51-60													
≤50													

C
Confusion
New onset of confusion (Do not score if chronic)

Pulse
Beats/min

≥131													3
121-130													
111-120													
101-110													
91-100													
81-90													
71-80													
61-70													
51-60													
41-50													1
31-40													3
≤30													

V
Verbal
moves eyes / limbs or makes sounds to voice

D
Consciousness
Score for NEW onset of confusion (no score if chronic)

Alert													
Confusion													
V													
P													3
U													

P
Pain
responds only to painful stimuli

E
Temperature
°C

≥39.1													2
38.1-39.0°													1
37.1-38.0°													
36.1-37.0°													
35.1-36.0°													1
≤35.0°													3

NEW

U
Unresponsive
unconscious

NEWS TOTAL

Next observation due (Hrs)													
Escalation of care Y/N													
Initials													

NEW (No Baseline)

Respiration Rate

- RR is the most important parameter but the least recorded
- RR is thought to be the most sensitive indicator of a patient's physiological well-being
- RR reflects not only respiratory function as in hypoxia or hypercapnia, but cardiovascular status as is pulmonary oedema and metabolic imbalance i.e. DKA
- Elevated RR is a powerful sign of acute illness and distress, in all patients
- Generalised pain and distress
- Sepsis remote from the lungs
- CNS disturbance and metabolic disturbances such as metabolic acidosis
- Reduced RR is an important indicator of CNS depression and narcosis
- **Always take RR over 60 seconds**

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25


SpO₂ Scoring scales

- NEWS2 has two scoring scales for SpO₂

The new SpO₂ scoring Scale 2 is only for patients with a prescribed oxygen saturation requirement of 88–92% (e.g. in patients who normally retain Carbon Dioxide and need to do this to drive their respiratory effort (hypercapnic respiratory failure))

- This should only be used in patients **confirmed to have hypercapnic respiratory failure on blood gas analysis** on either a prior, or their current, hospital admission
- The decision to use the new SpO₂ scoring Scale 2 should be made by a competent clinical decision maker and should be recorded in the patient's clinical notes
- In all other circumstances, the regular NEWS SpO₂ scoring scale (Scale 1) should be used
- For the avoidance of doubt, the SpO₂ scoring scale not being used should be clearly crossed out

SpO₂ Scoring scales

A+B SpO₂ Scale 1  Oxygen saturation (%)	≥96																	1	
	94-95																		2
	92-93																		3
	≤91																		3
SpO₂ Scale 2[†] Oxygen saturation (%) Use Scale 2 if target range is 88-92%, e.g. in hypercapnic respiratory failure <i>†DO NOT use Scale 2 under the direction of a qualified clinician</i>	≥97 on O ₂																	3	
	95-96 on O ₂																		2
	93-94 on O ₂																		1
	≥93 on air																		3
	88-92																		2
	86-87																		1
	84-85																		2
≤83%																		3	
Air or Oxygen?	A = Air																		
	O ₂ L/min																	2	

Authorising clinician

Signature & Date

Level of Consciousness

- Measured via ACVPU
(alert, new confusion, voice, pain, unresponsive)
- Alert – patient is active, responsive, interacting with people and surroundings, answers questions etc.
- New onset or worsening confusion is now included which excludes residents with confusion as part of their normal disease process
- Voice – responds to voice but not spontaneously interacting, may be drowsy, keeps eyes closed, may not speak coherently
- Pain – not alert and does not respond to verbal stimuli, responds to painful stimulus
- Unresponsive – unresponsive, unconscious

ACVPU KEY

A
Alert
awake & responding, eyes open

C
Confusion
New onset of confusion (Do not score if chronic)

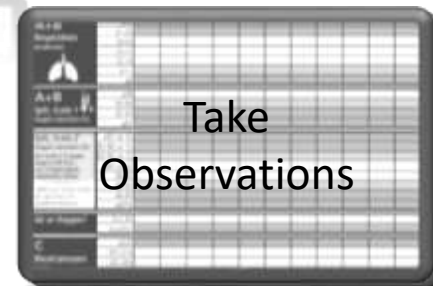
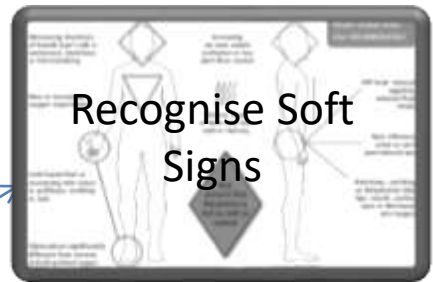
V
Verbal
moves eyes / limbs or makes sounds to voice

P
Pain
responds only to painful stimuli

U
Unresponsive unconscious

Physiological parameter	Score						
	3	2	1	0	1	2	3
Consciousness				Alert			CVPU

Escalation – get the right help



NEWS2 Escalation (get the right help early)

	Suggested Actions (always consider the resident's total NEWS2 in relation to their normal reference score)	Observations
0	Observe - Help stable enough to remain at home Enable if any clinical concerns / gut feeling	At least 12 hourly until no concerns
1	Immediate senior staff review, escalate if concerned. Repeat observations within 6 hours, if next observations are normal then arrange for GP review in 24 hours, if NEWS2 remains 1 or 2 then repeat observations within 6 hours.	At least 6 hourly
2	Immediate senior staff review, if no improvement in NEWS2 or the same problem persists, seek GP telephone assessment within 2 hours or GP review within 6 hours. If NEWS2 is increasing, move to appropriate escalation point.	At least 2 hourly
3-4	Repeat observations within 30 minutes, if NEWS2 remains 3 or 4 or there is face to face review with 2 hours, then escalate to next point.	At least every 30 minutes
5-6	Immediate clinical review/ advice required. Refer to GP using surgery telephone number or use NHS 111 to contact out of hours. Urgent transfer to hospital within 1 hour may be required.	Every 15 minutes
7+	Admission to hospital should be in the with any appropriate, agreed and documented plan of care.	Continuous monitoring until transfer



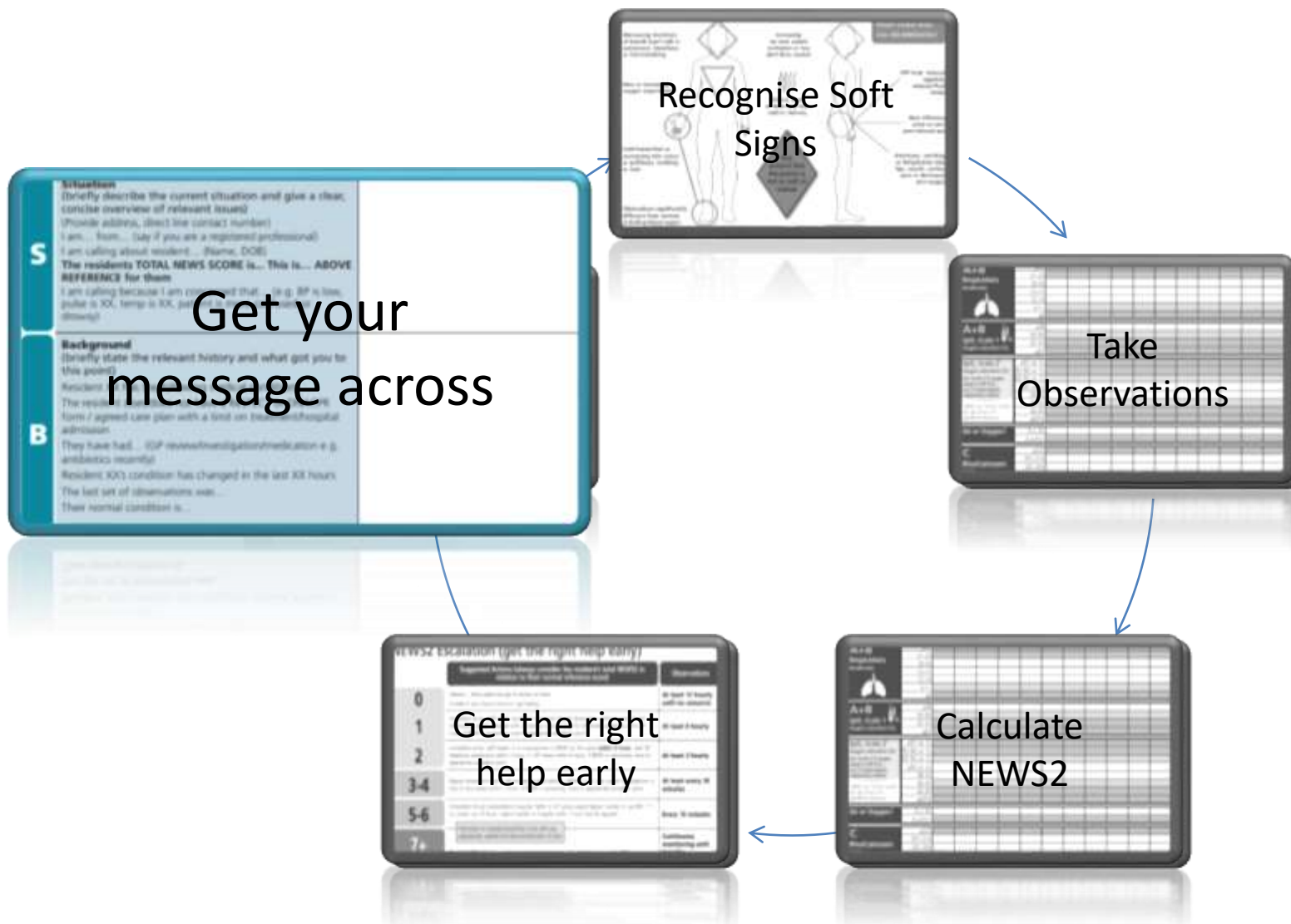
Get the right help early

Escalation – get the right help

Removes the element of personal interpretation

Suggested Actions (always consider the resident's total NEWS2 in relation to their normal reference score)		Observations
0	Observe – likely stable enough to remain at home Escalate if any clinical concerns / gut feeling	At least 12 hourly until no concerns
1	Immediate senior staff review, escalate if concerned. Repeat observations within 6 hours. If next observations remain elevated with no obvious cause arrange for GP review suggested within 24 hours. If NEWS is worsening, move to appropriate escalation point.	At least 6 hourly
2	Immediate senior staff review, if no improvement in NEWS (or the same) within 2 hours , seek GP telephone assessment within 2 hours +/- GP review within 6 hours. If NEWS is worsening, move to appropriate escalation point.	At least 2 hourly
3-4	Repeat observations within 30 minutes . If observations = NEWS +3 or more , seek urgent GP telephone or face to face review within 2 hours. If NEWS is worsening, move to appropriate escalation point.	At least every 30 minutes
5-6	Immediate clinical review/advice required. Refer to GP using surgery bypass number or use NHS 111 to contact out of hours. Urgent transfer to hospital within 1 hour may be required.	Every 15 minutes
7+	Admission to hospital should be in line with any appropriate, agreed and documented plan of care. Blue light 999 call with transfer to hospital (15 minutes), follow guidance of call handler	Continuous monitoring until transfer

Get your message across



SBARD Escalation Tool and Action Tracker

(get your message across)

REMEMBER TO SAY:
The residents **TOTAL NEWS SCORE** is... This is... **ABOVE REFERENCE** for them

- SBARD is a structured method for communicating critical information that requires immediate attention and action
- Five steps:
 - Situation
 - Background
 - Assessment
 - Recommendation
 - Decision

		1 Notes (including date and time of escalation)	
S	Situation (briefly describe the current situation and give a clear, concise overview of relevant issues) (Provide address, direct line contact number) I am... from... (say if you are a registered professional) I am calling about resident... (Name, DOB) The residents TOTAL NEWS SCORE is... This is... ABOVE REFERENCE for them I am calling because I am concerned that... (e.g. BP is low, pulse is XX, temp is XX, patient is more confused or drowsy)		
	Background (briefly state the relevant history and what got you to this point) Resident XX has the following medical conditions... The resident does/does not have a ReSPECT or DNACPR form / agreed care plan with a limit on treatment/hospital admission They have had... (GP review/investigation/medication e.g. antibiotics recently) Resident XX's condition has changed in the last XX hours The last set of observations was... Their normal condition is...		
	Assessment (summarise the facts and give your best assessment on what is happening) I think the problem is XX And I have... (e.g. given pain relief, medication, sat the patient up etc.) OR I am not sure what the problem is but the resident is deteriorating OR I don't know what's wrong but I am really worried		
	Recommendation (what actions are you asking for? What do you want to happen next?) I need you to... Come and see the resident in the next XX hours AND Is there anything I need to do in the meantime? (e.g. repeat observations, give analgesia, escalate to emergency services)	Actions I have been asked to take (initial & time when actions completed)	Initials
Decision (what have you agreed)	XX hours, and take XX action.	Wcosoc Patient Safety Collaborative	NHS Parliamentary Awards 2019

Case Studies

RESTORE2

Recognise early soft-signs, Take observations, Respond, Escalate

Case Study

RESTORE2 in a Nursing Home

- Resident has a normal NEWS2 score of 0



Completing monthly observations means the staff recognise what is "normal" for the resident

Use of the Reference box (what's normal for the resident) makes staff aware of needs specific for the resident

Nursing Home

Case Study

RESTORE2 in a Nursing Home

- Staff noticed a change in the residents general condition “soft signs” which prompted observations and highlighted the need for review

NEWS

4

low temperature

off food

increased lethargy

not taking fluid and medications

Clear story to tell GP with physiology using SBARD

Nursing Home – Recognising change and escalating concerns

Case Study

RESTORE2 in a Nursing Home

- GP reviewed and regular monitoring maintained, with the addition of blood sugar readings due to residents medical history

NEWS

4

clear, objective
evidence of
condition and
deterioration

Respect form in
place to help
formulate plan of
care

Family kept
informed and
included in
discussions

Good visual
representation of
residents condition

Nursing Home – GP Review

Case Study

RESTORE2 in a Nursing Home

- The resident was reviewed, considered for end of life care and anticipatory medications put in place
- Resident able to stay in home and be cared for by a familiar team

'the home staff felt the RESTORE2 tool complimented their clinical judgement resulting in timely review and avoidance of hospital admission'

'the incident has highlighted the importance of recognising soft signs and how a fully informed and followed process can populate an appropriate plan of care

Right place, right time, right care

Nursing Home – GP – No hospital admission needed

Case Study

RESTORE2 in a Nursing Home

- Resident admitted for respite care following a fall and treatment for rib pain and a chest infection



Home don't know the resident and what's normal for them

Home does have a reference point for normal physiology

Nursing Home

Case Study

RESTORE2 in a Nursing Home

- 2 days after admission staff and the residents family noticed small changes with the residents “soft signs”



breathlessness

off food

increased lethargy

looking pale

Clear story to tell GP
service with
physiology

Nursing Home – Out of Hours GP

Case Study

RESTORE2 in a Nursing Home

- OOH reviewed but the resident deteriorated further that evening. Following GP review and liaison with the hospital team admission was recommended for assessment and oxygen administration

clearer handoff
between services



clear, quantifiable
evidence of
deterioration

transferable records
of physiology

Nursing Home – OOHGP – Ambulance Service - Hospital

Case Study

RESTORE2 in a Nursing Home

- The resident was discharged from hospital following treatment for chest sepsis & pulmonary oedema after 4 days , returned to the nursing home for further respite and home 2 weeks later

'the incident has also highlighted to the care home staff the importance of soft signs and how changes can be an early indicator of deterioration'

'the home staff felt the RESTORE2 tool enhanced their confidence in being able to request a GP review and communicating the reasons for this'

Nursing Home – OOHGP – Ambulance – Hospital – Nursing Home - Home

Using RESTORE²

lets do some scenarios

RESTORE²

Recognise early soft-signs, Take observations, Respond, Escalate



Case Study 2

Charlie

Charlie



Charlie is 67 yrs old

Admitted to home as unable to cope and has reduced mobility

Full capacity No respiratory problems

Observations

Resps 16 per minute

Sats 96%

BP 125/90

P88

ACVPU= A

T 37

Normal News2 Score



- Normal NEWS 2 Score “0”
- Monthly observations stable for first 3 months of his stay

Soft Signs



One morning you notice that Charlie is reluctant to eat his breakfast and feels he needs to go back to bed for a rest

When you check on Charlie an hour later you feel his hands are colder than normal

WHAT DO YOU DO ?

Observations and reassess news



Observations

NEWS2

Reps 20

Sats 95%

Score 2

BP 115/80

P95

A- Alert

WHAT DO YOU DO?

T 37.5

Escalation plan



Refer to escalation plan

2 hrly obs

Request senior staff review
Repeat observations 2 hrly

No change

NEWS2 score 2

**Document , Document ,
Document**

What do you do ?

Refer to escalation plan



Repeat observations

Reps 22

Stats 95%

Bp 115/70

P 95

Alert

T 38

NEWS2 score now 4

What do you do ?

Refer to escalation plan

Next step



- Repeat observations every 30 minutes
- Seek Urgent GP advice
- how would you give the information to the GP

- **Situation**

I am ringing because I am concerned regarding one of my residents

Charlie has been with the home for 3 months and is generally fit and well

I became concerned as he is off his food and unusually lethargic

His reference/normal NEWS2 score is 0

We have been monitoring his observations over the day and his NEWS2 Score has risen to 4

- **Background**

Charlie is 67yrs old and alert with full capacity

He is on medication for hypertension but no other medication

He has not required medical review since joining the home

His last set of observations are : Reps 22, Stats 95%, Bp 115/70, P 95

Alert ,T 38

SBARD



- **Assessment**

I am not sure what the problem is but he is deteriorating

Recommendation

Please could you visit to review Charlie ?

Is there anything I can do whilst I am waiting for you ?

GP- Advice please give 1g of paracetamol and continue with observations

- **Decision**

GP – will visit in the next two hours after surgery

Continue with observations and call back if Charlies condition changes before the GP arrives

Document .Document .Document

Outcome

- Charlie is reviewed by GP
- Antibiotics prescribed (UTI)
- To continue observations in line with the escalation tool until returned to Charlies “Normal”

Reflection



- What did you do ?
- Recognised soft signs
- Used SBAR to communicate your concerns
- Achieved a GP review in a timely manner

Supporting Implementation

RESTORE2

Recognise early soft-signs, Take observations, Respond, Escalate

Initial Paper Copies



Recognise early soft-signs, Take observations, Respond, Escalate



Recognise Early Soft Signs, Take Observations, Respond, Escalate

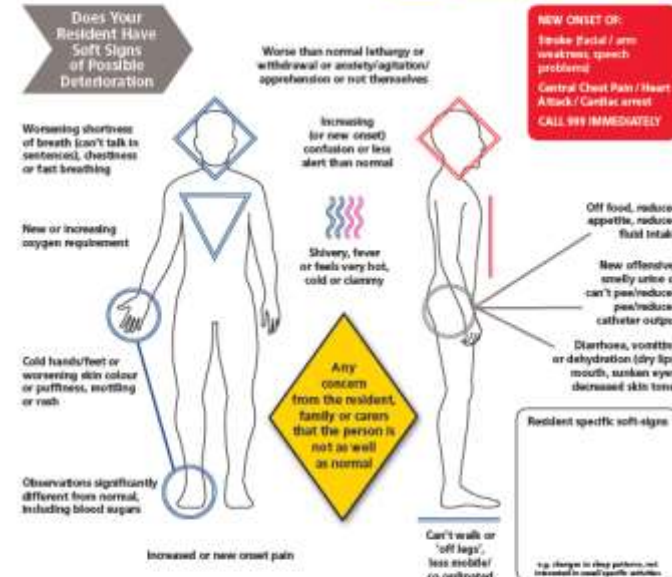


Adult Physiological Observation & Escalation Chart

Full Name:

NHS No.

DOB: Room No.



Optional Competency Statement

Individual competency assessment is not a mandatory part of the RESTORE2 process but a suggested template is included as an example for anyone considering adopting this approach.



Name _____ Job Title _____

RESTORE2™ Competency Statement
 The participant can demonstrate clinical knowledge (registered professionals) and skill (all staff) in the use of RESTORE2™, incorporating soft signs, NEWS2 and SBARD without direct supervision. Assessment of practice must be by a Registered Health Care Professional.

RESTORE2™ Competency Framework			
Competency Criteria	Assessment method	Comments	Competence achieved (Assessor) Sign and Date
The participant will be able to:			
1. Demonstrate knowledge and skill in the use of the RESTORE2™ and NEWS2 observation tools			
1a. Understand the normal presentation of their residents and the significance of treatment escalation plans / DNACPR orders (all staff), including knowledge of underlying conditions, individual risk factors (registered professionals)	Discussion		
1b. Identify possible early soft signs of deterioration in residents and understand the responsibility to escalate concerns accordingly (all staff)	Discussion and observation		
1c. Be aware of when it is appropriate to complete a set of vital signs and when it is appropriate to immediately escalate to the emergency services (all staff)	Discussion		
1d. Demonstrate ability to accurately perform a full set of vital signs (breathing rate, oxygen saturations, blood pressure, heart rate, ACVPU, temperature) (all staff) (only complete if vital signs competency not done)	Observation		
1e. Accurately document individual scores on the RESTORE2™ tool and add them up to get the correct total score (all staff)	Observation		
1f. Identify the immediate actions to be taken in response to the total NEWS2 in relation to what is normal for the resident using the RESTORE2™, including the frequency of next observations (all staff)	Observation and discussion		
1g. Identify an appropriate plan for on-going management of the deteriorating resident (registered professionals)	Observation and discussion		
2. Demonstrate knowledge and skill in the use of the SBARD escalation tool			
2a. Demonstrate when to use the SBARD tool (all staff)	Discussion		
2b. Explain the 5 stages of SBARD and what information should be communicated for each stage (all staff)	Discussion		
2c. Demonstrate accurate documentation of SBARD on the RESTORE2™ tool (all staff)	Observation		

Date NEWS 2 e-learning or Health Education England Deterioration/Sepsis modules completed _____

Date Physical Assessment Competency Completed _____

I can confirm that the above named individual has completed the NEWS 2 e-learning or Health Education England Sepsis modules and has retained evidence of completion.

Assessor _____ Signature _____ Status _____ Date _____

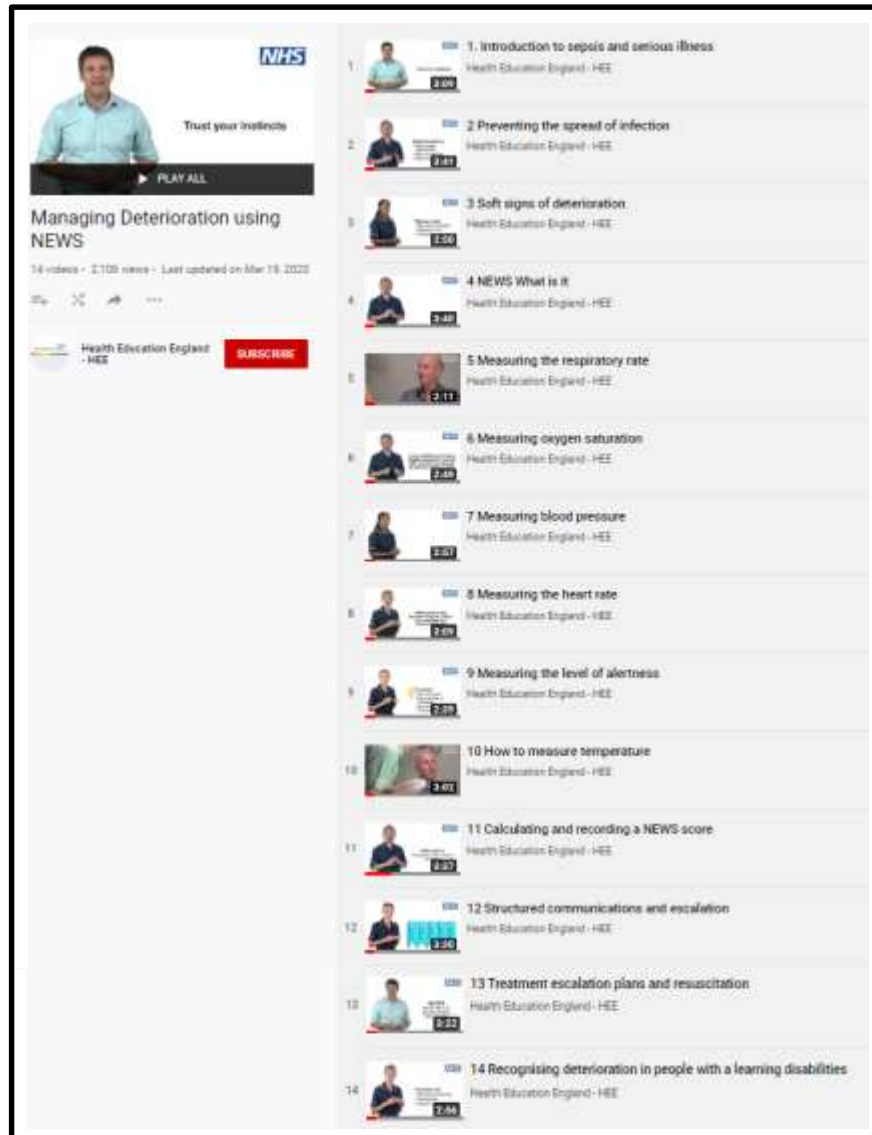
I can confirm that the above named individual has completed a physical assessment competency document and is able to perform clinical observations to a satisfactory standard without supervision.

Assessor _____ Signature _____ Status _____ Date _____

I can confirm that the above named individual has completed the RESTORE2™ competency document and can verify that he/she is able to use RESTORE2™ safely and appropriately.

Assessor _____ Signature _____ Status _____ Date _____

Additional Resources - Managing Deterioration Videos



Linking the Managing Deterioration Videos and RESTORE2

Spotting serious illness and sepsis

Some people are more at risk than others of becoming unwell very quickly and developing a serious illness such as sepsis. This is known as 'deterioration' and it is important that anyone who cares for individuals who are at risk of deterioration knows how to spot the signs, especially during the current COVID-19 outbreak.

Watch this film

[Introduction to sepsis and serious illness](#)

Soft Signs and What's Normal

What to look out for when it is not appropriate to take measurements of a person's vital signs.

The [RESTORE2 mini](#) tool is helpful in these situations.

A [white paper](#) from Geoff Cooper at Wessex AHSN looks at using soft signs to identify deterioration.

Watch these films

[Preventing the spread of infection](#)

[Soft signs of deterioration](#)

[Recognising deterioration with a learning disability](#)

Take Observations

The National Early Warning Score is used by GPs, ambulance services and acute hospital trusts.

[RESTORE2](#) makes NEWS2 more accessible to care and nursing homes.

Watch these films

[NEWS: What is it?](#)

[Measuring the respiratory rate](#)

[Measuring oxygen saturation](#)

[Measuring blood pressure](#)

[Measuring the heart rate](#)

[Measuring level of alertness](#)

[How to measure temperature](#)

[Calculating and recording a NEWS score](#)

Escalate and Communicate

Effective communication is vital for safety critical messages between different healthcare staff

Watch these Films

[Structured communication and escalation](#)

[Treatment escalation plans and resuscitation](#)

Wessex AHSN and West of England AHSN have collaborated with West Hampshire CCG (RESTORE2) and Health Education England to produce a series of free videos and e-learning materials to support staff working in care homes to care for residents who are at risk of deterioration.

The full set of 14 Managing Deterioration Videos can be accessed via: <https://wessexahsn.org.uk/projects/358/care-home-training-resources>

Care Home Top Tips



Recognise Early Soft Signs, Take Observations, Respond, Escalate

Tips for care home and nursing homes

Improving quality is evaluating and measuring the impact of change.

(Health Foundation 2013)

The following are tips that will help your home implement and sustain RESTORE2™

- ✓ Agree to the guidelines of the RESTORE2™ social agreement
- ✓ Engage with people around you about your use of RESTORE2™ e.g. your GP surgery, local frailty or outreach team, your community nursing team
- ✓ Identify a RESTORE2™ champion to promote adoption and allocate them the time to check that the tool is being used correctly
- ✓ Create lots of positive messages about RESTORE2™ for staff
 - ✓ NEWS2 is a common language across healthcare supporting residents receiving the right care at the right time in the right place
 - ✓ RESTORE2™ supports staff with the confidence to raise concerns with another professional
 - ✓ RESTORE2™ assists decision making/confirmation of clinical judgement
 - ✓ RESTORE2™ helps staff who may not know the resident
- ✓ Start using RESTORE2™ as soon as you have had the training
- ✓ Use RESTORE2™ and SBARD as part of your handover
- ✓ Tell agency staff that the home uses RESTORE2™
- ✓ Involve the whole team, as a manager you cannot oversee everything in the home
- ✓ Mention RESTORE2™ at staff meetings, this gives staff a chance to express what's going well or not so well

Top Tips for rolling out RESTORE2™



Recognise Early Soft Signs, Take Observations, Respond, Escalate

- ✓ Keep a record of any issues or concerns e.g.:
 - GP/ out of hours were not supportive of RESTORE2™
 - Paramedic not aware that RESTORE2™ was being used in the home
 - 111/999 not responding to the NEWS2s
- ✓ Ensure that staff sign, date and initial the observation chart
- ✓ Ensure staff do what the escalation chart tells them to do
- ✓ Emphasise that contemporaneous notes are a must, staff need to record the care given or omitted, and the rationale for these decisions
- ✓ Remember if observations are required within a certain timeframe, it is your responsibility to ensure they are recorded correctly. Staff will be accountable if they are not completed as per the guide
- ✓ Remind staff that a NEWS2 score that's above the residents normal does not automatically mean that staff need to call 999 - What are the resident's wishes? What is recorded on their Treatment Escalation Plan?
- ✓ Send a photocopy of the observation chart and the action tracker when escalating to the Ambulance Service or the Acute Hospital. This helps the next team caring for the resident; it stops the assumptions of what the resident is normally like or what has been happening to the resident prior to conveyance
- ✓ Share with the sponsor when you have had a good outcome when using RESTORE2™. We can spread the NEWS!
- ✓ Remember to contact the sponsor to alert them to any concerns or if you need support. It is easier to sort out a concern sooner than later
- ✓ Continue to complete the monitoring tool after the tool has been embedded (After the 3rd measure)
- ✓ Report any feedback to your sponsor to ensure learning is shared
- ✓ Celebrate success and share case studies with staff.

Top Tips for rolling out RESTORE2™



Recognise Early Soft Signs, Take Observations, Respond, Escalate

Social Agreement

RESTORE2™ supports Care and Nursing Homes to recognise, assess and respond to residents who deteriorate in an appropriate and timely manner. It incorporates; Identifying Soft Signs, Knowing your Resident, National Early Warning Scores2, Escalation, Structured Communication (SBARD) and Action Tracker

What homes will be doing:

- Engage in education and training
- Assign a RESTORE2™ 'Champion'
- Implement the RESTORE2™ tool within 7 days of the training
- Use the RESTORE2™ tool if a resident shows signs of deterioration; to support decision making and communication
- Cascade training to other members of the team
- Regularly measure RESTORE2™ compliance and outcomes in practice and supply data and case studies to the sponsor
- Feed back to the sponsor on the use of the RESTORE2™ tool

Home name

Home RESTORE2™ Lead / Champion

What the sponsor will be doing:

- Provide initial training and education on RESTORE2™
- Provide initial paper copies of the RESTORE2™ tool for care home staff to use
- Act as an expert resource to the home
- Provide regular support to staff either face to face and/or by telephone or email
- Support the evaluation of RESTORE2™ to see where it has helped residents and staff
- Support with RESTORE2™ measurement
- Certification on completion of which will be reviewed on a yearly basis

Sponsoring Organisation

Sponsor Representative

RESTORE2™ can be found at <https://www.westhampshireccg.nhs.uk> Please contact _____ if you require assistance

1

Safety Champions for Deterioration

Evidence Record & Resource File

By Katie Whittle, Programme Manager

Date: 23 September 2019



Monthly Measuring Tool Completion

Home:
Postcode:
CCG (if known):
Date:
Audit:



Recognise Early Soft Signs, Take Observations, Respond, Escalate

Measurement Tool														
Resident	Patient identification completed on front of Restore2 chart (At least Name and NHS Number)	Normal/Barolin & NEWS2 score in reference box	Full observations completed consistently	SP02 Scale		NEWS2 Score is accurately added up	Each set of observations is:			For each episode of deterioration (anything above normal), escalation path has been followed	Percentage	If Resident Escalated:		
				Appropriate scale used	Redundant scale crossed through		dated	timed	signed			Escalated through (Tel: 111, 999, GP, 111, 999, Unknown)	Admitted / Not Admitted	Discharged back to Care Home within 48 hours of Hospital Admission
				Yor/Ha	Yor/Ha		Yor/Ha	Yor/Ha	Yor/Ha			Yor/Ha	Yor/Ha	Yor/Ha
1											0%			
2											0%			
3											0%			
4											0%			
5											0%			
6											0%			
7											0%			
8											0%			
9											0%			
10											0%			
Total	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			

Guide for measurement tool
 Measurement 1 - 50% compliant - 4 - 6 weeks after training
 Measurement 2 - 70% compliant - 12 weeks after measurement 1
 Measurement 3 - 80% compliant - 24 weeks after measurement 2

Monthly Measuring Tool Completion

Data Collection									
Month	How many calls to GP/111/OOH /Teletriage (in hours)	How many calls to GP/111/OOH /teletriage (out of hours)	How many calls to 999 (in hours)	How many calls to 999 (out of hours)	How many of these were a result of RESTORE2™ Escalation	How many of these were treated at the home (Antibiotics etc)	How many of these were conveyed to Hospital	How many of these were admitted to hospital	How many of these were recognised as being in their last days of life, had an end of life care plan initiated and cared for at the home in their usual place of residence

Notes and Comments

Thankyou for taking the time to complete the Monthly Restore2 Measuring Tool.

Please continue to submit this form on a monthly basis for the 12 month period following your Restore2 Training.

Please refer to the *'Care Home User Guide: Monthly Restore2 Measures Collection'* for instruction if required



Care Home User Guide: Monthly RESTORE2 Completion of Measuring Tool

Thank you for attending the Restore2 Training and implementing this tool within your Care Home.

As discussed during your training session, there is a requirement to submit the Measuring Tool relating to the implementation of Restore2 on a monthly basis for the 12 month period following training. Obtaining this data will enable us to demonstrate the impact of the tool and guide future improvements and their implementation.

The intention of this User Guide is to provide you with clear instructions with regards to collecting and submitting your monthly data, to ensure that there is consistency in information being supplied.

As part of the roll out of the training, you would have received a copy of the Measuring Tool (Excel Document)

This document will now take you through each section of the Measuring Tool

Delivered by:
North West Coast **Patient Safety Collaborative**



TheAHSNNetwork

Led by:
NHS England
NHS Improvement

Recognition and endorsements

Guidance from the CQC, DHSC, NHSE and PHE (31/7/20) includes reference to RESTORE2™ in their [Admission and care of residents in a care home during COVID-19](#). The guidance states that the NHS will be supporting care home professionals to use well evaluated tools such as RESTORE2™ and NEWS2, accompanied by support and access to specific equipment such as pulse oximeters, which can also help determine whether a resident is unwell and as a way of monitoring residents with symptoms.

The British Geriatrics Society have recommended the use of RESTORE2™ in their “[COVID-19: Managing the COVID-19 pandemic in care homes](#)” (BGS 25/3/2020) which states: “If taking vital signs, care homes should use the RESTORE2™ tool...” ...”to recognise deterioration in residents, measure vital signs and communicate concerns to healthcare professionals.”

Learning Disabilities Mortality Review (LeDeR) programme have recommended that NEWS2, as used in tools such as RESTORE2™, is adapted and then adopted as a means to capture baseline and soft signs of acute deterioration in physical health for people with learning disabilities by:

- Involving people with learning disabilities, their families and professional organisations.
- Disseminating for use across acute, primary and community settings.

[2019 Annual report of the English Learning Disabilities Mortality Review \(LeDeR\) programme \(LeDeR 16/7/20\)](#) The report can also be downloaded from the resources zone on this webpage.