**RESTORE2 Escalation Process for Care Homes in East and North Hertfordshire**

***Before referring to the escalation tool please consider the following:***

Admission to hospital should be in line with any appropriate, agreed and documented plan of care (Including Advanced Care Plan/Treatment Escalation Plan/Advanced Directive (which should commence when the patient is first admitted to the care home). Residents and families wishes should be considered and a Best Interest Decision made where appropriate, or consult with the patient’s Attorney as per Lasting Power of Attorney for Health and Welfare where one exists and the patient has lost capacity (consider Advanced Directive).

If the NEWS score is worsening or you have other clinical concerns, please move to appropriate escalation point. The NEWS score should not be the only determining factor in referring to the escalation process. If staff notice a change or soft signs of deterioration in residents, they should also refer to the escalation process. These soft signs could include but are not exclusive to:

* Loss of appetite
* Resident not drinking
* Signs of increased pain through verbal or non-verbal cues
* Reduced urine output
* Changes in behaviour (e.g. increased or reduced agitation)
* Resident withdrawn/quiet
* Slurred speech
* New rash
* Diarrhoea or constipation

NEWS scores should also be measured against the resident’s usual baseline (e.g. some residents may consistently have a NEWS score of 2). When taking scores at below observation frequency please consider the timeframe (e.g. where possible try to take at intervals in hours so GP who knows the patient can review). If someone is on long term oxygen it is important to check if there is a change in the type of requirement or other change in NEWS score.

Consider using the [**SBAR Tool**](https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-sbar-communication-tool.pdf) when a clinical review is required:

1. Situation = What are the observations or any soft signs
2. Background = Past medical history and what medication are they on and allergies
3. Assessment = What is the assessment of the patient
4. Recommendation = What do you want the clinician to do (e.g. further face to face or video assessment)?

**All resident’s relatives should be kept in close contact throughout the process irrespective of which Risk Category they are currently in.**

**RESTORE2 ESCALATION TOOL**

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| **Risk category** | **Observation frequency** | **ACTIONS (Normal Operating Hours Mon-Fri 8am-6.30pm): Always consider the resident’s total NEWS 2 in relation to their total reference score and other soft signs of deterioration**  **(NOTE: Use this process during NORMAL OPERATING HOURS between Mon-Fri, 8am-6.30pm. For anything outside of these hours please see next column – OUT OF HOURS)** | **ACTIONS FOR OUT OF HOURS ESCALATION PROCESS**  **(NOTE: Use this process for anything outside of normal operating hours – PLEASE SEE BELOW FOR FULL DETAILS & WHO TO CONTACT)** |
| **Low risk**  **Total/aggregated NEWS score of**  **1-2** | Repeat every 12 hours | * Complete routine observations. If resident’s NEWS score remains consistent and they are not showing soft signs of deterioration continue to monitor and arrange for clinical review by most appropriate health care professional * If there is a new concern or change in resident’s health/soft signs continue to monitor and arrange for more urgent clinical review by most appropriate health care professional * Consider contacting other services for further guidance and support e.g. Care Home Practitioners/Frailty Nurses, HPFT, hospices, ICRS if resident is known to the service | * Monday-Sunday, 6.30pm-8am call **111 option 6** for further support * Over weekends between 8am-8pm call the HCT POA service on **0300 123 7571 option 2** for further support. |
| **If score suddenly changes from 0 to 2 – increase observation frequency** | Repeat every 4 hours |
| **Low to medium risk**  **Total/aggregated NEWS score of**  **2-4**  **Or a single score of 3 in any NEWS observation** | Repeat every hour | * Complete observations and look out for early warning signs/soft signs of deterioration * If there is a new concern or change in resident’s health, review Treatment Escalation and Advanced Care Plan * Contact GP * Consider contacting other services for further guidance and support e.g. Care Home Practitioners/Frailty Nurses, HPFT, hospices, ICRS if resident is known to the service * If there is no improvement, observations remain elevated with no obvious cause or NEWS score is +3 or more for any observation seek urgent telephone assessment with POA on **0300 123 7571 option 2** | * Monday-Sunday, 6.30pm-8am call **111 option 6** for further support * Between 8am-8pm, 7 days a week call the HCT POA service on **0300 123 7571 option 2** for further support. |
| **High risk**  **Total/Aggregated NEWS score**  **5-6** | Repeat every 15 minutes | * If they want to go to hospital call **999** and follow guidance of call handler * If resident is scoring between 5 and 6 or showing significant deterioration (within first 15 minutes) seek urgent telephone assessment from HCT POA service on **0300 123 7571 option 2** who will be able to advise further. If POA unable to respond within appropriate timescale they will call 999 | * If they want to go to hospital call **999** and follow guidance of call handler * Monday-Sunday, 6.30pm-8am call **111 option 6** for further support * Between 8am-8pm, 7 days a week call the HCT POA service on **0300 123 7571 option 2** for further support. If POA unable to respond within appropriate timescale they will call 999. |
| **Emergency**  **Total/Aggregated NEWS score**  **7** | Continuous monitoring and observations until transfer or further intervention from other professionals | * If they want to go to hospital call **999** and follow guidance of call handler * If resident or family has expressed wishes to remain in home and not go to hospital, contact the patients GP in the first instance. They can organise palliative care and can make onward referrals to other services such as POA who can organise JIC medication, palliative care or make a clinical decision on further treatment/intervention for the resident * If you cannot contact the GP please contact the POA on **0300 123 7571 option 2**. If POA unable to respond within appropriate timescale they will call 999 | * If they want to go to hospital call **999** and follow guidance of call handler * Monday-Sunday, 6.30pm-8am call **111 option 6** for further support   Between 8am-8pm, 7 days a week call the HCT POA service on **0300 123 7571 option 2** for further support. If POA unable to respond within appropriate timescale they will call 999. |