

RESTORE2

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

A Patient Safety Initiative co-produced by
West Hampshire CCG & Wessex Patient Safety Collaborative

This presentation has been collated by Jonathan Davies Somerset ICB
with thanks to

West Hampshire CCG & Wessex Patient Safety Collaborative
for allowing the use of a selection of their RESTORE2 slides

CORE LEARNING OUTCOMES

- Restore2 background and training in homes
- Recognise the benefits to Patients and Patient Safety
- Understand how RESTORE2 can improve communication with General Practice Teams
- to understand and respond when carers use RESTORE2 and describe:

soft signs

NEWS2* scores

Use SBARD

**Only used by Homes with staff who have competencies in taking physical observations*

Main Features of RESTORE2

- **SOFT SIGNS:** Recognising soft signs that may indicate a patient is deteriorating
- **NEWS2 SCORE:** This is a score, based on physical observations, that informs clinical staff about the condition of the patient. Only homes with staff competent in taking physical observations will provide a NEWS Score.
- **SBARD:** The care staff will contact the GP practice if the patient is unwell, deteriorating or they need further help or advice
SITUATION, **B**ACKGROUND, **A**SSESSMENT, **R**ECOMMENDATION, **D**ECISION

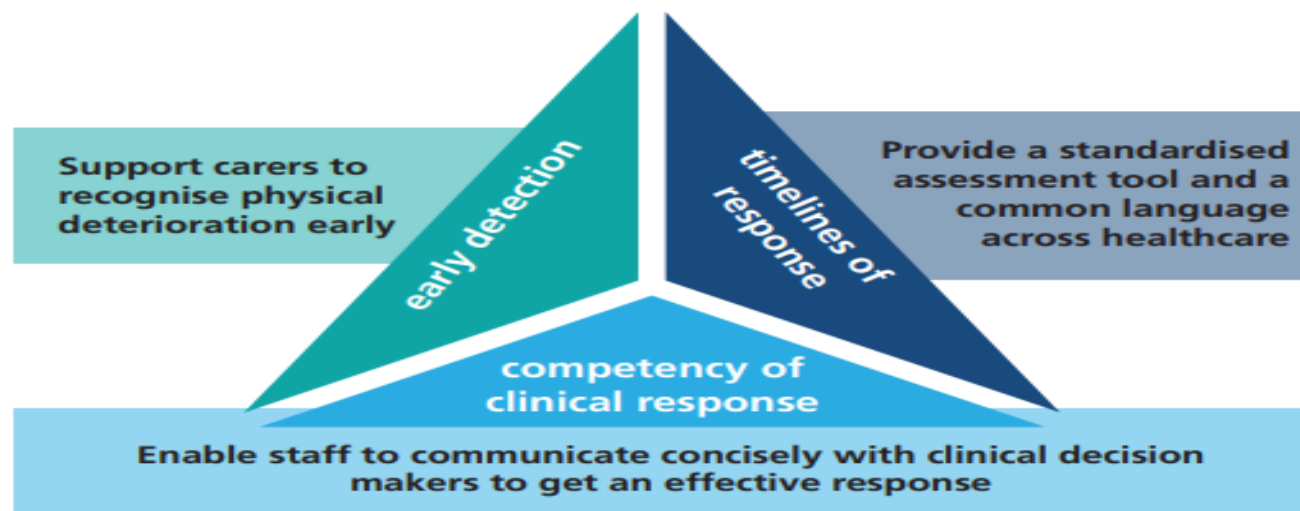
Why ?

Getting the best outcome for residents

If any one of us was unwell, we would want the following things to be in place to give us the best chance of a good outcome:

- Someone to recognise our deterioration early
- Healthcare services to get to us as quickly as is required
- A clinical response that meets our needs.

These three things are the triad of clinical outcomes. They are critical in preventing worsening deterioration and giving your resident the best chance of being treated successfully. Ideally, this means managing them in the community in their own place of residence but it could mean having the shortest possible admission to hospital or supporting a dignified and managed death.

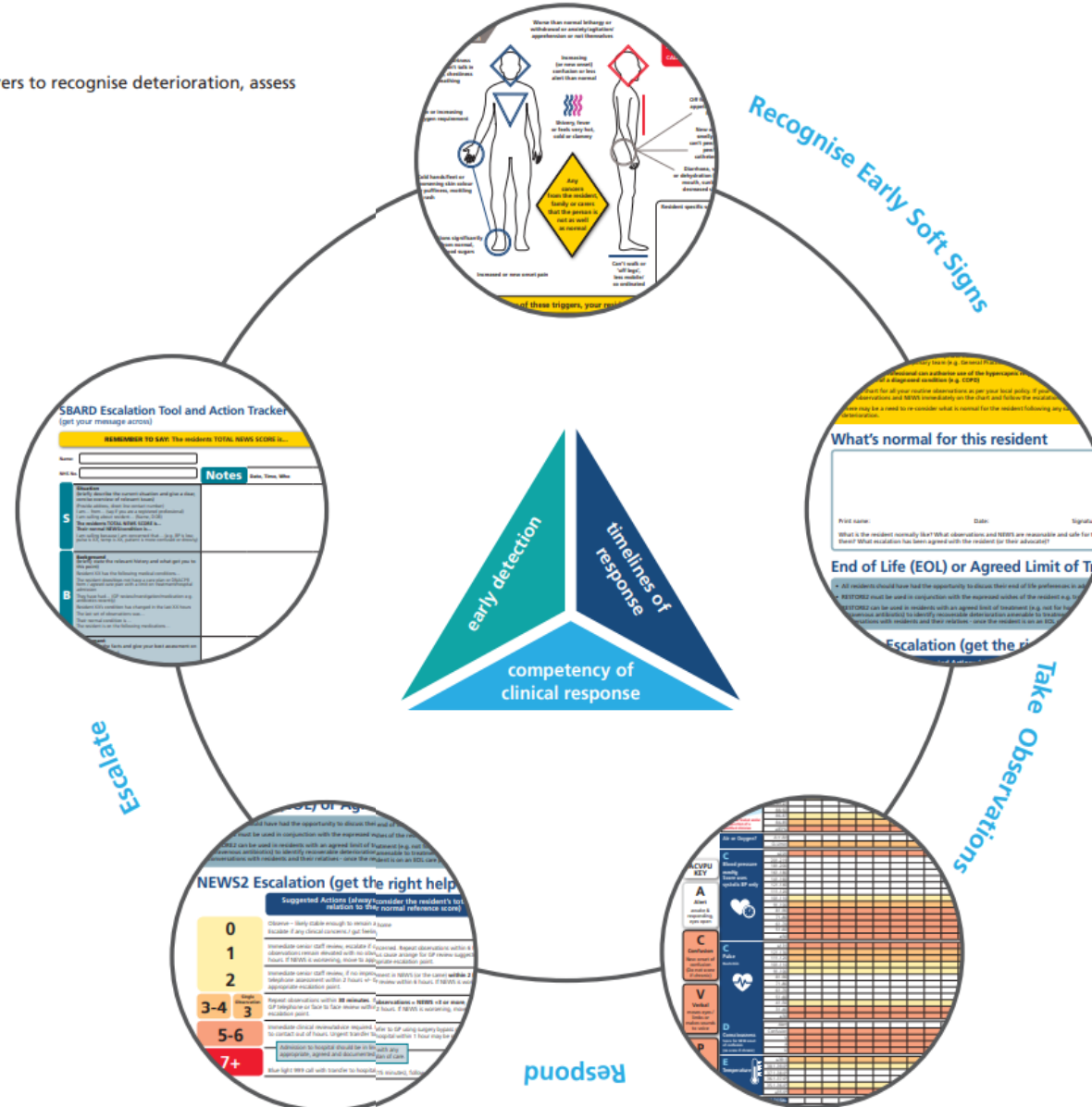


RESTORE2™ is not an admission avoidance tool – it is a right care, right time, right place tool, right outcome tool.

How does RESTORE2™ work?

RESTORE2™ has five key components that support carers to recognise deterioration, assess the risk and act on your findings:

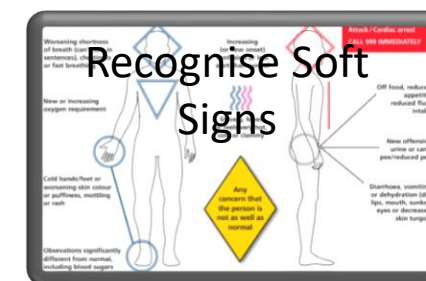
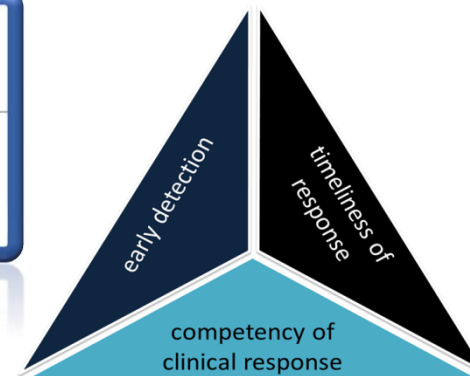
- The **soft signs of deterioration** which support carers to identify potentially unwell residents
- A **'what's normal for this resident'** reference box so people understand when a residents condition has changed and what plans have been put in place to manage this. This includes their normal NEWS
- **National Early Warning Score** physical observation chart that provides a standardised assessment of risk and sickness
- An escalation pathway to ensure you **'get the right help'**
- A structured communication tool to help you **'get your message across'**



Just using soft signs

RESTORE2 Mini combines **soft signs** a clear escalation pathway designed around care homes and an **SBARD** communication tool and Action Tracker

RESTORE2Mini combines **soft signs** and **SBARD**



NEWS2 Escalation (get the right help early)

NEWS2 Score	Suggested Actions (Always consider the resident's total NEWS2 in relation to their normal reference score)	Observations
0	None - they meet criteria for care at home	At least 12 hourly until no concerns
1	NEWS2 is increasing, refer to appropriate escalation point	At least 6 hourly
2	NEWS2 is increasing, refer to appropriate escalation point	At least 2 hourly
3-4	Repeat observations within 30 minutes. If observations > NEWS2 2 or 3, seek advice GP telephone or face to face review within 2 hours. If NEWS2 is worsening, move to appropriate escalation point	At least every 30 minutes
5-6	Investigate clinical responsibility required. Refer to GP using urgent advice 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.	Continuous monitoring until resolved

Get the right help early

First “Know your patient” and Treatment Escalation plans

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 ACVPU 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:

D. 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.

The Soft Signs of Physical Deterioration

As a carer, you spend time with residents and can get to know them very well. Sometimes it can be obvious that someone is unwell. Other times the signs might be much harder to spot.

What are soft signs?

Soft signs are the early indicators that someone might be becoming unwell. You do not have to be a health care professional to recognise these signs and as a carer you are ideally placed to recognise small changes in your resident. Often family and friends will pick up on the subtle changes in a person's behaviour, manner or appearance.

'Family concerns should always be taken seriously, even if you think the resident is fine.'

Types of soft signs

Soft signs can be related to many things including the resident's:

- physical presentation
- mental state or
- behaviour and ability

Examples of changes in a person's physical presentation could include:

- being short of breath
- not passing much urine
- being hot, cold or clammy to touch, or
- being unsteady when walking

Examples of changes in someone's mental state may include:

- feeling more anxious or agitated
- having new or worse confusion, or
- being more withdrawn than normal

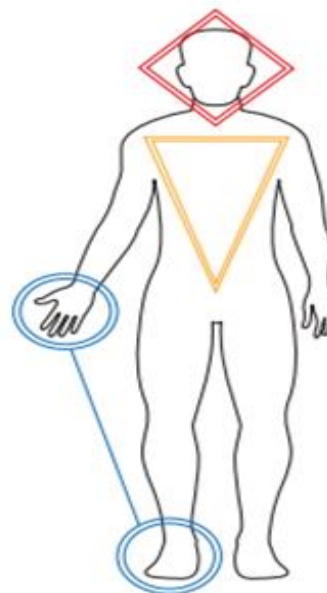
Changes in behaviour or ability may include:

- altered sleep patterns
- increased tiredness
- reduced inhibitions, or
- being very restless or hyperactive.

'Family concerns should always be taken seriously, even if you think the resident is fine.'

Example soft signs

Mental	Physical	Behaviour or Ability
Worse than normal lethargy	Worsening shortness of breath (can't talk in sentences)	Altered sleep patterns
Withdrawn	New or increasing oxygen requirement	Tiredness / not wanting to get out of bed
Anxiety/agitation or not themselves	Chestiness	Reduced inhibitions
More argumentative or tearful	Fast or unusually slow breathing	Reduced awareness
Increasing (or new onset) confusion	Cold hands/feet	Increased risk taking behaviour
Less alert than normal	Worsening skin colour	More restless / hyperactive
Reduced levels of concentration	Puffiness	Loud or animated
	Skin mottling or rash	Reduced interest in personal care
	Increased or new onset pain	Reduced interest in activities of daily living
	Observations significantly different from normal, including blood sugars	Anger / frustration outbursts
	Shivery, fever or feels very hot, cold or clammy	
	Off food, reduced appetite	
	Reduced fluid intake	
	New offensive/smelly urine or can't pee / reduced pee	
	Reduced catheter output	
	Diarrhoea, vomiting or dehydration (dry lips, mouth, sunken eyes, decreased skin tone)	
	Can't walk or 'off legs', less mobile/co-ordinated	



Check you have the latest version...

From: <https://westhampshireccg.nhs.uk/restore2/>

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

Full Name: _____
NHS No. _____
DOB: _____ Room No. _____

Adult Physiological Observation & Escalation Chart

Does Your Resident Have Soft Signs of Possible Deterioration

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, cough/sputum

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

Extreme tiredness or dizziness

New or increasing oxygen requirement

Shivery, fever or feels very hot, cold or clammy

Off food, reduced appetite, reduced fluid intake

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

Any concern from the resident, family or carers that the person is not as well as normal

New offensive/smelly urine or can't pee/reduced pee/reduced catheter output

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

Observations significantly different from normal, including blood sugars

Can't walk or 'off legs', less mobile/co-ordinated or muscle pain

Resident specific soft-signs
e.g. changes to sleep patterns, not interested in usual/specific activities

Increased or new onset pain

If you answer YES to any of these triggers, your resident is at risk of deterioration. If purple signs are present, think possible COVID-19

RECOGNISE SOFT SIGNS OF POSSIBLE DETERIORATION → **TAKE COMPLETE SET OF OBSERVATIONS AND CALCULATE NEWS** → **ESCALATE USING ESCALATION TOOL AND SBARD COMMUNICATION**

Page 1 of 6 - All pages must be present when printing

With purple (possible Covid-19) Soft Signs:
Shortness of breath
Cough/sputum
Shivery/fever
Muscle pain
Tired
dizzy

How to spot soft signs



“ How are you feeling today? ”

It is good practice to ask the people you care for, 'how are you feeling today'? Allow them time to answer the question in their own way and make a note of individual or unique soft signs in the resident's records for future reference.

You should encourage friends and family to tell you if they notice any soft signs.

Soft signs are particularly useful for residents who have difficulty communicating or understanding information due to dementia or learning difficulties.

'By learning about soft signs, you may be able to recognise deterioration early and act to protect your residents from serious illness'

Soft signs will lead into using the National Early Warning Score (NEWS) system as part of RESTORE2™ and escalating your concerns to a healthcare professional or senior colleague.

SOFT SIGNS - changes to *Mental, Physical, Behaviour*

- How many times do we say:
 - Mr A is unwell and needs to see a doctor
 - Mrs B is poorly....not herself

- SOFT SIGNS may be communicated by saying:
 - Mr A has new confusion, a temperature and is breathless
 - Mrs B is not able to mobilise independently today, shows poor appetite and, where normally very active, has stayed in bed.

Medical Emergencies

There are some occasions when the early signs of deterioration may be a medical emergency. In these cases, it is not appropriate to delay contacting the emergency services in order to record a NEWS. It may be appropriate to monitor your resident's vital signs once you have contacted the emergency services.



Such situations include:

- Chest pain or a suspected heart attack (not all six signs need to be present for a resident to be having a heart attack)



Pain or discomfort in chest



Lightheadedness
nausea, or vomiting



Jaw, neck or
back pain



Discomfort or pain in
arms or shoulder



Shortness of breath



Sweating and clamminess,
grey colour

- Where the individual is displaying signs consistent with having a Stroke



Facial
weakness



Arm
weakness



Speech
problems

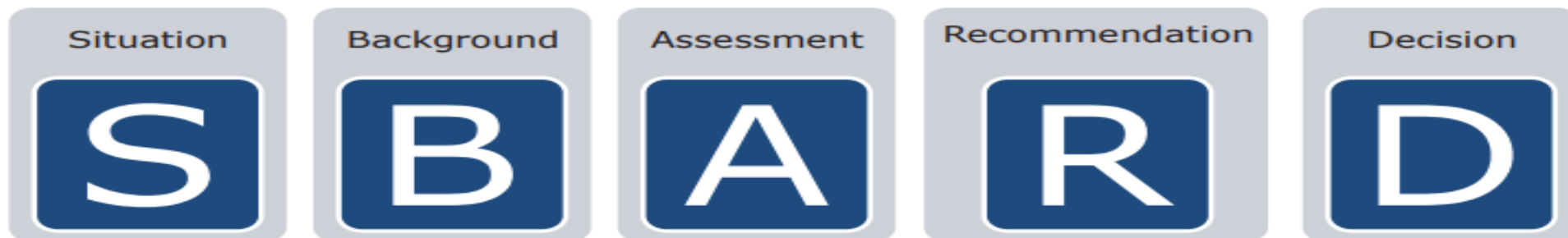


Time
to call 999

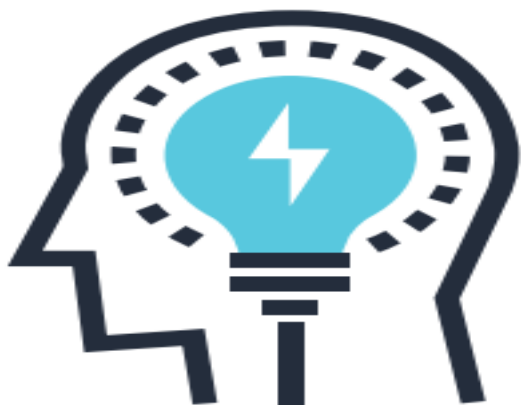
Act **FAST** and
call 999.

- Prolonged seizure where the patient does not have a care plan in place to manage it or their breathing is compromised
- Where the resident has sustained a significant injury – e.g. a fracture, head injury.

SBARD stands for:



Evidence shows that using SBARD helps with communication, confidence and patient safety.



- Evidence shows that using SBARD helps with communication, confidence and patient safety
- Practice using SBARD every time you are handing over information to a colleague or healthcare professional and soon it will become more familiar to you
- Have the SBARD template available next to the phone so that you can use it as a prompt when you need to
- Once you have escalated your concerns, you must still continue to attend to the immediate safety and comfort of your resident
- Carry out and document any of the actions you have been asked to take
- Remember to continue measuring the resident's vital signs to evidence any improvement or deterioration.

SBARD Communication Tool

Once carers have attended the RESTORE2 to training please discuss your concerns with other healthcare providers in the following format:

- **S**ituation
- **B**ackground
- **A**ssessment
- **R**ecommendation

From The GP or ambulance get:

- **D**ecision that has been agreed

Get your message across

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

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

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

S

Situation e.g. what's happened? How are they? NEWS2 score if available

B

Background e.g. what is their normal, how have they changed?

A

Assessment e.g. what have you observed / done?

R

Recommendation
'I need you to...'

D

Decision what have you agreed? (including any Treatment Escalation Plan & further observations)

Key prompts / decisions

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

Simon is an 81 year old resident (NHS number 239 293 0128) who has been in your home (Sunny Hollow Residential Home, 01276 623 9833) for two years – you know him very well.

Simon is always very cheerful and engaging but he has dementia – he has trouble remembering where he is and has to be supported to take his medication.

However, he always recognizes his daughter when she visits and loves talking about old memories with her. Simon is physically well, and only takes some tablets to lower his blood pressure. He is prone to chest infections and has just in case antibiotics in the home.

When you see Simon today, he looks more withdrawn. His daughter tells you that he struggled to recognize her and thought that she was his mother. He sounds chesty so you sit him up.

Simon has a treatment escalation plan that states he is not for resuscitation but is for full medical treatment of any reversible illness. This includes being admitted to hospital for treatment.

Simon's temperature is 37.8°C, he has new confusion, heart rate 89, BP 181/90, Sats. 96% on air, & respirations 24 breaths per minute giving him a NEWS2 score of 5. His normal score is 0 or 1

Complete the Situation, Background, Assessment and Recommendation SBARD sections.

Situation

XX calling from Sunny Hollow Residential Home. I am a Carer. Direct line 01276 623 9833.

Calling about Simon, 81 year old resident who appears unwell today.

Concerned that he is chesty with a higher than normal breathing rate and more confused than usual.

His NEWS2 score is 5 & normally is 0 or 1

Background

Simon has dementia. He always recognizes his daughter but struggled to recognize her today and thought that she was his mother.

Simon has a DNACPR (do not attempt cardio pulmonary resuscitation) in place but is for full treatment of any reversible illness, including hospital admission. He gets recurrent chest infections.

He is currently on a blood pressure medication only. He does have antibiotics in the home.

Assessment

He has deteriorated in the last XX hours his temperature is 37.8°C, new confusion, heart rate 89, BP 181/90, Sats. 96% on air & respirations 24. I think he has a chest infection. I have sat him up.

Recommendation

Please could you come and see him. I will repeat his observations in 30 minutes. Would you like me to start his antibiotics?

Implementation:

- Discuss with staff the benefits of restore2 Mini
- Discuss with your local GP Practice how this will work
- Develop improvement plan based on staff and GP practice feedback
- Develop training plan for all staff
- Measure effectiveness
- Develop ongoing improvement process (training and measurement)

REVIEW of CORE LEARNING OUTCOMES

- to know about Restore2 mini training in homes and the benefits to Primary Care
- to know about RESTORE2 mini and why it is, important
- to understand what soft signs are and why they matter.
- to use an SBARD format when calling

REFERENCES AND RESOURCES

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> and individual videos applicable to the use of RESTORE2mini are flagged below with a green tick (✓) and indicated on the relevant slides.

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](#) ✓