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Title: Recognition of Clinical Deterioration in Community Based Nursing

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Sponsor: Nurse Maude Association and the University of Otago

<u>**Introduction:**</u> Patients deteriorate for a number of reasons and detecting this early reduces adverse effects, admission to Intensive Care and death. In hospital settings nurses use an early warning score (EWS) which is routinely done up to every four hours depending on the patient presentation. EWS consist of blood pressure, respiratory rate, temperature, heart rate, oxygen saturation and urine output. These measured regularly assist nurses to recognise deterioration in a patient, for example: a fever may indicate infection post operatively. In community nursing, there is no tool to assist nurses with recognising clinical deterioration with little to no evidence. With an ageing population and emphasis on getting patients out of hospital and back into their homes as quickly as possible this means that there are more complex patients in community settings. The issue is that community nurses cannot monitor patients in their homes like they do in hospital settings therefore can these EWS be applied to community settings?

<u>**Aim:**</u>

1. To complete a literature review on recognising clinical deterioration in community based nursing.

2. To gather data on key Nurse Maude staff in positions of leadership to find out what their experiences and perceptions of recognizing clinical deterioration in community settings are.

3. To provide foundational information for Nurse Maude to consider for future health care delivery.

<u>**Impact:**</u> Provide foundational research for Nurse Maude to inform strategies for early detection of clinical deterioration thus improving patient outcomes.

<u>**Method:**</u> Six nurses were recruited and interviewed. For the interview framework see Fig 1.1. Interviews were transcribed verbatim. The information from the interviews were coded and placed into themes. After going over the data several times three main themes developed with several subthemes.

Fig 1.1 <u>**Interview framework**</u>
1. What are the current and future opportunities in the provision of community care to detect deterioration of patients?
2. What do you perceive are the enablers and barriers?
3. Can you describe a specific example where clinical deterioration was detected early? Could have been detected earlier?
4. From your experience, what client group would benefit from early detection?

<u>**Results:**</u>

Theme 1- Community Nursing Context

This looked at the complexity and challenges of district nursing. The subthemes were:

1. **The District Nurse (DN) role**- Looking at the challenges of this role, **relying on others** to help monitor, such as family to recognise deterioration, the challenge of being **task focused verses holism**, the **misunderstanding of the role** from the public and other nurses, **patient expectations** can vary to what is possible, and **patient autonomy** which is encouraged yet can be a barrier.

2. **Nursing assessment**- and **detecting deterioration** can be challenging, **funding** impacts assessment.

3. **Clinical deterioration**- Many examples of early detection were provided and some of detecting late.

Theme 2- Enablers and barriers of recognising clinical deterioration

1. **Enablers**- Time, education, providing a supportive nursing network.

2. **Future enablers**- Technology- the introduction of tablets, software and current patient notes, information sharing between nurses, GPs and hospital, clear policy and pathways for nurses.

3. **Barriers**- Time and task focused- not enough time to make assessments and too focused on the task. Communication and engagement with GP's and hospital is needed. Nursing confidence impacts patient care.

Theme 3- Identifying vulnerable populations

1. All Nurse Maude patients were considered to be vulnerable; more specifically patients with comorbidities and patients recently discharged from hospital.
2. The elderly and those living alone. Changing demographics in Christchurch; For example, an increase of older divorced men.
3. The mentally unwell.
4. Chronic conditions- specifically mentioned was heart failure and COPD patients.
5. Newly diagnosed diabetes.

Conclusion:

The complexity of community based nursing showed there was no one answer that would 'fix' it all. The nurses acknowledged the complexity of the areas they work in; how funding and time could impact the service they provide and how there are many areas beyond their control. Continuing to build on what is currently in place by providing a supportive and collaborative environment, ongoing case sharing, open communication and a focus on 'building' confidence appeared to be strong themes.

The recommendations for the creation of an early warning tool to take into the future are:

- Patient assessment needs to be thorough and consistent. Time allows assessment.
- Adjust vital sign parameters for each population. For example; adjusting respiratory rate parameters for those with a chronic lung condition such as COPD.
- Include activities of daily living as part of the tool and holistic assessment.
- Use nurses' intuition- when 'something doesn't feel right'.
- Create pathways for clinical deterioration, aim to support nurses.
- Work towards collaboration with emergency departments. Increased collaboration with GP's. Enhance current nursing collaboration.
- Regular training of patient assessment.
- Address continuity of care- research shows this would improve recognition of clinical deterioration especially for Maori populations where continuity of care is valued.
- 'Relying on others' to help monitor, can this be better managed within the community context so that this is used as a strength for better patient outcomes?