

Intensity of Care

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Rational

- Numerous assessment tools in use for the admitting and assessing of patients - all have an individual role but no single tool to identify **ALL** patient care needs.
- Identify ways to optimise staff resources based on current clinical environment.

Aim

- To develop a universal language whereby both frontline staff and Management can optimise provision of care.
- Develop a patient activity and dependency measure that could be used to best deploy staff to optimise patient care. If possible this measure should be compatible with current methods of assessment.

Methodology

- Fundamentals of Care Working Group
 - Collated data on 50 patient profiles using scoring systems:
 - Barthel
 - Waterlow
 - F.R.A.S.E.
 - Simple Clinical Score
 - Outcome:
 - On just 50 patients poor correlation between scores

Therefore no single scoring system captures enough information to accurately reflect intensity of patient care

Action

- Findings presented : nurse managers and frontline staff
- Subgroup formed:
 - Intensity of Care tool developed.
 - final score of all assessment tools used in identifying patient profile and some nursing interventions = one score for identifying patient intensity of care.
 - Colour coded Bed board developed to facilitate immediate recognition of in patient intensity of care level requirements.
- Pilot of paper based system commenced in April 2010 in all in patient ward areas.
- Pilot of electronic version in one area in August 2010

Intensity of Care Level

BARTHEL	SCORE
INDEPENDENT (20)	0
LOW DEPENDENCY (16-19)	1
MEDIUM DEPENDENCY (11-15)	2
HIGH DEPENDENCY (6-10)	3
MAXIMUM (0-5)	4

F.R.A.S.E	SCORE
LOW (3-8)	0
MEDIUM (9-12)	1
HIGH (13+)	2

RECORDING VITAL SIGNS	SCORE
12 HRLY	0
6 HRLY	1
MORE FREQUENT	2
TELEMETRY	1
INPUT AND OUTPUT	1

MENTAL STATUS	SCORE
ALERT/ATTENTIVE	0
ALERT/INATTENTIVE	1
POOR MEMORY <i>(does not know year of birth and/or current year)</i>	2
FLUCUATING LEVEL OF CONSCIOUSNESS	3
AGITATED/CONFUSED	4

DRESSINGS	SCORE
ASEPTIC TECHNIQUE	1
VENFLON CARE	1
INVASIVE LINE	2

WATERLOW	SCORE
AT RISK (10+)	1
HIGH RISK (15+)	2
VERY HIGH RISK (20+)	3

SIMPLE CLINICAL SCORE	SCORE
VERY LOW RISK (0-3)	0
LOW RISK (4-5)	1
AVERAGE (6-7)	2
HIGH RISK (8-11)	3
VERY HIGH RISK (12+)	4

IV/IM/SC	SCORE
DAILY	1
12HRLY	2
MORE FREQUENT	3
DRUG INFUSION	3

BLOOD GLUCOSE	SCORE
TWICE WEEKLY	1
4HRLY	2
MORE FREQUENT	3

INFECTION CONTROL	SCORE
MRSA DECONTAMINATION ISOLATION	1
	2

VENTILATORY SUPPORTS	SCORE
NEBS	1
O2 THERAPY	1
INHALER TECHNIQUE	1
NIV	3

Intensity of Care Level

<u>DATE & TIME</u>									
BARTHEL									
F.R.A.S.E									
VITAL SIGNS									
MENTAL STATUS									
DRESSINGS									
WATERLOW									
S.C.S									
IV/IM/SC									
BLOOD GLUCOSE									
INFECTION CONTROL.									
VENTILATORY SUPPORTS									
<u>TOTAL SCORE</u>									
<u>INITIALS</u>									

<u>DATE & TIME</u>									
BARTHEL									
F.R.A.S.E									
VITAL SIGNS									
MENTAL STATUS									
DRESSINGS									
WATERLOW									
S.C.S									
IV/IM/SC									
BLOOD GLUCOSE									
INFECTION CONTROL.									
VENTILATORY SUPPORTS									
<u>TOTAL SCORE</u>									
<u>INITIALS</u>									

Very low 0-3	Low 4-8	Average 9-14	High 15-19	Very high 20+

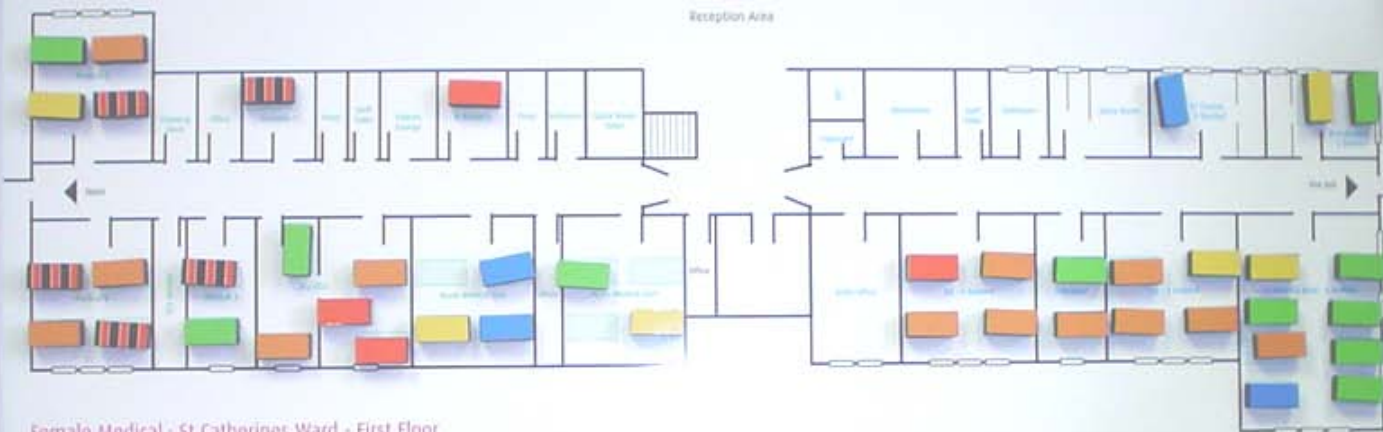
How it works

- Paper based approach whereby patient dependency is assessed each 24hr period by nurse caring for patient.
- Data displayed on bed board in ward areas.
- This data is collected by ADON (nights) and formatted on central bed board.
- Assists with transparency of patient dependency in each area and gives nurses a language to document workload activity
- Information used to prioritise staff deployment.

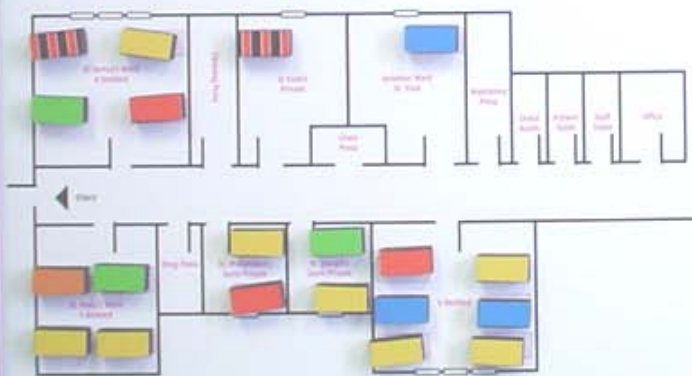
Bed layout for patients in Mid Western Regional Hospital Nenagh

AMU CCU-ICU ECU - Ground Floor

Male Medical : St Vincents Ward - Ground Floor



Female Medical : St Catherines Ward - First Floor



Patients Condition



HE Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

the bed allotaction is updated frequently at all times.

Bed layout for patients in Mid Western Regional Hospital Nenagh

Next Stage

- Audit :
 - ***Paper system***
 - Staff satisfaction
 - Compliance of recording
 - Time
 - Accuracy
 - ***Electronic version***
 - Staff satisfaction
 - Time
 - Accuracy
 - Correlation with outcomes
 - Question redundancy

Patient Assessment in the future

things that are important to know that are currently difficult to find

- **Reason for admission**
 - NOT the same as “Admitting Diagnosis” which might be wrong!
- **Co-morbid conditions**
 - May or may not have anything to do with Reason of THIS admission
- **Mental status**
 - Especially agitation
- **Functional capacity**
 - Frailty
 - ADL
- **Risks of hospitalization**
 - Falls
 - Bedsores
- **How acutely ill is the patient?**
 - Immediate risk of death
 - Vital signs
 - ECG
- **Life expectancy**
 - Are end-of-life and ceilings of care decisions needed?

Thank You