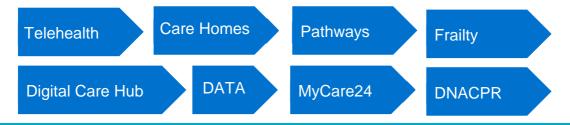


Newsletter Edition 4

Care@Home

Supporting patients living with frailty and experiencing escalating needs during Covid-19



The Care@Home work stream is leading on the organisation of our COVID-19 response for care homes and the frail elderly at home in Bradford district and Craven.

We are working with key NHS, local authority, VCS and independent sector partners to keep as many of these patients at home as possible and are working directly with care homes to support them in a different way for the next few months.

We are introducing practical pathways for managing people that get sick in care homes, and frail elderly who get sick in their own homes - with covid, or non-covid related illness.

If you have any feedback about this newsletter or suggestions for articles to include, please contact Walter O'Neill - <u>Walter.ONeill@bradford.nhs.uk</u>

Attached is a zip file containing all the attachments associated with this newsletter.

In this newsletter:

- 1. New DNACPR support template and e-signing guidance (see WinZip item 1.0)
- 2. Data from our Digital Care Hub April 2020
- 3. Falling Covid-19 Rates in Care Homes
- 4. COVID-19 System Roles and responsibilities care home swabbing pathways for Bradford (see *WinZip item 4.0*)
- 5. Guidance on support for GPs, primary care and community clinicians through the Digital Care Hub and MyCare24 (see *WinZip item 5.0*)



1. New DNACPR support template and e-signing guidance

In order to support clinicians during the COVID pandemic and to make considered and well documented DNACPR decisions, the Care @Home Group has developed some guidance which is available in an updated Resuscitation tab in the Advance Care Planning template in SystmOne.

The template has 2 main areas: Recording of the discussion with the patient (and /or other) and the outcome of that discussion. There are selectable pre-sets to help form a basis for your recording. It is expected you will edit these to fully reflect the discussion that took place.

The DNACPR form has not been changed as this is regional standard. However it has been agreed that an electronic signature is acceptable which enables the form to be emailed to patients and care homes where possible. Please see short tutorial on the Assist GP You Tube channel for further guidance <u>https://youtu.be/wfKZjC3tMf0</u>.

The new template is as below and can be accessed via the usual Advanced Care Planning template or via Assist Care Planning button on the toolbar, Palliative Care main menu button or via QuickClix on the Assist Main Page.

For suggested wording for clinical records, see WinZip item; 1.0 DNA CPR example documentation V6 Final

DQT Advance Care Planning (IDCR)					×
ACP View Patient Preferences Resus / Emergency Plan ICD	Resuscitation discussed with patient				
Resuscitation					Date V Selection
Please record any specific questions explored or information given OR give the context for the discussion MENUBAR The preset text is meant as a guide but will require editing to genuinely reflect your discussion with the patient and/or representative.				1	
Please note that fields [*** EDIT:***] will require specific er	ntries re names, dates & context spe	ecific details		S1 EPR View	
Resuscitation discussed with patient			_	ViewCarePlan	
				 C-19 Datasets 	
			đ	Send Email	
Resus Status discussed with:			-	New Task	
Resuscitation discussed with car Discussion about DNACPR not ap Outcome of discussion - Resuscitation status DNACPR Status Patient with internal cardiac defibriliator pacemaker	propriate at this time (Xabid)	×	reco (to select more than	p you structure your ords.	No previous values
Click 'Generate DNACPR Form' to open the DNACPR form. Ple			Gene	rate DNACPR Form	
 A copy of the form must remain with the patient 2) It does N 	IOT need to be printed with a red bor	der			
How to : An 'electronically' signed DNACPR is now permitted see how	here. This enables the form to be emaile	d to the patient or any other all	owed party (e.g. car	e home)	
Emergency Health Care Plans Emergency Health Care Plan	EHCP (Emergency Health Care Pl Emergency health care planning Review of emergency health care	declined (XaeDa)	* Ø	Index Page	Show recordings from other templates Show empty recordings
	Information Print Suspend	d Ok <u>C</u> ancel	Show Incomplete	Fields	

uickClix Screen					
Assist Main Screen v2 /assist					
Other Details Exact date & time 💌 Thu 21 May 20	020 • 10:14 FX				
Index OuickCitx Practice Admin Team About					Launch ASSIST Radiology referral Launch the ASSIST Radiology referral protocol
assist ^{IGP}					JW on 18 May 2020 20:31
uickclix EFERRALS / REQUESTS / ADVICE	REQUESTS / ADVICE PATHWAYS		ASSIST ME	ASSIST ME	
quest RADIOLOGY LUSS LIMPLICT LDXA DV/T Pathway		Record a DNAR	Record a DNAR		
vw Referrals Feverish Child		Precribe anticipatory medication			
eneric or Acute Referral			DS1500		
ISK Referrals			Cremation Form pdf		
Ipper Gi Endoscopy					
sdwife (BTHFT) Mail Referral					
lental Health Referrals (incl. MyWellbeing info.)					
Consults					
NHSFT eReferral Gateway					
RCHA					
DMINISTRATIVE					
Coroner's GP Referral (EDR)				M EMAIL TEAM	Show recordings from other templates
	Information	Print Suspend	Os Cancel Show Incomplete Fields		al Management of Contractory

2. Data from our Digital Care Hub for April 2020

Following the expansion of the Telemedicine service into 124 Bradford District and Craven care homes to support our response to the Covid-19 pandemic, the Care@HOme workstream have just received the first return of data (April 2020) regarding;

- Numbers of contacts 319 consultations were conducted across the District
- Call response times average time to answer across all contracts was: 2 minutes 50 seconds
- Onward referrals
 - For residential homes: 78% were not onward referred; 14% referred to a GP
 - For nursing homes: 70% were not onward referred; 27% were referred to a GP
- Overall, 79% of all consultations that would have called a GP were not referred to a GP

It is still early days and there were a lot of new installations to care homes at the end of April so we expect numbers of contacts to increase significantly in May. The data shows that care homes need this type of clinical support, which often can be managed without any onward referral to primary care.

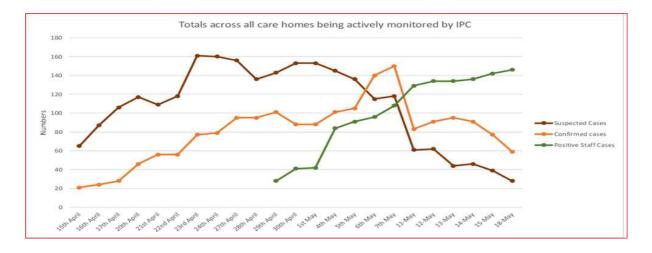
Please continue to work the Care@Home workstream on refining the Digital Care Hub pathway and we will in turn continue to challenge the system to give the best results.

3. Falling Covid-19 Rates in Care Homes

Bradford Local Authority Data from Care Homes on COVID positive patients (20th May 2020)

Since the implementation of the Bradford Care Homes Resilience Plan (30thApril) the overall number of suspect and confirmed cases in care homes being monitored has reduced by 64% from 241 to 87, and in the 2 weeks since 30th April there have been 45more deaths in total from the homes being monitored compared to 61 in the previous 2 weeks.

This indicates that the spread of infections is being controlled by measures put in place and the likely continued rise of mortality is a result of the high rates of infections when measures were put in place. However, continuing the measures are important to continue to bring the rate of infections and mortality down to minimal levels.



4. COVID-19 System Roles and responsibilities care home swabbing pathways for Bradford

Controlling the spread of infection through better testing for care home residents for COVID-19 status – guiding principles for discharge of patients;

- Infection free homes must be kept infection free.
 Anyone who is COVID-19 positive should not be sent to a home that is COVID-19 free.
- Homes that already have residents with COVID-19 symptoms/confirmed COVID-19 should have a discussion, led by the discharge team, to determine their ability to manage additional patient admissions.
- All re-starts of packages of care and discharges must be managed by the hospital discharge team

This COVID-19 System Roles and responsibilities care home swabbing pathway for

Bradford (Craven not included as NYCC have adopted a different approach) summarises the roles and responsibilities for each organisation and provides a pathway of the following scenarios where testing is required.

- 1. Discharge of new and existing 'residents' going in to a care home setting from hospital
- 2. Admission of individuals in to a care home from community setting (Bradford only)
- 3. Point of Outbreak residents that are symptomatic in a care home setting at the point of outbreak (Pillar 1)
- 4. Subsequent testing of residents for ongoing and post outbreak (Pillar 2)

To action: Care homes are required to inform GPs verbally of residents that have been tested as positive – please update your systems when this happens and ask for an update on COVID status as part of weekly home visits.

See WinZip items; 4.0 Bradford districts Care Home Swabbing Pathways

5. Guidance on support for GPs, primary care and community clinicians through the Digital Care Hub and MyCare24

We have heard from a number of you asking for further detail about elements of the Telemedicine Hub, particularly how **MyCare24** works. This document provides an overview of how to access the Telemedicine Hub and what support it can provide for patients with different levels of clinical need.

See WinZip items; 5.0 Using the Digital Care Hub and MyCare24

Open forum – Zoom call reminder

If you have questions, issues, challenges or something to share about 'supporting people with frailty during COVID-19 - the Bradford approach, join Dr Sara Humphrey and the Care @ Home work stream on Tuesdays from 12.30pm to 1.30pm in an open forum Zoom call.

You can join the Zoom meeting using this link.

- Meeting ID: 829 3087 9157
- Password: 863891