Adapting the NEWS early warning tool to assess patients in the community

A standardised approach to monitoring for deterioration at home can help keep patients safe and out of hospital

By Lynne Pearce

With increasing numbers of acutely unwell patients being cared for at home, accurate assessment of whether someone is improving or deteriorating is critically important.

‘Safety is paramount in the management of any patient, but especially so when the person is acutely ill,’ says community matron and emergency nurse practitioner Pauline Angell, who works in rapid response, part of the urgent care division at North Somerset Community Partnership (NSCP).

Back in 2011 – a year before the Royal College of Physicians (RCP) introduced its now widely used National Early Warning Score (NEWS) system – staff at the partnership had begun to devise their own early warning system, using it in their community hospital in Clevedon. ‘We were ahead of the curve,’ says Ms Angell.

She subsequently became part of a collaboration with Bristol Community Health and the West of England Academic Health Science Network to implement NEWS in the community.

A baseline for handover

‘Every patient who is ill starts their journey at home, so it makes perfect sense to begin to monitor from here,’ she says. ‘An objective marker such as NEWS gives a baseline measurement when you’re handing over to colleagues.’
As one of three patient-facing matrons, Ms Angell acts as a case manager, visiting those patients who are very unwell and have more complex needs.

Referrals to the rapid response service may come from the patient themselves (by activating their personal emergency alarm), hospital staff or other healthcare professionals, including GPs and paramedics.

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Pauline Angell (pictured left), community matron, North Somerset Community Partnership

At the outset, healthcare professionals carry out a holistic assessment, including any diagnostics such as taking blood, urine or sputum samples, and sepsis screening. A complete set of observations is recorded, creating the patient’s first early warning score, and this is repeated at every visit, tracking any improvement or deterioration.

‘We can see from their score whether or not we’re getting on top of things – and if we’re not, that’s the time they may need to be transferred to hospital,’ says Ms Angell. ‘Using this system, you can maintain safety, which will have better outcomes for patients.’

Aids decision-making
She admits that before they began to use NEWS, it was more difficult to identify patients who were beginning to decline.

‘Depending on the experience of the nurse, an advanced practitioner may well have spotted it, but it’s also relying on the same person seeing the patient every day,’ she says.

The early warning system has proved particularly helpful with patients who show less obvious signs of illness.

‘For example, an older person with sepsis can sometimes appear on the surface to be fine,’ says Ms Angell.

‘But when you take their measurements you can see how ill they really are. It’s really shown its worth to assist with decision-making.’

Ms Angell says challenges have included making sure that every staff member has the right equipment to be able to carry out all the necessary observations. ‘For instance, everyone had to have three sizes of cuff to ensure blood pressure measurements are accurate,’ says Ms Angell.

Initially, nurses and healthcare assistants were trained, with physio and occupational therapists following suit in the past couple of years. ‘It’s all about making every contact count,’ says Ms Angell. ‘If therapists are seeing people out of hospital, when it’s safe, sending them in for shorter periods of time, knowing we can monitor them at home,’ says Ms Angell. ‘If we can keep a patient at home safely, it’s so much better.’

What is NEWS?
NEWS – the National Early Warning Score – is a system created in 2012 to identify acutely ill patients who are at risk of clinical deterioration or death and prompt a timelier clinical response.

NEWS2 is a 2017 update designed to identify sepsis, alternative oxygen targets for people with underlying lung disease, and the onset of delirium.

Although NEWS was developed by the Royal College of Physicians (RCP) for use mainly in acute care, it is being used increasingly in the community. It advocates a simple aggregate scoring system to standardise the assessment and response to acute illness. Six physiological parameters, already routinely measured in hospitals and prehospital care, are recorded on a standardised chart. These are:

- Respiration rate
- Oxygen saturation
- Systolic blood pressure
- Pulse rate
- Level of consciousness or new confusion
- Temperature

A score is allocated to each parameter as they are measured, with the magnitude of the score reflecting the extent to which the parameter varies from the norm. The score is then aggregated and uplifted by two points for people needing supplemental oxygen to maintain their recommended oxygen saturation.

In addition to recording physiological observations, the RCP also recommends the following to monitor deterioration:

- Physiological observations should be recorded and acted on by staff who have been trained to undertake these procedures, and understand their clinical relevance
- Physiological track and trigger systems should be used
- There should be a graded response strategy
- An escalation protocol should be in place
- A communication tool should be used

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Deciding when to escalate concerns

For hospital nurses, worries about a patient are usually escalated to medical staff, but in the community, it can be a different story. ‘You don’t have that immediate doctor to hand,’ says advanced clinical practitioner Briony Hawkins, who works for Bristol Community Health. Her role is to support more junior staff who have concerns about their patient and are unsure what to do next. ‘And we have to be cautious because we don’t have the resources of an acute trust, where staff are on hand 24 hours a day,’ she says.

In practice, if nursing staff record a NEWS of 3 or more, they contact Ms Hawkins’ team for immediate guidance. ‘We may already know the patient well, so we’ll use our clinical judgement,’ she says. Their advice is also based on a check of the person’s medical history, medications and previous observations to assess what is normal for them. For example, if someone has a long-term condition, such as chronic obstructive pulmonary disease, their scores may be constantly elevated. It may also be that they’ve been prescribed medication, but it hasn’t had enough time to work.

‘We then try to guide the staff to keep the patient safe, escalating as appropriate,’ explains Ms Hawkins. This may include visiting the patient to carry out a clinical review, more regular monitoring, or referring to other services or the patient’s GP.

Ms Hawkins’ role includes teaching NEWS to all nursing bands. ‘It’s very much about coaching and upskilling staff to manage the situations they may come across,’ she says. ‘Our nurses visit a range of patients and never know quite what they’re going to walk into. On paper, it might look like a routine visit, but when they get there the patient is very unwell with a chest infection, or something else we weren’t expecting.’

Support in making decisions

If a patient is very unwell, the advice can be to call an ambulance and stay with them until they’re admitted. ‘The NEWS will support your thought process,’ says Ms Hawkins. Showing a patient their score can even persuade those who are reluctant to be admitted. ‘No one wants to go into hospital, but if they can see on a chart that they’re very poorly, it helps,’ she says. It can also reinforce a clinician’s judgement to keep someone at home. ‘I’d say it’s helped me avoid hospital admission as much as transfer people there,’ she says.

However, someone’s early warning score is only part of the equation. ‘It’s not just about the tool,’ she says. ‘It helps us to assess risk, but you need an overall concept of the patient and what’s happening with them.’