

Adult in-patients Wards: January 2021

This guide applies during the exceptional circumstances during the COVID-19 pandemic and should NOT be used in any other context. This guidance will be reviewed in line with NHS Grampian's Operation Snowdrop timescales.

NHSG would like to acknowledge your enormous effort and professionalism throughout this second wave of the Covid-19 pandemic. It is widely recognised that this is an unprecedented and highly challenging time and you will be very aware of the Covid-19 situation and the further restrictions put in place to reduce the spread of the virus. The challenges we are facing in this second wave are very different to the first wave in that we are aiming to maintain urgent and critical activity so that we minimise any increase in the health debt. We appreciate that you are concerned and are faced with issues that require you to make significant adjustments to your current routine and practice in order to care for your patients.

This priorities of care guidance has been developed as we recognise these issues which are often exacerbated by staff shortages. Your senior nurses are working hard to mitigate the risk of staff shortages which means that you may end up working in unfamiliar circumstances or surroundings or in clinical areas outside of your usual practice for patients' benefit. As nurses, we know that as clinical activity has increased during this pandemic, the normal nurse to patient ratio has been affected and for other professions e.g. AHPs, this may be seen in the reduced level of interventional intensity; a modified prioritisation level, or some patients not receiving AHP intervention at all. This may become an increasing challenge and may require temporary changes to practice. This may be stressful, and it is recognised that you will have concerns about both the professional practicalities and implications of working in such circumstances.

There is no doubt that as NMAHP professionals, we always endeavour to provide the best possible care at all times, even in these difficult times, we continue to strive for this. However, the increasing daily demands, the reducing workforce, and the stretching of staff to patient ratios will make this difficult to achieve at all times.

This guidance provides prioritisation of essential care needs and has been developed to support you in your decision making. It should be noted that all reductions in care delivery will be temporary based on the individual issues at the time and your professional judgement.

**Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021**

APPENDIX 1

	Expected Standard	Actions	Escalations
Staff wellbeing	<p>Enquire about staff well-being at the start and end of shifts All unpaid breaks are achieved Time out when required Ensure staff are allocated a break time</p> <p>Ensure adequate fluid intake</p> <p>Ensure working area promotes physical distancing.</p>	<p>Ensure unpaid breaks are given Consider Psychology hub, VBRP, ensure Staff Health and Wellbeing Flashcards are available</p> <p>Physically distanced Hydration Stations identified in ward areas Appropriate signage in all areas Appropriate PPE available.</p>	<p>Consider discussion with Resilience to bring to team</p> <p>Senior Charge Nurse/Nurse Manager to escalate concerns re staff wellbeing</p>
<p>Communication - Staff Nursing and MDT</p> <p>Relevant wider communications</p>	<p>Shift Safety Briefs</p> <p>NIC attends ward round or pre and post ward round Huddle to ensure timely communication to team and relatives/carers.</p> <p>Circulation and sharing of daily Covid Brief</p> <p>Share relevant communication from control rooms</p>	<p>Undertake Safety Brief at every shift change Use of a pre and post ward round huddle</p> <p>Updates/Huddle to be provided to NIC at the end of ward round unless urgent changes required</p> <p>Robust record keeping regarding treatment plans and changes.</p>	<p>Escalation of concerns to Nurse Manager at safety huddle</p> <p>Nurse Manager to escalate any issues in relation to compliance with agreed ratios.</p> <p>Senior Charge Nurse/Nurse Manager to escalate concerns re delivery of care and staff wellbeing.</p> <p>Escalation to Acute Bronze control room</p>
Communication - Family and Relatives	<p>Identify lead contact – relative/1st contact/NoK/PoA are contacted Ensure agreement re frequency of information sharing.</p>	<p>Allocated staff to provide update to relatives</p> <p>Provide access to virtual resources to ensure visiting can occur. Follow essential visitor Scottish guidelines.</p>	<p>Escalate to Nurse Manager if further resources required to facilitate virtual visiting.</p>

**Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021**

APPENDIX 1

	Expected Standard	Actions	Escalations
	Recognition of essential visitor support for well-being and therapeutic engagement		
Ward/Unit safety checks	<p>All checks completed</p> <ul style="list-style-type: none"> • Shift safety brief • Resus equipment • Fire checks • Appropriate PPE available • HEI compliance 	<p>Nurse in Charge (NIC) allocates equipment safety checks to designated member of team who completes and confirms. Individual RN's to check O2 administration for their allocated patient group (including masks)</p> <p>Consider if NIC has the capacity to complete checks or to support prior to escalation</p>	<p>Escalate to Nurse Manager to support if able and escalation to CN is required</p> <p>Deployment of clinical staff from other areas</p> <p>Utilisation of non-ward based staff – CNS/ANP/NP</p> <p>Escalation to Acute Bronze control room</p>
Patient vital signs	Prioritisation of vital signs monitoring in line with NEWS 2 scoring	<p>Priority to be given to new patients and patients requiring hourly observations or more</p> <p>Follow local escalation plan</p> <p>Allocation of patients to be reviewed to ensure priority is given to higher NEWS</p> <p>Minimum of 12 hourly obs</p> <p>Consider who is available to undertake observations and escalate appropriately.</p>	<p>If vital signs cannot be completed immediate escalation to Nurse Manager</p> <p>Deployment of clinical staff from other areas</p> <p>Utilisation of non-ward based staff</p> <p>Nurse Manager to support if able and escalation to CN if required</p> <p>Escalation to Acute Bronze control room</p>

**Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021**

APPENDIX 1

	Expected Standard	Actions	Escalations
Timely medication administration	Medication administration (including IV fluids) to be prioritised to meet timeframes and patient prescriptions	<p>Medication administration to be allocated with group of patients</p> <p>Workload to be prioritised around medication administration times Identification of time critical medications during handover and allocation to RN for administration</p> <p>Review and optimisation of individual patient prescriptions including consideration of administration routes</p>	<p>Escalation to Nurse Manager if delays with medication administration cannot be resolved at a local level including time critical medications Nurse Manager to support if able and escalation to CN if required</p> <p>Redeployment of clinical staff from other areas including non-ward based teams</p> <p>IF following escalation medications are still outstanding escalation to ARI control room</p>
<p>Patient care priorities as follows</p> <p>PAAR completed on admission alongside ASSKINGME Record all care in continuous care record.</p> <p>Risk assessment for Falls, PU, Nutrition and cognition</p>	<p>Nurse in Charge to complete patient allocations</p> <p>ASSKINGME recorded every 24hrs</p> <p>Care delivered as per clinical condition</p> <p>Care needs to be planned throughout the shift i.e. not all at the same time. Hygiene needs can be moved to the afternoon or night shift</p> <p>Regular review and feedback to the team to be planned and carried out via safety huddles</p>	<p>Patients requiring all assistance with hygiene needs to be prioritised</p> <p>Encourage/enable patients to self-care where possible</p> <p>Deliver priorities of care as per ASSKINGME best practice statement.</p> <p>MDT validation of clinical acuity and essential care needs.</p> <p>Handover to identify what tasks are outstanding and to be handed over to the next shift</p> <p>Escalation of care delivery gaps</p>	<p>Escalation of concerns to Nurse Manager</p> <p>Nurse Manager to support and escalation to CN if required</p> <p>Review staff concern's re care delivery</p> <p>Redeployment of staff to achieve priorities of care including non-ward based teams</p> <p>Escalation to Acute Bronze control room</p>

**Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021**

APPENDIX 1

	Expected Standard	Actions	Escalations
Review and feedback on progress.	Ensure patient documentation reflects decision making of priorities and task for handover		
Nutrition	Drinks and snacks (meals) should be encouraged and offered frequently, and recorded at the time or minimum 2 hourly Fluids available at bedside	Patients requiring assistance with eating and drinking prioritised at meal times Encourage patients to eat and drink and self-care where possible Deliver priorities of care as per best practice statement Consider use of essential visitor to help and support with eating and drinking, for example prompting and encouragement, equipment.	Escalation of concerns to Nurse Manager Nurse Manager to support and escalation to CN if required Review staff concern's re care delivery Redeployment of staff to achieve priorities of care including non-ward based teams Escalation to Acute Bronze control room
Governance	Any adverse events discussed at shift handover and if appropriate add to safety brief. Undertake Datix completion as required, all staff statements to be taken at time of event and uploaded to Datix Care assurance section 1 x 5 month Hand Hygiene audit	Escalate to shift NIC Monitor progress and learning from Datix Timely completion of Datix reporting and investigation and level 2 investigations Any immediate actions identified from Datix that suggest a level 2 is required are undertaken promptly. Datix to be reviewed within 10 days. Datix once sent for final approval reviewed within 35 days	Escalate to Nurse Manager and CN if required

Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021

APPENDIX 1

	Expected Standard	Actions	Escalations
		Level 2 to be undertaken within 90 days for a period of 3 months (April 2021)	