South Eastern Health and Social Care Trust

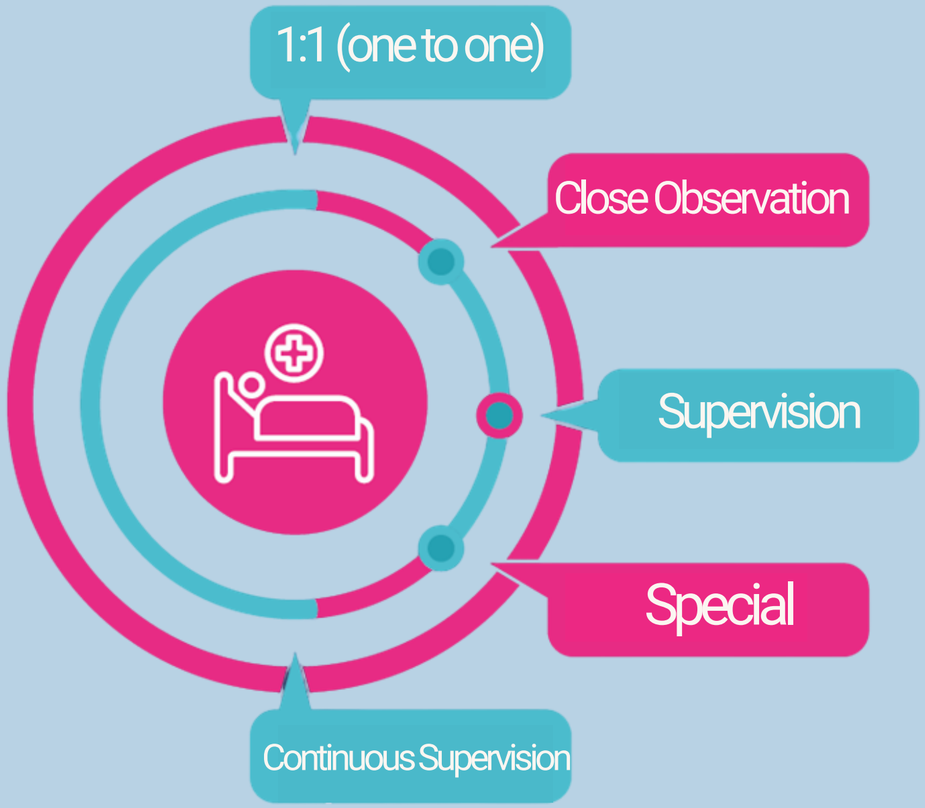
# EPCO:

# Enhanced Patient Care & Observation



Working together Excellence Openness & Honesty Compassion

# What is Enhanced Care?




Enhanced Care is a closer level of supervision than usual routine observation.

It is used when staff have risk assessed the potential harm to a patient, or the risk to others.

The language around Enhanced Care is often used interchangeably. This has caused issues for patients experiencing delayed transfers of care.

# What is EPCO and why are we changing?

## EPCO = Enhanced Patient Care & Observation

- Standardised Tool that provides assessment & monitoring of distressed behaviours
- Promotes person-centred care & therapeutic interaction
- Guides early intervention to avoid prolonged requirement of enhanced observation
- Helps to identify patterns in behaviour to understand the ‘WHY?’ in distress
- EPCO Model ensures that we are using the **least** restrictive level, **least** amount of time, **least** restrictive environment

# KEY CHANGES...

The EPCO Model introduces three levels of observation

**Green**

Does not require observation

**Amber**

Observed within eye sight

**Red**

Observed within arms reach



# EPCO - Behaviour & Observation Levels

**Is the patient distressed and/or displaying behaviours that increase the risk of harm to themselves and/or others?**

No

## Green

### No EPCO

There is no need for additional staff
Core Staff will therapeutically engage with patient during routine care.

Yes

The Person:

- may have mild cognitive impairment and/or other medical conditions that has reduced their situational awareness
- is usually able to co-operate and engage with treatment and communicate needs
- requires regular reassurance
- has potential falls risk (consider falls prevention strategies i.e. assistive technology, footwear, mobility assessments

Or

## Amber

### Within Eyesight

EPCO 'within eye sight' is required
Can staff be reconfigured to cover EPCO needs?
Is there a pattern to periods of unsettled behaviour?
Consider Cohort. Complete shift assessment
If unable to facilitate with core staff, additional staffing may be required. Escalate to Lead Nurse for consideration.

The Person:

- has impaired situational and safety awareness with risk of harm
- displays episodes of distress, agitation or erratic behaviour, may be walking with purpose
- assessed as requiring assistance and at risk of fall due to attempting to mobilise
- at risk of absconding with potential to cause harm
- has a change in behaviour or is displaying behaviours that concern

Or

## Red

### Within arms reach

EPCO 'within arms reach' is required

Escalate to Lead Nurse for consideration

The Person:

- has frequent episodes of distress +/- agitation, +/- aggression toward self or others
- is displaying destructive behaviour which could be harmful to recovery i.e. removing essential clinical devices; high flow O2 therapy, central lines
- Mental Health team have recommended constant observation
- remains high risk of falls despite prevention strategies or has already had an in-patient fall resulting in harm
- requires constant clinical care to maintain safety or unable to cooperate with treatment
- not all red behaviours are displayed as aggressive i.e. no situational awareness

**Issues identified regarding consent/capacity should be addressed as per the MCA (NI) 2016**

# THREE MAIN COMPONENTS...

## 1. STANDARDISED INITIAL ASSESSMENT

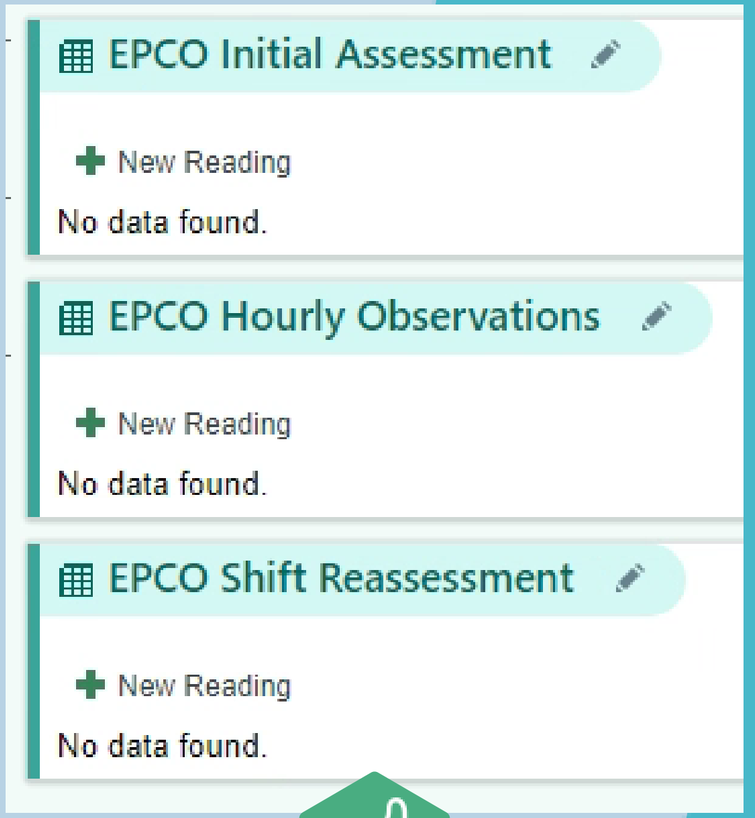
- Risk assess & set the EPCO level

## 2. HOURLY OBSERVATIONS

- Recording of hourly behaviours and associated Interventions - RED, AMBER, GREEN
- Looking for patterns of behaviours and interventions that worked!

## 3. SHIFT REASSESSMENT

- Daily monitoring and review of care during the day and at night
- Promotion of early MDT input










# Hourly Observations

Staff will observe and record the behaviour level displayed by the patient each hour. This is an **observation** of the patients **behaviour for that hour,** not the assigned risk level.



**Green behaviours**

eg. Sleeping, restful, calm,



**Amber behaviours**

eg. Low safety awareness, episodes of distress, agitation



**Red behaviours**

eg. Frequent episodes of distress, aggression, high risk falls

Even if a patient is risk assessed in the initial/shift assessment as requiring RED-level EPCO, they may display GREEN-level behaviour at times (e.g., calm and resting).

# Re-assess each shift

At the end of every shift, staff will use these hourly observations to help inform the reassessment of their EPCO need.



**Amber**

Observed within eye sight

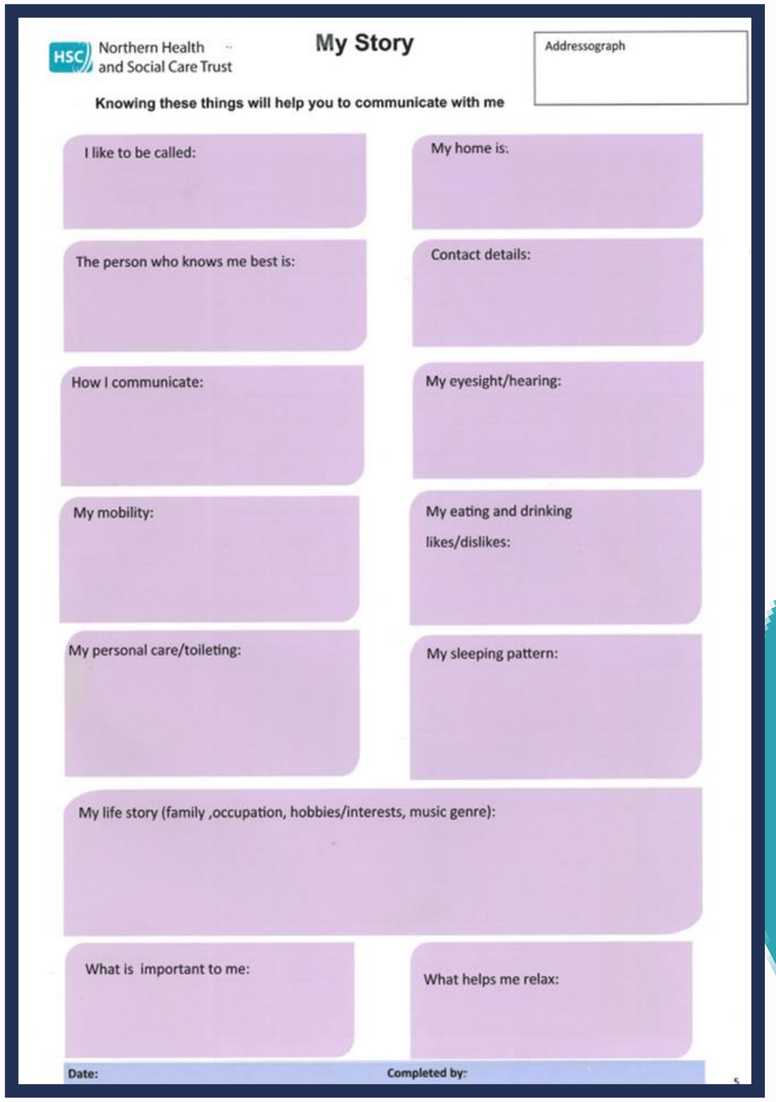


**Red**

Observed within arms reach

If the patient has displayed mostly ‘Green’ behaviours for more than 24-48hrs, staff should think about stopping EPCO. However this is individual to each patient.

# KEY CHANGES...



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**My Story**

Addressograph

**Knowing these things will help you to communicate with me**

I like to be called:

My home is:

The person who knows me best is:

Contact details:

How I communicate:

My eyesight/hearing:

My mobility:

My eating and drinking likes/dislikes:

My personal care/toileting:

My sleeping pattern:

My life story (family ,occupation, hobbies/interests, music genre):

What is important to me:

What helps me relax:

Date:

Completed by:

5

**"THE FIRST STEP IN EASING DISTRESS, IS FINDING OUT ABOUT THE PERSON"**

WHATS NEW?

⇒ 'My Story' document provides invaluable information that will help support any patient requiring EPCO

⇒ Person Centred - Brings the focus back to the patient

⇒ It ensures staff are aware of what is important to the person and provides staff with opportunities for meaningful engagement

# STUDENT INVOLVEMENT

As students are supernumerary - they would not be fully assigned as ‘EPCO’ staff

However, they would be still involved in normal patient care and risk assessed to help to deliver enhanced care & therapeutic interventions under the supervision and delegation of their mentor.

## THANK YOU

## ANY QUESTIONS?



# THANK YOU

## ANY QUESTIONS?

