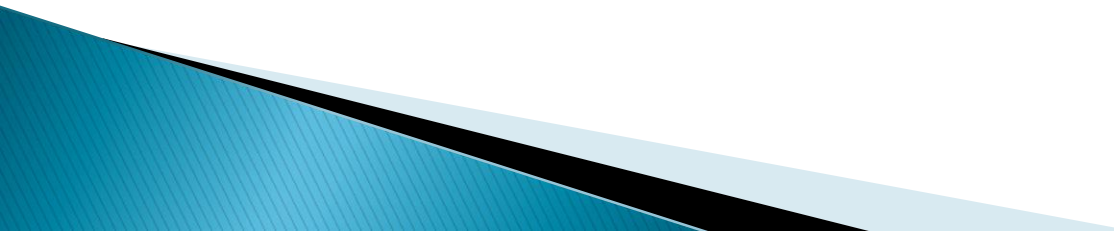


Northwick Park Dependency Assessment– Hospital (NPDS–H)

Self-service Training slides
Part 2 of 3

Contents

1. Structure of NPDS-H
 2. Completion of NPDS-H – Special Nursing Needs
 3. Completion of NPDS-H – In-patient Nursing Needs
 4. Completion of NPDS-H – Care Assessment Needs
- 

Structure of NPDS-H

1. 4 sections

- 1. Basic Care Needs
- 2. Special Nursing Needs
- 3. In-patient Nursing Needs
- 4. Care Needs Assessment

2. Section 1. Basic Care Needs

- Contains 12 basic care needs/psychological needs with ordinal scores ranging from 0-5
- Full range of scores for this section 0-65

3. Section 2. Special Nursing Needs

- Contains 7 dichotomous variables requiring assistance of a qualified/skilled nurse.
 - Scores 0 – nursing need not required **or**
 - Scores 5 – nursing need applicable
- Full range of scores for this section 0-35

Structure of NPDS-H (cont.)

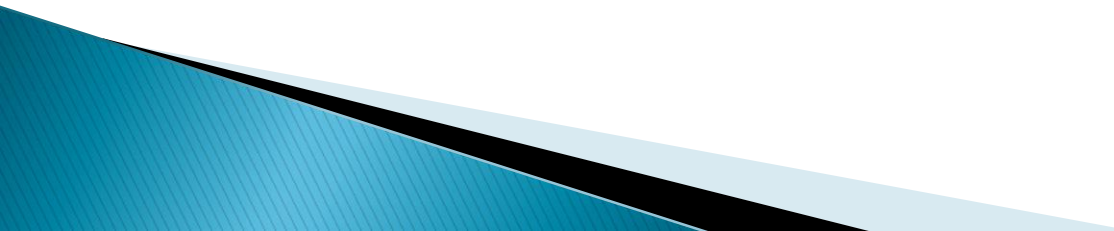
4. Section 3. In-patient Nursing Needs

- Contains 8 dichotomous questions
 - Yes/No responses – no score allocated
- Contains 8 questions with ordinal scoring
 - Questions expand on the dichotomous variables in the “Special Nursing Needs Section”
- Full range of scores for this section 0-35

5. Section 4. Care Needs Assessment

- Contains 5 questions providing an assessment of care needs in the community
- Some items have scores but do not contribute to the overall NPDS-H score
- Items in this section do contribute to the estimated care costs/care package algorithms

Scoring structure

1. Total ordinal score 0-100
 - Sum of Section 1 & 2 (NPDS – original version)
 - Sum of Section 1 & 3 (NPDS-H hospital version)
 2. Frequency scores are not included in the total score
 3. Section 4. Care needs assessment scores are not included in the total score
 4. Higher scores are indicative of increased dependence for assistance for all care needs
- 

Interpretation of Scores

Score	Level of dependency	Description
0–9	Low	Mainly independent with care needs, may need incidental help e.g. with shoe laces, zips etc.
10–25	Medium	Requires help from 1 for most care needs
26–30	Low High	Needs help from 2 for <i>some</i> care needs
31–45	Medium High	Needs help from 2 for <i>most</i> care needs
46+	Very High	Needs help from 2 or more for <i>all</i> care needs

Scoring Guidelines

1. Ideally to be completed by the named nurse or carer that knows the patient care needs well
2. Complete on admission and discharge as a minimum but preferably fortnightly throughout the patient's stay
3. Complete tool retrospectively based on previous fortnightly intervention – based on care given – if this is variable score based on “most frequent” option
4. Read description of inclusion criteria where documented on the tool
5. All items must be scored (including frequency of activity)
6. Complete in paper format and then transfer to UK ROC software (obtainable from LNWH-tr.ukroc@nhs.net)

How to complete Section 2

Special Nursing Needs

Section 2 – Special Nursing Needs

Special Nursing Needs

- Dichotomous checklist – Score 0 (not required) Score 5 (required)
- Activities primarily requiring an experienced carer/qualified nurse
- Circle all that applied during the previous fortnightly period (leave blank if not applicable)

	Description	Dependency score	
1.	Tracheostomy	5	Only include tracheostomy dressing if problematic
2.	Open pressure sore/wound requiring dressing	5	
3.	More than 2 interventions required at night	5	
4.	Patient/relatives need substantial psychological support	5	Psychological support provided by nursing team
5.	Infective isolation	5	
6.	Intercurrent medical/surgical problem	5	Includes screening
7.	Needs one-to-one specialing	5	
			Active medical issues

Staff staying with patient at all times – patient can not be left unsupervised for any reason

How to complete Section 3

Inpatient Nursing Needs



Section 3 – Inpatient Nursing Needs

Inpatient Nursing Needs – All questions to be answered

- Two parts to this section
 - Dichotomous checklist – Yes/No
 - Ordinal scores based primarily on Special Nursing needs

	Description	Yes	No
1.	Maintenance of rehabilitation programme	<input type="checkbox"/>	<input type="checkbox"/>
2.	Complex feeding needs (requires skilled care)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Complex basic care needs (requires skilled care)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Complex discharge needs	<input type="checkbox"/>	<input type="checkbox"/>
5.	3 or more people needed for basic care needs	<input type="checkbox"/>	<input type="checkbox"/>
6.	Active teaching of self-catheterisation	<input type="checkbox"/>	<input type="checkbox"/>
7.	Infective isolation	<input type="checkbox"/>	<input type="checkbox"/>
8.	More than 2 night interventions	<input type="checkbox"/>	<input type="checkbox"/>

See next slide for further details

Section 3 – Inpatient Nursing Needs

Inpatient Nursing Needs

■ Dichotomous checklist explanation

1. **Maintenance of rehabilitation programme** – includes nursing team continuing therapy interventions outside of normal care routine e.g. standing practice in frame for 10 minutes twice a day in addition to standing during dressing/showering
2. **Complex feeding needs** – includes oral intake requiring close monitoring due to concerns for aspiration
3. **Complex basic care needs** – 24 hour routine needs continually monitoring and updating and close liaison with other members of the team
4. **Complex discharge needs** – this can be for discharge home or to an alternative environment. May include close liaison with social worker, continuing care application, visits by home care team and district nurse referral.
5. **3 or more people needed for basic care needs** – highly complex care needs
6. **Active teaching of self-catheterisation** – working with patient to perform intermittent self-catheterisation
7. **Infective isolation** – this can be for any reason e.g. MRSA, C.diff etc.
8. **More than 2 night interventions** – for 3 or more night interventions e.g. tracheostomy management, skin pressure relief, incontinence etc.

Section 3 – Inpatient Nursing Needs

1. Tracheostomy Management – Ordinal scores

- Please select one option for the level of tracheostomy management during the previous fortnight.
- If the level of intervention fluctuated score based on the option that occurred most

	Description	Dependency score
a.	No tracheostomy in situ or self management	0
b.	Maintenance tracheostomy intervention e.g. changing inner tube, minimal suction less than 2 per day	1
c.	Active tracheostomy intervention e.g. weaning, frequent suction 2–6 times a day	3
d.	Maximal tracheostomy intervention e.g. very frequent suctioning – more than 6 per day or requires 2 people for very close monitoring	5

Section 3 – Inpatient Nursing Needs

2. Wound Dressing – Ordinal scores

- Wound dressing or problematic stoma dressing
- Please select one option for the level of wound care provided during the previous fortnight.

	Description	Dependency score
a.	No wound dressing or self management	0
b.	Simple dressing (does not require qualified staff)	1
c.	Simple dressing (requires qualified staff intervention)	3
d.	Complex wound dressing – requires qualified staff intervention and/or 2 people	5

Section 3 – Inpatient Nursing Needs

3. Medication – Ordinal scores

- **Includes:** for independence needs to know which medication to take, time to take it and ability to take it
- Please select one option for level of intervention
- Indicate the frequency of medication per day (for all levels of intervention not just when requiring additional time)
- Option “a” can only be selected if the patient does not need medication or can administer it themselves without any assistance from staff

	Description	Dependency score
a.	No medication or able to take all medication independently	0
b.	Supervised practice – patient dispenses and takes medication under supervision	1
c.	Nurse dispenses and administers all medication	2
d.	Requires additional time from qualified staff due to: <input type="checkbox"/> CD meds <input type="checkbox"/> IV meds <input type="checkbox"/> PEG meds <input type="checkbox"/> Supervised practise	3

Nearly ready to self medicate



Commenced self-medication programme but still familiarising self with medication and administration so takes excessive time

3. Medication (cont.)

- If needs any level of assistance with medication please indicate the number of times per day help is required

Note: The time of day the medication is administered will be captured in Section 4 of the NPDS-H tool

How many times day does any medication need to be given?

1	2	3	4	5	More than 5
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For example – Medication

Miss Speedway will be discharged in 2 days time. She is fully independent in all activities of daily living and has been taking her own medication during the previous fortnight with supervision from the nursing team. Miss Speedway informs the staff when she is about to take the medication and states which medication she is planning to take, she then chooses the correct medication from the cupboard, removes it from the packaging and takes the medication. She then returns the remaining medication to the secure cupboard. All the activity is supervised by the nurse. The process takes a few minutes only and is completed 3 times a day

Score “b” – supervised practise.

Frequency – circle 3

For example – Medication

Mr Choy plans to return home alone. Whilst the actual date of discharge is still to be confirmed it is likely to be within the next month. The nursing staff are now helping Mr Choy with medication administration. He currently takes medication 4 times a day and has at least 2 different medications at each time point. Mr Choy has indicated that he does not wish to use a Dossett box as prior to his stroke he was able to manage his medication.

The current issues with taking medication are that Mr Choy does have some memory impairment and needs visual clues to remind him when to take his medication. He is able to identify the correct boxes as they have been colour coded for him but he struggles to get the tablets out of the packet and frequently drops the packets and/or the tablets during the process. He is able to pour a drink but frequently spills this. The nurses are trying to establish a process that will work for Mr Choy but currently self medication is very time consuming and demanding and ineffective

Score “d”	– requires additional time from qualified nurse
Tick	- “Supervised practise” box
Frequency	– Circle 4 times per day

Section 3 – Inpatient Nursing Needs

- 4 Patient and/or family require psychological support from nursing care staff
- Circle one score only based on psychological support provided by any nurse during the fortnightly period
 - This is support provided at any time to family or patient by nurses and not planned therapy sessions by psychologist

	Description	Dependency score
a.	No additional psychological support needed	0
b.	Requires frequent reassurance – can be provided by any care staff	1
c.	Require psychological support from experienced nurse (less than 2 hours a week)	3
d.	Requires additional time from an experienced nurse (more than 2 hours a week)	5

e.g. consistently rings call bell or repeatedly asks the same question

Section 3 – Basic Care Needs

5. Serial/Resting splints

- Tick one score only based splint management
- Tick the number of times the splint is applied during the day
- Tick if splints applied at night

Remember: If the patient has a non-removable splint select option “a” – checking the splint for pressure is covered during “dressing”

	Description	Dependency score
a.	No splints/able to apply own splints	0
b.	Simple splint application (e.g. Velcro splint) can be applied by <i>one</i> person, limb does not need prior stretching	1
c.	Moderate splint application (e.g. back slab and bandage) requiring application by <i>2 people</i>	2
d.	Complex splint application (e.g. bivalve and bandage), stretching of limb required prior to application and <i>requires 2 to apply</i>	3

Section 3 – Inpatient Nursing Needs

5. Serial/Resting splints

Remember: It is unusual for splints to be *applied* 3+ times – if this is the current practise therapy teams should review frequency of application

The number of time the splint is applied is the recorded number (it is acknowledged that the splint requires removal if further application is needed. Do not count application and removal (e.g. twice) just application (e.g. once)

Frequency of splint *application*

Daytime	<input type="checkbox"/> Once	<input type="checkbox"/> Twice	<input type="checkbox"/> Three or more
Night time	<input type="checkbox"/> Night splints		

For example – Splinting

Mr Similar has bilateral lower leg splints applied following his daily care routine – he is now able to wear these for 6 hours a day. His wife is now completing his daily care routine, with supervision, in preparation for discharge and is able to apply the splints for him with ease.

Score – “b”

Frequency

Daytime – once

Night time – leave unchecked as does not occur

Mr Similar has bilateral lower leg splints applied following his daily care routine – he can only tolerate wearing them for 2 hours at a time so he wears them following his daily care routine and following his evening meal. His ankles are both very stiff and therefore application is difficult and requires 2 people and some manipulation.

Score – “d”

Frequency

Daytime – twice

Night time – leave unchecked as does not occur

Section 3 – Inpatient Nursing Needs

6. Postural Management

- Circle one score only based on the level of postural management care required

Remember: Postural management differs from “skin pressure relief” in the Basic Care Needs Section. Postural management is repositioning due to mal-alignment of body e.g. following a stroke the patient allows the arm to fall down the side of the wheelchair as unaware this has occurred.

	Description	Dependency score
a.	Able to maintain own posture	0
b.	Needs prompting or help from one to maintain posture/position, 1–3 times in 24 hours	1
c.	Needs prompting or help from one to maintain posture/position, 4 or more times in 24 hours	2
d.	Needs help from two to maintain posture/position, 1–3 times in 24 hours	3
e.	Needs help from two to maintain posture/position, 4 or more times in 24 hours	4

Section 3 – Inpatient Nursing Needs

7. Inter-current Medical/Surgical Problem

- Circle one score only based on the level of care required due to medical/surgical problems

Includes: Unstable diabetes management, seizures, post-operative management, close monitoring of vital signs. A short acute episode (possibly prior to transfer to HDU) or chronic episode. Requires intervention by skilled/qualified nurse

	Description	Dependency score
a.	No inter-current medical/surgical problem	0
b.	Requires daily monitoring of vital signs	1
c.	Requires 4 hourly monitoring of vital signs or specific intervention by a qualified nurse for less than 2 hours a day	3
d.	Requires specific intervention by a qualified nurse for more than 2 hours a day	5

Section 3 – Inpatient Nursing Needs

8. One to one specialing

- Circle one score only to indicate if one-to-one specialing occurred during the preceding fortnightly period.
- Indicate if the specialing was required by day only, by night only or for a 24 hour period.
- Specialing may be required for safety reasons (impulsivity, risk of falling/absconding) or due to an acute illness requiring close monitoring

Remember: One to one specialing indicates that the nurse is constantly with the patient and not purely because the patient is in a hospital setting

May require “booking” an extra nurse to cover specialing requirements

	Description	Dependency score
a.	No one to one specialing required	0
b.	Needs specialing (no specific skill needed)	1
c.	Requires specialing by nurse/skilled carer with rehabilitation experience	3
d.	Requires specialing either by a specialty trained nurse (mentally unwell) or by a qualified nurse (acutely unwell)	5

Time specialing required

☐ Daytime

☐ Night time only

☐ 24 hours a day

How to complete Section 4

Care Assessment Needs

Section 4 – Care Needs Assessment

This section must be completed for all assessments as it forms part of the care hour estimation and care cost.

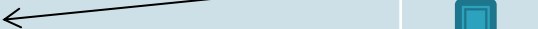
Score based on “if the patient was at home today” what would they require

1. Stairs

- Please tick one box based on the level of assistance required to use stairs required based on if they were at home

Remember: Just because the patient uses a wheelchair for mobility this does not mean they are unable to do stairs – check with therapy team.

If they have a stair lift installed and can use it independently then “a” independent can be selected. If they need a person to help transfer on/off the stair lift or to carry crutches/sticks upstairs then this would be “b”

	Would they be able to go up/down stairs at home		This can be with/without an aid
a)	Yes, without help (independent)	<input type="checkbox"/>	
b)	Yes, with assistance/supervision	<input type="checkbox"/>	
c)	No, unable to do stairs (stays on one level)	<input type="checkbox"/>	
d)	No, does not have stairs at home	<input type="checkbox"/>	

Section 4 – Care Needs Assessment

2. Making a meal /snack (at home)

- Please circle one score based on the level of assistance needed

Remember: In the hospital setting meals are served to patients but check with the therapy team to establish if the patient can complete the task themselves

	Description	Score (not included in NPDS-H total)
a)	Not applicable as entirely gastrostomy fed	0
b)	Able to make a snack and drink at home independently	0
c)	Able to help themselves if a snack is left out in the kitchen	1
d)	Needs meals or drinks putting in front of them	2

Section 4 – Care Needs Assessment

3. Medication

This builds on the earlier medication item in the Inpatient Nursing Section. Circle the level of assistance required and the times of day medication is administered.

Independent Includes: Remembering to take medication, opening bottles/boxes and taking at correct time. If all are completed score “b”. Score “c” – all tablets due at specific time points during the day have been dispensed in to separate containers at the start of a day. The patient is able to access/take the tablets at the correct time of day.

Remember Due to hospital policy it may not be possible for the patient to self medicate without supervision but this item can be scored based on clinical impression at time of discharge.

	Description	Score (not included in NPDS-H total)
a)	Not applicable/no medication	0
b)	Able to take all medication independently	0
c)	Able to help themselves if tablets left out in the morning	1
d)	Requires help for medication to be given	2

Times medication given (tick all that apply)

☐ 7am ☐ 10am ☐ Midday ☐ 2pm ☐ 4pm ☐ 6pm ☐ 8pm ☐ 10pm ☐ Other

Section 4 – Care Needs Assessment

4. Skilled care

This item has 2 parts – do they need help and if “yes” how many times per week is the help needed and who provides the help? All parts must be answered.

“times per week” ranges from 1-14

Special medication does not include the route of medication but the type of medication e.g. insulin, fragmin etc.

	Do they require skilled help from a Nurse or Trained Carer for any of the following tasks?	
a)	Suppositories/Enema	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Stoma Care (e.g. tracheostomy/gastrostomy/colostomy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Pressure sore/wound dressing/complex stoma care	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	Special medication (e.g. insulin injections)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 – Care Needs Assessment

4. Skilled care (part 2)

Indicate the number of times per week

(e.g. stoma care x 14 and

tick the box to indicate the person providing the assistance

If skilled help is required How many times per week		Who provides the help?		
	Times per week	Family	Home Care	Nurse
Suppositories/Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on stoma site and not suctioning
(normally daily checks/cleaning)

Section 4 – Care Needs Assessment

5. Domestic Duties

Be careful: This item is asking if they need help with the task and not can they do the task

Remember within the hospital setting the patient may not be regularly doing these tasks but check with therapists whether this is something they have been assessed on in therapy sessions. Many can do light housework (dusting, drying up) and some may do laundry.

Do not assume that they probably never did it prior to admission!

	Do they require help for Domestic duties?	
a)	Light housework	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Heavy housework	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No

**This concludes the guidance
on “how to complete” the
sections on
Special Nursing Needs
Inpatient Nursing Needs &
Care Needs Assessment**

Please complete Part 3 of the NPDS–H
self service training slides for guidance on
software outputs

Contacts

1. To obtain

- a copy of the UK ROC software
- the NPDS-H tool
- further answers to specific questions about the NPDS-H

please email

- LNWH-tr.ukroc@nhs.net

Publications

- ▶ Lynne Turner-Stokes, Tonge P, Nyein K, et al. [The Northwick Park Dependency Score \(NPDS\): a measure of nursing dependency in rehabilitation.](#) *Clinical Rehabilitation*. 1998; Vol. 12: 304-16
- ▶ Lynne Turner-Stokes, Nyein K, Halliwell D. [The Northwick Park Care needs Assessment \(NPCNA\): a directly costable outcome measure in rehabilitation.](#) *Clinical Rehabilitation*. 1999; Vol. 13: 253-268
- ▶ Nyein K, Lynne Turner-Stokes. [Sensitivity and predictive value of the Northwick Park Care Needs Assessment \(NPCNA\) as a measure of Care Needs in the community.](#) *Clinical Rehabilitation*. 1999; Vol 13: 482-491
- ▶ Williams H, Harris R, Turner-Stokes L. [Can the Northwick Park care needs Assessment be used to estimate nursing staff requirements in an in-patient setting?](#) *Clinical Rehabilitation*. 2007; Vol 21: 535-44
- ▶ Williams H, Harris R, Turner-Stokes L. [Northwick Park care needs Assessment: adaptation for inpatient neurological setting.](#) *Journal of Advanced Nursing*. 2007; Vol 59: 612-22
- ▶ Seigert RJ, Jackson D, Tennant A, Turner-Stokes L. [Psychometric evaluation of the Northwick Park Dependency Scale \(NPDS\)](#) *Journal of Rehabilitation Medicine*. 2010. Vol. 42, 936-943