Improving recognition and management of deteriorating patients- Quality Improvement projects in an acute hospital

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June 2017
Critical care Outreach at ESH

- 600 bedded busy DGH
- 24/7 CCOT
- 10 members of team (inc. lead nurse, lead consultant, senior physiotherapist)
- Rotating band 6 secondment from ICU
- 2 CCOT day, 1 CCOT night
- Consultant does ward round in am.
- Respond to referrals, emergencies and see ICU discharges
- Do not have e-EWS (yet)
Medical Emergency Team (MET) Calls Vs Cardiac Arrest Calls (%)
What have we done?

- **Teaching** — (formal and informal)
- **Raising the profile** of the CCOT and the sick patient
- **Empowering** ward nurses
- **MET Call audit**
- **Emergency Call Safety Huddles**
- **Escalation of Treatment** forms (for all adult patients with a DNACPR)
- **H@N** - working party set up to look at how we can work better ‘out of hours’
Teaching

- Trained nurses, HCA’s, doctors
- Preceptorship nurses
- ALERT / BEACH / ILS / ALS
- Sepsis / AKI study day
- NIV study day
- EWS on Mandatory SD
- Point of Care Simulation
- Staff ‘shadowing’ CCOT
Escalation of Treatment Forms

- 25% of our MET calls required a decision to be made about end of life care (MET audit Jan/Feb 2017)
- 80% of our emergency calls are initiated ‘out of hours’
- Introduced to Trust April 2017, having been trialled on 2 + 2 wards since Nov 2016
- Used for all adult patients with a DNACPR
- To ensure that the patient / relatives are involved in their care planning
- Been very positively received by nurses, doctors and therapists
Emergency Call Safety Huddles / 10 Minute Meetings

400 million : 1 chance of the same team working together again
What did we do?

- Initiated daily meeting with ALL members of the team
- Introduce ourselves
- Allocate roles
- Assess any learning needs / support
- Who will lead if there is a simultaneous call?
- Discuss any learning or common themes
Improvements noticed:

• Improved team dynamics
• Clearer Leadership
• Improved communication and reduction in staff stress
• Training needs identified (particularly for Foundation years doctors)
• Improved patient safety and experience
Summary

- Increased responsiveness to early patient deterioration has decreased cardiac arrests and increased MET calls.
- Education is imperative to empower and engage ward nurses and doctors in the need to recognise deterioration sooner.
- Medical Emergency Teams have made a difference to patient safety and experience, but there is always more we can do (such as Training, Emergency call safety huddles and Treatment of Escalation plans).
Thank you for listening!

Further questions or thoughts:
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