PATIENT SAFETY AWARDS 2020

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PROJECT SHOWCASE

DETERIORATING PATIENTS & RAPID RESPONSE SYSTEMS AWARD

WINNER

WEST HAMPSHIRE CCG AND WESSEX AHSN

RESTORE2: RECOGNISING AND RESPONDING TO DETERIORATING IN CARE AND NURSING HOMES

RESTORE2 supports staff in care/nursing homes to proactively recognise and manage physical deterioration to improve resident experience and outcomes. RESTORE2 stands for Recognise Early Soft-Signs, Take Observations, Respond and Escalate and uses National Early Warning Scores (NEWS) as a common language across the healthcare system. The project was undertaken using quality improvement methodology by West Hampshire CCG with the Wessex AHSN Patient Safety Collaborative and now been adopted by 20 CCGs nationally.

JUDGES COMMENTS

Judges thought this was a very ambitious and valuable project with clear objectives that have been achieved. The team have demonstrated an evident and clear spread through the community settings in order to identify deteriorating patients. The RESTORE tool is an excellent resource, with clear and very useful contents supported by educational resources. This complex project with lot of interventions has demonstrated excellent value, and is likely to have significant benefits to tens of thousands of people in terms of personalisation of care, process and outcome improvements going forward.

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HIGHLY COMMENDED

Alder Hey Children's FT

Earlier Recognition of Deterioration In Children using e-Obs

A Vitals paediatric prototype was developed in partnership with System C, incorporating the Alder Hey age-specific Paediatric Early Warning Score, iteratively developed using statistical methods.

The study used Vitals software with integrated Connect communication app for active monitoring of inpatients to provide real-time data 'on the move' and automated alerts to reduce emergency transfers to PICU/HDU due to critical deterioration from all causes including sepsis, model the data to identify optimal thresholds and weighting for PEWS and for identifying early sepsis to improve prediction, and detect and promptly treat sepsis, thereby reducing complications from sepsis.

JUDGES COMMENTS

The judges felt that this project has shown excellent development of Vitals, applying existing adult technology to the paediatric patient population in a relevant way. It displayed good utilisation of end to end track and trigger with automatic alerting via Connect enabling real time feedback to the bedside nurse, enabling bundle implementation without delay.

FINALISTS

Cambridge University Hospitals FT

Recognition and escalation of the deteriorating paediatric patient

The aim was to develop a unique approach to improving the early recognition and escalation of deteriorating paediatric patients at Cambridge University Hospital, as an internal review highlighted that there was no formal group meeting to review the management of deteriorating paediatric patients.

The project utilised a Plan, Do, Study, Act (PDSA) cycle to evaluate changes, ensuring actions were responsive and clinically achievable. It developed a formal group of members of the paediatric MDT to review and initiate change within the division. The team updated the Trust's PEWS guidelines and created a training and education programme to communicate the changes to all staff groups and also created a nurse in charge A-E smart text for all patients with a PEWS score of 2 or above.

London Ambulance Service Trust with Abbott Point of Care i-STAT Analyser

Improvements in the prevention of patient deterioration through trialling Abbott i-STAT venous blood analyser

The Advanced Paramedic Practitioner in Urgent Care (APPUC) group trialled the Abbott i-STAT venous blood gas analyser to test its feasibility and impact in delivering patient care to a wide range of patients following a 111 or 999 call. The overall goal was to ensure that patients receive optimal care through the enhancement of the care-delivery experience patients receive from the APPUC team and to expand patient access to testing on the spot. The blood analysis tool allows a variety of often complicated tests with the patient to be carried out within minutes and on one single platform. This standardisation of testing across a variety of clinical settings and the rapid-decision making directly in the patient-care pathway all help eliminate often long-winded and complicated process steps, thereby reducing errors and promoting patient safety.

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FINALISTS

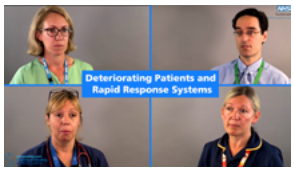
Royal United Hospitals Bath FT
Improving Patient Outcomes from Sepsis and Acute Kidney Injury

Sepsis and Acute Kidney injury are common causes of in-hospital patient deterioration associated with high morbidity and mortality. The team aimed to identify deterioration as early as possible, increasing prompt management and decision-making , improving outcomes by decreasing mortality, length of stay and preventing their occurrence.

Sepsis and AKI can occur anywhere in any speciality, so it was essential to engage multiple stakeholders, ensuring consistent management trust-wide; establish a specialist team to support and drive improvements; train a large number of multidisciplinary staff, provide simple tools; empowering staff to identify and treat early and establish reliable measures to feedback improvements.

Somerset FT
What to do if you can't do a NEWS2

Two years ago it was identified within Somerset Partnership mental health wards that patients following rapid tranquilisation were not always able to have vital signs or NEWS measured. The Clinical Practice team worked with the mental health team to develop a non-contact observation tool using quality improvement methodology. This is now used in daily practice within the acute mental health wards for patients in seclusion/following rapid tranquilisation. Since the merger of Somerset Partnership and Taunton and Somerset Trusts a wider quality improvement project has been set up with the aim to test, improve and implement the non-contact observation tool for patients who cannot have vital signs and NEWS2 taken, ready to roll-out trust-wide.



Somerset FT
Expanding the safety culture through novel reporting mechanisms

In 2017 the Trust set up the Deteriorating Patient Committee to focus on recognising and responding to deteriorating patients and collect data about potential patient harms.

The critical care outreach team (CCOT) review all patients who have a NEWS score of ≥5 were asked to note concerns about patient care during CCOT reviews, and met weekly with teams to feedback, enabling a rapid strategic response to any adverse events.

More importantly they identified a viable reporting system for patient safety concerns with different issues to those identified by the traditional reporting system, which could also be used to design simulation scenarios. Simulation was later identified as another source of learning, identifying potential issues before they actually happened on the wards.

The triangulation of these 3 different resources has provided a powerful tool for identifying and responding to risks across the trust.

Warrington and Halton Teaching Hospitals FT
THINK Delirium in Intensive Care

The team aimed to improve the management of delirium and hence the deteriorating patient in the ICU by implementing the NICE guidelines and standards and meeting the recent recommendations set out by the Royal College of Physicians, with the additional aim of reduced mortality.

They did this through organising an ICU Delirium Study Day involving all staff to develop a Delirium Strategy, assessing Patients on admission to ICU for delirium using a new training tool, introducing a tailored multicomponent intervention delirium package as recommended by NICE, developing a new Delirium Checklist on QS and auditing NICE QS 63 5 standards to ensure they remain compliant with NICE guidelines.

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BD

Key Partner

General Medical Council

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