When to Escalate?
Acting on Patient Deterioration
Is it timely and effective?

Debbie Streeter – Consultant Nurse
Katrina Kennedy – Head of Clinical Effectiveness

NATIONAL EARLY WARNING SCORE (NEWS) TRAINING AIMS
By May 2017, identify and provide a timely response to adult patients who experience an unexpected deterioration in their physical condition.

TREATMENT ESCALATION PLAN AIMS
By May 2017 85% of all patients will have a clear TEP within 96 hours of initial assessment in pilot areas.

PLAN-
The deteriorating patient steering group felt, following consultation with clinicians that the best way to prevent unnecessary transfer and promote effectiveness in managing patient deterioration was to improve training surrounding the deterioration or management of the un-well patient for qualified clinical staff. Our quality improvement project used this principle to deliver this change. Training needs were identified and the PDSA system used to track improvement.

(1) PLAN
Carry out a review of the TEP completed on one test ward to assess the implementation and quality of TEPs completed within the quarter from a community hospital to identify any patterns for deeper review.

TREATMENT ESCALATION PLAN AIMS
By May 2017 85% of all patients will have a clear TEP within 96 hours of initial assessment in pilot areas.

(2) DO
Reviewed all patients discharged/transferred out of the test ward in May 2016, prior to training and January, February, March 2017, after training implementation.
Criteria included:
- NHS number
- Date of admission
- Date of discharge
- Date TEP completed
- TEP completed by whom (Dr ANP etc.)

(3) ACT
The revised standards agreed were:
- Is transfer to an acute setting appropriate? Y/N
- Why – Reason for transfer?
- Fall/Bony Injury/Pt Request/OOHs/GP/NP Medical/EOLC
- Deterioration noted/Reason for transfer why, who, when
- How many have DNARCPR in place?
- Have they got GSF?

(4) STUDY
The deteriorating patient steering group studied the results and developed an improved audit standard to assess the quality and effectiveness of TEPs.

The analysis identified clear quality improvement and so the standards were used for the basis of further cycles of change for further testing.
The results inspired other wards and services to get involved.

The graph below shows the NEWS clinical audit results for the last 2 years, over time there has been a steady improvement in the action implemented when indicated by NEWS score and in quarters 3 & 4 we achieved 100%. This confirms that the work of the steering group is being embedded in practice. The results were shared and celebrated with clinical teams.

Criteria | May-16 | Jan-17 | Feb-17 | Mar-17
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Number of Discharges | 16 | 17 | 7 | 17
Number of TEP's Completed | 0 | 64% | 71% | 86%
Completed by:
- a) ANP | 0 | 100% | 100% | 54%
- b) DR | 0 | 0 | 0 | 46%
TEP Followed | 0 | 100% | 100% | 100%