National Deteriorating Patient Recognition & Response (EWS) Improvement Programme
Sponsors: CSPD and AHD

Programme Overview
Transforming the Delivery of Acute Medicine Conference
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Evidence The burning platform
In a systems analysis of patient safety-related adult deaths in the NHS acute hospital settings, Donaldson (2014) estimates 23% of just over 2,000 deaths reported to the UK NHS critical incident reporting structure (NRLS) in a 17 month period were attributable to “Mismanagement of deterioration” with “Failure to act on or recognise deterioration”.

International literature states EWS support
• Improvements in Clinical Monitoring
• Escalation of care
• Improve Patient safety & clinical outcomes

Why is there a need for a National EWS Improvement Programme?
Assumptions

1. Observations are recorded regularly
2. EWS is calculated correctly
3. Escalation is initiated as appropriate
4. Timely adequate response occurs
5. All above aligned to NCGs

However, the most significant finding from a recent meta-analysis was that the above assumptions are not apparent in practice (HSE 2016)

Context
Failure to Rescue leading to Death and Disability:

• It’s a system not a score
• EWS education is not mandatory — yet Manual handling 4 hours training is mandatory for all staff
• Response Teams — currently respond to deaths i.e. cardiac arrests and not to deterioration and prevention of death
• EWS has the potential to reduce unanticipated cardiac arrests x 50% (Tallaght and international experience)
• Saving of 0.5 LOS through early detection is potentially = saving of 20 beds per day in a 200 bedded hospital = reduction of 4 ED trolleys per day

"Patients don’t suddenly deteriorate - Healthcare Professionals suddenly notice’

Resource requirements based on early vs late recognition of deterioration:

Inpatient Cardiac Arrests

Current vs Early recognition

NEWS vital precursor to the detection sepsis
National Sepsis data Jan 1st – Dec 31st 2015
Sepsis principle diagnosis 26.5% cases
Overall in hospital mortality rate 22.7%
Implementation Outcomes [Proctor et al 2011]

- Acceptability
- Adoption
- Appropriateness
- Feasibility
- Fidelity
- Cost
- Penetration
- Sustainability

Key Improvement Themes Identified by a Focus Group

- Physiological parameter adjustment
- Communication/ISBAR
- Escalation – Documentation Response – systems & people
- Governance (Leadership/Champions/audit/feedback)
- Patient & Family engagement
- Clinical judgement
- Education
- NCG for EWS use in service

Failure to Rescue is a measure of hospital quality

Ultimate Goal (EWS) is to Save Lives

National EWS Programme
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