



## National Deteriorating Patient Recognition & Response (EWS) Improvement Programme

### Sponsors: CSPD and AHD

#### Programme Overview

Transforming the Delivery of Acute Medicine Conference  
 October 24<sup>th</sup> 2017  
 Avilene Casey Lead National Deteriorating Patient Recognition & Response Improvement Programme



## National Deteriorating Patient Recognition & Response (EWS) – Improvement Programme (CSPD & AHD Co-sponsors)

**PROGRESS TO DATE:**

- National implementation of EWSs (2012 – 2015)
- NCGS NEWS, PEWS, IMEWS, Sepsis (2012 – 2016)
- Quality Care Metrics – NEWS & IMEWS
- National MDT EWS Improvement Steering Group established
- National Guideline Review Group established

### Future Improvement Priorities

# ?

**RATIONALE FOR IMPROVEMENT:**

- 2017 DOH Mandate for update of NEWS NCG
- 2017 NTMA/SCA (Delay/Failure to Treat – Adverse Outcomes) = 2<sup>nd</sup> most commonly reported clinical incident
- HSE 2017 Service Plan
- 2016 Meta-analysis of Serious Incidents
- NIQA Reports

**CURRENT EVIDENCE SOURCES:**

- Recommendations from EWS Audits & Serious Incident Reports 2015 – 2017
- Literature Review 2016
- Anecdotal evidence from EWS users
- Risk Manager feedback
- QI Project Information
- Morbidity & Mortality meeting feedback
- Focus Group 9<sup>th</sup> October 2017

**NEXT STEPS (EWS Programme – Phase 2):**

- IMEWS NCG update (due 2017)
- PEWS NCG update (lit review 2018)
- Co-designed EWS Consensus document
- Communication/Engagement Strategy
- Research Strategy

Avilene Casey Miriam Bell National EWS CSPD & AHD HSE 22/9/17

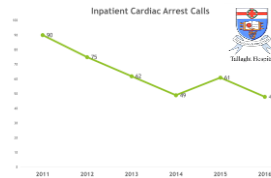


## Evidence The burning platform

In a systems analysis of patient-safety-related adult deaths in the NHS acute hospital settings, Donalson (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



NEWS vital precursor to the detection sepsis  
 National Sepsis data Jan 1<sup>st</sup> – Dec 31<sup>st</sup> 2015  
 Sepsis principle diagnosis 26.5% cases  
 Overall in hospital mortality rate 22.7%



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

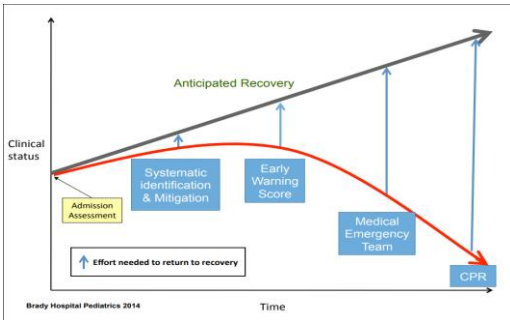
### Assumptions

- Observations are recorded regularly
- EWS is calculated correctly
- Escalation is initiated as appropriate
- Timely adequate response occurs
- Patient management plan implemented and regularly evaluated
- Regular audit and feedback occurs and improvement plans are implemented
- Multi-disciplinary staff EWS refreshers occur
- 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)**



## Resource requirements based on early vs late recognition of deterioration:



## Context

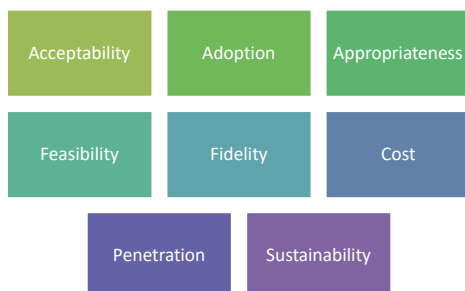
### Failure to Rescue leading to Death and Disability:

- It's a system not a score
- EWS education is not mandatory
  - yet Manual Handling x 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 a 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"**



## Implementation Outcomes (Proctor et al 2011)



## 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*



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