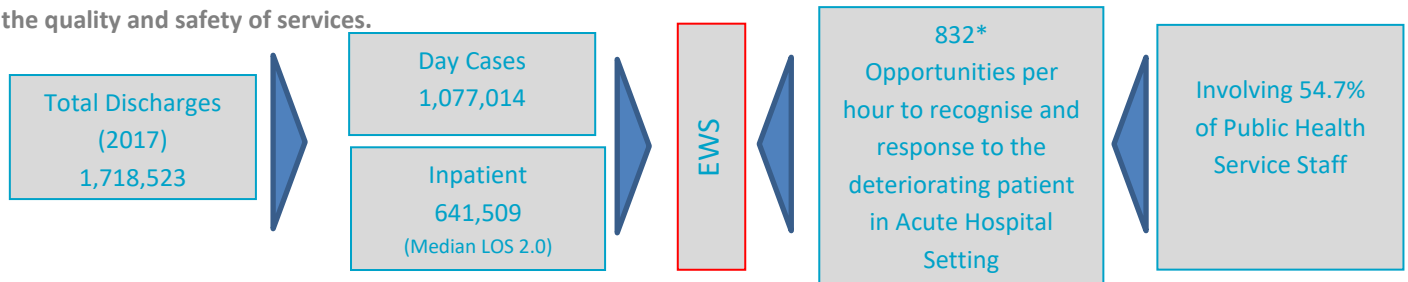**BHAG:** Eliminate Preventable Deaths

AIM: People with physiological deterioration in acute care will have a structured response and person centred care plan (= A reduction in CPR attempts)
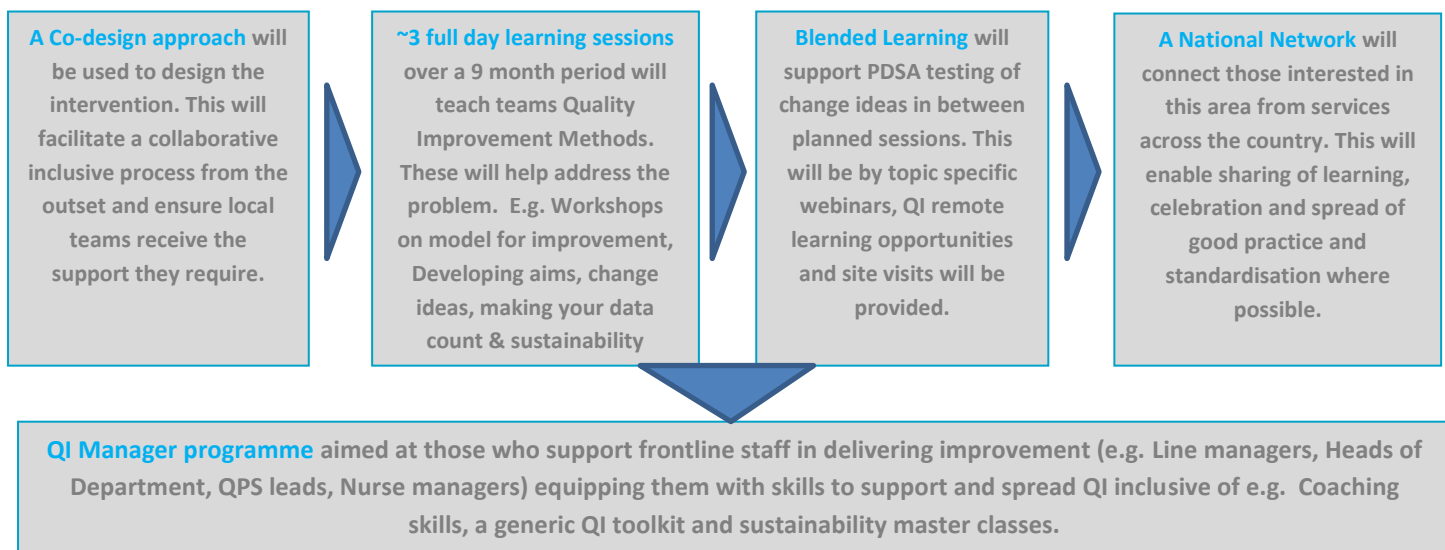
BACKGROUND:

In order to support acute hospitals in identifying and implementing quality improvements in their Early Warning Systems, the QI Division and the Deteriorating Patient Recognition and Response Improvement Programme are working together to establish an Improvement Learning Set aimed at improving the delivery of EWS in acute hospitals and thereby enhance the quality and safety of services.

Total Discharges (2017) 1,718,523	→	Day Cases 1,077,014	EWS	832* Opportunities per hour to recognise and response to the deteriorating patient in Acute Hospital Setting	Involving 54.7% of Public Health Service Staff
		Inpatient 641,509 (Median LOS 2.0)			

*Based on 4 sets of observations per day for inpatients (Median LOS 2.0) and 1 set of observations per day case.

We will work with a nominated team from your service. Building on the success and learnings of previous QI partnerships a number of critical success factors have been identified that need to be in place to effectively deliver improvements and sustain QI capacity and capability across your organisation. For example; Commitment from organisations to provide senior executive support for QI, dedicated QI lead or equivalent change agent and ensuring an appropriate governance system is in place within organisations to support the improvement team and monitor measures.

Based on these learnings we recommend where possible that the participating team from your hospital includes a mix of those roles as outlined in the 'expressions of interest' form. At least one of the team should work across the local service e.g. QPS lead/ QI Lead/ Clinical Director/ Nurse Practice Development.

A Co-design approach will be used to design the intervention. This will facilitate a collaborative inclusive process from the outset and ensure local teams receive the support they require.

~3 full day learning sessions over a 9 month period will teach teams Quality Improvement Methods. These will help address the problem. E.g. Workshops on model for improvement, Developing aims, change ideas, making your data count & sustainability

Blended Learning will support PDSA testing of change ideas in between planned sessions. This will be by topic specific webinars, QI remote learning opportunities and site visits will be provided.

A National Network will connect those interested in this area from services across the country. This will enable sharing of learning, celebration and spread of good practice and standardisation where possible.

QI Manager programme aimed at those who support frontline staff in delivering improvement (e.g. Line managers, Heads of Department, QPS leads, Nurse managers) equipping them with skills to support and spread QI inclusive of e.g. Coaching skills, a generic QI toolkit and sustainability master classes.

HOW WILL WE MEASURE OUR IMPROVEMENT: a number of measures are used to monitor progress towards the aim, including:

Outcome Measures:

1. # of in-hospital cardiac or respiratory arrests
2. # of Cardiac Arrests/ Urgent response team escalations
3. # Unplanned admissions to ICU

Process Measures:

1. **Monitoring:**
   I. Complete Set Observations
   II. Scoring done correctly
   III. Appropriate Frequency

2. % patients escalated according to pathway
3. % response appropriate

Other measures will be used to evaluate the effectiveness of the partnership such as IHI Assessment Scale for Collaboratives and capturing shifts in team behaviour