Deteriorating Patient Driver Diagram 2023

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

What are we trying to achieve…	We need to ensure…	Which requires…
A reduction in Cardiopulmonary Resuscitation rate, in acute care, by March 2024	Person-centred care	Shared decision making* Person centred care planning Future care planning Treatment escalation planning
	Recognition of acute deterioration	Use of NEWS2 and clinical judgement Action on patient, family, or carer concern Identification of people at higher risk of deterioration
	Standardised, structured response and review	A structured response to deterioration Senior clinical decision maker review Regular review and reassessment
	Safe communication within and between teams*	Interdisciplinary teamwork and collaboration Safe transitions in care Psychological safety to support escalation of concerns
	Leadership to support a culture of high quality care and patient safety*	Visible leadership at all levels Safe staffing* and resources to enable delivery of safe care System for learning* to support continuous improvement Staff wellbeing

Essentials of Safe Care

Primary Driver
Person centred care

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Secondary drivers	Change ideas				
Shared decision making (SDM)	Use of 'what matters to you' approach to plan and deliver care	A shared decision-making approach is used for all care discussions	Early involvement of those close to the person including care partners, families, Power of Attorney/Guardians	Process for engaging current specialist and community teams involved in the person's care	Reliable SDM is supported by health literacy tools, a range of communication aids and independent patient advocacy
Person centred care planning	Existing complex care plans, e.g. patient passports, used to inform acute care planning	Early understanding of person's usual baseline, and presentation when unwell/deteriorating	Care planning includes clinicians, carers and teams who have expertise about a person's needs	Post-acute illness follow-up conversations with recovering patients, their family, and carers	Person centred discussions consider cultural or other diverse needs
Future Care Planning	Care teams access future care plan e.g. digital ReSPECT on admission and other interfaces	Use of framework to support discussions e.g. REDMAP	Iterative planning in acute setting informs updates to future care plan during hospital stay and at discharge	Information available to support people creating new Future Care Plans in acute care	Use of citizen-facing technology to support person held care plans e.g. via the Digital Front Door
Treatment escalation planning (TEP)	Locally agreed criteria for completion of person centred TEP	Locally agreed processes for future care plans to inform, and be informed by, TEP discussions	Processes support timely person centred planning by person's own care team to guide decision making out of hours		

Primary Diver
Recognition of acute deterioration

Secondary drivers	Change ideas			
Use of NEWS2 and clinical judgement	Timely and reliable use of NEWS2 to identify physical deterioration	Use of clinical judgement to identify physical deterioration	NEWS2 parameters adjusted to reflect individual physiological baseline	Assessment recognises variation in presentation, e.g. considerations of ethnicity in pulse oximetry, deterioration in optimal posture
Action on patient, family or carer concern	Locally agreed process for patients, families and carers to raise concerns about acute deterioration	Patient, family and carer view of illness and concerns consistently sought e.g. asking 'how well are you feeling compared to the last time we asked you?'	Locally agreed process for staff to document and escalate concerns raised by patients, families and carers	Process to reliably provide feedback to the person who raised concern
Identification of people at higher risk of deterioration	Proactive identification of presentations at higher risk of deterioration e.g. sepsis	Process to identify people with significant co-morbidities, frailty or complex care needs at higher risk of deterioration	Identify people on a deteriorating health trajectory with an advanced condition who may benefit from earlier care planning discussions e.g. SPICT tool	

Primary Driver

Standardised, structured response and review

Secondary drivers	Change ideas			
A structured response to deterioration	Locally agreed standardised approach to structured response to deterioration	Structured response aligns with patient wishes included in TEP and Future Care Plan	Locally agreed process for contacting next of kin or identified key contact at point of deterioration	Effective use of system-wide escalation capacity e.g. outreach team, electronic NEWS2 and decision support
Senior clinical decision maker review	Local escalation processes enable early involvement of a senior clinical decision maker	Locally agreed process for critical care review	Timely first Consultant review within 14hrs of hospital admission and daily thereafter	Local escalation processes include who to contact during specific time periods e.g. day shift, evening, night shift
Regular review and reassessment	Reassessment criteria documented as part of the management plan, including who to contact	Review working diagnosis and treatment goals at every reassessment	Patients, families, and carers are given advice to support identification of further deterioration using agreed communication method	

Primary Driver
Safe communication within and between teams

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Secondary drivers	Change ideas					
Interdisciplinary teamwork and collaboration	Clarity of team roles and responsibilities in acute deterioration	Handovers highlight high acuity patients at risk of deterioration	Multidisciplinary structured ward rounds	Local process to identify deteriorating patients within a clinical area and hospital wide e.g. at safety huddles, and team briefs	Local induction processes for all staff include introduction to MDT and local handover tools	
Safe transitions in care	Structured handovers within and between teams e.g. use of SBAR	Including future care plan and/or TEP in all communication between teams	Local process for safe transfer of care of deteriorating patients	Patient, family and carers are included handovers e.g. bedside handovers in partnership with patients	Patient placement decisions informed by clinical condition and level of care	
Psychological safety to support escalation of concerns	Processes to support a culture which supports staff and students to raise concerns	Process for managers at all levels to effectively recognise and respond to patient safety concerns	Promotion of Speak Up advocates and ambassadors to encourage staff to raise concerns	Structured process for multidisciplinary hot and cold debriefs		

Primary Driver

Leadership to support a culture of high quality care and patient safety

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EVERY PERSON EVERY TIME SCOTTISH PATIENT SAFETY PROGRAMME

Secondary drivers	Change ideas				
Visible leadership at all levels	Conduct and share learning from leadership walkrounds	Access to clinical and improvement leadership time e.g. deteriorating patient lead	Opportunity for senior leaders to review deteriorating patient related data and trends	Deteriorating patient improvement priorities align with organisational priorities	Improvement team includes clinical and QI expertise e.g. resus and QI colleagues
Safe staffing* and resources to enable delivery of safe care	Identify and mitigate staffing needs using real time staffing tools, including acuity assessment	Process to escalate staffing shortfalls	Education and induction includes local processes for structured response to deterioration	Identify and mitigate time periods where escalation response is less reliable	
System for learning* to support continuous improvement	Develop reliable data collection process e.g. through process mapping	Share, and act on reliable data and learning between teams, hospitals, and boards	Identify and share learning through existing processes e.g. MDT morbidity and mortality meetings	Forums for staff, patients, and carers to identify areas for improvement	Education and simulation to support improvement in communication and technical skills
Staff wellbeing	Use of effective health and wellbeing conversations to identify and mitigate risks to wellbeing	Prioritise civility through communication and teamwork, e.g. use of TeamSTEPPS	Support job satisfaction through evidence based interventions e.g., Professional Identity Development Programme	Access to senior support and discussion for all staff, e.g. through clinical supervision	