NHSGGC Deteriorating Patient Storyboard

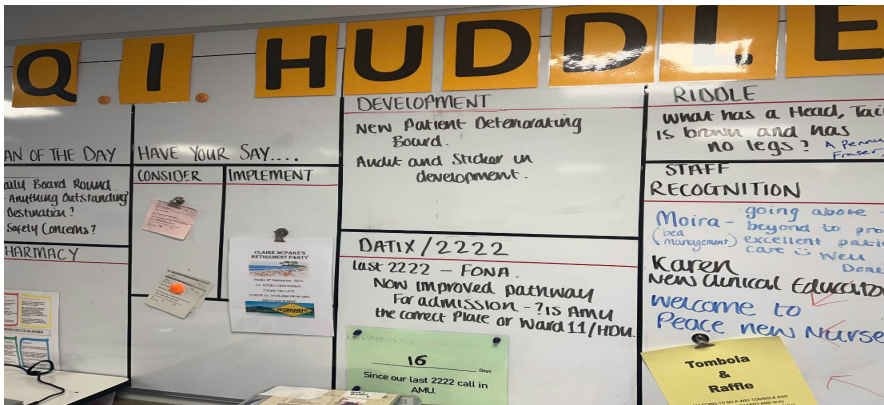## Creating the Conditions
Creating Conditions

- Powerful coalition
- NHSGGC DP Steering Group with medical and nursing leads and Sector-based Steering Groups and Site Leads
- Clear vision set and communicated
- Engagement with ward teams

Understanding your system
Understanding Systems

- Process Mapping exercise for Cardiac Arrest reviews / data
- Structured response to Deterioration process mapping
- Pareto charts for ward-level Cardiac Arrest Data
- Days between arrests charted for individual wards
- Evaluation of Escalation Procedures and use of Escalation Boards

Aim
Developing Aims

- 20% reduction in the NHSGGC Cardiopulmonary Resuscitation rate in acute care, by September 2023
- 35% reduction in the NHSGGC Cardiopulmonary Resuscitation rate in acute care, by September 2024
- 50% reduction in the NHSGGC Cardiopulmonary Resuscitation rate in acute care, by September 2025

Testing Changes
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Tested and implemented new Escalation Boards across RAH Site

Tested E-Learning Video

Tested sticker template for Escalation to Medical Staff

Data
Measurement

- RACE bundle completion charts displayed on wards

Rates of Cardiac Arrest to Dec 23

NHS Greater Glasgow & Clyde
All Sites

Rate of cardiac arrests (per 1,000 discharges)

Legend: Rate per 1,000 discharges — Median — Extended Median — Shift — Trend — On Median
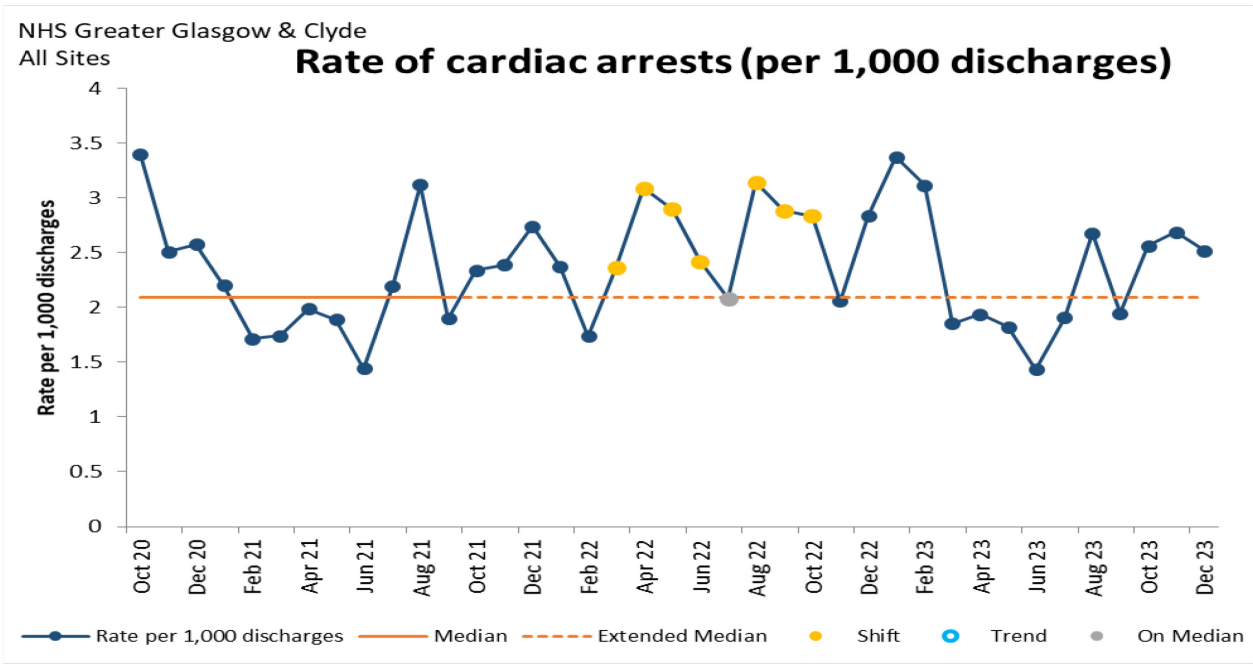
Enablers for success
Project Management and Communication
Leadership and Teams

- Defined 'structured response' as each element of 'RACE' completed (**R**ecognise dx, **A**ct on this with targeted treatment, **C**ommunicate issues, expectations and outlook, **E**scalation to more invasive interventions or higher level of care considered).
- Hospital Arrest review for Learning form Outcomes (HALO) meeting bimonthly – explore all arrests with potential learning to draw out common themes and trigger targeted local and hospital wide improvement efforts
- Development of share-point site
- MS Forms Data collection Tool for Structured response

A previous or current community DNACPR form not carried through to this admission	2
Opportunity for a DNACPR to be placed but not	9
Delay to review after evidence of deterioration	2
Failure to respond to evidenced deterioration	2
DNACPR appropriate but no clear opportunity during this admission	1
Issue with NEWs frequency	2
Active DNACPR in place but call still occurred	2

Next Steps
- Improve cardiac arrest data and processes with dedicated Data Analyst post
- Focus on improving reliability of Treatment Escalations Plans (TEPs)

Challenges we encountered
Capacity within Clinical Teams to engage with the programme is a key challenge

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