2016
Scottish Structured Response to the Deteriorating Patient in Acute Hospitals in Scotland

Driver Diagram and Change Package

The Scottish Patient Safety Programme

Aim	Primary Drivers	Secondary Drivers
People with physiological deterioration in acute care will have a structured response and person centred care plan There will be a reduction in CPR attempts (**chest compressions and/or defibrillation and attended by the hospital-based resuscitation team - or equivalent – in response to the 2222 call**)	Early, anticipatory planning and person centred care	• Anticipatory care planning in Community Care • Patient and family at the centre of decisions and planning • Reliable communication across care pathways • Assessment of functional ability, health trajectory and detection of limited reversibility • Reliable implementation of national DNACPR policy
	Reliable recognition of acute deterioration	• Accurate observations using NEWS • Observations are performed at correct frequency • Healthcare staff are trained in recording of observations and escalation process. • Healthcare staff use NEWS as an adjunct to clinical knowledge in recognition of acute deterioration
	Structured response to acute deterioration	• Screen for all causes of deterioration including sepsis, and initiate Sepsis Six if appropriate • Appropriate care givers meet, agree and document a plan including frequency of observations and review time • Ensure timely review by appropriate decision maker according to local triggers • Monitor accurate fluid balance • Document treatment escalation plan (after discussion with patient and family where appropriate) including resuscitation status, senior review and goals of care.
	Structured review of acute deterioration	• Risk of deterioration is considered with appropriate care plan documented • Limited reversibility is considered and documented in people at risk of acute deterioration • Treatment escalation plan is reviewed and updated, including DNACPR where appropriate • Communication with patient and family on management plan
	Reliable communication within and across multidisciplinary teams	• Hospital huddles and ward safety briefs highlight deteriorating patients & describe plan • Structured wards round in acute care – reliable review of treatment escalation plan • Reliable ongoing patient and family communication that informs treatment escalation plan • Use SBAR to handover across MDT and care teams
	Create a learning system	• Mortality and morbidity reviews that inform improvement plans • Review of cardiac arrests/2222 calls to inform improvement plans • Involve resuscitation officers in education and improvement • Organisational priority: Executive Sponsorship, Clinical Leadership, Executive Lead for Palliative Care and QI support • Consider use of electronic track and trigger tools to actively measure and manage at risk patients across the organisation

Deteriorating Patient Change Package

Secondary Drivers with associated Change Concepts for testing and adaption to local patient specific context

Primary Driver	Secondary Driver	Change Concepts & Ideas for PDSA Testing
Early, anticipatory planning and person centred care	Anticipatory Care planning in Community Care	Links with Primary Care
	Reliable communication across primary and acute care	Ekis/Epcs accessed at time of admission Reliable provision of information to primary care on discharge – Immediate Discharge Letter to inform eKIS
	Assessment of functional ability and health trajectory and detection of limited reversibility when assessing patients in primary and secondary care	Implement a process to identify limited reversibility (for example, SPICT)
	Reliable implementation of national DNACPR policy	Consider use of DNACPR measurement framework to support improvement http://www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Acute%20Adult%20Care/Tools%20and%20resources/201608%20DNACPR_MeasurementFramework.pdf
Reliable recognition of acute deterioration	Reliable observations using NEWS	Identify deteriorating patients using National Early Warning Scoring (NEWS) Ensure accurate and timely NEWS • Increased frequency of observation for triggering patients • Training on process for taking and recording observations • Peer to peer measurement of accurate observations

Structured response to acute deterioration	Screen for sepsis and initiate Sepsis Six if appropriate	Identify sepsis using NEWS + suspicion of sepsis
		Implement screening tool
		
		• NEWS trigger (local guidelines) with suspicion of infection.
		• Administer Sepsis Six in first hour
		    o Oxygen therapy to target saturation
		    o Take Blood Cultures (before antibiotic if possible)
		    o IV Antibiotic
		    o Lactate and FBC
		    o Fluid bolus (min 500mls unless contraindicated)
		    o Accurate urine output assessment

	Appropriate care givers meet and agree a plan of care including frequency of observations and review time	Implement and measure against a process which defines requirement for increased frequency of observations for patients who trigger NEWS Implement and measure against a process for graded response to patients identified as deteriorating. This process will define the level of competence of staff reviewing the patient and how quickly a response and review is required • Low score group • Medium score group • High score group Low, medium and high categories will be defined locally.
	Ensure timely review by appropriate decision maker according to local triggers	Process for graded response should include notification of senior clinician as appropriate.
	Monitor accurate fluid balance	Commence fluid balance chart
	Document treatment escalation plan	Test and implement a process for documentation and communication of plan after discussion with patient and family where appropriate. Include resuscitation status, plans for senior review and goals of care

Structured review of acute deterioration	Risk of deterioration is regularly reviewed and documented	Test and implement process for regular review (e.g. structured ward round, safety brief, hospital huddle) • Implement SBAR process for handovers for all deteriorating patients that includes information about recent observations, clinical assessment and management plan • Implement multidisciplinary safety briefs that highlight at risk patients • Use visual cues (e.g. white board) to highlight triggering patients
	Limited reversibility assessed in people at risk of acute deterioration	Consider use of tools to identify reversibility (e.g. SPICT)
	Regular review of treatment escalation plan including DNACPR status	Test and implement process for review of treatment escalation plan (e.g. structured ward rounds)
	Reliable ongoing patient and family communication on management plan	Implement a process to ensure reliable communication with patient/family and multi-disciplinary team that informs treatment escalation plan and goals of care. Consider training on communicating with patients and families.
Reliable communication within and across multidisciplinary teams		Use multidisciplinary safety briefs and hospital huddles to identify patients at risk and review plans. Use structured wards rounds to review and communicate treatment escalation plans Use SBAR handover within and across care teams that includes treatment escalation plan Use visual cues (e.g.) white board to highlight patients at risk of deterioration
Create a learning system		Safety as an organisational priority • Executive sponsorship • Clinical leadership • Executive leadership for Palliative Care Involve resuscitation officers in education and improvement Implement a process for regular review and learning from • Mortality and morbidity • Cardiac arrests/2222 reviews Use local QI expertise to understand data and inform and support improvement plans