Implementing the Patient Safety First intervention to reduce harm from deterioration

George Eliot Hospital Trust dramatically cut the number of in-hospital deaths after it brought in an intervention for deteriorating patients. This is how they did it.

Back in 2005, George Eliot Hospital Trust had one of the worst patient safety records in England. Since then, it has been changing the way staff of all levels work and has greatly reduced the number of adverse events. As part of its efforts, in 2008, the trust signed up to Patient Safety First, which consists of five interventions – four clinical and one on leadership.

While the trust signed up to implementing all five, it paid particular attention to the intervention on reducing harm from deterioration. This aims to reduce in-hospital cardiac arrest and mortality rates through earlier recognition and treatment of deteriorating patients.

To help reduce in-hospital mortality rates, the trust’s associate medical director now monitors all cardiac arrest calls to establish any links between them. This is then fed back to the patient safety committee, and the board when required. The committee discusses the results and, as a multidisciplinary team, agrees actions to be taken. The whole team takes ownership to monitor and make sure this happens.

We used the modified early warning scores (MEWS) track and trigger system. Such systems must be acted on promptly and appropriately. However, it is important to note that by definition, a standardised track and trigger system is not patient specific, so an individual’s condition must be taken into account to ensure clinicians do not miss subtle changes, especially in those with atrial fibrillation and hypertension.

At George Eliot, the MEWS system helps staff remain aware of patients’ needs by providing a visual reminder for the nurse and doctor on duty so they know when they need to take action. A colour code is used on patient forms to reflect their health:

- Red – abnormal;
- Yellow – leaving normal range;
- Green – normal range.

This helps to reduce levels of deterioration as staff are more alert to patient changes.

New communication tool
To ensure that information on deteriorating patients reaches staff quickly, the trust implemented the situation-background-assessment-recommendation (SBAR) tool in a number of wards.

All staff are trained using acute life-threatening events recognition and treatment (ALERT) courses so they can use the tool correctly. Practitioners are taught to recognise early signs or indicators of deterioration and identify whether action needs to be taken quickly.

Nurses can therefore fill in the relevant observation information or call a doctor or an outreach team if required.

The hospital 24/7 team
Another main component was the introduction of the hospital 24/7 team. This consists of experienced nurses who are competent in critical care and are able to attend deteriorating patients to prevent a further worsening of their condition. This outreach team also audits patients’ care when they arrive in a clinical area so they can monitor whether the correct interventions were undertaken or if there were other ways in which staff could have helped to prevent patient deterioration.

Nurses’ role
Nurses are responsible for completing observations and MEWS forms, using the SBAR communication tool and encouraging others to get involved.

OUTCOMES
Since its poor hospital standardised mortality ratio (HSMR) was revealed in 2005-06, George Eliot Hospital Trust has managed to reduce the number of in-hospital deaths from 126 in March 2006 to 76 in May 2009. Interestingly, 93% of staff employed by the trust in 2007 – when steps were first made to improve patient safety – are still employed today (this does not include doctors who have joined since). This shows the effectiveness of engaging staff.

Since improving the recording of observations, the number of correctly calculated MEWS scores has risen from 55% in October 2006 to 80% in May 2009.

For more information on Patient Safety First, see www.patientsafetyfirst.nhs.uk

AUTHORS Sharon Beamish, BA, is chief executive; Dawn Wardell, MBA, RGN, is deputy director of nursing both at George Eliot Hospital Trust, Warwickshire

FURTHER READING

George Eliot Hospital Trust won the patient safety category in the Nursing Times Awards 2009

Improved observations
One main recommendation from Patient Safety First is to improve observations. For this, the trust began to monitor initial observations on a much more reliable basis.

REDUCING HARM FROM DETERIORATION
This intervention involves six main areas:

- Physiological observations should be recorded for all adult patients in acute hospital settings;
- These observations should be recorded and acted on by staff trained to undertake these procedures and understand their clinical relevance;
- Physiological track and trigger systems should be used;
- There should be a graded response strategy;
- An escalation protocol should be in place;
- A communication tool should be used.

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