Recognising The Acutely Ill Patient: Preventing Deterioration

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Patients who are admitted to hospital believe that they are entering a place of safety and they, their families and carers, have a right to believe that they will receive the best possible care.

Patients should feel confident that, should their condition deteriorate, they are in the best place for prompt and effective treatment.

However, unfortunately some patients who are, or become, acutely unwell in hospital may receive suboptimal care.
An Acute Problem?

A report of the National Confidential Enquiry into Patient Outcome and Death (2003)

Acutely ill patients in hospital
Recognition of and response to acute illness in adults in hospital

NICE: clinical guideline 52
Developed by the Centre for Clinical Practice at NICE

Emergency Admissions:
A journey in the right direction?

Reducing Harm from Deterioration

The ‘How to Guide’ for Recognising and responding appropriately to early signs of deterioration in hospitalised patients

The fifth report from the Patient Safety Observatory
Safer care for the acutely ill patient: learning from serious incidents
Preventing Deterioration

Patient Safety

- Recognition
- Teamwork
- Systems
- Communication
- Skills
• Time is critical in acute illness.

• Patients admitted as an emergency can be amongst the sickest that are cared for in hospital.

• What is done or not done in those first few hours determines not only whether the patient will survive, but how quickly and completely health and independence might be restored.

• There is a need for early decision making by doctors with the most appropriate skills and knowledge based on the clinical needs of the patient.
Evidence

Analysis of 576 deaths reported to the NPSA National Reporting and Learning System (NRLS) over a one year period (2005) identified that 11 per cent were as a result of deterioration not recognised or acted upon (n = 66).

64 deaths related to deterioration
- 14 had no observations recorded
- 30 had observations but no recognition or action
- 17 recognised deterioration, action sought but delay in treatment
Evidence

Highlighted remediable factors in existing care pathways, appropriateness, timeliness & frequency of reviews:

- 34.8% of patients had remediable factors identified
- 7.1% initial assessment - poor or unacceptable
- 15.1% emergency areas had access to 24 hr CT scanning
- 68.8% under care of consultant that had more than one duty when on call
- 12.4% cases – no evidence of consultant review
- 6.8% did not receive adequate observations
Systems

- Physiological Track & Trigger
  - Single parameter
  - Multi Parameter
  - Aggregate Scoring systems
Systems will only work with robust response and escalation pathways

More emphasis given to empower staff to initiate treatment
• NEWS – ‘National Early Warning Score’

• RCoP (2007)
  – Recognised that a standardised score used across the NHS could improve clinical outcomes
    – Standardised observation chart
    – Supported by web based educational materials
Skills

- ALERT
- AIM
- ALS
- IMPACT
- Survive Sepsis
Defining the role

What is an advanced nurse practitioner?
The RCN defines an advanced nurse practitioner as:

- a registered nurse who has undertaken a specific course of study of at least first degree (Honours) level and who:
  - makes professionally autonomous decisions, for which he or she is accountable
  - receives patients with undifferentiated and undiagnosed problems and makes an assessment of their health care needs, based on highly developed nursing knowledge and skills, including skills not usually exercised by nurses, such as physical examination
  - screens patients for disease risk factors and early signs of illness
  - makes differential diagnosis using decision-making and problem-solving skills
  - develops with the patient an ongoing nursing care plan for health, with an emphasis on preventative measures
  - orders necessary investigations, and provides treatment and care both individually, as part of a team, and through referral to other agencies
  - has a supportive role in helping people to manage and live with illness
  - provides counselling and health education
  - has the authority to admit or discharge patients from their caseload, and refer patients to other health care providers as appropriate
  - works collaboratively with other health care professionals and disciplines
  - provides a leadership and consultancy function as required.
Teamwork

- In most hospitals, medical services are severely overstretched and commonly junior medics have to spread themselves thinly across what often is a significant number of acutely ill patients.

- Changes in hospital team structure over recent years due to EWTD has dramatically affected the cover provided.

- Better team working involves everyone consultants, medical staff, nurses, managers and professions allied to medicine and often patients themselves.
Teamwork

• Working together in a coordinated manner is a key to success, using resources that are available

• *Hospital @ Night Teams*
  – Multidisciplinary team which has the skills and competencies to cover a wide range of interventions

• *Critical Care Outreach Teams*
  – Teams with specific skills to support and care for acutely and critically ill patients at risk of deterioration and provide educational support to ward based teams
Communication

• Breakdowns in verbal and written communication between health care providers are a major concern in the delivery of care.

• Suboptimal communication is not only a common occurrence but is also associated with untoward events.
Poor Communication

- Failure to get timely patient reviews
- Poor escalation to senior doctors / nurses
- Incomplete/poor handover/ transfers of care
- Lack of clarity of reason for request of patient review
- Framework for communication
- Easy to remember
- Useful for critical conversations requiring action
- Encourages preparation for communication
- Endorsed by IHI in USA, NHS Inst for Innovation and Improvement UK
- Fosters a culture of patient safety
• http://www.youtube.com/watch?v=l196nqfgn_g&feature=related
Summary

- We still don’t always get it right
- We need to use the systems available, adapt them for use in our local settings
- Use ‘lessons learnt’ to move forward

[Diagram showing Right Skills, Right People, Right Time]