What is HOBs?

The High Observation Bay (HOBs) is a mixed sex four bedded unit within the Emergency Assessment Unit and comes under the Emergency Care umbrella. Patients receive continuous monitoring with hourly observations being performed and escalated as required.

- Patients receive 2 to 1 care from Nurses
- Nurses are trained in acute patient deterioration with ALS and ILS skills. A Senior Nurse is present on every shift
- Admissions come from Accident and Emergency departments, Medical Day Unit and from the Emergency Assessment unit.
- HOBs is fully supported with a Medical Consultant on twice daily ward rounds and has its own dedicated Registrar. Critical Care provides a daily ward round and enhances the treatment requirements of patients if needed.
- HOBs opened on 10th August 2015

Results

HOBs has treated over 3000 patients since opening in August 2015. The below results are based on a random 100 patients from January 2017-March 2017. This consisted of 52 Males and 48 Females

NEWS score improvements

<table>
<thead>
<tr>
<th>Improved</th>
<th>Remained the Same</th>
<th>Further Deterioration</th>
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<tbody>
<tr>
<td>15</td>
<td>75</td>
<td>10</td>
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50% of patients who showed further deterioration went to ITU

Length of stay in HOBs

- less than 24 hours
- 24 hours
- 48 hours
- 72 hours

Complete Hospital Journey

- Died
- Self discharged
- Discharged on medical advise

Conclusion

- The figures suggest HOBs works extremely well in providing the best possible care for the acutely deteriorating patient.
  - Deterioration is recognised and correct support from Medical team is sought
  - Despite intensive medical treatment those who do not respond are supported with palliation
  - The unit will continue to support staff in further education and making all staff ALS trained.
- There is the potential to take this service model and implement around the hospital in respiratory and surgical Divisions.
  - As Colchester and Ipswich Trusts merge there could be a possibility to support Ipswich with this concept.

Outreach Data - suggests that calls from EAU has decreased but shown a significant increase from Hobs indicating that the correct patients are being moved to the correct place of care.

Admission Criteria.

The decision to admit & discharge is by the medical consultant or registrar on call for the shift.
Those That NEWS above 5 or have potential for deterioration

- Reduced GCS
- Diabetic keto acidosis
- COPD – NIV support
- Unstable Cardiac Arrhythmias
- Chest Drains
- Severe Exacerbation of Asthma
- Pt requiring support from critical care
- Sepsis

Why do we need HOBs?

EAU is a busy and transient 60 bedded unit in our hospital. Previously, deteriorating patients were randomly distributed over the unit with a nursing ratio of 7:1. This led to a high number of calls to critical care outreach services and peri-arrest figures. The idea of HOBs was conceived to provide a higher level of care to this patient cohort (including those with DNACPR decisions deemed inappropriate for ITU/HDU care but still potentially salvageable) by trained nurses with skills to monitor, escalate and promptly respond to deterioration.