

Deteriorating patient response sticker

The Shrewsbury and
Telford Hospital
NHS Trust

Theme | Documentation of reviews for deteriorating patient
Produced by | Teresa Cole
Case Study Date | August 2024

REASON WHY?

Deterioration is linked to 90% of NHS bed days. Reducing the need for higher levels of care will free up capacity and improve the quality of care provided to patients. There is currently variation in the required information recorded for the response element of the deteriorating patient, this is captured on the deteriorating patient CQUIN (Commissioning for Quality and Innovation scheme) compliance report. It is hoped by improving the response element of the deteriorating patient, we will improve patient outcomes and reallocate resources to where they are required with improved communication and patient planning between teams. This will be a longer-term outcome measure.







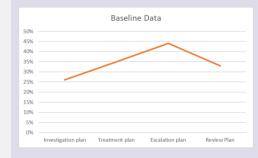


AIM

To improve documented response on deteriorating patients on AMU to (PRH) to 60% to include: investigation plan, treatment plan, escalation plan and review plan by reviewing clinicians by the end of September 2024 using CQUIN data as a baseline for improvement.

PLAN

Following discussions with the team it was identified that there were inconsistencies in the documented response to deteriorating patients. An audit was carried out as a baseline for documented response to deteriorating patients. The plan was to increase all for elements: investigation, treatment, escalation, review to 60%.



DO

Design a deteriorating patient response sticker that incorporates each element of required documentation for reviewing clinicians to complete

- Meetings were held with a Clinician who wanted to lead the trial, ward manager and ward Practice Education Facilitator (PEF) for the Acute Medicine Unit (AMU).
- Present at several of the morning doctor's handover meetings to improve awareness.
- Discussed at several Dr's Statutory Safety Updates (SSU).
- Information posters about the response sticker with both QR code and forms for staff to feedback displayed in trial area.
- Patient safety team aware of trial in case any reported incidents occurred whilst using response sticker, observing for any unintended consequences.
- Clinical lead to present at governance for wider awareness.
- Staff to collect patient unit numbers where the sticker had been used for audit and assurance

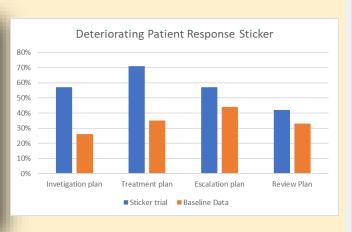
STUDY

Following the implementation of the sticker the following improvements were shown:

- Investigation plan- improved from 26% compliance to 57%
- Treatment plan- improved from 35% compliance to 71%
- Escalation plan- improved from 44% compliance to 57%
- Review plan- improved from 33% compliance to 42%

Reviewing the notes of patients within the trial there was still a significant number of the response stickers containing insufficient information or partially completed.





ACT

Feedback that was collected included that the response sticker was duplication of work, too small, could include sepsis treatment / deeming not sepsis section. Nursing staff predominately liked the box for individual escalation parameters and liked them if they were completed fully.

Next steps is to take the feedback to the Deteriorating Patient Group and include it into the improvement workstream for treatment Escalation Plan forms, and the decision has been made that the response sticker will not continue but will concentrate on creating and implementing a Treatment Escalation Plan form for the trust.

ACKNOWLEDGEMENTS & REFERENCES | Ward AMU PRH STAFF

Partnering · Ambitious