

# The deteriorating patient: handover to me, handover to you



## Event report

15 September 2016

Gloucestershire County Cricket Ground, Bristol

The West of England Academic Health Science Network (AHSN), on behalf of the West of England Patient Safety Collaborative, hosted the fourth event of the Deteriorating Patient workstream on 15 September 2016.

This marked 18 months since the start of this workstream, which specifically focusses on promoting the use of the National Early Warning Score (NEWS) in all health care settings across the region, and communicating this score at the point of patient handover between services. Our aim is to improve patient safety by earlier recognition of the deteriorating patient, particularly those at risk of developing sepsis.

The event was attended by 123 delegates representing patients, primary and community care, consisting of out-of-hours services, mental health services, the ambulance trust and all acute trusts in the region, including representatives from Emergency Departments (ED).

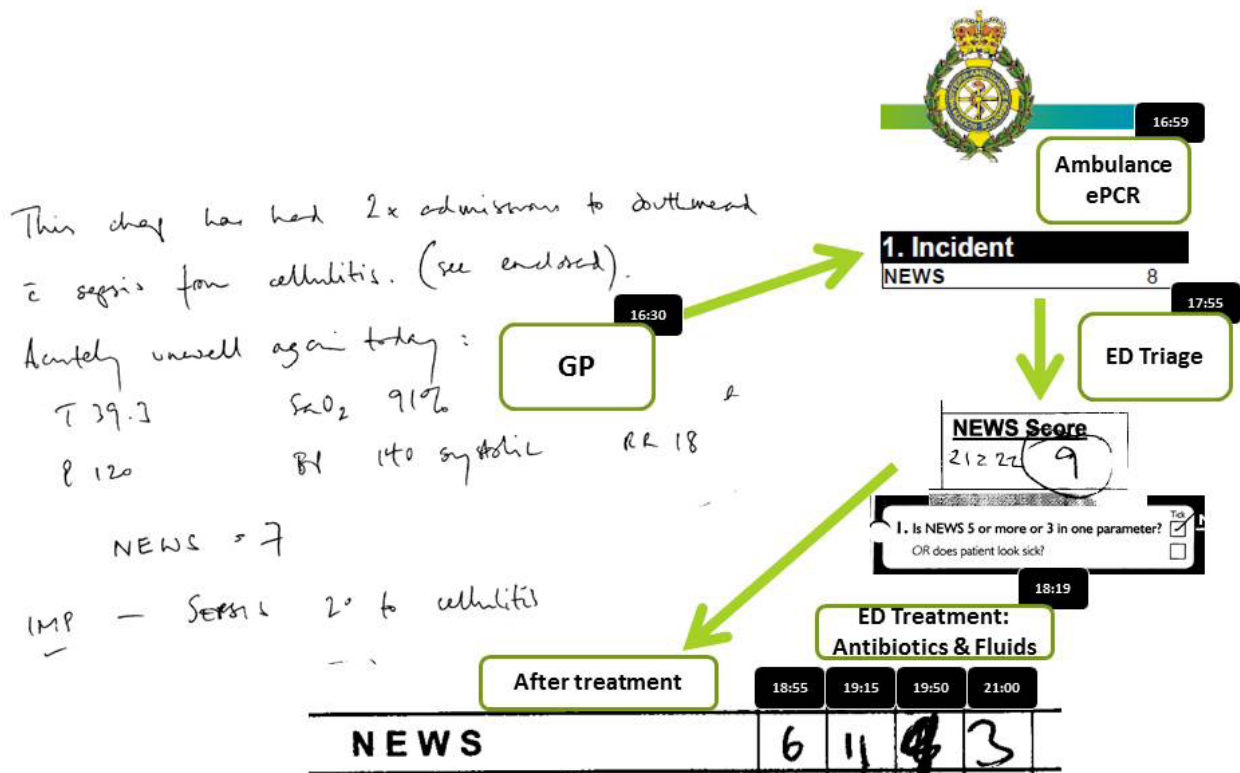


## Improving communications at the handover of care

Anne Pullyblank, Clinical Director of the West of England AHSN, compered the event and kicked off the proceedings by affirming the aim of our work and the purpose of the day: how can we improve communication, and specifically the communication of NEWScores, at the points of handover of care? A brief update was given on the primary themes of the last collaborative event held in March 2016.

## NEWS as a track-and-trigger tool

Daniel van de Klee from the Acute GP Team at North Bristol NHS Trust (NBT) provided an update on how NEWS is being used more routinely in the urgent care system across the region. Daniel specifically highlighted a patient story from North Somerset, which is our first regional documented example of NEWS being used to assess the acuity of the patient and communicated across the patient pathway ensuring the patient received rapid treatment. The patient did have sepsis but made a full and swift recovery thanks to the awareness of staff treating him, supported by NEWS as a track-and-trigger tool.



Alison Tavare, a GP from Old School Surgery in Bristol, then summarised some of the research opportunities that are progressing to provide evidence that NEWS can benefit patients when used outside of the acute settings it was designed for. She specifically focused on proof of concept studies aiming to baseline NEWScores in patients with long term conditions, particularly COPD.

Anne Pullyblank gave an overview of the technological developments that have progressed since the last regional meeting, providing an update on the templates available in electronic patient care record systems in primary and community care and opportunities for information sharing that are opening up in the sub-regional interoperability programmes.

# Threat, Refer, Severe

West of England Academic Health  
Science Network

2016

## Threat, Refer, Severe

The audience were then treated to the debut performance of the West of England AHSN's Patient Safety Team's play 'Threat, Refer, Severe'.

The plan is to perform this play at the national Patient First event in November as a way of showcasing a patient experience before and after the adoption of NEWS at each point of care and other patient safety tools across our health care system in the region. In order to road-test our 'Am Dram' skills (or lack thereof!) prior to displaying them at a prestigious national event, we thought it wise to test it on a friendly, local audience first who would act as our critical friends.

It seems, generally, that the format worked well and was a good medium for describing the great work that has been achieved across the region in the last 18 months. There were some very helpful comments from the audience on elements of clinical accuracy and service portrayal – we will re-work the script to reflect these. But, it seemed we didn't wholly embarrass ourselves, and with a bit of work on the script and more rehearsal time it could be quite successful... Time will tell if we have the gumption to go through with it at Patient First - watch this space!

“

*Well, as I said to the lady on the phone I'm not myself. I went out with Bobby, he's my dog but don't mind him he's just through there.*

*When I was out with him I came over all wobbly and weak and all shakily like. I tried to get up for some tea but just couldn't get up. I was sick yesterday and the doctor thought it might be a bug or summat... ”*



## The power of structured communication

As the focus of the day was on improving communication at handover of care, Alan Howe, Patient Safety, Quality, Clinical Skills and Resuscitation Education Lead at NBT delivered an engaging presentation on the power of structured communication such as SBAR (Situation, Background, Assessment, Response) and its relevance and importance at the interfaces of healthcare provision.

Angela Cooper, Deputy Clinical Lead for the Gloucestershire Care Services, then presented a ground-breaking project her team are currently undertaking with three nursing homes, primarily to avoid inappropriate admissions to hospital.

The staff at the nursing homes have been trained in taking vital signs observations and calculating NEWScores to enable them to assess patients at risk of deterioration. They escalate to the Rapid Response team by a specially designed escalation protocol which includes communication of the NEWS at the point of referral. This pilot is already showing fantastic results with over 22 admissions avoided between June 2016 and August 2016.

This has greatly improved patient experience as they can stay in an environment that they know and feel comfortable, staff feel empowered to escalate their concerns appropriately and the Rapid Response team are able to triage and prioritise patients accurately. The pilot has been so successful that there are already plans to extend it to three more nursing homes across Gloucestershire.



Alan Howe and Angela Cooper

The morning session concluded with delegates attending one of four workshops to focus on improving the communication of NEWS at the handover of care at specific points across the patient care pathway.

Workshops were asked to consider current areas of good (or bad) practice at these specific interfaces, to explore opportunities for future enablers and to consider either their own or their organisations next step pledges to work on in improving communicating NEWS at handover.

## Community Services (including Mental Health): Primary Care (including Out of Hours)

This workshop acknowledged the excellent work in the region in adopting the use of the NEWS in community and mental health services and the benefit of using it as an assessment tool to support decisions to escalate to primary or urgent care. The problem with communicating the score at the interface between community and primary care services is the receptiveness of the receiver to the score as the general understanding of NEWS in primary care and the relevance to their patients remains low. Increased education and awareness in primary care is required to aid the communication of the score between services.

Other ways to increase awareness in primary care were discussed. The role of the patient and them knowing their NEWScore (both current and baseline) could assist in increasing awareness, particularly for older patients or those with chronic conditions. If NEWScores were calculated and recorded in the annual health checks to form baseline NEWScores, this would support health care professionals from all services if those patients present with a score that deviates from their 'normal'.

The group discussed additional enablers to improve communication. IT systems that interface so vital signs information and NEWScores can be communicated in both real time but also allowing historic scores to be recalled would greatly enable communication at this interface. Also, the adoption and spread of SBAR communication tools into community services could support the structured communication of NEWS at the interfaces of care.

### ED: Ward

This workshop explored the difficulties acute trusts have communicating vital patient information between wards and departments. The group recognised that systems aren't always joined up and that single operational and IT systems which share patients vital signs, NEWScores and critical patient care information across trusts are just as important as that information being shared at the 'front door' to acute care. Currently there is a mixture of electronic and paper based systems which increase the risk of the NEWS scored not being communicated. The group discussed some interesting projects which are currently being undertaken in the region to address these issues.

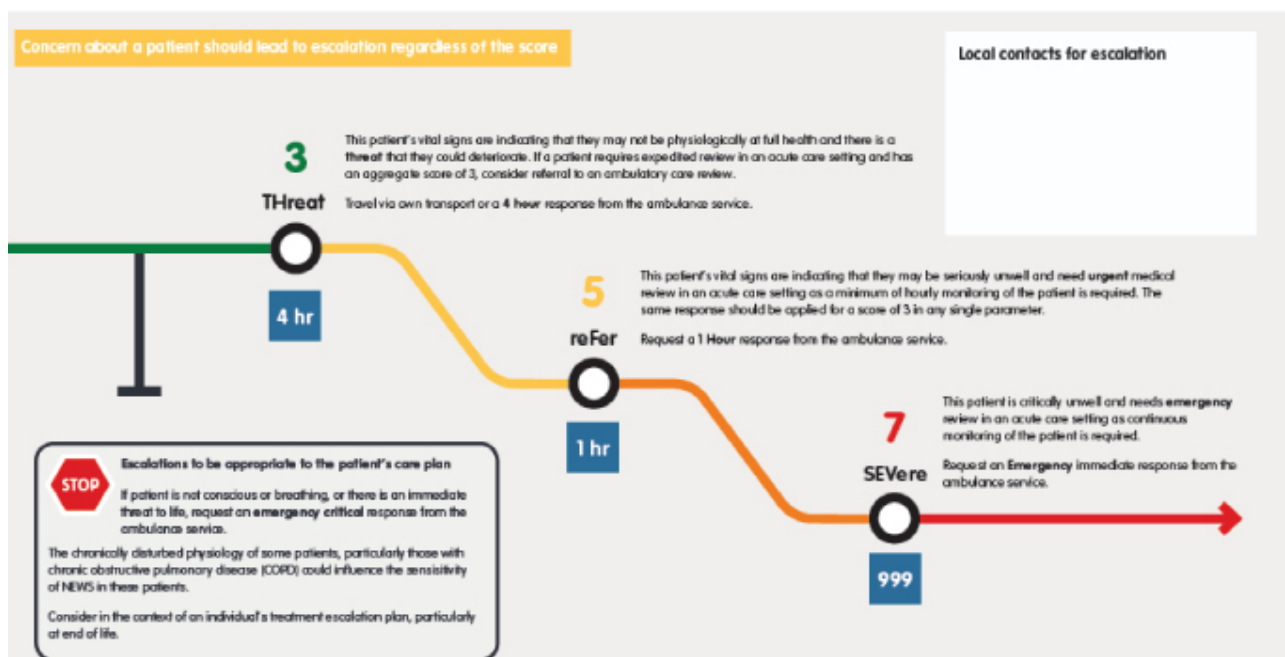
- **North Bristol NHS Trust:** Working on NEWS in post-operative patients being transferred from Medi-rooms (recovery to ward) and looking at including SBAR as part of their internal ward transfer tools.
- **Gloucestershire Hospitals NHS Foundation Trust:** Currently have a patchwork of different IT systems across the trust so are currently looking at a full rationalisation of the system with a view to whether an overhaul of systems can be achieved to ensure all talk to each other.
- **University Hospitals Bristol NHS Foundation Trust:** Working on a uniform SBAR handover tool to be rolled out across the trust.
- **Great Western Hospitals NHS Foundation Trust:** Working on a standardised patient transfer form that would work across the entire organisation.

The workshop agreed that any examples of good practice should be shared throughout the region via the Health Community Task Groups and the West of England AHSN.

In particular, NBT committed to share the Medi Room form and the ward to ward transfer forms at the group's request.

## Primary Care (including Out of Hours): Urgent Care (including Ambulance Trust, ED, Acute GP Teams, Single Point of Clinical Access)

It was generally agreed by this workshop that there is still some way to go to get NEWS routinely calculated on patients in primary care and then communicated at the point of referral into urgent care. With an increase in community service providers using NEWS when referring to primary care, urgent care referral hubs requesting vital signs and NEWScores, and the planned upgrade of the ambulance service script for health care professional (HCP) calls to include this information, it is likely it will develop into the routine lexicon of communication by a process of osmosis. However, the workshop felt that as there remains a lack of peer reviewed research supporting its use in Primary Care, there will still be significant proportion of GPs who will dismiss it as an inappropriate tool for their cohort of patients.



The room were supportive of the GP Information Sheet the West of England AHSN have developed, and the education programme being supported by the regional CCGs. 'NEWS' stories celebrating positive patient stories in regular GP bulletins would further support this work, as would the standardising of referral forms/letters from specialist services such as the acute outreach COPD team at NBT. But, it was felt that other evidence could be gathered by our colleagues to make the case for NEWS in primary care. Audits of service data were proposed to provide some of this evidence. Options discussed were:

**Out of Hours services:** to audit whether NEWScores were calculated by the service at the point of 'case closer' (when the patient has been referred to urgent care). This data could be communicated back to staff (who are often also in-hours GPs) to encourage the routine use of the tool within the service. In addition, services could audit the number of referrals made with a full set of vital signs observations and NEWScores.

**Ambulance trust:** Will request that when the software being developed to upgrade the script for HCP calls includes a function allowing data to be pulled on whether NEWScores were available when the response service was requested.

**Acute GP Team:** to interrogate patient data and correlate patients NEWScores with the time-to-assessment by the medical team.

**Urgent Care Centre:** to follow patient journeys on those patients that have elevated NEWScores when triaged in the Urgent Care Centres and track their experience through ED and acute care.

## Ward: Community Services (including Mental Health)

Discharge summaries are vital documents that support a patient's transfer from acute to community care. Groups within our region have often discussed the value of communication a NEWScore on discharge summaries but it has been recognised by this collaborative that NEWS at the point of referral into urgent care is far more important for patient safety and must be prioritised in terms of resource within our system. However, there are many patients that transfer between acute to community hospitals (including mental health inpatient wards), where a NEWScore on transfer would greatly reduce the risk of patients deteriorating between these settings.

The 2gether NHS Foundation Trust has developed a transfer policy which includes NEWS and shared their lessons learnt to this workshop. They used quality improvement methodology to shape the transfer policy and found this helpful as a method to inform the policy, rather than policy to inform the change. The main lesson they have learnt from the pilot is it's important to use the right focus language to get the changes understood.

### Working across boundaries of care

The general feedback received from all the workshops was that it was good to have the opportunity to share experiences and ideas with colleagues from similar sectors and work environments from across the region.

We are grateful for the continued enthusiasm of all our stakeholders to work across the boundaries of care and look forward to receiving updates and data supporting the work individuals and organisations have pledged to progress.

The afternoon workshops were designed to offer space and time for regional groups working on the deteriorating patient to meet and focus on their areas of work.

Specifically, these are: **the ED Collaborative** (currently focussed on the roll out of the ED Safety Checklist); **the Community Forum** (which has agreed to have NEWS as a focus of the group, as well as incident reporting); and **the regional Sepsis Group** (which wanted to the opportunity to review the recently published NICE sepsis guidance).

In addition, a **Life System Clinic** was offered to those delegates who wanted to gain a better understanding of the purpose and functionality of the Life System; a web based quality improvement tool which can support teams through their project life cycles.

Finally, a workshop was offered focussing on **Treatment Escalation Plans** (TEPs). The inclusion of patients and their families in their end of life care pathways is an important consideration when attempting to standardise escalation protocols within systems – sometimes escalation and intensive medical intervention isn't appropriate. So, the design and implementation of TEPs is a useful balancing measure for this programme and an important element to ensure that the care a patient receives is appropriate and meets with their wishes, and the wishes of their families.

We rounded the event off with a brief update from Natasha Owen from the West of England AHSN **Quality Improvement** team who reminded delegates that quality improvement should underpin and drive all our patient safety projects and presented an entertaining and light hearted video on the theory of behaviour change. All the slides and links to the videos presented at the event can be [viewed on YouTube](#).

It is clear that over the last 18 months the enthusiasm for this programme has not waned; in fact it has grown – the progress organisations have made to adopt NEWS as a patient safety tool across all settings is phenomenal.

It's great to see organisations working both internally-and-between sectors to share ideas and work together to improve the quality of patient safety and safeguard patients at risk of deterioration.

We'd like to take this opportunity to express our gratitude to all our stakeholders for the effort and work they have put in to support this programme, and we look forward to hearing how you have progressed to improve the communication of NEWS at handovers of care at our next regional deteriorating patient event.

**Save the date: Thursday 16 March 2017**

### Get in touch

Ellie Wetz, Patient Safety Improvement Lead, West of England AHSN

E: [ellie.wetz@weahsn.net](mailto:ellie.wetz@weahsn.net)

T: 0117 900 2604

[www.weahsn.net](http://www.weahsn.net)

