

Share the NEWS - event report



On 10 March 2016, the West of England Academic Health Science Network (AHSN) hosted its third regional event for the Safer Care Through Early Warning Scores programme.

This event marked the first anniversary of the programme and was an opportunity to celebrate our achievements across the region in the last year and give our stakeholders the space to share and learn from one another's experiences. Despite the junior doctor's strike, the event was well attended by 104 delegate from 39 different organisations.

Achievements to date

Anne Pullyblank, Clinical Director for Patient Safety at the West of England AHSN, chaired the event and affirmed to the audience (a good mix of 'new' and 'old' faces) why we are aiming for system wide change. Anne used a powerful patient story to iterate why the National Early Warning Score (NEWS) is the best tool for assessing a patient's acuity in any setting and using it to track a patient's changing condition and trigger an appropriate response, particularly at the interfaces of care.



Using an interactive map of the region, Anne introduced representatives from each of our participating health sectors to give a brief update on our achievements over the last year. The main highlights are:

- Over the last year, all acute trusts in the region have standardised to NEWS in all in-patient wards with common escalation protocols.
- South Western Ambulance Service has included the NEWS in the electronic Patient Care Record (ePCR), linked to the portable automatic monitoring equipment held in all response vehicles. This means a NEWScore will be calculated as standard for all adult patients treated by the ambulance trust as the ePCR rolls out across the region.
- Both our mental health trusts are using NEWS in inpatient wards and are working on plans to roll out NEWS to community mental health teams.
- Our community services using NEWS are realising the value of it for their cohort of patients, despite it not being validated for use in this setting. NEWS has been used to assess how ill patients are and to support community team's clinical judgement on the appropriate response. This response has saved lives. All community teams in the region are committed to rolling out NEWS to all services in the next 12 months.
- NEWS is being used by GP Out of Hours services and in pockets of primary care and the practice is spreading. We will be working on engagement strategies throughout the course of the next year so that by our second programme anniversary we will be able to demonstrate more widespread use by clinicians in this sector.

These are all fantastic achievements and form the bedrock for the continuation of our collaborative work over the next year of our programme.

Just Say Sepsis!

Mark Juniper, clinical lead for quality at the Great Western Hospital NHS Foundation Trust and lead clinical coordinator for the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), then briefed the audience on the findings of the 'Just Say Sepsis!' report.

In this study 551 cases of sepsis were peer reviewed and studied the whole patient pathway. The report recommended that “an early warning score, such as the National Early Warning Score (NEWS) should be used in both primary care and secondary care for patients where sepsis is suspected. This will aid the recognition of the severity of sepsis and can be used to prioritise urgency of care.” This validates and supports our West of England ambitions for system wide change.



Technological support

In the break, the technology exhibitors attending the event were given the opportunity to present their products to the audience. It was exciting to see what technology is available on the market, or has the potential, to support and enable our work to take and record vital signs measurements, to calculate NEWScores and communicate these between different electronic patient record systems. Information on all our exhibitors is appended to this report as well as details for our West of England AHSN enterprise team who can offer support around working with industry partners.

World Café

Ten tables were offered for the World Café session. This structure allowed teams or individuals the opportunity to share their experiences with other colleagues throughout the region and listen and learn from others.

Each delegate was offered the opportunity to attend three tables during the session (which caused some confusion at registration!) and each table was well attended. We had feedback that acoustic and crowding issues at some World Café tables made it hard to hear and participate in the conversations, which is something we will try and improve for next time.

The main themes or points of interest coming from the World Café were:

NEWS in Emergency Departments and Urgent Care

- The escalation protocols for NEWS are not necessarily transferable to emergency departments (ED). There is an opportunity to develop national guidance on the use of NEWS in ED with the Royal College of Emergency Medicine.
- 70% of 999 calls are not made by the patient. Therefore, there is a case for NEWS to be employed by health professions to better understand the clinical acuity of a patient and inform triage and response times within the urgent care system.

NEWS for GPs

- Patient stories are a useful tool to engage GPs, especially retrospectively applying NEWS to see if responses and outcomes would have been different.
- Identify 'NEWS Champions' where NEWS is custom and practice in an environment and use them to spread the value of NEWS to alternative settings. For instance, an Out of Hours GP may have a substantive in-hours post. Their experience of using NEWS Out of Hours could inform their practice in-hours.

Automating NEWS

- Waiting room settings (in both primary and secondary care) could be an opportunity for automated NEWS access points.

NEWS in training

- Engaging education providers for all disciplines, ensuring NEWS content in all appropriate courses.
- NEWS training could be standardised across all out-of-hospital settings to ensure community, primary care and mental health professionals receive the same information.

NEWS for agency staff

- Engaging nursing agencies to encourage training in NEWS as a pre-requisite for agency enrolment.

Patient passports

- The idea of patient passports, especially for patients with long-term or chronic conditions, so a paper record and NEWScore follows the patient pathway – much like existing systems in maternity and paediatric services.

Involving families and carers

- The need to involve carers and families in the conversation about NEWS as they are the first point of assessment of a patient's condition in the home. Align with escalation protocols or existing treatment plans such as end-of-life care.

NEWS in community settings

- Standardisation of NEWS escalations in community settings is relatively simple for higher NEWScores, but needs to be contextualised for lower scores against patient trends and baselines.

Culture shift

- For some services and settings, taking regular observations as a minimum requires a cultural shift in practice.

Improving accuracy

- To improve the accuracy of NEWS calculations, a closed loop approach where accuracy results are discussed within teams is often successful. Low NEWScores are more likely to be accurate, so a drive to focus on the accuracy of high scores may avoid failures in care.

NEWS for paramedics

- The system allows paramedics not to convey, so why can't they decide where to convey? Could NEWS help establish trust in paramedic assessment to support direct referrals to appropriate wards?

Share what doesn't work

- Sharing examples of practice that hasn't worked is just as important as sharing examples of good practice.

Electronic NEWS

- Electronic NEWS is much more than simply replacing a paper chart with a digital alternative. The whole escalation and communication system also needs to be digitised to be successful.

The Safer Care Through Early Warning Scores project team will incorporate these ideas and themes into plans of works with either individual organisations or specific groups or wider system-wide approaches through the Health Community Task Groups.



Workshops

Delegates were invited to attend two out of three available workshops during the afternoon session.

The Urgent Care Pathway – process map

This workshop explored the concept of right patient, right place, right time, right clinician. It considered how NEWS changes our behaviour and what we will do differently for acutely ill patients. The facilitators asked participants to consider and map out who they refer acutely ill patients to across the system and whether a NEWScore would inform this decision. They were then asked to consider what they thought an appropriate response from the referral would be and whether any themes or conclusions could be drawn from the mapping. The points identified were:

- Seniority of referral, review and escalation procedures need to be identified at each stage along the urgent care pathway.
- Timeliness – prioritising patients in the queue by using NEWS as a triage tool.
- Accurate information for ambulance crews allowing them to respond accordingly.

Sepsis

This workshop reviewed the new international definitions for sepsis and what these mean for our stakeholders. It considered safety netting, NEWS as a tool to identify sepsis but also circumstances where NEWScores can be low but sepsis is prevalent. The main points summarised from this workshop were:

- Agreed approach across West of England for timeframe of implementing new sepsis guidance
- There is currently variation in screening tools/approaches – these could be standardised.
- NEWS does help with communication and informs decision making and right response.



Validating NEWS out of hospital – generating ideas

This workshop was an open forum for generating research and proof of concept ideas on where NEWS could be applied outside of hospital where its use and impact currently has limited evidence based validity. The workshops were given a brief overview of quality improvement methodology so they could consider how their ideas could be tested and measured to form a potential basis for further research. The main ideas generated from this workshop were:

- Baselineing patients, particularly those with chronic conditions or in care home settings, and using points of contact with staff from a range of disciplines to understand a patients “normal” - pharmacists, phlebotomists or carers.
- Empowerment – NEWS means something different to different clinicians depending on their perception of risk. NEWS can be a decision making tool to some; it can be a trigger tool to others.
- Through all three workshops, a recurrent theme was the appropriate use of NEWS and responses in end-of-life care and how a NEWScore should be considered in context with other patient management strategies such as treatment escalation plans and do not attempt resuscitation orders.

Expressions of interest were collected at the end of each workshop session, inviting delegates with an interest in further research opportunities to join a smaller working party. The project team will be in touch with those who expressed an interest in due course.



Next Steps

The final session of the day was an opportunity for health communities within our region to come together to consider and pledge their NEWS next steps over the next 12 months.

Bristol, North Somerset, South Gloucestershire

The main cross-sector aim articulated by this group was for every setting to take a full set of observations and calculate a NEWScore. More specifically:

- North Bristol Trust and University Hospitals Bristol GP admission units to start requesting NEWScores when taking referrals and using it routinely within their service.
- To start using NEWS at all handovers of care, including arrival and transfer out of ED.
- To work with specialist admission units across the region to embed NEWS into their procedures.
- To reach more GPs; get them to use NEWS and engage in the programme.
- To work with care and nursing homes to see what support can be offered to get NEWS used in these settings.

Bath and North East Somerset, Wiltshire, Swindon

- To consider work around oxygen scoring and baselining patients within acute settings.
- To influence and work with GPs to get it used more routinely.
- Community and mental health services to work more closely to examine the touchpoints between services and how NEWScores can be communicated in real time between settings.

Gloucestershire

In 12 months' time, everywhere a patient goes, a NEWScore will go too! More specifically:

- To support services in the region not currently using NEWS to get it used as the standard track-and-trigger system to ensure uniformity across the health community.
- To increase the scope of the 2gether patient transfer project from a single ward to an entire inpatient mental health hospital.
- To align the work of the health community on NEWS with the IT interoperability work in the region – Join Up Your Information (JUYI) project.

We will revisit these health community pledges at our next Safer Care Through Early Warning Scores region-wide event in September to get a feel for progress six months down the line. As all acute trusts are now using the same early warning score and NEWS is being used in all settings to some extent, the focus is now on system wide change and what will happen differently for patients based on the NEWScore and the use of NEWS at handover of care.

The West of England AHSN is thrilled with the continued enthusiasm shown at this event for collaborative work across sectors to improve patient safety, to improve knowledge and communication, to listen and learn from one another and to put patient experiences and outcomes at the centre of the work we are doing.

We look forward to continuing to work with you over the next 12 months and celebrating our second programme anniversary with you this time next year.

Our next regional Safer Care Through Early Warning Scores event:

Thursday 15 September 2016

The Pavilion, Gloucestershire County Cricket Ground, Bristol.

Get in touch

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