

# SPSP Acute Adult Structured Response to Deterioration Mapping Tool



The SPSP Acute Adult programme have co-designed principles for a structured response to deterioration with clinicians from across Scotland. The principles have been developed to support existing local processes in place to respond to deteriorating patients. This mapping tool offers teams a mechanism to consider their current practice to identify areas of strength, and opportunities for improvement.

## What you will need

To make the mapping relevant to your clinical context we encourage teams to choose a patient case which will explore the recognition, response, review and reassessment to a deteriorating patient. You may wish to draw on current themes from your morbidity and mortality reviews or incident reporting.

## Team to undertake the mapping

It is important to include a range of staff from a clinical team. You may wish to invite up to five colleagues from a range of roles, one of whom should be a senior decision maker.

- Medical staff
  - Junior doctors
  - Middle grade
  - Consultant
  - Consultant(s) from clinical area deteriorating patients are most commonly escalated and referred to, such as critical care
- Nursing staff
  - Advanced Nurse Practitioner (ward)
  - Advanced Nurse Practitioner from hospital wide service
  - Staff nurses (mix of experience)
  - Senior charge nurse
  - Healthcare support workers
- Resuscitation officer
- Any other professions or specialties which are pertinent to the care of the case under discussion, such as radiology, on-call physiotherapy

**Clinical Scenario Storyboard** (Clinical scenario to be decided with local team)

<b>Timing</b>	<b>Clinical condition</b>
<b>1. Recognition</b>	Patient history and physiology
<b>2. Review/Reassess</b>	Patient Physiology

## Using the Mapping Tool

1. Facilitated session running through the clinical case from recognition to reassessment
2. Identify three steps in the process the team consider have most scope for improvement
3. Focusing on the three steps identified explore what makes them more challenging, and workarounds already in use.

		Focusing on the 3 steps identified			
Principle		What we currently do and who usually does it	Identifying areas for improvement	Explore what makes each step more challenging	Existing workarounds
Recognition	Trigger locally agreed response if patient meets at least one of: NEWS2 Clinical Concern Locally agreed trigger(s)	Walk through what usually happens in the ward or clinical area for each principle	Which 3 steps are most often missed / incur errors? Consider potential consequences.	What makes an error or omission more likely? What factors might make the step more difficult? What might a new person find confusing in completing the step?	What could remove or resolve steps where errors are more likely? Have you found better ways of completing the step?
	Who needs to know? (How are they notified?)				
Response & Review (A to E Assessment)	What is the working diagnosis?				
	What are the patient's wishes? (prompt to review for ACP/TEP)				
	Are any further investigations required?				
	Who else do I need to call? (prompt to seek senior/critical care support as appropriate)				
	What is the management plan?				
	What is the observation frequency plan?				
	What is the timeframe and/or criteria for reassessment?				
What is the Triage decision? - Consider best location for the patient					

		<b>What we currently do and who usually does it</b>	<b>Identifying areas for improvement</b> Which 3 steps are most often missed / incur errors? Consider potential consequences.	<b>Explore what makes each step more challenging</b> What makes an error or omission more likely? What factors might make the step more difficult? What might a new person find confusing in completing the step?	<b>Existing workarounds</b> What could remove or resolve steps where errors are more likely? Have you found better ways of completing the step?
	<b>Principle</b>				
<b>Reassess</b>	Are you still concerned about the patient? (review recognition triggers)				
	Is the working diagnosis still correct?				
	What is the management plan now?				
	What is observation frequency plan now?				
	Does the TEP need updated?				
	What is the triage decision now?				
	When are the team going to review again?				

## Next steps

### Prioritising identified topics

Please populate the table below with the potential opportunities for improvement identified in your conversation above. The prioritisation table below can help inform your conversations about which QI project should be progressed next.

Potential QI projects	Potential Impact (0-10)	Effort (0-10)	Priority Score = Impact – Effort
Example topic: Reduce time from recognition to review	6	3	3

### Where to start

You may wish to connect with your QI team to discuss which of the priority areas you are planning to focus on first.

Clinical Scenario Storyboard adapted from: Scottish Centre for Simulation (2013) [Scenario Storyboard Tool](#)  
Mapping tool adapted from: Human Performance Oil and Gas (2020) [Walk Through Talk Through Template](#)