## Measure Name: Deteriorating Patient – Cardiac Arrest

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| Percent compliance with National Early Warning Score (NEWS) – Correct frequency of observations | GWP1b | Goal - process reliability at 95% or greater | 1. Determine the numerator: the total number of observations performed at the correct frequency as per local policy  
2. Determine the denominator: the total number of patients reviewed  
3. Calculate the percent compliance by dividing the numerator by the denominator and multiplying by 100 | The National Early Warning Score (NEWS) is a tool for bedside recognition and escalation of deterioration based on physiological parameters.  
Check frequency of observations per patient, using a random sample of 20 patients per month per unit (sample 5 patients per week)  
Check for correct frequency of observations according to local policy.  
Review should be conducted for no more than the previous three days of the patients stay. |
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| Percent compliance with Structured Response | SSRP1b     | Goal - process reliability at 95% or greater | **Numerator:** The number of complete structured responses within the sample  
**Denominator:** The number of patients in the sample  
**Compliance:** Calculate the percent achievement of structured response by dividing the numerator by the denominator and multiplying the result by 100 | **Inclusion Criteria:**  
Patients who trigger NEWS  
(locally defined trigger point)  
**Data Collection:**  
Sample five triggering patients weekly per ward/department or include all triggering patients if numbers less than 20/month  
**Primary data source:** The patient’s medical and nursing notes and EWS chart.  
*The following are suggested elements of a structured response process. These may be combined and amended locally to support adoption to context and should be described as part of the regular assessment process.*  
- Screen for cause of deterioration, including sepsis, and initiate Sepsis Six if appropriate  
- Appropriate care givers meet, agree and document a plan including frequency of observations and review time  
- Timely review by appropriate decision maker according to local triggers  
- Monitor accurate fluid balance  
- Document treatment escalation plan (after discussion with patient and family where appropriate) including resuscitation status, senior review and goals of care. |
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| Percent compliance with Structured Review | SSRP2      | Goal - process reliability at 95% or greater | **Numerator:** The number of complete structured reviews within the sample  
**Denominator:** The number of patients in the sample  
**Compliance:** Calculate the percent achievement of structured review by dividing the numerator by the denominator and multiplying the result by 100 | **Inclusion Criteria:** All patients in appropriate admitting and downstream wards  
**Data Collection:** Sample 20 patients per month (five per week) and count number of completed structured reviews.  
**Primary data source:** The patient’s medical and nursing notes  
*The following are suggested elements of a structured response process. These may be combined and amended locally to support adaption to context and should be described as part of the regular assessment process.*  
- Risk of deterioration is reviewed and appropriate care plan documented  
- Limited reversibility assessed in people at risk of acute deterioration  
- Treatment escalation plan reviewed and updated, including DNACPR where appropriate  
- Communication with patient and family on management plan |