

Deteriorating Patient – Process Measures November 2016

| Measure Name | Identifier | Goal | Operational Definition | Data Collection Guidance |
|--------------------------------------------------------------------------------------------------------|------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deteriorating Patient – Cardiac Arrest | | | | |
| Please see associated Driver Diagram and Change Package | | | | |
| Percent compliance with National Early Warning Score (NEWS) – Correct frequency of observations | GWP1b | Goal - process reliability at 95% or greater | <ol style="list-style-type: none"> 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 | <p>The National Early Warning Score (NEWS) is a tool for bedside recognition and escalation of deterioration based on physiological parameters.</p> <p>Check frequency of observations per patient, using a random sample of 20 patients per month per unit (sample 5 patients per week)</p> <p>Check for correct frequency of observations according to local policy.</p> <p>Review should be conducted for no more than the previous three days of the patients stay.</p> |

| Measure Name | Identifier | Goal | Operational Definition | Data Collection Guidance |
|---------------------------------------------|------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Percent compliance with Structured Response | SSRP1b | Goal - process reliability at 95% or greater | <p>Numerator: The number of complete structured responses within the sample</p> <p>Denominator The number of patients in the sample</p> <p>Compliance Calculate the percent achievement of structured response by dividing the numerator by the denominator and multiplying the result by 100</p> | <p>Inclusion Criteria Patients who trigger NEWS (locally defined trigger point)</p> <p>Data Collection Sample five triggering patients weekly per ward/department or include all triggering patients if numbers less than 20/month</p> <p>Primary data source: The patient's medical and nursing notes and EWS chart.</p> <p><i>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.</i></p> <ul style="list-style-type: none"> • 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. |

| Measure Name | Identifier | Goal | Operational Definition | Data Collection Guidance |
|-------------------------------------------|------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Percent compliance with Structured Review | SSRP2 | Goal - process reliability at 95% or greater | <p>Numerator: The number of complete structured reviews within the sample</p> <p>Denominator The number of patients in the sample</p> <p>Compliance Calculate the percent achievement of structured review by dividing the numerator by the denominator and multiplying the result by 100</p> | <p>Inclusion Criteria All patients in appropriate admitting and downstream wards</p> <p>Data Collection Sample 20 patients per month (five per week) and count number of completed structured reviews.</p> <p>Primary data source: The patient's medical and nursing notes</p> <p><i>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.</i></p> <ul style="list-style-type: none"> • 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 |