

# Flash Report

October 2019

## Deteriorating Patient Generic Response

### 90 Day Process Phase 1



### Aim

We have explored the potential for a method for recognition and response for people who are acutely deteriorating from any cause. This approach will be tested within boards.

The findings from the 90 day learning cycle will inform the design of the improvement support delivered by Healthcare Improvement Scotland.

**Read the project charter [here](#)**



### Progress

Phase 1 of the 90 day cycle was completed in July – August 2019. By reviewing existing literature and talking to experts in the field, we have developed an understanding of:

- the key components in the implementation of a generic response to a deteriorating patient,
- how complex this could be, and
- the benefits of a generic response to staff and service users.

[View the driver diagram](#)



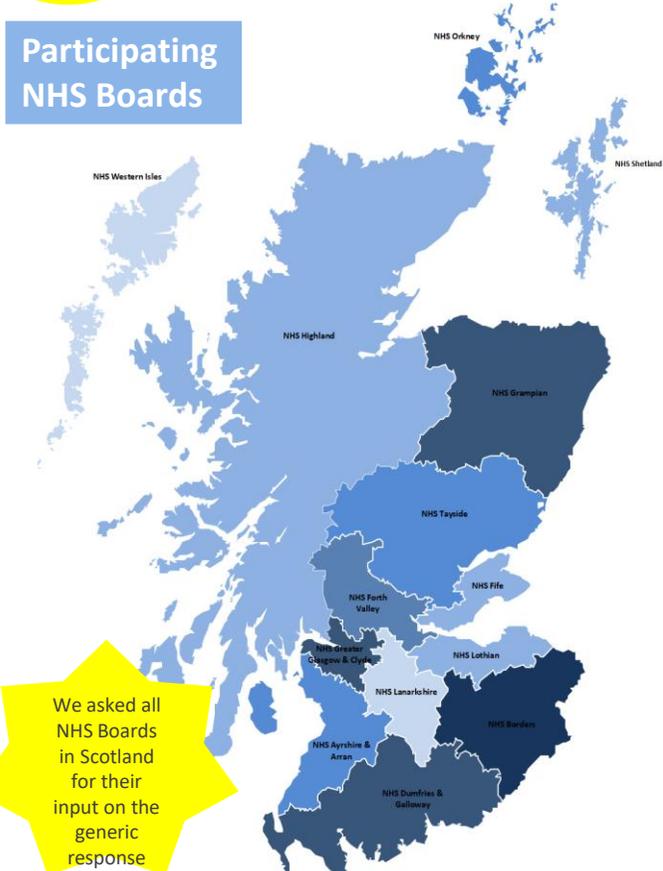
### Existing Work

Deteriorating patients have been a key focus for the SPSP since its launch in 2013. Acute hospitals now have an improved approach to identifying and treating deteriorating patients quickly and effectively.

National Early Warning Score (NEWS)	Sepsis recognition & treatment	Escalation processes
Person-centred care planning	31% reduction in cardiac arrest rate since Jan 2016	21% reduction in Sepsis mortality since April 2013

The work to date has identified an emerging need to better describe and support the different ways to recognise and respond to physiological deterioration from any cause.

### Participating NHS Boards



We asked all NHS Boards in Scotland for their input on the generic response

### AKI Collaborative

The impact and learning from our Acute Kidney Injury Collaborative has directly influenced this work.



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Phase 1

### Literature

- A search of literature was undertaken on all articles published in the last five years.
- Key websites were searched for guidelines and summaries/overviews.
- searches included: deterioration, early warning scores, and early warning systems.
- An initial exploration of published literature suggested there are no examples of people undertaking similar approaches within hospital settings.

### AKI steering group themes

- Form national and local links with the deteriorating patient workstream. Link with HSMR.
- Focus on prevention.
- AKI 3 – does patient have an escalation plan/2222 call/ mortality review?
- Use AKI alerts to help identify and prioritise deteriorating patients.
- Marking AKI as a signal of deterioration and explore links with wider workstream.
- Better processes for checking results (recognition).
- Work with NEWS, AKI and Patient Centred Care.

### Findings

“It would be great to align this work”

“Using AKI alerts to help identify and prioritise deteriorating patients”

“Could over complicate things”

“AKI e-alerts act as a signal for deterioration”

“Working with NEWS, AKI, person-centred care altogether for better care”

### Expert interviews

### Clinical Reference Group

Board representatives and HIS colleagues have been invited to join the CRG to support the development of the next stage of the work stream.

The group will inform methods to further improve early recognition, response and escalation of people who are suffering acute deterioration from any cause.

The CRG’s overall aim is simplifying and standardising the current SPSP offering around process improvement for deteriorating patients.

### Next steps

- Phase 2 (August-September 2019) - consult with experts in the field to co-design and test a generic response for deteriorating patients.
- Phase 3 (September-October 2019) - review tests and further refine the approach. A report will be developed to outline the learning from the 90 Day Process.

**Deteriorating Patient Networking Event**  
Tuesday 3 December 2019  
Murrayfield Stadium  
Edinburgh

save the date!

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To find out more about the 90 day process & deteriorating patient generic response contact

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