SAFE at Great Ormond Street Hospital

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QI Lead
Our Wards

• Butterfly and Bumblebee wards – 39 inpatient beds
• International and private patients – mixed specialty
• 3 huddles each a day
  – Breakfast
  – Early afternoon
  – Midnight
1. CEWS

2. High CEWS or Watcher use S.B.A.R.D
   WHY a watcher/ high CEWS?
   WHAT is the plan?
   WHO to escalate to?
   CSPs, Lead/IPP Consultant, Nurse manager

3. Any patient with significant changes in plans

4. Confirm next meeting
### 8.45am Whiteboard Huddle

**Month:**

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Started within 5 mins of Time | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| NIC present | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fellow present | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Checked staffing | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Emergencies + Golden pt | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Each Patient | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Watcher/Flag/plan | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Day Priorities | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Allocate fellows and bleeps | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Finished in 20 min | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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### 2.30pm - Ward Huddle

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Started within 5 mins of Time | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| NIC present | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fellow present | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| CEWs/change in dependency | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Allocate fellow | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Agree follow up | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Finished in 5 min | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
What benefits have we identified from huddles?

- 95% agree on Improved team communication
- 92% agree on Better identification of deterioration
- 80% agree on More staff support
- 90% agree on Better escalation

93% of the team feel able to raise concerns about patient safety and be heard.

“Huddles are used very well here and give a good standard for other wards to follow.”

41 responses were received, from consultants, fellows, nurses, students, HCAs, advocates and pharmacists.
Spread & Scale-up

What’s needed?

• Theory of change
• Aim
• Measurement
• Stakeholder Engagement
• Clinical Leadership
Aim

Reduce unexpected deterioration of patients on inpatient wards by June 2016.

Identification
- Agreement on clinical predictors of deterioration specific to patient group(s)
- Children's Early Warning Scores (CEWS) are correctly scored and reported
- Clinicians and families are empowered to raise concerns about patients
- Regular forum for discussing patients at risk of deterioration

Escalation
- Continuous awareness by all staff of patients at risk of deterioration
- Adherence to trust policy for acting on abnormal CEWS scores
- Timely clinical review at an appropriate frequency for the patient’s condition

Mitigation
- Shared decision making incorporating actions and contingency planning
- Effective communication between all members of the clinical team
- A distributive model of leadership which empowers individuals to act
- All staff are familiar with the overall safety picture for their ward

Safety Culture
**Measurement**

\[ y: \text{instances of a patient’s CEWS score increasing from amber to red} \]

- **x1**: % “watchers” or amber CEWS discussed at huddles
  - Clinicians and families are empowered to raise concerns about patients
- **x2**: % huddles which run to plan
  - Regular forum for discussing patients at risk of deterioration
- **x3**: % patients at risk of deterioration who are reviewed by appropriate clinician
  - Adherence to trust policy for acting on abnormal CEWS scores
  - Timely clinical review at an appropriate frequency for the patient’s condition
  - Shared decision making incorporating actions and contingency planning
  - Effective communication between all members of the clinical team
- **x4**: % change in results of safety climate survey
  - A distributive model of leadership which empowers individuals to act
  - All staff are familiar with the overall safety picture for their ward

- Out of scope
  - Regular forum for discussing patients at risk of deterioration
  - Adherence to trust policy for acting on abnormal CEWS scores
  - Timely clinical review at an appropriate frequency for the patient’s condition
Outcome Measure

Children’s Early Warning Score (CEWS)
Action to be taken when a patient scores:

<table>
<thead>
<tr>
<th>Score</th>
<th>Action</th>
</tr>
</thead>
</table>
| 0-2   | No action needed  
Nurse/parental concern inform nurse-in-charge (NIC) |
| 3-4   | Report CEWS to nurse-in-charge (NIC)  
Repeat observations within 30 minutes, agree monitoring plan, consider adjusting parameters  
If no improvement after 30 minutes inform the NIC and Registrar for review |
| 5+    | Inform nurse-in-charge (NIC), Registrar and CSP with recommendation (SBARD) to attend |

If there is concern about the clinical condition of the patient at any time consider placing a 2222 call regardless of the CEWS score

y: instances of a patient’s CEWS score increasing from amber to red.

Chosen because:

- Fits in with the trustwide message on deterioration
- Applicable to all wards and specialties
- Nerve Centre allows teams to change parameters of observations to weed out “expected” deterioration

We will review overall acuity through balancing measures based on instances of other patterns of CEWS activity.
Stakeholder Engagement

Level of influence

High
Consultants
Senior Management
Nursing Leaders
Chief Exec

Medium
Nursing Body
Junior Doctors
Patients/families
RCPCH

Low
All Staff

Not engaged
Neutral
Supportive