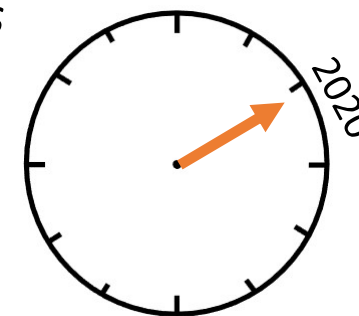
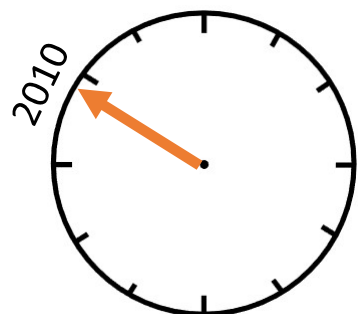


A single language of sickness...

NEWS the great healthcare opportunity of our times



NHS = Tower of Babel

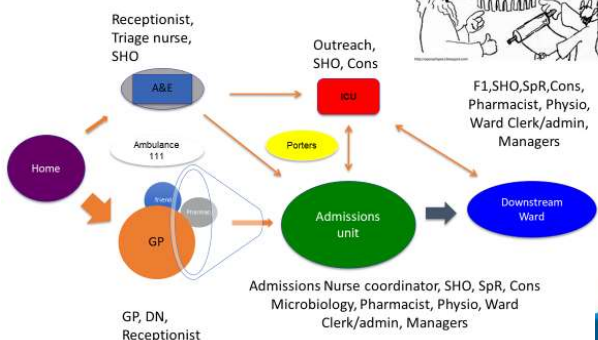
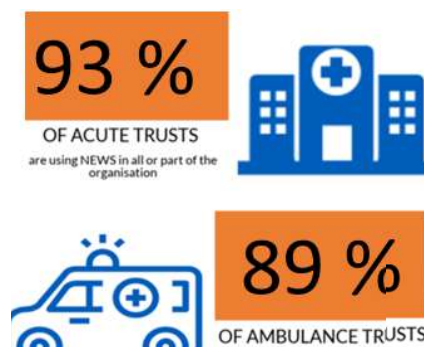
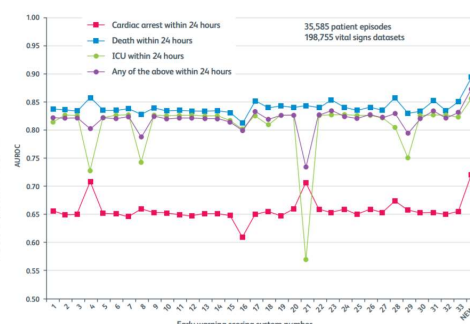


Figure 1: Area under receiver operating curves (AUROCs) for the NEWS and 33 other EWS systems previously evaluated using the EWS system scores relative to each outcome studied. Reprinted from Smith *et al*,¹³ copyright 2013, with permission from Elsevier



Evidence -> Guidance -> Mandate



Patient Safety Alert

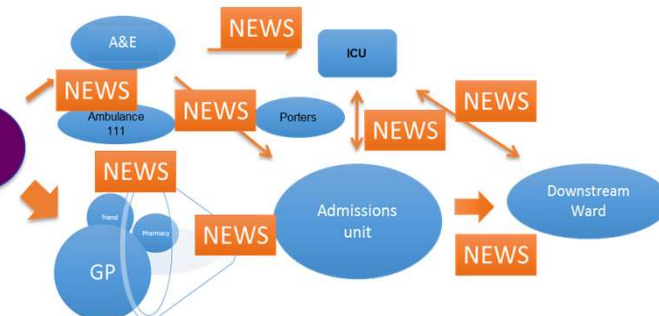
Resources to support the safe adoption of the revised National Early Warning Score (NEWS2)
25 April 2018

Alert reference number: NHS/PSA/RE/2018/003
Resource Alert
Failure to recognise or act on signs that a patient is deteriorating, for example changes in systolic blood pressure or pulse rate, is a key patient safety issue. In 2017, the National Reporting and Learning System (NRLS) received 100 reports where deterioration may not have been recognised or acted on and the patient died. Although these patients may not have survived even with prompt action, the care provided did not give them the best possible chance of survival.
A typical incident reads: "Patient transferred from AMU at 21:00 and found"

NHS
NHS England
NHS Improvement



NHS Standard Contract
2019/20



**COMMUNITY-HOSPITAL
COLLABORATION**

Managing Deterioration Workstream Leads meeting Jan 2020

Matt Inada-Kim, acute physician, Hampshire Hospitals

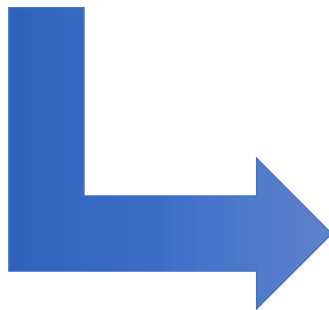
@mattinadakim National Clinical Lead for Deterioration & Sepsis- NHS England & NHS Improvement, Wessex PSC

Thematic analysis of Safety Incidents

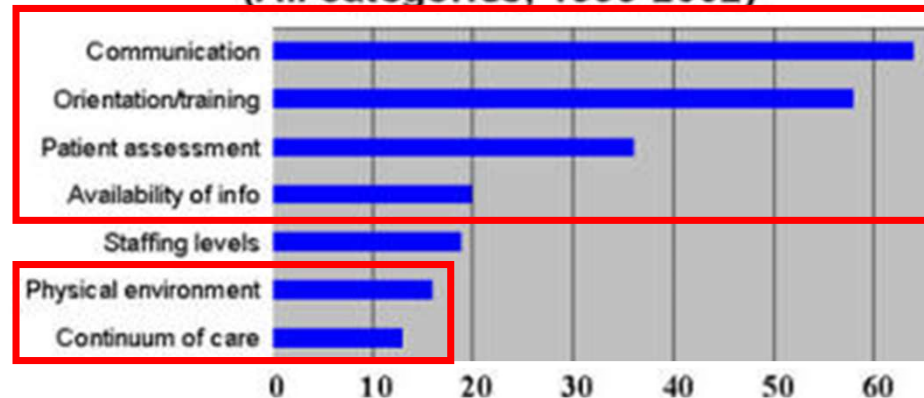
Donaldson et al 2010

Mismanaged Deterioration	35%
Failure to Prevent	26%
Deficient Checking /oversight	11%

Before every death, there is a deterioration



Root Causes of Sentinel Events
(All categories; 1995-2002)



Standardised language of sickness
Deterioration S.O.P.

Avoidability of hospital deaths and association with hospital-wide mortality ratios:
retrospective case record review and regression analysis

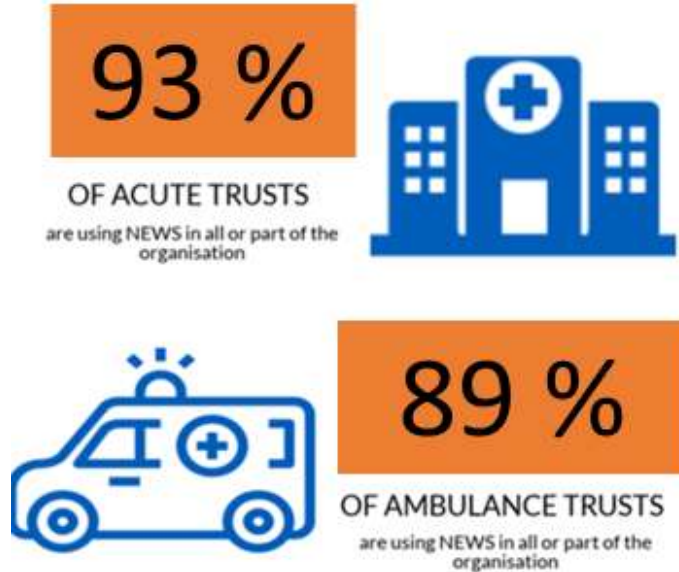
thebmj Hogan et al.

	PRISM1+2
Numbers of deaths	4400
Avoidable deaths	3.6%

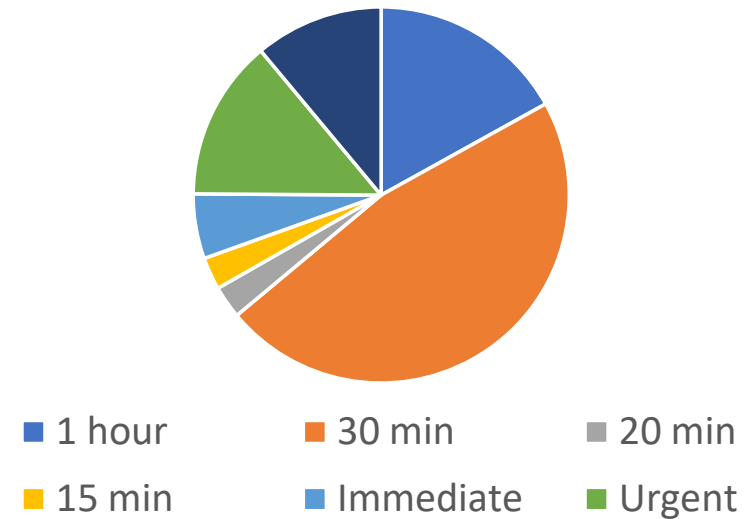
Failure to spot severity and risks
Failure to optimise
Inappropriate environment/delays
Inadequate monitoring/assessment
Diagnosis - failure, delay, wrong

All were **deterioration** associated factors

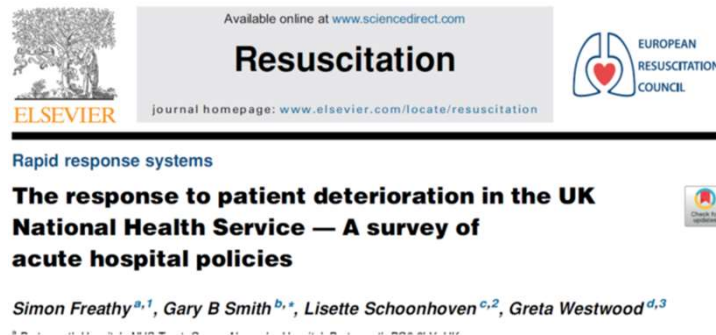
Whilst the language might be the same



NEWS 5 - 6



The dialect may be different...



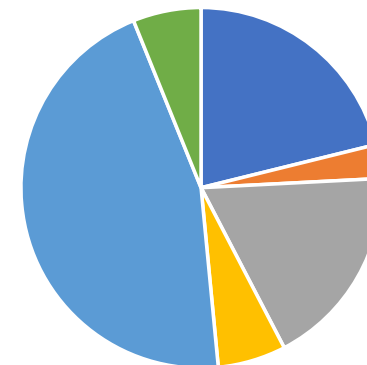
Rapid response systems

**The response to patient deterioration in the UK
National Health Service — A survey of
acute hospital policies**

Simon Freathy^{a,1}, Gary B Smith^{b,*}, Lisette Schoonhoven^{c,2}, Greta Westwood^{d,3}

Survey to all Directors of nursing

NEWS ≥ 7



CCG9: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions



Scope

Services: Acute

Period: Q1 Q2 Q3 Q4

Payment basis

Minimum: 20%

Maximum: 60%

Calculation: Quarterly average %

Accessing support

NHSE&I policy lead

Sharon Lamont

s.lamont@nhs.net

Supporting documents

Supporting documents will be available on the [Deterioration Future NHS Collaboration Platform](#)

[NICE Clinical Guideline CG50](#)

[RCP London Guidance](#)

Data reporting & performance

Quarterly submission via National CQUIN collection – see section 4 for details about auditing as well as data collection and reporting. Data will be made available approximately 6 weeks after each quarter.

Performance basis: Quarterly. See section 3 for details about the basis for performance and payment.

Description

Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.

Numerator

Of the denominator, the number where the following are all recorded in clinical notes at time of admission to the critical care unit:

1. NEWS2 score and,
2. The time and date of escalation (T0)¹; and,
3. The time and date of response by appropriate clinician (T1)¹.

Denominator

All unplanned critical care unit admissions from non-critical care wards (CCADMITYPE = 01, CCSORCLOC = 03) of patients aged 18+.

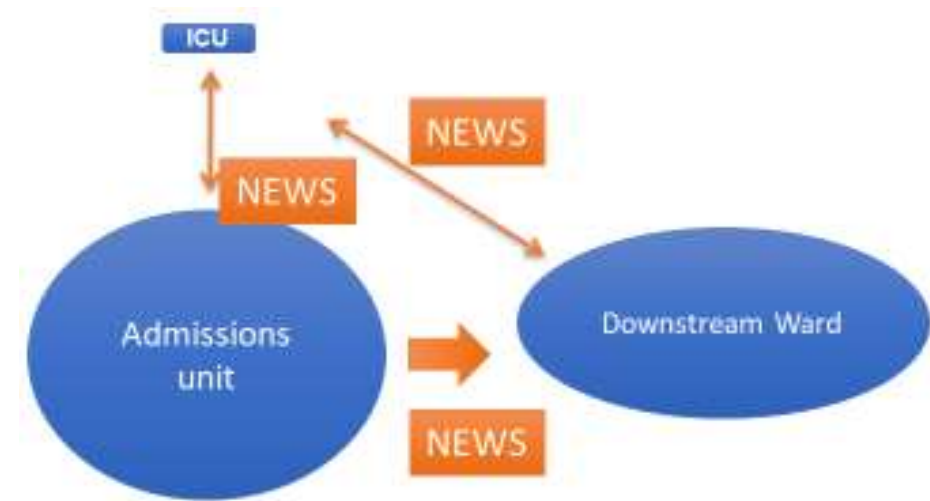
Exclusions

Pregnant women, end of life patients.

¹ As defined in the accompanying support documents.

Ward deterioration CQUIN

April 2020/21



- Prospective, standardised deterioration data capture/form
- CCOT/sepsis nurses assist the ward implementation of deterioration proformas
- ICU audit staff capture the process data on all non elective ICU admissions
- Submitting up to 100 unplanned ICU admissions/quarter (all unplanned patients if <100 / quarter)

Proposed CQUIN standards

The most important first step, is the reliable recording of process data in deteriorating patients
This includes the time of escalation and response.

We recognise that this is not reliably undertaken at present, and hope to improve this over the lifetime of the CQUIN

We recognise that this will be harder/easier for some trusts, but want this to be achievable by all

If successful, year 2 and 3 could look at specific timeliness of response elements e.g. <60 min response to NEWS \geq 5

	% capture of escalation/response time data
Q1	10%
Q2	25%
Q3	40%
Q4	60%

Proposed reliability metrics

I've enclosed Time to act on the next slide, a terrific example of a ward deterioration proforma

Deteriorating Patient Pro forma

For patients with new episode of NEWS 5 or above/other cause for concern

Initial Location	Who Contacted:	Reason:
	Date/Time/Initials:	

Time / date first seen
Name / grade / bleep (print)
Brief History

Portsmouth Hospitals NHS Trust

Name:
Date of Birth:
Hospital Number:
District/NHS Number:

Main problems/diagnoses

-
-
-
-
-

Clinical Examination

General Impression

AIRWAY+BREATHING

CIRCULATION

Temp CRT HR JVP BP Oedema ECG (rhythm/trace)

HS |||||

DISABILITY

A/V P/U (circle) GCS (if appropriate) E V M | / 15 Pupils

Glucose Known diabetic Y / N - Consider check for ketones if known diabetic/actively elevated glucose

Confusion / Dementia / MTS:

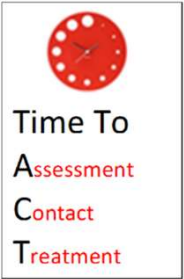
EXPOSURE

Bowel sounds NGT Y / N (if no - is one needed?) Wounds/drains PR (if appropriate)

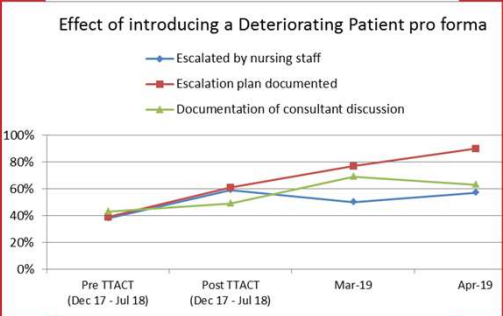
Fluid/renal

Urine output past 6 hrs Catheterised Y / N (if no, do they need to be?) AKI grade: 0 I II III (CKD / ESFF) IF AKI REFER TO ACUTE KIDNEY INJURY CARE PATHWAY

Fluid balance last 24hrs Urine dipstick



Trigger = new NEWS ≥ 5 (or cause for concern)



WARD TRIGGER

IF SEEN

TIME SEEN	
WHO SAW 1 ST	
SPR/CONS CALLED	
ESCLN PLAN	
CONS < 12 HOURS	
COMMUNICATION	
NEW DNACPR	
PRO FORMA?	

SEPSIS

Current antibiotics: Y / N details
History/signs of NEW INFECTION? Y / N
IF NEW SEPSIS - FOLLOW TRUST SEPSIS PATHWAY

Other findings

Functional state / current limits of therapy

Evaluation

Plan

ABG/VBG (Time % O₂)
PCO₂
pH
HCO₃
SBE
LACTATE

Date: Time: Name: Signature:

Further review/senior review

Date: Time:

Escalation plan

Please complete for all patients ✓

For full escalation (including ICU): Y / N

Limitations of treatment (detail):

DNACPR order: Y / N / Decision not made

IF YES, is DNACPR form completed? Y / N

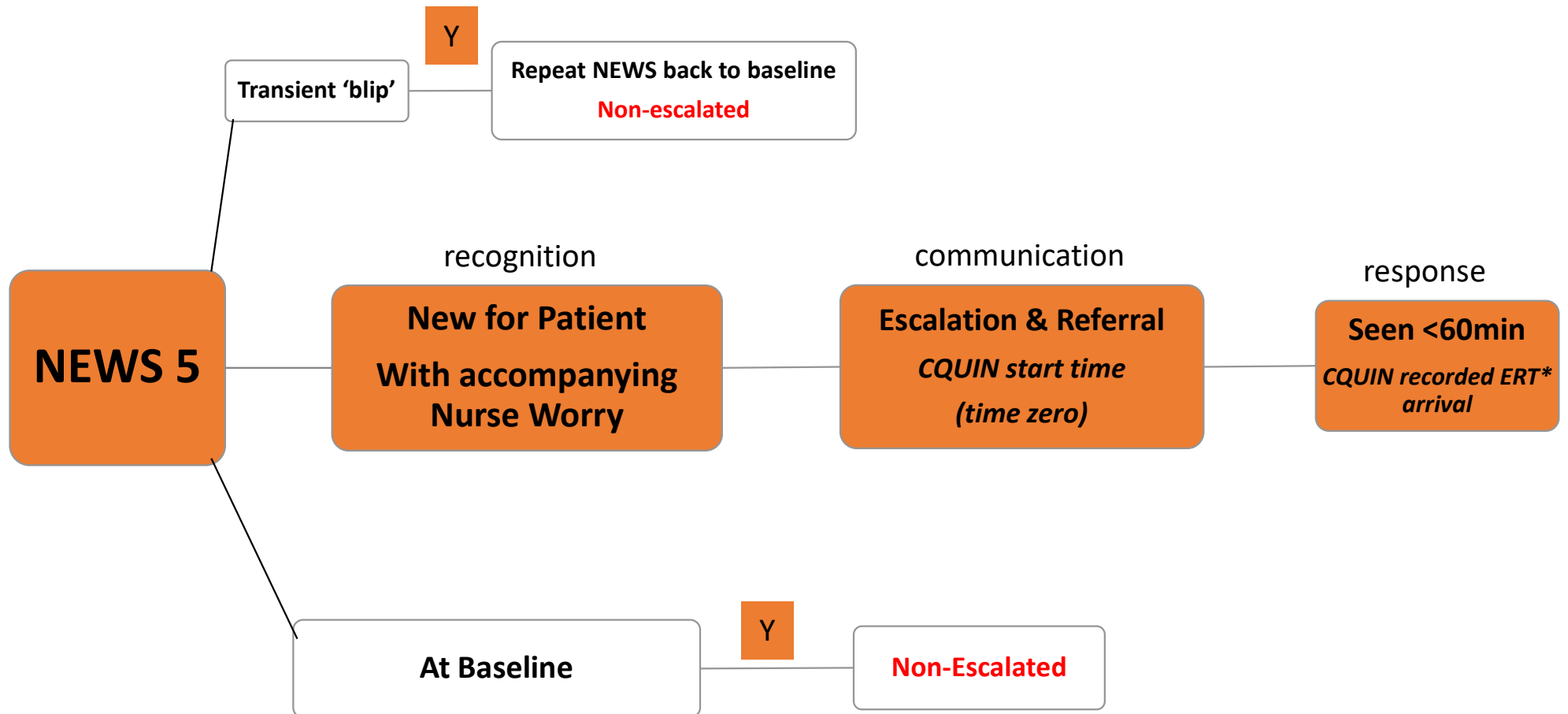
Communication

Senior speciality/other speciality Dr Ward staff Patient/family

Patients named consultant should be made aware of clinical deterioration as soon as possible

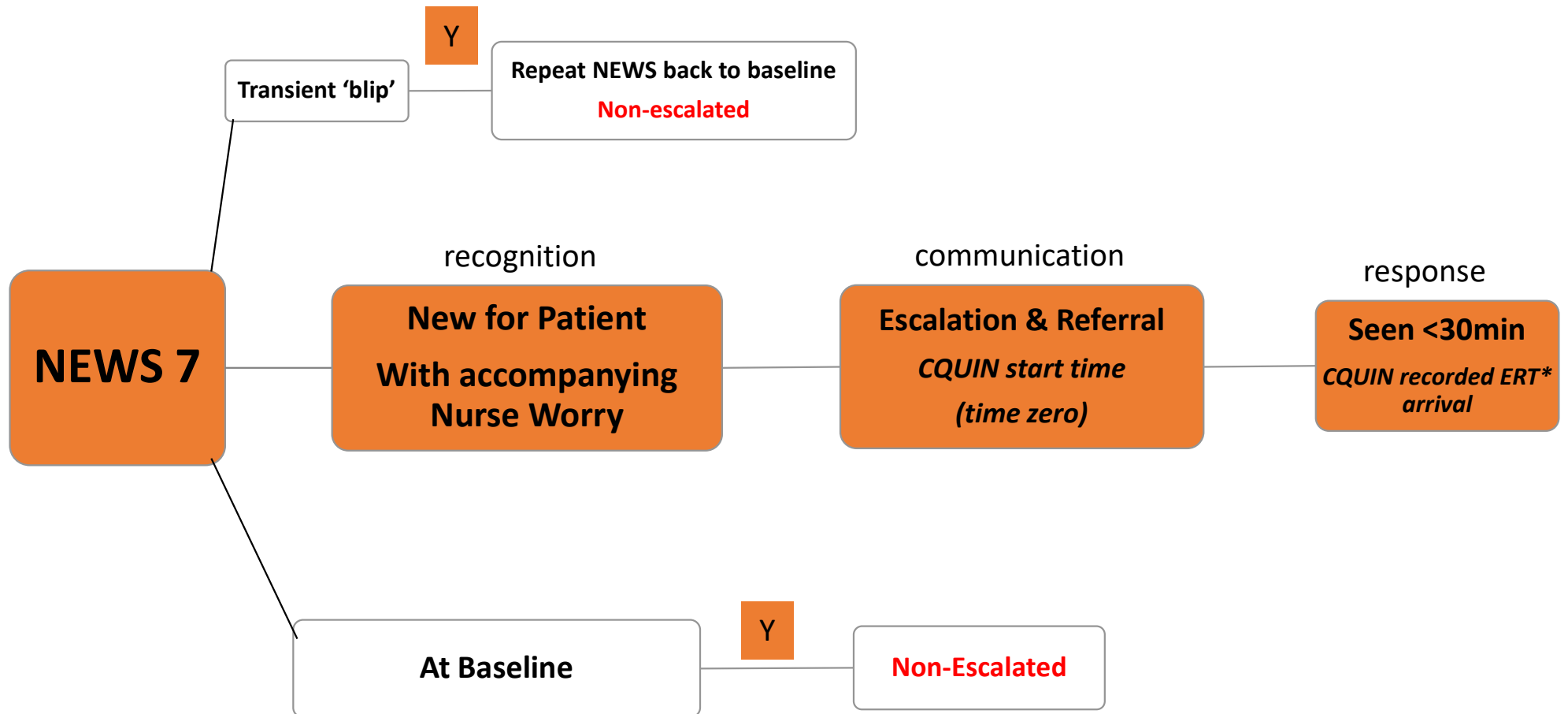
Name / Grade / Bleep: Signature:

Potential Deterioration (NEWS 5) quality standard



*ERT= Emergency response team- locally determined

Potential Deterioration (NEWS 7) quality standard



*ERT= Emergency response team- locally determined

National Deterioration Forum- 373 leads

Send me an email if you would like join!

My Dashboard My Workspaces

National Deterioration Forum

Regional Deterioration Discussion Groups PSCs/AHSNs

Bi-monthly updates

Discussion forum

PEWS

Acute NEWS2 discussion forum

Community NEWS2 discussion forum

MEOWS

Member documents

Events

User guides

Resources

Webinars

EVENT INVITE - Managing Deterioration: using early warning scores across the pathway to

National Deterioration Forum > ... > PEWS > View Discussion

PEWS in OOH Primary Care

John Caldwell started this discussion 4 months ago

We have implemented NEWS2 for adult patients in our OOH primary care assessment. As there is no national PEWS yet, we are planning to use implementing PEWS in the community?

Reply

Add tag

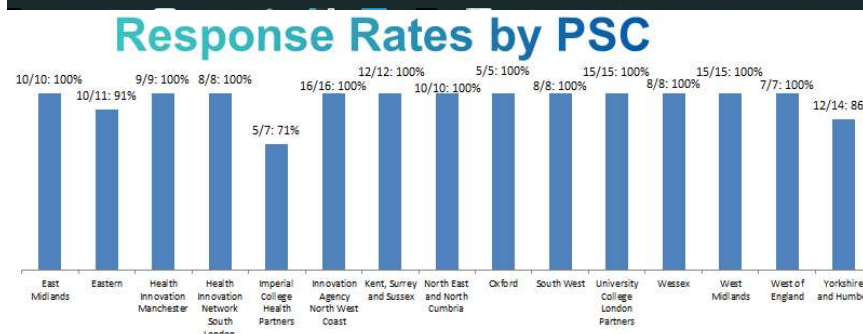
DR Damian Roland 4 months ago

Hi John

Sorry for my late entrance into this forum

I am the clinical lead for the NHS England/RCPCH/RCN National PEWS system in the future. [matthew inada-kim] I will start a PEWS specification

There are NO immediate plans for a national system wide PEWS for but secondly initial pilot studies show wholescale PEWS on everyone recognition and not for illness detection. John Caldwell I am happy with GPs on using scoring systems in their practices.



Resources

- Expo 2018 mik8
- HSIB Investigation Report Published
- Resource pack- Acute NEWS2
- Measurement in Deterioration
- primary-care-networks-a-quiet-revolution
- NEWS2 Chart 3_NEWS observation chart
- e-learning for healthcare (eLfh) NEWS and Deterioration webpage.
- NEWS2 FAQs
- SAMBA18-National-Report
- Free NEWS2 Calculation App launched!

Webinars

- EVENT INVITE - Managing Deterioration: using early warning scores across the pathway to

Videos

Blogs

WEBINAR 26TH MARCH 2019 - CANCELLED

Member documents

- Acute care toolkit 15_ACT pregnancy_0_0_0
- DRAFT V1.5 Freed Document[43862]
- Regional Deterioration Lead contacts
- Patient Safety Congress talks 2019
- AQUA sepsis case studies
- Training
- The response to patient deterioration in the UK SF
- Deteriorating Patient Poster
- 1. AACE National Framework for HCP final version (002)
- NEWS2 changes
- NEWS call follow up
- RCGP Sepsis and Deterioration FINAL numbered

Webinars

- NEWS2 Welcome to the network webinar
- Welcome to the Network webinar, June, slide deck
- NEWS2 Champions Network webinar schedule
- NEWS2 Champions webinar [March] - link to register
- NEWS2 Champions Webinar - December 10th 2018 2pm-3pm
- NEWS2 champions network December webinar-20181210 1342-1 (edit)
- AGENDA- 10/12/18 Webinar
- NEWS2 Champions webinar [March]
- NEWS2 champion network October webinar Q&A
- NEWS2 October webinar main slide deck
- NEWS2 champion network October webinar
- EVENT INVITE - Managing Deterioration: using early warning scores across the pathway to

Regional Deterioration Discussion Groups PSCs/AHSNs

- Wessex PSC
- Imperial College Health Partners
- West of England AHSN
- UCL partners
- North East North Cumbria AHSN
- Health Innovation Network
- Innovation Agency
- Kent Surrey Sussex AHSN
- Health Innovation Manchester
- Oxford AHSN
- Yorkshire and Humber AHSN
- South West AHSN
- East Midlands AHSN
- Eastern AHSN
- West Midlands AHSN