Recognition and response to the deteriorating patient
Casey Hospital

Why this topic is important in our Emergency Department

In March 2013, the Emergency Care Improvement and Clinical Network (ECIICN) embarked on its fifth round of evidence-based improvement projects in Emergency Departments (EDs). The aim of these projects is to enhance the use of evidence-based care in EDs, to reduce variation in clinical practice and to improve consistency of care.

Casey Hospital Emergency Department selected ‘Recognition of and response to the deteriorating patient’ as the topic for improvement. We thought this was an important topic because:

• On average 4,200 patient present to Casey ED every month.
• Before this project, there was no formally documented protocol/guideline about these patients.
• There was variation in clinical approach to deteriorating patients in our ED
• Our pre-intervention data collection showed that about 10% of patients could potentially be impacted by this project

What we did

• We developed a new pathway
• We introduced a new system CARE-ED: Core Assessment, Rapid Evaluation, Early Decision, aiming at early involvement of senior doctors at patient bedside
• We educated staff about the intended approach to deteriorating patient
• IT system (Symphony) was changed, so that by entering a abnormal set of vital signs, an alert window would pop up and request notification of treating doctor

What we achieved

1. The proportion of unstable patients where this was reported for action improved from 54% to 100%; (p<0.001)
2. The proportion of patients where escalation pathways were followed was 80%.

What we learnt

Key success factors | Challenges and barriers
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Co-operation of the medical and nursing team | Change of practice
ED director support | Limited time for project team members to meet and discuss the project
Face to face ‘education’ with individual staff | Team member moved to another department
Electronic medical records (Symphony) would alarm, requesting the notification of senior doctor when abnormal sets of vital signs are entered | 
Information posters on nursing staff work surfaces | 

Impact on patient care, staff and ED

• Patients looked after by the appropriate staff
• Patients cared for in an appropriate area of the department - i.e. moved to resuscitation area if needed
• Department-wide consistency of care, agency and bank staff made aware of when to report patient vital signs to senior staff

‘I feel more confident when dealing with potentially sick patients as I know that the in charge Doctor and Nurse are aware of the patient and are monitoring us both and helping or moving the patient if needed’