

# WOW! Have you heard the News?

Presentation by Laura Mumby and Georgina Fletcher











# What and Why?

 Aim: to develop a system which was accurate, quick and had patient safety built into the system to reduce error, both in calculation and escalation

 Objective: to demonstrate that Electronic Nursing Observations are an accurate aid to early recognition of deteriorating patient and safety.











	Sun 23 Sep  14:50 by LMM
Interventions	
Observations 4H	✓
<ul> <li>Assessments</li> </ul>	
Observations - Previous	✓
Previous Observation Scores	
MEWS	
Temperature	
Blood Pressure	
Pulse	
O2 Sats	
RR	
UOP	
Blood Sugar	
Conscious Level	
Nausea	
Pain Score	
Time last recorded	
<ul><li>Observations</li></ul>	, $\checkmark$
Pregnant	
(Is patient pregnant (>12 weeks)?	Yes O No Comment:
Temperature	
*Temp (36 C-38.3 C)	<u></u>
Temp MEWS	
<ul> <li>Blood Pressure</li> </ul>	
*BP (101/45-189/130 mm Hg)	
BP Systolic MEWS	
<ul> <li>Heart Rate</li> </ul>	
*HR (51-100 beats/min)	<u> </u>
HR MEWS	













Ox	ygen			
	*Sats (94-100 %)			
	Sats MEWS			
	*02	<ul> <li>○ On Air</li> <li>○ Venturi Mask</li> <li>○ Non Rebreath</li> <li>○ BiPAP (NIV)</li> <li>○ Tracheostomy Mask</li> <li>○ Ventilator</li> </ul>		
	O2 Percentage			
	O2 Venturi	○ 24% ○ 28% ○ 31% ○ 35% ○ 40% ○ 60%		
	2 Litres (L/min)			
	O2 % MEWS			
Res	spiratory Rate			
	*RR (9-18 breaths/min)			
	RR MEWS			
Uri	ne Output			
	Patient on fluid balance chart?	○ Yes ○ No		
	Urinated in last 6 hours?	○ Yes ○ No		
	*UOP (mls/hr) (60-200 mls/	○ <20 ○ <30 ○ <60 ○ 60-200 ○ >200 ○ Not collected		
	Urine Output - Obstetrics	○ Anuric ○ <20 ○ <30 ○ >30 ○ Not collected		
	UOP MEWS			
Blo	Blood Sugar			
	Blood Sugar (4-7mmol/L)			
Col	nscious Level			
	*Conscious Level	○ Alert ○ New Confusion ○ Voice ○ New Agitation ○ Pain ○ Unresponsive		
	Conscious Level MEWS			
■ Na	Nausea			
	Nausea & Vomiting	○ None ○ Mild Nausea ○ Severe Nausea ○ Nausea & Vomiting		
Pai	ain			
	Pain Score (on movement)	○ None (0) ○ Mild (1) ○ Moderate (2) ○ Severe (3)		
	Sedation Score	○ Awake ○ Dozing Intermittently ○ Mostly Sleeping ○ Difficult to Wake		











Ger	neral	
	Comments	
	High risk for sepsis	
	MEWS	
	MEWS Label	
	Trigger >/= 3	○ Yes ○ No
	Inform Nurse in Charge	○ Informed Nurse in Charge
	Nurse in Charge	
	Suggested obs freq.	○ 30 Mins ○ 1 Hourly ○ 2 Hourly ○ 4 Hourly ○ 6 Hourly ○ 8 Hourly ○ 12 Hourly
		Other:
+ Obs	servation Scores	

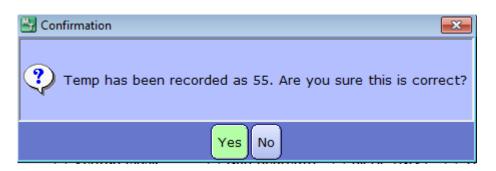


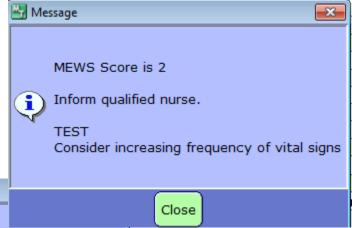














Increase to minimum 1 hourly vital signs

Follow graded response

A documented decision to be made at senior level to decrease frequency of vital signs or stop daily MEWS scoring.

If you are uncertain at any time seek medical assistance.

If you are unable to obtain a medical review (or response) within 30 minutes the nurse in charge should call for a senior medical review.



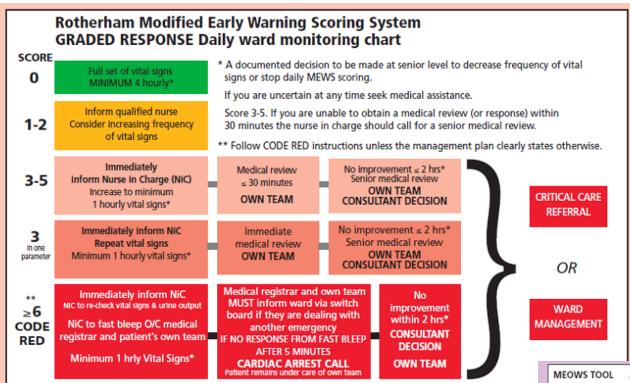


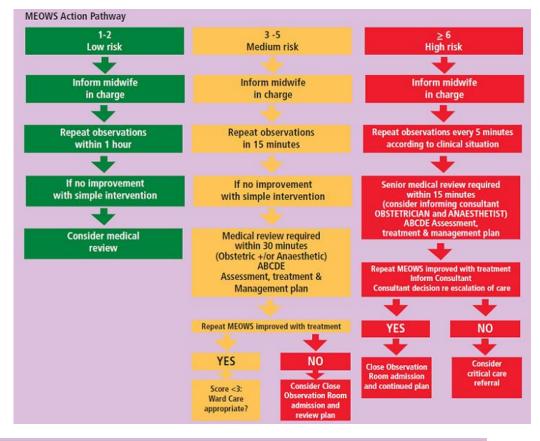


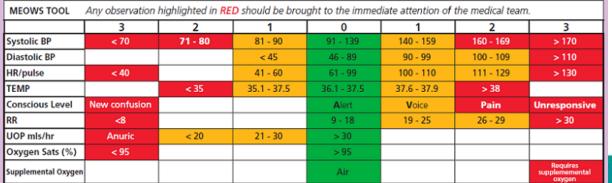




























Lin	Rule English Display					
1						
2	Convert v1 To Integer Save as v3					
3	Reg Service Save as v2					
4	If Reg Reg Status & Type Is equal to "PRE ER" Then Compute "AE" Save as v2					
5	If v21 Exists And v21 Is equal to "Y" Then Compute "OBS" Save as v2					
6	Concatenate "Heart rate has been recorded as " and v3 and ". Are you sure this is correct?" Save as v20					
7	If Reg Age Current Greater than or equal to "16.00.00" And v2 Is equal to one of the following: "AE" Then Compute v2 Save as v5 Or if Reg Age Current Greater than or equal to "16.00.00" And v2 Is equal to "OBS" Then Compute v2 Save as v6 Or if Reg Age Current Greater than or equal to "16.00.00" And v2 Is not equal to any of the following: "AE", "OBS" Then Compute v2 Save as v7 Or if Reg Age Current Less than "1.00.00" Then Compute v2 Save as v8 Or if Reg Age Current Is within the range of "1.00.00" through "4.99.99" Then Compute v2 Save as v9 Or if Reg Age Current Is within the range of "5.00.00" through "11.99.99" Then Compute v2 Save as v10 Or if Reg Age Current Is within the range of "12.00.00" through "15.99.99" And v2 Is not equal to "OBS" Then Compute v2 Save as v11 Or if Reg Age Current Is within the range of "12.00.00" through "15.99.99" And v2 Is equal to "OBS" Then Compute v2 Save as v11 Or if Reg Age Current Is within the range of "12.00.00" through "15.99.99" And v2 Is equal to "OBS" Then Compute v2 Save as v6					



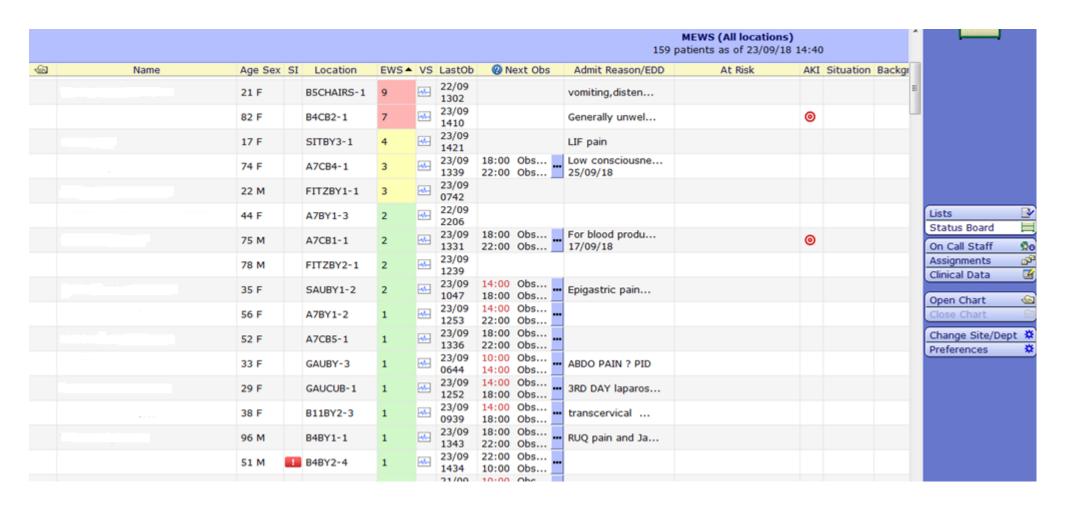






















	<b>(4)</b>				
	02/08/18 08:49	08/08/18 11:35	08/08/18 11:37	17/08/18 09:36	28/08/18 09:05
Oxygen					
Sats %	92 L	98	0 L		
02	BiPAP (NIV)	On Air	On Air	BiPAP (NIV)	
O2 Percentage	35				
O2 Venturi					
O2 Litres	5				
Respiratory Rate					
RR	26 H	18	0 L		
Heart Rate					
HR	110 H	60	0 L		66
■ Day 0					
HR					
Blood Pressure					
BP	102/70	110/60	0/0 L		125/88
Day 0					
BP					
<ul> <li>Temperature</li> </ul>					
Temp	38.4 C H	36 C	0 C L		
Blood Sugar					
Blood Sugar	17				
Urine Output					
Urine Output	60-200	Not collected	Not collected		
Conscious Level					
Conscious Level	Voice	Alert	Alert		
- Nausea					
Nausea & Vomiting	None	None	None		
Pain/Sedation					
Pain Score (on movement)		None (0)	None (0)		
Sedation Score	Dozing Intermit				

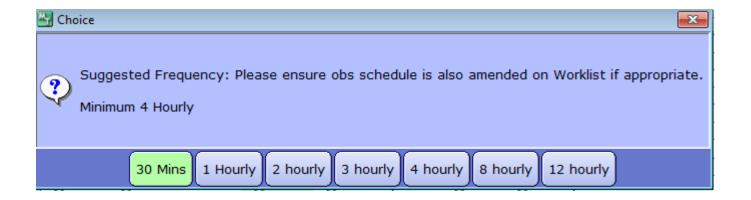








#### 4 Hour Frequency













#### Rollout

- Pilot Elective orthopaedic ward
- Rollout plan (pilot details and outcome)
- Nurse led implementation
  - Review IT equipment and estates (plug sockets)
  - Each ward got upgraded WOWs and tap in access
  - 1 week training prior to live
  - 2 weeks support
  - E-learning made available











#### Outcomes – from rollout

- PDSA improvement model
  - Access for students
  - Frequencies
  - Time taken
  - Partial observations











#### **Audit Outcomes**

- Previous audits have meant reviewing a large selection of paper notes.
- This can now be done using the power bi tool to view data
- Sepia dashboards show ward and patient level data

#### The post live audits have shown:

- All patients are now scored correctly and the nurse in charge is informed when required
- MDT working on the wards
- Faster Doctor response times
- Results can be viewed immediately from anywhere in the hospital









Power Bl and Sepia Dashboards





#### Where are we now?

- We are live in 9 areas
- Monitor the number of admissions to ITU/ HDU
  - We expect these to increase initials
- Monitor bed management for improvement
- We have new implementation audit criteria:

Audit Criteria	Audit Criteria
User Entry	Current SOP policy for MEWS
End user satisfaction	To improve easier access/view of patients at risk
Escalation	Adherence to SOP policy for MEWS











# Still to do, learning next projects

- Further rollout to wards and treatment areas
- NEWS2
- Improve auditing functionality
- Additional training resources
- The methodology of nurse led implementations will be used to roll other inpatient nursing documentation out.
- Rollout of large touch screens











# Any Questions?











