

A Practical Guide to Recognising & Responding
to the Deteriorating Patient

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Deteriorating Patient Summit

*Improving the reliability of patient observations &
ensuring quality of care to reduce failure to rescue of
acutely ill patients on the wards*

Monday 16 October 2017 De Vere West One Conference Centre, London

Chair & Speakers Include:

Dr Mark Holland

President

The Society for Acute Medicine

Chris Hancock

Programme Manager

1000 Lives Improvement Programme

Supporting Organisation



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"A key component of safety that is a recurrent concern in our reports is the recognition of deteriorating patients and intervention with appropriate treatment before their condition worsens. Hospitals that do this well have very well integrated multidisciplinary teams, often including critical care expertise that supports staff on inpatient wards. Another important tool is the use of an early warning score system. In many hospitals this is not used proactively or effectively, with staff falling back on their own clinical judgement and not recognising or recording change, or not acting appropriately on the early warning scores. Staff in these cases appear to view the early warning score as a burdensome paper exercise, rather than an essential tool to protect patients." Care Quality Commission, March 2017

"Of the death and severe harm incidents reported to the NRLS from acute hospitals between 1 January and 31 December 2015, 7% related to a failure to recognise or act on deterioration. The Hogan et al study on preventable deaths found 26% of preventable deaths, using a very broad definition, related to failures in clinical monitoring. These included failure to set up systems, failure to respond to deterioration, and failure to act on test results. Together the two data sources suggest failures in monitoring and failure to act on test results are a major source of serious harm and preventable deaths in hospital... the timely detection and treatment of the deteriorating patient is a complex problem and, despite all the past 13 initiatives, we continue to see significant issues. It appears that the whole system needs to be looked at afresh to address this important patient safety issue" NHS Improvement

The Deteriorating Patient Summit focuses on recognising and responding to the deteriorating patient through improving the reliability of patient observations and ensuring quality of care to reduce failure to rescue of acutely ill patients. The conference opens with a National Update on on developments and improving the effectiveness of the National Early Warning Score (NEWS). The conference will also focus on implementing the patient safety alert and toolkit on supporting safer care of deteriorating patients.

The conference continues with a practical case study based sessions on identifying patients at risk of deterioration, improving practice in patient observations, responding to the deteriorating patient, and improving the communication of NEWS at the interface of care. There will also be a focus on investigating avoidable deaths where deterioration has not been recognized. Extended sessions will focus on identification of deterioration, and improving the response to sepsis.

"All hospitals should have a formal protocol for the early identification and immediate management of patients with sepsis... An early warning score, such as the National Early Warning Score (NEWS) should be used in both primary care and secondary care for patients where sepsis is suspected... On arrival in the emergency department a full set of vital signs, as stated in the Royal College of Emergency Medicine standards for sepsis and septic shock should be undertaken." NCEPOD

This conference will enable you to:

- Network with colleagues who are working to improve the recognition and management of deteriorating patients
- Learn from outstanding practice in improving care for deteriorating patients
- Reflect on national developments and learning including latest evidence on NEWS
- Develop your skills in identifying deteriorating patients
- Understand how you can improve the communication of NEWS at the interface of care
- Develop your skills in the investigations of avoidable deaths where deterioration was not recognized
- Self assess, reflect and expand your skills in the management of sepsis

100% of delegates at our previous conference on this subject would recommend it to a colleagues

09.20 Pre Conference Supplier Showcase: Detecting the deteriorating patient through Electronic Vital Signs Monitoring and Advanced Warning Systems

This session will feature 10 minute presentations showcasing the latest developments in technology to support the detection of the deteriorating patient

10.10 Chair's Welcome and Introduction

Dr Mark Holland *President* The Society for Acute Medicine

10.20 Enabling clinical teams to improve the identification of acute deterioration and to effectively treat its causes including sepsis and AKI

Chris Hancock

Programme Manager

1000 Lives Improvement Programme

- ensuring a rapid response to the deteriorating patient: giving frontline staff permission to act
- the development of the Rapid Response Acute Illness Learning Set
- tackling acute deterioration at the front door
- our experience and learning from Wales: creating a National social movement

10.50 NEWS: Latest evidence and improving the effectiveness of NEWS in an NHS Trust

John Welch

Nurse Consultant Critical Care

University College London Hospitals NHS Foundation Trust
& Member National Early Warning Score Development and Implementation Group (NEWSDIG)

- the new edition of NEWS: what has changed
- the latest evidence in the use of NEWS: ensuring NEWS is used properly
- improving the effectiveness of NEWS in an NHS Trust
- how to measure and improve the quality of the response to deterioration
- our experience of recognising and responding the deteriorating patient: what works?

11.20 Questions and answers, followed by Tea & Coffee at 11.40

12.00 EXTENDED SESSION: Identification of patients at risk of deterioration

Mr James Coulston

Consultant Vascular Surgeon & Clinical Lead for the Care of the Deteriorating Patient

Taunton and Somerset NHS Trust

- process mapping and the deteriorating patient
- Implementation and learning from error when testing and trialling
- Could include training and educating frontline staff
- Cognitive bias and frame setting around the deteriorating patient
- Interactive Discussion

12.50 Questions and answers, followed by lunch at 13.00

13.50 EXTENDED SESSION Improving the communication of NEWS at the interface of care Learning from a patient safety collaborative

Anne Pullyblank

Consultant Colorectal Surgeon & Clinical Director for Patient Safety
West of England AHHN

with Ann Remmers

Patient Safety Programme Director

West of England Patient Safety Collaborative

- improving the communication of NEWS at the interface of care
- a regional approach to a single early warning score
- the role of technology in improving handover
- the potential of patient passports
- opportunities to improve patient handover at specific interfaces of care
- our experience

14.30 Escalation of the patient at risk of deteriorating

Dr Phil Laws

Consultant in Intensive Care Medicine & Anaesthetics

Sign Up to Safety Deteriorating Patient Lead

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

- understanding the root causes of deterioration
- improving early detection through the use of communication and using NEWS in practice
- electronic observations to improved compliance with early warning recognition
- development of a robust escalation policy
- opportunities to improve patient handover at specific interfaces of care
- our experience

15.00 The Recognise and Rescue programme: improving patient safety

Dr Nick Woodier

Patient Safety Improvement Lead

Honorary Assistant Professor (Patient Safety)

Nottingham University Hospitals NHS Trust

- the recognise and rescue programme: a whole hospital approach
- using human factors to explore "failure to rescue"
- analysis of incidents and review of Trust-wide learning to explore system failures (e.g. sepsis, Acute Kidney Injury (AKI) and Early Warning Score (EWS)
- improving practice in patient observations to support safer care

15.30 Questions and answers, followed by tea & Coffee at 15.40

15.45 Investigating avoidable deaths where deterioration has not been recognized

Dr Paul Dean

Co Chair Faculty for the Deteriorating Patient

East Lancashire Hospitals NHS Foundation Trust

& Consultant Anaesthesia and Critical Care

Lancashire and South Cumbria Critical Care Network

- how do we assess whether a death could have been avoided by early recognition of deterioration
- investigating avoidable deaths: implementing the CQC and NQB recommendations
- our experience, and what we have done to reduce mortality from avoidable deaths in East Lancashire
- learning from the Advancing Quality (AQuA) Mortality Collaborative

16.15 EXTENDED SESSION: The deteriorating patient and Sepsis

Dr Colette Coyle

Member

UK Sepsis Trust

- why is it so important to focus on sepsis as the leading cause of deterioration?
- findings of the Just Say Sepsis report and the use of NEWS for sepsis
- update on NICE guidance and definitions
- ensuring sepsis is recognised early and treated promptly
- measurement and metrics
- case studies and tips for good practice and change

17.00 Questions and answers, followed by close 17.10

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The PDF will be emailed out after the conference, please fill in the 'Your Details' section above, ensuring your email address is clear and the 'Payment' section..

For more information contact Healthcare Conferences UK on **01932 429933** or email jayne@hc-uk.org.uk

Venue

De Vere West One Conference Centre, 9-10 Portland Place, London, W1B 1PR. A map of the venue will be sent with confirmation of your booking.

Date Monday 16 October 2017

Conference Fee

- £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
 £300 + VAT (£360.00) for voluntary sector / charities.
 £495 + VAT (£594.00) for commercial organisations.

The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%.

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