Improving outcomes for deteriorating patients in acute care

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Aim
Evidence suggests that cardiopulmonary resuscitation (CPR) attempts in a general ward setting often represent an avoidable harm that can be reduced with improved recognition, communication, rescue and care planning for deteriorating patients. The Scottish Patient Safety Programme (SPSP) aims to reduce CPR events by 50% by December 2015.

Methods
We have worked with the Scottish Partnership for Palliative Care to produce a change package that addresses the range of needs of people deteriorating in acute care:

- **Recognition** – using the Early Warning Score
- **Communication** – using structured ward rounds, ward and hospital huddles
- **Response** – testing processes for structured response and review
- **Rescue** – including timely treatment for sepsis
- **Care planning** – including Treatment Escalation Plans
- **Review** – of CPR events to generate ideas for improvement

Outcomes/Results
CPR rates are now available from 17 of Scotland’s acute hospitals. Of the 11 who have consistently reported since February 2012, there is a sustained reduction of 13.9% in cardiac arrest rate (see Figure 1).

Conclusions
Patients who are acutely deteriorating in Scotland’s hospitals have a diverse range of needs from rescue and escalation to end of life care planning.

Communication between caregivers and with people receiving care is a critical step to ensure reliable delivery of care that is centred around the person’s individual needs and wishes.

Our collaboration with the Scottish Partnership for Palliative Care has informed and supported a comprehensive approach to improving outcomes for deteriorating patients in acute care.

References:
Findlay GP, Shotton H, Kelly K, Mason M. Cardiac arrest procedures: time to intervene? NCEPOD; 2012

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