

Quality Assurance and Verification

Healthcare Audit Summary Report

Audit of compliance of selected recommendations from the National Clinical Guideline on the National Early Warning Score (NEWS) 2013

Audit Reference Number: QAV005/2017

Title	Audit of compliance of selected recommendations from the National Clinical Guideline on the National Early Warning Score (NEWS) 2013	
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	Naas General Hospital (NGH)	03 October 2017
	Tallaght Hospital (TH)	12 October 2017
	Bantry General Hospital (BGH)	19 October 2018
	Mercy University Hospital (MUH)	08 November 2018
	Cork University Hospital (CUH)	09 November 2018
	Regional Hospital Mullingar (RHM)	13 February 2018
	St. Michaels Dun Laoghaire (SMH)	22 March 2018
	St. Vincent's University Hospital (SVUH)	24 April 2018
	St. Columcille's Hospital (SCH)	01 May 2018

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ABBREVIATIONS

BGH	Bantry General Hospital
BP	Blood pressure
CEO	Chief Executive Officer
CNM	Clinical Nurse Manager
CRA	Cardio Respiratory Arrest
CUH	Cork University Hospital
ERS	Emergency Response System
ERT	Emergency Response Team
EWS	Early Warning Score
HCR	Health Care Record
HR	Heart Rate
HSE	Health Service Executive
ISBAR	Identify, Situation, Background, Assessment and Recommendation
MUH	Mercy University Hospital
NCG	National Clinical Guideline
NCHD	Non-Consultant Hospital Doctor
NEWS	National Early Warning Score
NGH	Naas General Hospital
NPDU	Nursing Practice Development Unit
NIQA	Nursing Instrument for Quality Improvement
PPPG	Policies Procedures Protocols and Guidelines
QAV	Quality Assurance and Verification
RHM	Regional Hospital Mullingar
SCH	St. Columcille's Hospital
SMH	St. Michael's Hospital
SUVH	St Vincent's University Hospital
TH	Tallaght Hospital

1. BACKGROUND / RATIONALE

A National Clinical Guideline No. 1 (NCG) was published by the National Clinical Effectiveness Committee on the National Early Warning Score (NEWS) in February 2013 and updated in August 2014.

The NEWS NCG was introduced in the adult acute setting to facilitate early detection of the deterioration of a patient with an acute illness. It prompts nursing staff to document minimum patient observations¹ in a structured observation chart, to request a medical review at specific trigger points utilising a structured communication tool, while also following a definitive escalation plan. The NEWS escalation protocol sets out the response required in dealing with different levels of abnormal patient observations. This response may include appropriate modifications to nursing care, including increased monitoring, review by the primary medical practitioner or the “on call team” or activating the Emergency Response System² (ERS).

Recognising and responding to the early signs of deterioration in hospitalised patients’ remains a high priority, as patients continue to experience preventable adverse events because their deterioration is not identified or properly managed. Avoidance of cardiorespiratory arrest (CRA)³ is one of the key outcomes that the NEWS seeks to address through early identification of clinical deterioration. Measurable physiological abnormalities and higher NEWS scores can be correlated with cardiac arrest. These signs can occur both early and late in the clinical deterioration process. Regular measurement and documentation of physiological observations is an essential requirement for recognising clinical deterioration (NCG 2013).

The National Directors for the Clinical Strategy and Programmes and Quality Assurance and Verification requested the audit to seek assurance that the NEWS was being implemented as planned and that appropriate responses were being triggered.

2. AIM AND OBJECTIVES

The aim of this audit was to provide assurance that the selected hospitals had implemented and were compliant with selected recommendations from the NEWS NCG. The objectives of the audit were:

1. To establish the level of compliance with the measurement and documentation of the patient observations on the NEWS chart (as per recommendation 4)
2. To determine that an escalation protocol is in place for patients showing signs of deterioration (as per recommendations 14 and 16)
3. To determine the emergency response system in place in the selected hospitals within the hospital groups (as per recommendation 24)
4. To seek evidence of the formal communication protocol in use (as per recommendation 34 and 36)
5. To establish what NEWS training is undertaken at site level and what refresher training is provided (as per recommendation 44)

¹ Patient observations include: Respiratory rate, oxygen saturation, heart rate, blood pressure, temperature, level of consciousness, patient on inspired oxygen (NCG 2013).

² Emergency response system defined as the provision of emergency assistance in response to a patient deterioration (NCG 2013).

³ Cardiorespiratory arrest is a sudden stop in effective blood flow due to the failure of the heart to contract and includes loss of consciousness and cessation of breathing.

6. To establish that NEWS audits were undertaken at site level (as per recommendation 51)
7. To establish if there is evidence of service user involvement in the implementation of the NCG at site level (as per recommendation 38).

3. METHODOLOGY

The audit team conducted a literature review on the detection and the management of deteriorating patients to inform the focus of the audit. A specific audit tool was developed to gather data on the implementation of the EWS; this was informed by the ViEWS⁴ tool in the NCG. Other research including Odell (2014) informed elements of this tool. This audit reviewed a sample of health care records (HCRs) and local hospital policies to assess whether specific recommendations from the NCG were implemented. Evidence of compliance was determined as follows:

- The audit was conducted through an on-site retrospective audit of a proposed sample of HCRs of the last ten patients who had experienced a CRA during their in-patient stay. From three Hospital Groups a representative sample of model 2, 3 and 4 hospitals were randomly chosen and in total nine sites were audited.
- An excel audit tool was developed to gather the specific data to assess compliance with the selected recommendations from the NCG. The audit team piloted this audit tool at another acute hospital location on a number of HCRs prior to use and modifications were made. Following the pilot, a sample size of a maximum of ten charts per site was decided upon, due to the complexity of the data collection process.
- A request for evidence was developed and issued to the site liaisons prior to the site visit. This was based upon the specific requirements of the NCG recommendations as follows: evidence of relevant policies, procedures, protocols and guidelines (PPPGs); evidence of audit and training relating to the NEWS implementation; evidence of governance structures including minutes of meetings; identification of roles and responsibilities for the implementation of NEWS; and evidence of service user involvement with regards to implementation of NEWS at site level (if any) was also sought.
- The following HCRs were excluded: patients whose CRA had occurred in a Critical Care Unit or Emergency Department, and palliative care patients or where a medical order for a 'Do Not Attempt Resuscitation' was in place. The NEWS escalation protocol is not in place in these instances. Hospitals were informed of the above inclusion and exclusion criteria in advance of the audit site visit.
- At the site visits a total of 95 HCRs were reviewed and 73 met the inclusion criteria for the audit as stated in bullet point one and four above. The data gathered included evidence from three different sources within the HCR, i.e., the NEWS chart, nursing notes and medical notes. The NEWS chart was examined for the overall episode of care⁵ and the 24 hours of care preceding the CRA. (Mapp et al 2013 and Garry et al 2014).
- The audit team carried out semi-structured interviews on site with relevant key staff involved in the documentation and communication of the NEWS. These interviews addressed issues such as training, audit, and experience of the implementation of NEWS at site level.

A draft audit report was prepared and issued to management and the site liaisons at all nine hospital sites for review of factual accuracy and response to the recommendations.

⁴ (ViEWS) Vital Pac Early Warning Score: a mobile clinical system that monitors vital signs

⁵ From the date of admission to discharge or date of death where applicable

4. FINDINGS

Objective 1: To establish the level of compliance with the measurement and documentation of the patient observations on the NEWS chart (as per recommendation 4 and 5).

Based on the documentary evidence reviewed, the audit team found that the overall compliance rate with the recording of a score to all observations was 70% (n = 51/73) across the nine hospitals audited, with a range of 25% (BGH) to 100% (MUH, CUH, SCH). The overall compliance rate with the correct calculation of the total EWS was 55% (n = 40/73) with a range of 0% (NGH) to 100% (CUH and SCH).

Prior to the site visits the audit team were forwarded eight hospital policies on the NEWS. CUH did not have a local NEWS policy. Nursing and medical staff were guided by the NCG and the HSELand Compass Manual when implementing the NEWS.

The NEWS chart contains a system for scoring the seven patient observations. Each of the seven patient observations is required to be scored, and the totalled EWS calculated correctly. This is critical for successful identification of changes in the patient's condition and, where appropriate, to escalate a patient's deteriorating condition. The team audited 73 HCR and related NEWS charts from 9 hospitals to determine the level of compliance with the measurement and documentation of patient observations in cases where patients had experienced a CRA during their in-patient stay. It should be noted that only one HCR at SCH met the criteria for audit. SCH staff interviewed on the day of the site visit indicated that reconfiguration of the hospital and the changing patient demographic had resulted in a higher case load of patients requiring rehabilitation and fewer patients presenting with an acute illness. As demonstrated in the table 1 overleaf, the audit team found the following:

- The overall compliance with the recording of an EWS to all observations was 70% (n = 51/73) across the nine hospitals. Compliance ranged from 25% at BGH to 100% at MUH, CUH, and SCH.
- The overall compliance with the total EWS being recorded correctly was 55% (n = 40/73) across the nine hospitals. Compliance ranged from 0% at NGH to 100% at CUH and SCH.

The lack of compliance with the recording and totalling of the EWS made it difficult for nursing and medical staff to recognise patient deterioration and the need for timely intervention. It also impacted on both the minimum frequency of observations and decisions taken to escalate care. In instances where medical staff requested both a lying and standing Blood Pressure (BP) or BP recorded for both the right and left arm, there was a lack of clarity and consistency in hospital policies regarding which measurement was to be used in totalling the EWS. In some instances these were recorded as stand-alone measurements and it was unclear in the local policies whether a second set of full observations should be documented in both instances. At one hospital, the NEWS chart was not completed for a patient who was receiving blood products. Consideration and clarification should be given to the challenge and practicalities of staff recording observations in two places simultaneously.

Table 1 Findings in relation to Hospitals by objectives

Objectives	Sub-topic	TH	CUH	SVUH	RHM	NGH	MUH	SMH	BGH	SCH*	TOTAL
Level of compliance with measurement and documentation of patient observations	Relevant Healthcare records reviewed	N=10/10	N=10/10	N=9/10	N=9/14	N=8/9	N=8/10	N=10/10	N=8/10	N=1/12	(77%) 73/95
	% compliance of EWS to all observations	90% (9/10)	100% (10/10)	67% (6/9)	44% (4/9)	38% (3/8)	100% (8/8)	60% (6/10)	25% (2/8)	(1/1)	67% (49/73)
	% compliance of total NEWS recorded correctly	80% (8/10)	100% (10/10)	67% (6/9)	22% (2/9)	0% (0/8)	88% (7/8)	40% (4/10)	25% (2/8)	(1/1)	55% (40/73)
To determine that an escalation protocol is in place for patients showing signs of deterioration during the overall episode of care	% compliance with the minimum observation frequency	20% (2/10)	40% (4/10)	34% (3/9)	68% (6/9)	25% (2/8)	25% (2/8)	50% (5/10)	38% (3/8)	(1/1)	38% (28/73)
	% compliance with the minimum alert	38% (3/8)	38% (3/8)	34% (2/6)	100% (6/6)	67% (4/6)	50% (4/8)	20% (1/5)	84% (5/6)	(1/1)	54% (29/54)
	% compliance with the minimum response	100% (3/3)	67% (2/3)	50% (1/2)	100% (6/6)	100% (4/4)	50% (2/4)	100% (1/1)	100% (5/5)	(1/1)	86% (25/29)
To determine that an escalation protocol is in place for patients showing signs of deterioration during 24 hours prior to the CRA	% of HCRs where the CRA occurred before the next set of observations were due	60% (6/10)	80% (8/10)	78% (7/9)	67% (6/9)	63% (5/8)	88% (7/8)	70% (7/10)	88% (7/8)	(1/1)	74% (54/73)
	% compliance with the minimum alert	38% (3/8)	78% (7/9)	60% (3/5)	50% (4/8)	50% (3/6)	50% (4/8)	50% (3/6)	80% (4/5)	-	56% (31/55)
	% compliance with the minimum response	67% (2/3)	100% (7/7)	34% (1/3)	100% (4/4)	67% (2/3)	50% (2/4)	67% (2/3)	50% (2/4)	-	71% (22/31)
	Number of HCRs with parameters adjusted	40% (4/10)	50% (5/10)	33% (3/9)	67% (6/9)	63% (5/8)	50% (4/8)	10% (1/10)	38% (3/8)	(0/1)	42% (31/73)
	Number of distinct parameters in each HCR adjusted by hospital	2	3	4	5	3	3	1	1	0	-
	Time delays in adherence to the minimum observations during the overall episode of care and prior to the CRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

*Just one HCR at SCH met the criteria for audit-not possible to compute percentage due to the low numbers

Objective 2: To determine that an escalation protocol is in place for patients showing signs of deterioration (as per recommendations 14 and 16).

The evidence examined showed deficits with adherence to the escalation protocol when escalating care of a clinically deteriorating patient. These deficits occurred in adherence to the minimum observation frequency for both the total episode of care and prior to the CRA, and the minimum alert and the minimum response for both the total episode of care and prior to the CRA. The audit team found that the NEWS chart at all nine hospitals had an escalation protocol flow chart which set out the clinical response to be followed when abnormal patient observations were recorded. Hospitals had tailored the protocol to the characteristics and resources at each hospital. The audit team found evidence of the process of Parameter Adjustments/Amendments (PAs) at all nine hospitals. The terminology used to refer to this process differed at each hospital and also within hospitals of the same group. This process is not detailed in the current NCG or on the learning resources (i.e., HSELand and Compass Manual). The medical notes or the medical response(s) did not refer specifically to the NEWS or 'Adjusted NEWS' even when elevated. There was no evidence of a documented monitoring plan specifying the frequency of observations in either the nursing or medical notes.

The NCG provided guidance on the escalation protocol to be followed, on the minimum frequency for observations, the minimum alert and the minimum response for different EWS (Appendix 1). The audit team found that the NEWS chart at all nine hospitals had an escalation protocol flow chart which set out the clinical response to be followed when abnormal patient observations were recorded. However, hospitals had tailored the protocol to the characteristics and resources at each hospital, i.e. size and role, location and available resources.

Parameter Adjustment

The audit team noted a section within the NEWS chart at all hospitals that allowed for the documentation of 'parameter⁶ adjustments/amendments', hereafter referred to as parameter adjustment (PAs). The terminology used to refer to this process differed at each hospital and also within hospitals of the same group (see table 2). The audit team found evidence of the PA process in 42% (n = 31/73) of the HCRs audited.

The staff at each hospital explained to the audit team that PAs allowed the patients' medical condition(s) to be taken into account when assessing the need to escalate care. This resulted in the revision downwards of a total EWS. The current NCG (2013) does not include details on PAs when using the NEWS chart in response to patients' showing signs of deterioration. This process is not detailed in the learning resources (i.e., HSELand and Compass Manual).

As mentioned, eight of the hospitals audited had a local NEWS policy which detailed their PA process. CUH did not have a local NEWS policy but PAs had been made in the HCRs reviewed at CUH. As the one HCR audited in SCH did not have a PA in place, the audit findings in the next section are relevant to the other eight hospitals audited.

The audit team identified variations in policies and practices across hospitals related to PAs. The local policies that were in place lacked the detail for the consistent application and interpretation of the PA process. For instance, four hospitals (MUH, TH, SVUH, and RHM) specified that the parameters that had been set should be reviewed within 24 hours. At RHM, some staff seemed to be adhering to the PAs 29 days after they were set within one HCR. The audit team found no evidence at any of the hospitals that the parameters had been reviewed once set. This differing interpretation/lack of clarity was seen to occur within the same hospitals and within the same

⁶ A parameter refers to the patient observations, i.e. respiratory rate (RR), peripheral capillary oxygen saturation-stands for the amount of oxygen in the blood (SpO₂), inspired O₂ (FiO₂), blood pressure (BP), heart rate (HR).

HCR. In four HCRs, the PAs were not dated or timed, so it was not possible to know how long the PA was in place. Table 2 details the variation of the PA process across the nine hospitals (please note an explanation for the abbreviations used in table 2 is detailed within footnote number 6).

Table 2 Details of the PA process

Hospital Group	Hospitals	Terminology used in the NEWS Chart for PA	Maximum length of time in days the PA was in place prior to CRA	PAs in the HCRs reviewed
Dublin Midlands	TH	Early warning parameters set by the team	11	F _i O ₂ , S _p O ₂
	NGH	EWS parameters set by the Team	11	F _i O ₂ , S _p O ₂ , BP, HR, RR, Temperature
South/South West	CUH	Alter the Response Threshold	11	F _i O ₂ , S _p O ₂ , BP
	MUH	Exceptions to ViEWS parameters	8*	F _i O ₂ , S _p O ₂ , BP, RR
	BGH	Parameters set by the medical team	8	S _p O ₂
Ireland East Hospitals	SVUH	Acceptable EWS	2*	F _i O ₂ , S _p O ₂ , BP, RR.
	SMH	Vital signs parameters set by consultant/ registrar	3	S _p O ₂
	SCH	Exceptions to ViEWS parameters	N/A as no PA in the one HCR audited	
	RHM	Acceptable parameters	29*	F _i O ₂ , S _p O ₂ , BP, RR, HR.

*PAs not dated nor timed x 2 in SVUH and x 1 in both RHM and MUH

- In TH the rationale for the PA was documented in all the relevant NEWS charts. The rationale for a PA was documented in the medical notes of one of the five relevant HCRs at CUH. However in the remaining hospitals, the rationale was not documented in the medical/nursing notes or NEWS charts as was required by some of the local hospital policies.
- Three hospitals (MUH, SVUH and TH) specified in their local NEWS policies that the PA process should not be applied to unstable or deteriorating patients.
- The policies at each hospital varied with regards to what grade of medical staff should set PAs. Some policies stated registrar or consultant only (NGH, BGH, SMH, MUH, TH, SCH) Two hospitals (SVUH and RHM) included senior house officers in this list as being appropriate to set PAs. While the policies varied, the auditors were unable to determine what grade of staff had set the parameters, as this had not been documented.
- Five of the eight hospitals had three or more PAs per HCR; i.e. SVUH had adjusted four individual parameters and RHM had adjusted five parameters as detailed in Table 2. This had resulted in a significant downward adjustment of the total EWS, resulting in observations being measured less often in practice in keeping with the revised score.
- The most commonly adjusted parameters were F_iO₂ and S_pO₂. At TH only F_iO₂ S_pO₂ and AVPU could be adjusted. The other seven hospital policies did not clarify which physiological parameter(s) the adjustment process alluded to. APVU⁷ was the only parameter the audit team did not evidence as having been adjusted at any of the hospitals audited.

Documentation of the EWS when a PA was in place

Five of the nine hospitals listed below had made modifications to the inside section of the local NEWS chart where the observations were documented and scored. These hospitals had added an

⁷ AVPU is an acronym for the responses a patient has to stimulus i.e. their conscious level, Alert, Verbal, Pain, Unresponsive.

extra row in the NEWS chart to accommodate the revised score that resulted from the PA process. There was a variation with regards to the labelling of the row at the five hospitals as follows:

- At NGH the labelled row was titled 'EWS adjusted',
- At TH the labelled row was titled 'EWS as per medical set parameters'
- At SCH the labelled row was titled 'Total EWS minus parameters'
- Both CUH and MUH had an extra unlabelled row (under the Total EWS row), which the nursing staff had used to document the revised score in brackets.

In the other four hospitals, even though there were no modifications to the inside of the NEWS chart, variations and a lack of consistency was observed with regards to how to document the revised score, e.g., brackets, minus signs and fraction notations to capture the second scores. TH and BGH clarified in their local policies that the revised scores were to be followed once a PA was in place. In the remaining seven hospitals, neither the local policies nor the NEWS charts contained a clear instruction as to whether the total EWS or adjusted EWS should be followed to monitor patient deterioration.

Adherence to the minimum observation frequency during the overall episode of care

The NCG states *"a clear monitoring plan should be developed and documented, that specifies the observations to be recorded and the frequency of observations, taking into account the patient's diagnosis and proposed treatment"*. This was reiterated in all the local NEWS hospital policies, with the exception of CUH where there was no policy in place and where they were following the NCG in relation to this. The HCRs and NEWS chart were both examined for the complete episode of care for each patient and the audit team found the following evidence in relation to the 73 HCRs audited:

- No compliance was found with the completion of the 'planned frequency of observations' row in the NEWS charts at any of the hospitals audited. TH and SVUH had removed this row from the NEWS chart. Nursing staff interviewed indicated that although they did not specifically document the planned frequency of observations, they did adhere to the escalation protocol flow chart with regard to the minimum frequency of observations completed.
- In 38% (n = 28/73) of cases, there was adherence to the minimum observation frequency (see table 1). In the remaining 62% (n = 45/73) of the HCRs reviewed at least one or more instances of lack of adherence to the minimum observation frequency was found. Time delays between when the observations should have been recorded and when they were actually recorded were evident in the HCRs of patients where the total NEWS was elevated and in cases where the EWS had been adjusted downwards.
- A documented monitoring plan specifying the frequency of observations was not evident in the nursing or medical notes in any of the HCRs reviewed.

Adherence to the minimum alert and minimum response protocol

At interview, nursing staff indicated that the Clinical Nurse Manager (CNM) was routinely verbally informed where scores ≥ 1 occur. No documentary evidence was found in any of the HCRs that the CNM had been informed of scores ≥ 1 .

Table 1 demonstrates the nursing and medical adherence to the minimum alert and minimum response to the escalation protocol at all hospitals audited. To summarise the following was found:

- There was evidence of a documented nursing response in 54% (n = 29/54) of the HCRs in the form of a minimal alert to the medical team where NEWS scores ≥ 3 .

- There was evidence of a minimum medical response in 86% (n = 25/29) of the relevant HCRs where care had been escalated. The medical notes or the medical response(s) did not refer specifically to monitoring observations, the NEWS or adjusted NEWS even when elevated.

In addition to the above, the audit team reviewed the HCRs for the presence of a sepsis screening form for those patients where the NEWS was ≥ 4 as per the NCG. Sepsis screening was applicable in 55% (n=40/73) HCRs reviewed and a completed sepsis screening form was found in 28% (N= 11) of these relevant HCRs.

The NCG outlines the importance of escalating care if a patient or family member expressed concerns irrespective of the NEWS score and that this concern should be documented. The audit team found that service user concerns were documented in the nursing notes of two HCRs at SVUH and in one HCR at SMH and the concern had been escalated to the medical team.

Adherence to the minimum observation frequency prior to the CRA

The NEWS chart was examined for the 24 hours of care preceding the CRA by the audit team. In 74% (n = 54/73) of HCRs the CRA occurred before the next set of observations were due. PAs were in place in 43% (n = 23/54) of these HCRs. Twenty two percent (n = 16/73) of HCRs were non-compliant with the minimum observation frequency prior to the CRA. A PA was in place in 50% (n = 8/16) of these HCRs. As noted previously, some of these parameters were in place for significantly long periods of time without review. In three HCRs at SVUH, the audit team were unable to determine whether the minimum observation frequency was adhered to, as PAs were in place (but not dated or timed) and it was unclear whether they were being adhered to at the time of the CRA.

Adherence to the Minimum Alert protocol prior to the CRA

Evidence was found that in the 24 hours preceding the CRA that the minimum alert was adhered to in 58% (n = 32/55) of the relevant HCRs. In 42% (n = 23/55) there was no documentary evidence of a nursing response in the form of a minimal alert to the medical team where scores ≥ 3 .

Adherence to the Minimum Response protocol prior to the CRA

Evidence of a documented medical response in the 24 hours preceding the CRA was found in 72% (n = 23/32) of HCRs where care had been escalated by nursing staff to the medical team. However, of the remaining 28% (n=9/32), the medical review note prior to the CRA was not timed 44% (n = 4/9); therefore it was not possible for the auditors to say if the minimum medical response protocol was met. In the remaining 66%, (n=5/9) there was no evidence of a documented medical response. The audit team noted (in general) as before that the medical notes did not refer to the EWS, even when elevated.

<p>Objective 3: To determine the emergency response system (ERS) in place in the selected hospitals within the hospital groups (as per recommendation 24).</p>
<p>The resources available for the ERS varied from site to site.</p>
<p>There was an ERS team in place for two hospitals (TH and SCH). There was a dedicated NEWS bleep in place at two hospitals (NGH, and RHM). There was no dedicated ERS in place in five (BGH, CUH, SVUH, MUH and SMH) of the nine hospitals. Two of these hospitals (SVUH and MUH) contacted the cardiac arrest/medical emergency team to respond to deteriorating patients. At interview the audit team were informed that the NEWS escalation protocol was used to respond to deteriorating patients at the remaining three hospitals.</p>

Objective 4: To seek evidence of the formal communication protocol in use (as per recommendation 34).

The NCG and local policies indicated that the formal tool for effective telephone communication between nursing and medical staff in relation to the deteriorating patient/elevated NEWS was ISBAR⁸. The use of ISBAR stickers was not consistent across the nine hospitals audited.

The NCG and local policies indicated that the formal tool for effective telephone communication between nursing and medical staff in relation to the deteriorating patient/elevated NEWS was ISBAR. At interviews the audit team were informed that ISBAR stickers and posters were available on the wards and that they were to be used to structure telephone communications related to elevated NEWS. ISBAR stickers were not used when medical staff were present on a ward when communicating the NEWS or when a patient review was required.

The use of an ISBAR sticker was found in 18% (n = 13/73) HCRs audited, however the use of the ISBAR stickers was not consistent. Even in those 13 HCRs, an ISBAR sticker was not used to record all instances where telephone communication was required in relation to an elevated EWS. In two hospitals, (TH and SCH) staff informed the audit team that the sticker was placed in the nursing notes when escalating care of a deteriorating patient. In all other hospitals, the clinical staff stated that the sticker was to be placed in the medical notes section of the HCR.

At interview nursing staff at NGH indicated that it was their practice to insert an ISBAR sticker into the medical notes only when medical staff did not respond promptly to an EWS call. At MUH, the ISBAR sticker was being piloted at the time of the audit. The policies at the nine hospitals lacked clarity with regards to where the ISBAR sticker should be placed within the HCR.

Objective 5: To establish what NEWS training is undertaken at site level and what refreshers are provided (as per recommendation 44).

COMPASS© is a multidisciplinary education programme designed to enhance the understanding of the deteriorating patient and the significance of altered observations. The audit team were provided with evidence of attendance records by nursing staff, and medical staff at COMPASS© training and face-to-face NEWS training at all hospitals. This training was provided mainly by the Nursing Practice Development Unit (NPDU) or other nursing grades at all sites. RHM and SCH had last provided face-to-face NEWS training in 2012 and 2015 respectively. Two hospitals (SCH and BGH) were able to provide the overall percentage of current medical staff that had completed the on-line COMPASS© programme. The remaining seven hospitals were unable to provide this information. Four sites were able to provide the overall percentage of current nursing staff that had attended face-to-face NEWS training.

COMPASS© is a multidisciplinary education programme designed to enhance understanding of the deteriorating patient and the significance of altered observations. It also seeks to improve communication between healthcare professions and enhance timely management of patients (NCG 2013). The programme can be undertaken online and supported by additional face-to-face NEWS training at local site level. The COMPASS© programme is a component of nursing students education and training at third level.

On-going in-house training initiatives were in place in seven of the nine hospitals audited. This training, based on the COMPASS© education programme, was provided mainly by the NPDU for

⁸ The ISBAR framework represents a standardised approach to communication which can be used in any situation. It stands for Identify, Situation, Background, Assessment and Recommendation. The NCG recommends that ISBAR is used when communicating information in relation to patients who are critically ill and/or deteriorating.

nursing staff but was also available to medical staff. At the remaining two hospitals (RHM, SCH), NEWS training for nursing staff was last provided in 2012 and 2015 respectively. The audit team were informed of the overall percentage of current nursing staff that had attended NEWS training at six hospitals. The remaining three hospitals provided attendance records for nursing staff, but were unable to provide an overall percentage attendance figure. In addition to the nurse led training, CUH provided consultant led COMPASS© workshops for medical interns and RHM provided consultant led NEWS training for new non-consultant hospital doctors (NCHDs).

Seven of the nine hospitals were unable to provide the overall percentage of the current medical staff that had completed the on-line COMPASS© programme. Two hospitals (SCH and BGH) were able to provide this information. The other seven hospitals explained that currently COMPASS© certificates were held by the individual and that while management can access and search the database for individual employee compliance with certification, a search for whole hospital compliance was not readily accessible. CUH and SMH required NCHDs to present COMPASS© certificates on commencement of employment in order to ensure compliance.

It was also suggested by medical and nursing staff interviewed at some hospitals that the COMPASS training programme be reviewed, to include all aspects of the escalation protocol including PAs.

<p>Objective 6: To establish what NEWS audits are undertaken at site level (as per recommendation 51).</p>
<p>A combination of the NEWS Nursing and Midwifery Quality Care-Metrics and separate local process audits were completed at most hospitals. In all nine hospitals, audit of the NEWS fell within the remit of, and was co-ordinated by nursing staff. There was no evidence of medical involvement in NEWS audit activity at eight of the nine hospitals.</p>

The programme of NEWS audits varied from site to site. A Nursing and Midwifery Quality Care-Metric web based tool entitled 'Test Your Care' (TYC) developed by the Office of Nursing and Midwifery Services Director was in use in the majority of the hospitals. As part of this metric, data was gathered and submitted nationally on the documentation of the NEWS, recording of patient observations and utilisation of the nursing escalation protocol.

In addition to the TYC, seven out of the nine hospitals had undertaken separate process audits on the NEWS in the last year. Excluding the TYC metric, the most recent NEWS audit in RHM was in 2013 and SMH had not completed any other local audit of the NEWS to date.

In all nine hospitals NEWS audit was co-ordinated by nursing staff. Medical involvement in NEWS audit activity was not found at eight of the nine hospitals audited; however medical students took part in multidisciplinary NEWS audits in SVUH.

Escalation of NEWS audit findings to the relevant management and multidisciplinary committees was evidenced in minutes of meetings in seven of the nine hospitals.

Note

While not a specific objective of the audit, the audit team noted that the audits undertaken at the sites focussed on the EWS process and audits of outcomes were not completed.

<p>Objective 7: To establish if there is evidence of service user involvement in the implementation of the NCG at site level (as per recommendation 38).</p>
<p>Service user involvement in the implementation of the NCG had not occurred.</p>

As part of the request for evidence and during interviews during the site visits, the audit team sought information on service user involvement in the implementation of the NCG at site level. Service user involvement in the implementation of the NCG had not occurred.

5. CONCLUSION

Based on the HCRs reviewed, the audit team found evidence of the practice of PAs which, while not defined in the NCG, was defined in eight of the nine NEWS hospital policies. While the eight hospital policies emphasised the importance of a clearly documented management plan with agreed parameters for review, the audit team found no evidence of such plans documented in the HCRs reviewed.

Limited assurance can be provided that eight of the nine hospitals were compliant with the NCG on NEWS. The audit team cannot comment on the level of assurance in relation to compliance with the NCG on the NEWS at SCH as just one HCR met the audit criteria.

Non-compliance was found in relation to the following:

- Recording, scoring and totalling of the seven patient observations on the NEWS chart in three of the eight hospitals audited (BGH, NGH and RHM)
- The use of the formal communication protocol (ISBAR) at all hospitals
- The provision of evidence of training on the NEWS/COMPASS© and certificates of completion at TH.
- Service user involvement in the implementation of the NCG had not taken place in any of the nine hospitals audited.

Limited compliance was found in relation to the following:

- Recording, scoring and totalling of the seven patient observations on the NEWS chart in two of the eight hospitals audited (SVUH, SMH)
- Adherence to the escalation protocol for patients showing signs of deterioration at all hospitals
- The provision of evidence of training on the NEWS/COMPASS© and certificates of completion at NGH, MUH, RHM, CUH and SVUH.

Compliance was found in relation to the following:

- Recording, scoring and totalling of the seven patient observations on the NEWS chart in three of the eight hospitals audited (CUH, TH and MUH)
- The provision of evidence of training on the NEWS/COMPASS© and certificates of completion at BGH and SMH
- Completion of nursing process audits on the NEWS observations using TYC at all nine hospitals. Local in-house audits had also been completed at the majority of hospitals by the NPDU and medical students had assisted with audit at SVUH.

The resources available for the ERS system varied from hospital to hospital. The audit team found that some hospitals had an ERS team in place. At other hospitals there was a dedicated NEWS bleep. In two hospitals the cardiac arrest team/medical emergency team responded to patient deterioration and elevated EWS.

Note:

The audit team noted that medical and nursing documentation frequently fell short of the standard required to demonstrate adherence to the escalation protocol in all sites audited.

Recommendations made in this report, identify actions that the senior most accountable person⁹ should implement in order to achieve full compliance with the NCG on the NEWS.

6. RECOMMENDATIONS

1. The National Director (ND) of Acute Operations should continue to seek assurance related to the implementation of the recommendations within the individual site reports for the nine hospitals audited.
2. The National Director, in the context of the Acute Operations role in seeking assurance related to the implementation of the NCG throughout all acute hospitals, should seek assurance that measures are put in place to increase compliance with the implementation of the NCG in relation to the following:
 - Measurement and documentation of all seven patient observations on the NEWS chart as per the NCG must take place to ensure that the overall score is recorded and correct to deliver an effective clinical response
 - Adherence to the NEWS escalation protocol by nursing and medical staff
 - Improved use and completion of the ISBAR tool by nursing staff where appropriate in order to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.
 - A multidisciplinary approach to audit to provide assurance and to support the continuous quality improvement process in relation to the implementation of the NCG.
 - Acute hospitals should include and arrange patient and service user collaboration in the implementation of the NCG in line with recommendation 38 of the NCG.
 - A verifiable system to record attendance at and completion of training should be developed.¹⁰
3. The Chief Clinical Officer should:
 - Convey the findings of this EWS audit to the National Clinical Effectiveness Committee in relation to the Parameter Adjustment process so that this information informs the revision of the NCG. In the event that a decision is taken to continue with the PA process, guidance on PAs must be standardised in the NCG, and include the detail on what parameters can be adjusted and on how they are documented.
 - Ensure that a review of the current training programme including the NEWS training manual takes place. This programme should include standardised mandatory education on the NEWS and on the PA process (in the event a decision is taken to continue with this process in practice).

⁹ Senior Most Accountable Person is the person appointed to be accountable for an organisation. This designation is usually attributable to the CEO of an organisation, and is interpreted in the context of the governance arrangements within each corporate, hospital group and community healthcare organisation.

¹⁰ The HCA team acknowledges that this issue is an emerging trend, and it is occurring outside of the EWS audit. A national solution may be required, involving input from the Chief Clinical Officer (CCO), Human Resources (HR) and the Office of the Chief Information Officer (OCIO).

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Date	20/12/ 2018

7. MANAGEMENT RESPONSE TO RECOMMENDATIONS

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed.

	Recommendation	Management response	Agreed implementation date	Person responsible
1	The National Director of Acute Operations should continue to seek assurance related to the implementation of the recommendations within the individual site reports for the nine hospitals audited.	Assurance with respect to implementation of the recommendations within the site reports is delegated through the accountability framework via the Hospital Groups to the 9 hospitals audited.	On-going process	HG CEOs/Hospital Managers
2	<p>The National Director, in the context of the Acute Operations role in seeking assurance related to the implementation of the NCG throughout all acute hospitals, should seek assurance that measures are put in place to increase compliance with the implementation of the NCG in relation to the following:</p> <ul style="list-style-type: none"> • Measurement and documentation of all seven patient observations on the NEWS chart as per the NCG must take place to ensure that the overall score is recorded and correct to deliver an effective clinical response. • Adherence to the NEWS escalation protocol by nursing and medical staff • Improved use and completion of the ISBAR tool by nursing staff where appropriate in order to communicate the NEWS of the deteriorating patient with medical staff as 	<p>Responsibility for implementation is delegated to through the accountability framework via Hospital Groups to all acute hospitals. These recommendations and the final summary report when complete will be sent to each HG CEO for implementation of the recommendation within their areas. It is noted that Implementation of National Clinical Guidelines is a complex and evolving, measures to increase compliance are multi-fold and requires on-going support from local and HG level as well as the HSE corporate functions including QAVD and other areas, these include provision of training, updating of guidelines, audit support and other measures.</p> <p>Support for re audit is required from national QAVD HCA Function</p>	On-going process	HG CEOs/ Hospital Managers/ Acute Operations / CCO supports

Recommendation	Management response	Agreed implementation date	Person responsible
<p>per the NCG</p> <ul style="list-style-type: none"> • A multidisciplinary approach to audit to provide assurance and to support the continuous quality improvement process in relation to the implementation of the NCG • That acute hospitals should include and arrange patient and service user collaboration in the implementation of the NCG in line with recommendation 38 of the NCG • A verifiable system to record attendance at and completion of training must be developed.¹¹ 			
<p>3 The Chief Clinical Officer should:</p> <ul style="list-style-type: none"> • Convey the findings of this EWS audit to the National Clinical Effectiveness Committee in relation to the Parameter Adjustment (PA) process so that this information informs the revision of the NCG. In the event that a decision is taken to continue with the PA process, guidance on PAs must be standardised in the NCG, and include the detail on what parameters can be adjusted and on how they are documented. 	<p>On behalf of the CCO, the National Director Quality Assurance and Verification will advise the National Clinical Effectiveness Committee of the findings of this EWS audit.</p>	<p>31.01.19</p>	<p>National Director QAV</p>

¹¹ The HCA team acknowledges that this issue is an emerging trend, and it is occurring outside of the EWS audit. A national solution may be required, involving input from the Chief Clinical Officer (CCO), Human Resources (HR) and the Office of the Chief Information Officer (OCIO).

Recommendation	Management response	Agreed implementation date	Person responsible
<ul style="list-style-type: none"> Ensure that a review of the current training programme including the NEWS training manual takes place. This programme should include standardised mandatory education on the NEWS and on the PA process (in the event a decision is taken to continue with this process). 	<p>This review will be led by the National Lead for the Deteriorating Patient Programme.</p>	<p>31.12.19</p>	<p>National Lead for the Deteriorating Patient Programme</p>

APPENDIX 1: NATIONAL EARLY WARNING SCORE: ESCALATION FLOW CHART

Score	Minimum Observations	Minimum Alert	Minimum Response
1	12Hourly	Nurse in Charge	Nurse in Charge to review if new score of 1
2	6 Hourly	Nurse in Charge	Nurse in Charge to review
3	4 hourly	Nurse in Charge & Team/On-call SHO	SHO to review within 1 hour
4-6	1 hourly	Nurse in Charge & Team/On-call SHO	<ol style="list-style-type: none"> 1. SHO to review within ½ hour 2. If no response to treatment within 1 hour contact Registrar 3. Consider continuous patient monitoring 4. Consider transfer to a higher level of care
≥7	½ Hourly	Nurse in charge & Team/ On-Call Registrar/Inform team/ On-Call Consultant	<ol style="list-style-type: none"> 1. Registrar to review immediately 2. Continuous patient monitoring recommended 3. Plan to transfer to a higher level of care 4. Activate Emergency response System (ERS) (as appropriate to hospital model)
Note: Single Score triggers			
Score of 2 HR ≤40 (Bradycardia)	½ hourly	Nurse in charge & Team/On –call SHO	SHO to review Immediately
Score of 3 in any single parameter	½ hourly or as indicated by the patient's condition	Nurse in charge & Team /On- call SHO	<ol style="list-style-type: none"> 1. SHO to review Immediately 2. If no response to treatment or still concerned contact Registrar 3. Consider Activating ERS
<p>*In certain circumstances a score of 3 in a single parameter may not require ½ hourly observations i.e. some patients on O₂.</p> <ul style="list-style-type: none"> •When communicating patients score inform relevant personnel if patient is charted for supplemental oxygen e.g. post-op. •Document all communication and management plans at each escalation point in medical and nursing notes. •Escalation protocol may be stepped down as appropriate and documented in management plan. 			
<p>IMPORTANT:</p> <ol style="list-style-type: none"> 1. If response is not carried out as above CNM/Nurse in charge must contact the Registrar or Consultant. 2. If you are concerned about a patient escalate care regardless of score. 			

MANAGEMENT RESPONSE TO RECOMMENDATIONS - NGH

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed hereunder.

Recommendation		Management response	Agreed implementation date	Person responsible
1	<p>Measurement and documentation of the patient observations on the NEWS chart are as per the NCG:</p> <ul style="list-style-type: none"> •Nursing staff must document all seven physiological parameter's and score these on the NEWS chart to ensure that the overall score is correct to deliver an effective clinical response. •Nursing staff must complete the 'frequency of observation' section in the NEWS chart. 	<p>This has been discussed at the EWS/Sepsis committee on January 9th 2018. Education leaflet developed by the EWS/Sepsis Committee outlining these points. Education commenced by Nurse Practice Development in conjunction with the Resuscitation Officer. An Education plan has been developed lead by Practice Development, all Nursing and Medical staff will receive education on EWS.</p> <p>This plan has been discussed by Senior Hospital Management, Nursing Management and at the Clinical Nurse Manager 2 meeting to ensure support for roll out.</p> <p>The EWS/Sepsis Committee are currently reviewing the EWS Observation Chart and policy PPPG-348.</p>	Immediate	Director of Nursing/ Nurse Practice Development Co-ordinator/ Clinical Director
2	<p>NGH must consider their guidelines on parameter amendments in a context where this process is not referenced in the NCG.</p>	<p>NGH are in the process of reviewing their guidelines on parameter amendments. Education leaflet and education sessions in relation to parameters for both Medical and Nursing staff will commence and education leaflet will be disseminated to all members of staff.</p> <p>Discussed at Senior Nurse Management, and CNM2 Meeting, also discussed at the EWS/SEPSIS Committee meeting on January 9th 2018.</p> <p>The policy PPPG-348 is currently being revised and consideration is being given to cease using the adjusted score.</p>	30 th April 2018	Clinical Director
3	<p>Nursing staff must complete a full set of observations in the required timeframe (minimum observation frequency specified for NEWS) as per the hospital's NEWS observation chart escalation.</p>	<p>Education leaflet and education sessions for both medical and Nursing staff will include education around the minimum observation frequency specified for the NEWS. Compass days set for 2018. The first date for compass training is 27th of February.</p>	30 th APRIL 2018	Nurse Practice Development Co-ordinator

4	<p>Nursing and medical staff must adhere to the NEWS Escalation Guide; in particular all staff must document within the relevant section of the HCR to demonstrate adherence to the escalation process as follows.</p> <ul style="list-style-type: none"> •Nursing staff must document in the nursing notes that the nurse in charge had been informed of NEWS ≥ 1 as part of the minimum alert. •Escalation of care to the medical team for patients showing signs of deterioration must take place in scores ≥ 3 and should be documented in the nursing notes. •Medical staff-must refer to the NEWS scores and timeline for review as per section 7.1.9 of PPPG 348 at NGH. •Medical staff must date, time and sign all entries in the HCRs (as per the HSE Standards and Recommended Practices for Healthcare Records Management 2011). 	<p>All information points reflected in the Education above. This has been discussed with the Clinical Director and clear information and instruction are contained within the information leaflet in relation to the escalation guide and adherence to this by all medical and nursing staff.</p> <p>EWS Rounds have commenced by the Clinical Director and Nurse Practice Development Team reviewing escalations of care, and discussing relevant issues with frontline medical and Nursing staff.</p> <p>PPPG-348 is currently under review by the EWS/SEPSIS Committee.</p> <p>The Resuscitation Officer has been released from her duties for 2 days per week to roll out the in-house education programme.</p>	<p>Immediate</p> <p>Immediate</p> <p>Immediate</p> <p>Immediate</p>	<p>Clinical Director Nurse Practice Development co-ordinator</p>
5	<p>For the five cases where 'Early Warning Parameters Set by the team' were in place and were inconsistently applied, and in the context where they were not referenced in the NCG, it is recommended that these cases are reviewed.</p> <p>TH should refer to the HSE Incident Management Framework (2018) for guidance to determine the nature of the chart review required in these instances.</p>	<p>Two healthcare records highlighted on the day of the audit have been reviewed comprehensively, and findings presented to the EWS/Sepsis Committee on January 9th, with recommendation from PDU who carried out the audit. The Clinical Director, Director of Nursing and Practice Development co-ordinator have devised an immediate and medium-term action plan to address recommendations.</p> <p>All five Healthcare records are now being reviewed by the Clinical Director.</p>	<p>Immediate</p>	<p>Clinical Director Director of Nursing</p>
6	<p>The log data on the ERS calls must be reviewed to establish if the ERS system is effective in responding to the care of patients who are showing signs of deterioration.</p>	<p>Naas General hospital has an established ERS log, prior to this audit.</p> <p>A plan will be established to audit these call logs.</p>	<p>April 30th 2018</p>	<p>Clinical Director Nurse Practice development Co-ordinator</p>
7	<p>The ISBAR tool must be completed by nursing staff to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.</p>	<p>The importance of using the ISBAR tool will be highlighted to both nursing and medical staff through the education sessions and education leaflet as outlined above. This is also communicated on the ISBAR stickers which are used for both communication and escalation of the deteriorating patient, and will be incorporated in to the education sessions.</p>	<p>April 30th 2018</p>	<p>Nurse Practice Development co-ordinator Clinical Director</p>

8	Systems must be put in place to ensure completion of the NEWS COMPASS© education programme by all new and existing nursing and medical staff.	Compass Training is on-going and dates have been provided to all relevant staff for 2018. Refresher sessions will also commence.	July 7th 2018	Clinical Director Nurse Practice development co-ordinator
9	There must be medical involvement in the completion of NEWS audits; so that the task is shared equally as it is a multidisciplinary guideline.	The current Auditing process has been discussed with the Clinical Director at the recent EWS/SEPSIS committee meeting. Agreement has now been reached that this will now be shared equally between nursing and medical staff.	July 2018	Clinical Director
10	NGH must ensure patient and service user involvement in the implementation of the NCG.	NGH will ensure service user involvement, by asking a service user to join the EWS Committee.	30 th April 2018	Director of Nursing

MANAGEMENT RESPONSE TO RECOMMENDATIONS - TH

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed hereunder.

Recommendation		Management response	Agreed implementation date	Person responsible
1	Nursing staff must complete the Total EWS in every instance that observations are recorded and measured in the NEWS chart as per the NCG.	On-going education to all Nursing staff. Now included in Mandatory Training programme. Continue with NIQA Bimonthly audits and action results as necessary	On-going	CNM ward level. ERS coordinator
2.	TH must consider their guidelines on 'Early Warning Score parameters set by the Team' in a context where this process is not referenced in the NCG.	Tallaght Hospital Policy on the Use of the Early Warning Score (EWS) System to Recognise and Respond to Clinical Deterioration in Adult Patients contains strict guidelines on EWS parameter amendments (7.2.2 & 7.2.2.8) and also on the observation chart. In developing the policy Tallaght Hospital reviewed national and international EWS evidence and have included evidence from the UK NEWS. Guidelines have been updated to include alterations for patients with Chronic Obstructive Pulmonary Disease and other chronic lung diseases e.g. Pulmonary Fibrosis. https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2	On- going	ERS Governance Group. ERT team on the day. ERT coordinator.
3	Nursing staff must complete a full set of observations in the required timeframe (minimum observation frequency specified for NEWS) as per the hospital's NEWS observation chart escalation.	Tallaght Hospital will continue to deliver on-going education on the importance of completing observations as per the hospital policy and the national Clinical Guideline. The importance of same is reinforced on the 2 day "Recognition & Nursing Management of the Acutely Ill Adult" Education Programme. Also frequency of observations is audited bimonthly by NIQA (Nursing Quality Care Metrics)	On-going	CNM ward/Unit level ERT coordinator.
4	Nursing and medical staff must adhere to the NEWS Escalation Guide; in particular all staff must document within the relevant section of the HCR to demonstrate adherence to the escalation process as follows: <ul style="list-style-type: none"> Nursing staff must document in the nursing notes that the nurse in charge had been informed of 	Nurses verbally inform the nurse in charge but may not always document it. On-going EWS education sessions at ward level will reinforce the importance of documenting when the nurse in charge was informed. The use of the ISBAR will be reinforced in the on-going EWS education sessions. This is audited as part of NIQA bi monthly.	3 months	ERT governance group ERT Steering committee. QSRM

Recommendation	Management response	Agreed implementation date	Person responsible
<p>NEWS \geq1 as part of the minimum alert.</p> <ul style="list-style-type: none"> Escalation of care to the medical team for patients showing signs of deterioration must take place in scores \geq3 and should be documented in the nursing notes. Medical staff must document the NEWS scores and timeline for review in the medical notes as per the NCG. Medical staff must document a medical note in the HCRs every 24 hours (as per the HSE Standards and Recommended Practices for Healthcare Records Management 2011). Medical staff must date, time, sign and record Irish Medical Counsel number on all entries in the HCRs (as per the HSE Standards and Recommended Practices for Healthcare Records Management 2011). 	<p>Identified that this was usually a verbal report. Will look at adding a section to the observation chart to highlight that the nurse in charge has been informed of a EWS of 1 or 2.</p> <p>Document it in the nursing record so there is a clear record of who exactly was informed.</p> <p>Will look at adding section to observation chart to improve compliance</p> <p>This will be referred to Directorate Leads/ Chair of the ERS Steering Group/ Acute Medical Programme. Communication to all medical staff through grand rounds presentation. Outlining best practice in medical documentation and how they should document EWS call out actions and plans.</p> <p>This will be referred to Directorate Leads/ Chair of the ERS Steering Group/ Acute Medical Programme</p>	3 months	<p>NPDU</p> <p>Nursing teams</p> <p>Clinical Lead Medical</p> <p>Clinical Lead Surgical</p> <p>QSRM lead.</p>
<p>5 The five HCRs where there was no documented nursing response to indicate that escalation to the medical team had taken place in the 24 hours prior to the CRA must be reviewed. TH should refer to the HSE Incident Management Framework (2018) for guidance to determine the nature of the chart review required in these instances.</p>	<p>These cases will be discussed with Risk Management Manager.</p> <p>The Chair of the EWS will contact the relevant consultant looking after the patient to carry out a review.</p> <p>Further education will be provided for staff.</p>	2 months	<p>QSRM/Risk Management</p> <p>ERT Governance Group</p>
<p>6 The ISBAR tool must be completed by nursing staff to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.</p>	<p>Will look at adding an ISBAR Section to the EWS Observation Chart</p> <p>Further education will be provided.</p> <p>Reviews of completed documentation will be monitored through NIQA</p>	3 months	<p>CNM ward/unit level</p> <p>ERS/NMPDU/ADON</p> <p>ERS Governance group</p> <p>ERT Steering group</p>
<p>7 Systems must be put in place to ensure completion of the NEWS COMPASS© education programme by all new and existing and medical staff as per the NCG.</p>	<p>All new interns will have to complete Compass Training prior to induction. Tallaght Hospital will also commence EWS Simulation Training for all Newly qualified doctors which will include all aspects of Clinical Guideline Number 1</p>	July 2018	<p>Clinical Lead Medical/ Surgical Staff delivering induction to Junior doctors</p> <p>Primary Consultants</p>
<p>8 There must be medical involvement in the completion of</p>	<p>There are 2 pillars to EWS audit –</p>	3 months	<p>Lead of QSRM</p>

Recommendation	Management response	Agreed implementation date	Person responsible
NEWS audits; as it is a multidisciplinary guideline.	<p>1. Auditing the system i.e.</p> <ul style="list-style-type: none"> • utilization + completion accuracy of ViEWS observation chart • Utilization of ISBAR • Utilization of escalation response mechanism <p>With regard to the first two aspects - these apply to nursing. The third aspect (escalation response) should improve when the new chart is included (as in 4 above) which will document escalation has taken place as indicated. Auditing this section in its entirety is very labour intensive and would involve a new telephone system which we have explored but is not feasible at present.</p> <p>2. The second pillar of the Audit involves looking at outcome measures e.g. change in cardiac arrest rate etc.</p> <p>We have been doing this for a number of years and there has been significant medical input. The visiting team did not examine this.</p> <p>Will be raised with Clinical Audit committee to explore how Multi-disciplinary audit of NEWS could be developed.</p>		ERT Governance ERT steering group Medical members of the ERT team
9 TH must ensure patient and service user involvement in the implementation of the NCG.	<p>Patient information leaflet to be distributed to all ward areas.</p> <p>Hospital wide Bi annual information day on the EWS will be introduced.</p> <p>Contact PCAC in relation to potential service users /community representatives.</p>	3 months	ERS Governance and steering group Lead of QSRM DON

MANAGEMENT RESPONSE TO RECOMMENDATIONS - BGH

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed hereunder.

	Recommendation	Management response	Agreed implementation date	Person responsible
1	<p>Measurement and documentation of the patient observations on the NEWS chart are as per the NCG:</p> <ul style="list-style-type: none"> All nursing staff must document all seven physiological parameter's and score these on the NEWS chart to ensure that the overall score is recorded and correct to deliver an effective clinical response. Nursing staff must complete the 'frequency of observation' section in the NEWS chart. Nursing staff must complete a full set of observations in the required timeframe (minimum observation frequency specified for NEWS) as per the hospital's NEWS observation chart escalation protocol. 	<ol style="list-style-type: none"> 94% of Nursing Staff on Rosters have E-Learning Compass NEWS training completed in last 2 years. Aim for 100%. Education at local level to nursing and healthcare assistants with emphasis on accurate documentation of NEWS Observation Charts, Frequency of Observations as per local policy and National Guidelines and Frequency of Observations as per Escalation Protocol. 3 Audits conducted September 2017, November 2017 & February 2018 to assess current practice. Action Plan for February 2018 developed. 	<p>End of quarter 2 2018</p> <p>Repeat audit in four months</p>	<p>Nurse Practice Development & Deteriorating Patient Committee</p>
2	<p>BGH must consider their guidelines on parameter amendments in a context where this process is not referenced in the NCG.</p>	<ol style="list-style-type: none"> Final Draft 'Bantry General Hospital Policy for the Use of the National Early Warning Score (NEWS) to Recognise and Respond to Clinical Deterioration'. Section 7.3 includes the Frequency of Observations and Setting Parameters input from Consultant Physician Lead for the Deteriorating Patient in Bantry General Hospital (BGH). Attachment 4 for e-mail 26th February 2018 from Consultant Physician Lead for the Deteriorating Patient in BGH approving the above policy. This policy now awaits final approval from other members of the BGH Deteriorating Committee. 	<p>April 2018</p>	<p>Consultant Physicians working in Bantry General Hospital Nurse Practice Development & The Deteriorating Patient Committee</p>

Recommendation	Management response	Agreed implementation date	Person responsible
<p>3 Nursing and medical staff must adhere to the NEWS Escalation Guide; in particular all staff must document within the relevant section of the HCR to demonstrate adherence to the escalation process as follows.</p> <ul style="list-style-type: none"> Nursing staff must document in the nursing notes that the nurse in charge had been informed of NEWS ≥ 1 as part of the minimum alert. Escalation of care to the medical team for patients showing signs of deterioration must take place in scores ≥ 3 and should be documented in the nursing notes. Medical staff-must refer to the NEWS scores and timeline for review as per the NCG 	<ol style="list-style-type: none"> Informing and documenting that Nurse-in-charge was informed is provided in education sessions. Recent audit report (February 2018) demonstrates improvement. A planned study Day for Nursing Staff on "COMPASS/NEWS – National Early Warning Score and Associated Education Programme." This will include NEWS, ISBAR, Escalation Protocol, Acute Kidney Injury, and Sepsis. Medical staff have discussed the documentation of NEWS scores and timelines at medical team meetings (every Wednesday morning), at journal club and audit forum. 	<p>Audit June 2018.</p> <p>Audit June 2018</p> <p>May 2018</p>	<p>Nurse Practice Development Centre of Nurse Education, University Hospital Kerry</p> <p>Medical team meetings</p>
<p>4 The ISBAR tool must be completed by nursing staff to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.</p>	<ol style="list-style-type: none"> Escalation Protocol also included in education sessions to nursing staff. The ISBAR (sticker) communication tool is used by nursing staff and placed in medical notes to initiate the escalation of care. 	<p>June 2018</p>	<p>Nurse Practice Development</p>
<p>5 The hospital should refer to the HSE Incident Management Framework (2018) for guidance to determine the nature of the chart review required in the following instances.</p> <p>The three HCRs audited by the HCA team, which had a lack of consistency in the application of 'Parameter adjustments must be reviewed by BGH.</p> <p>The HCR where there was no documented nursing response to indicate that escalation to the medical team had taken place in the 24 hours prior to the CRA must be reviewed.</p>	<p>It was advised on 20/10/2017) that 2 HCRs required review. These 2 HCRs were reviewed by 2 Consultant Physicians in BGH.</p> <p>A third HCR was reviewed in relation to identifying the grade of medical staff that set the parameters on the NEWS chart. This medical person was identified as the Consultant Physician.</p> <p>The hospital is currently reviewing the fourth HCR in relation to nursing response and escalation.</p>	<p>Undertaken 3/11/2017 & 07/11/2017 currently</p>	<p>Consultant Physicians in BGH</p> <p>Nurse Practice development</p>
<p>6 A multidisciplinary approach to audit must take place to support the continuous quality improvement process in relation to the implementation of the NEWS system as</p>	<p>This is currently being discussed with Consultants Physicians in BGH.</p>		<p>Hospital Manager</p>

	per the NCG.			
7	BGH must ensure patient and service user involvement in the implementation of the NCG.	<ol style="list-style-type: none"> 1. NEWS information leaflets and posters on display in key areas. 2. Verbal communication at bedside regarding observations. 3. The Patient Forum is updated on NEWS 	<p>On-going</p> <p>On-going</p>	<p>Clinical Nurse Managers & Nursing Staff</p>

MANAGEMENT RESPONSE TO RECOMMENDATIONS - MUH

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed.

	Recommendation	Management response	Agreed implementation date	Person responsible
1	Measurement and documentation of the patient observations on the NEWS chart are as per the NCG. Nursing staff must complete the 'frequency of observation' section in the NEWS chart.	On ward refresher education of all nursing staff on clinical areas.	Commence April 2018, Audit June 2018.	NPDU
2	Nursing staff must complete a full set of observations in the required timeframe (minimum observation frequency specified for NEWS) as per the hospital's NEWS observation chart escalation protocol.	On ward refresher education of all nursing staff on clinical areas. Clinical CNM2 to focus on this as QI in all clinical areas. Agreed at CNM2 forum. Local Implementation Group (LIG) to review MUH NEWS policy.	Commence April 2018, Audit June 2018.	NPDU with Clinical Area CNM2 LIG Chair (to be agreed)
3	Nursing and medical staff must adhere to the NEWS Escalation Guide; all staff must document within the relevant section of the HCR to demonstrate adherence to the escalation process. In particular the following must be documented: <ul style="list-style-type: none"> Nursing staff must document in the nursing notes that the nurse in charge had been informed of NEWS ≥ 1 as part of the minimum alert. Escalation of care to the medical team for patients showing signs of deterioration must take place in scores ≥ 3 and should be documented in the nursing notes. Medical staff must document the NEWS scores and timeline for review in the medical notes as per the NCG. Nursing and medical staff must document a clear monitoring plan specifying the frequency of observations taking into account the patient's diagnosis and proposed treatment. 	This is currently not specified in national policy On ward refresher education of all nursing staff on clinical areas. Local Implementation Group (LIG) to review MUH NEWS policy. Education of all Nursing staff on clinical areas re clear monitoring plan and documentation of same.	Commence April 2018, Audit June 2018. Commence April 2018, Audit June 2018.	NPDU NPDU Clinical Director NPDU and Clinical Director

Recommendation		Management response	Agreed implementation date		Person responsible
4	MUH must consider their guidelines on parameter adjustments in a context where this process is not documented in the NCG.	Reconvene LIG	Commence 2018	April	LIG Chair (to be agreed)
5	MUH should refer to the HSE Incident Management Framework (2018) for guidance to determine the nature of the chart review required in the following instances: <ul style="list-style-type: none"> The four HCRs audited by the HCA team, which had 'Exceptions to VIEWS parameters', must be reviewed as this process is not documented in the current NCG. Two of these four HCRs also require review in relation to non-adherence to the escalation protocol. A fifth HCR must be reviewed as there was no documented nursing response to indicate that escalation to the medical team had taken place in the 24 hours prior to the CRA. 	To be discussed and QI plan formulated by the LIG with support from the Quality and Risk Department	Commence 2018	April	LIG Chair(to be agreed)
6	The ISBAR tool must be completed by nursing staff to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.	ISBAR stickers to be introduced to all clinical areas. These will be placed in medical notes once a call re a score is made. Education of nursing staff re same.	April 30 th 2018		NPDU CNM2
7	Systems must be put in place to ensure completion of the NEWS COMPASS© education programme by all new and existing nursing and medical staff.	There is a system in place for all nursing and physiotherapy staff. Once course completed all RN's that attended are entered into the Softworks Electronic System. This system also records refresher training. Local Implementation Group to formulate training plan re other disciplines.	Commence 2018	April	LIG Chair(to be agreed)
8	A multidisciplinary approach to audit must take place to support the continuous quality improvement process in relation to the implementation of the NEWS system as per the NCG	Reconvene LIG	Commence 2018	April	LIG Chair(to be agreed)
9	MUH must ensure patient and service user involvement in the implementation of the NCG.	MUH uses patient information leaflet-'You and Your Health Service' specifically the NEWS leaflet	On-going and for discussion		LIG

MANAGEMENT RESPONSE TO RECOMMENDATIONS - CUH

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed.

Recommendation		Management response	Agreed implementation date	Person responsible
1	CUH must consider developing a local policy on the implementation of the NEWS.	Policy Completed submitted to Qpulse awaiting final approval	June 2018	Deteriorating Patient Group, CUH
2	CUH must consider the 'Alter the Response Threshold' process in a context where this is not detailed in any local policy.	Guidance on how to set parameters is now outlined in the local CUH policy as above accepting that parameters will need to be adjusted based on individual clinical need and context as outlined in recommendation 17 and 18 from the Guideline - Recommendation 17 "The way in which the NEWS protocol for escalation is applied should take into account the clinical circumstances of the patient, including both the absolute change in physiological measurements and abnormal observations, as well as the rate of change over time for an individual patient." Recommendation 18 "The escalation protocol may specify different actions depending on the time of day or day of the week, or for other circumstances".	June 2018	Deteriorating Patient Group, CUH
3	Nursing staff must complete a full set of observations in the required timeframe (minimum observation frequency specified for NEWS) as per the hospital's NEWS observation chart escalation protocol.	Continued reinforcement of the expected practice through <ul style="list-style-type: none"> Local audit and feedback to wards and teams After action review of cases Continuing education – formal and informal 	On-going 2011 – present date	Deteriorating Patient Group, CUH
4	Nursing and medical staff must adhere to the NEWS Escalation flow chart; in particular all staff must document within the relevant section of the HCR to demonstrate adherence to the escalation process as follows: <ul style="list-style-type: none"> Nursing staff must document in the nursing notes that the nurse in charge had been informed of NEWS ≥ 1 as part of the minimum alert. Escalation of care to the medical team for patients showing signs of deterioration must take place in scores ≥ 3 and should be documented in the nursing 	<ol style="list-style-type: none"> Mandatory e-learning and face to face session of all new nurses education with further rolling sessions Mandatory e-learning and face to face session of all new DITs at induction Mandatory e-learning and face to face session of all interns at induction UCC high fidelity simulation medical and nursing undergraduate students Grand rounds and symposia 	On-going 2011 – present date	

Recommendation	Management response	Agreed implementation date	Person responsible
<p>notes.</p> <ul style="list-style-type: none"> Medical staff must respond to NEWS ≥ 3 and document the NEWS scores and timelines for review in the medical notes as per the NCG. Nursing and medical staff must document a clear monitoring plan specifying the frequency of observations taking into account the patient's diagnosis and proposed treatment. 	<ol style="list-style-type: none"> Increasing the quality improvement knowledge of the Deteriorating Patient Group through IHI virtual workshops and other educational material, working closely with the Quality Department in CUH Highlighting issues at Executive Quality and Safety and EMB Gaining EMB support for a candidate ANP for the Deteriorating Patient. <p>Full planned and resourced national implementation for both recognition and response arms of NEWS goes beyond Guideline Development and e-learning programme i.e. a fully resourced 24 hour Deteriorating Patient team commensurate with the needs of a model 4 hospital and international standards is required.</p> <p>Risks associated with the inability to meet this requirement have been identified and escalated to the SSWHG, with the expectation that further escalation to Acute Operations and the National Director for the Clinical Strategy and Programmes will be necessary.</p>	<p>2017</p>	<p>CEO/Clinical Director</p>
<p>5</p> <p>CUH may refer to the HSE Incident Management Framework (2018) for guidance in relation to how this framework refers to audit information and should review:</p> <ul style="list-style-type: none"> Five HCRs audited by the HCA team which had an 'Altered the Response Threshold' as this process is not detailed in any local policy or the current NCG (Case no 1, 2, 3, 6 and 7). One HCR (case 3) requires review in respect minimal alert prior to the CRA and minimum medical response during the overall episode of care. Five of the HCRs need to be reviewed in regards to the minimal alert response during the overall episode of care and prior to the CRA (case no 1, 4, 5, 6 and 7). 	<p>Arrangements will be made to review these cases by clinicians not involved with the cases. Depending on the outcome of these reviews we will undertake full disclosure to the families where such disclosure is warranted.</p>	<p>July 2018</p>	<p>Quality Office CUH</p>
<p>6</p> <p>The ISBAR tool must be completed by nursing staff to</p>	<p>Same responses as under point 3 plus</p>		<p>As above point 3</p>

Recommendation	Management response	Agreed implementation date	Person responsible
communicate the NEWS of the deteriorating patient with medical staff as per the NCG.	Full planned and resourced national implementation of National Clinical Guideline No 11 (Clinical Handover).		
<p>7 CUH must establish a system to capture the overall percentage of both Nursing and Medical staff trained on the NEWS and the COMPASS© education programme in order to demonstrate compliance with recommendation 5 of the NCG.</p>	<p>CUH provided evidence on the day of audit of sign in sheets for face-to-face sessions. Before a given face-to-face session a member of the team checks the trainee's e-learning certificate either on paper or electronically against their name to confirm it has been done before sign in. As a large proportion of these are digital certificates, hard paper copies are not kept or stored. This procedure was outlined to the audit team on day of the visit.</p> <p>Intern induction is mandatory, UCC keeps a full log. ALL INTERNS must complete before being allowed to work</p> <p>The e-learning programme to be mandatory for all staff (medical and nursing) working in acute hospitals and central records accessible to CUH e.g. through the National Employment Record for the medical staff and any relevant nursing employment records.</p> <p>Medical Manpower has requested a dedicated Tab for recording NEWS certification on the electronic National Employment Record and awaits a response. Meanwhile, checks are being carried out against the national employment record with existing uploaded certification dates being recorded locally (resource dependent). Medical manpower reminds all medical staff at induction to upload their certification, which can then be checked by the hospital staff.</p> <p>Nursing have also repeatedly requested a similar system - the implementation of the new SAP HR system is awaited. Meanwhile, records are manually maintained.</p>	<p>November 2017</p> <p>July 2018</p>	<p>Deteriorating Patient Group, CUH</p> <p>Medical Manpower, CUH</p> <p>Centre for Continuing Nurse education</p>
<p>8 CUH must ensure patient and service user involvement in the implementation of the NCG.</p>	<p>The Patient Council is being revisited in CUH. We will consult them in relation to the guideline</p>	<p>September 2018</p>	<p>Deteriorating Patient Group, CUH</p>

MANAGEMENT RESPONSE TO RECOMMENDATIONS - RHM

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed.

Recommendation	Management response	Agreed implementation date	Person responsible
<p>1</p> <ul style="list-style-type: none"> Measurement and documentation of the patient observations on the NEWS chart as per the NCG: Nursing staff must document all seven physiological parameter and score these on the NEWS chart to ensure that the overall score is recorded and correct to deliver an effective clinical response Nursing staff must complete the 'frequency of observation' section in the NEWS chart 	<p>9. EWS Steering Committee Meeting 21/05/2018 11am – 12.15pm- Plan to retrain. Have an awareness day.</p> <p>10. COMPASS training for all nursing staff to be coordinated by CNM on each ward</p> <p>11. E Mail to all CNM's advising compliance with EWS Policy – to complete the "frequency of observations" on all patient EWS charts</p>	<p>Complete by Nov 2018</p> <p>Immediate effect Completed 20/05/2018</p>	<p>DON</p> <p>DNM</p>
<p>2</p> <p>Nursing staff must complete a full set of observations in the required timeframe (minimum observation frequency specified for NEWS) as per the hospital's NEWS observation chart escalation protocol.</p>	<p>Ensure COMPASS training for Nursing staff coordinated by CNM 11 & DNM's. Promote at next CNM 11 Meeting. June 13th 2018</p> <p>Re audit</p> <p>Awareness at staff huddles</p> <p>Flowchart for Healthcare Assistants and Student Nurses To be added to as an appendix to local Procedure</p>	<p>Complete by Nov 2018</p> <p>Nov/Dec 2018</p> <p>June 8th 2018</p> <p>June 8th 2018</p>	<p>DON</p> <p>Clinical Audit Nurse</p> <p>DNM</p> <p>CNM 2 Surgical</p>
<p>3</p> <p>Nursing and medical staff must adhere to the NEWS Escalation Guide that all staff must document within the relevant section of the HCR to demonstrate adherence to the escalation process. In particular the following must be documented:</p> <ul style="list-style-type: none"> Nursing staff must document in the nursing notes that the nurse in charge had been informed of NEWS ≥ 1 as part of the minimum alert. Medical staff must document the NEWS scores and timelines for review in the medical notes as per the NCG. 	<p>Promote awareness. PowerPoint Presentation of audit results and actions at CNM Meeting June 13th 2018. Retrain.</p> <p>Identify an EWS Champion on each ward to assist with promotion. Meeting to be arranged with identified champions.</p> <p>EWS Clinical lead to present to NCHD'S – Discussed with Clinical Director and NCHD to be identified for auditing.</p> <p>EWS Champion to discuss EWS at Friday handover</p> <p>Retraining with COMPASS Module.</p>	<p>June 13th 2018</p> <p>May 29th 2018</p> <p>June 2018</p>	<p>Regional Resuscitation Training officer</p>

Recommendation	Management response	Agreed implementation date	Person responsible
<ul style="list-style-type: none"> •Nursing and medical staff must document a clear monitoring plan specifying the frequency of observations taking into account the patient’s diagnosis and proposed treatment. 	<p>Nursing (CNMs)/Medical</p> <p>Medical and Nursing Champions</p> <p>Re Audit in Quarter 4 2018</p>	<p>Complete by Nov 2018</p> <p>May 29th 2018</p>	
<p>4 RHM must consider their guidelines on altered parameters in a context where this process is not documented in the NCG.</p>	<p>Staff at RHM must adhere to policy and rationale for change of parameters by Medical staff. Procedure to be amended to reflect local EWS based on 7 measurements without pre-set parameters.</p> <p>Consistent agreed scoring method to be ratified with Steering Group Committee. This will then be added to local Procedure and education on same by EWS champions.</p> <p>Re audit of same</p>	<p>June 2018</p> <p>June 2018</p> <p>Nov/Dec 2018</p>	<p>Regional Resuscitation Training officer</p> <p>Regional Resuscitation Training officer</p>
<p>5 RHM should refer to the HSE Incident Management Framework (2018) for guidance to determine the nature of the chart review required in the following instances:</p> <ul style="list-style-type: none"> •The six HCRs audited by the HCA team, which had ‘altered parameters’, must be reviewed for inconsistent application of this process. Three of these HCRs should be reviewed in respect of adherence to the minimal alert escalation protocol. •One further HCR must be reviewed to determine if the minimal alert prior to the CRA was adhered to, as the last EWS was not accurate. 	<p>Breda Ward to contact Audit team to establish chart details of required charts to be recalled for review.</p>	<p>21/05/2018</p> <p>Chart requested 21/05/2018</p>	<p>Regional Resuscitation Training officer</p>
<p>6 The ISBAR tool must be completed by nursing staff to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.</p>	<p>12. Feedback of audit at CNM Meeting on June 2018</p> <p>13. Ensure all nursing staff complete COMPASS training (CNM)</p> <p>14. Ensure all Medical staff complete COMPASS training</p>	<p>Nov 2018</p> <p>May 29th 2018</p> <p>Nov 2018</p>	<p>Regional Resuscitation Training officer</p> <p>DON</p> <p>Consultant Anaesthetist</p>
<p>7 Systems must be put in place to ensure completion of the NEWS COMPASS© education programme by all new and</p>	<p>Plan to re audit in Nov /Dec 2018</p> <p>NCHD to assist with audit to be identified</p>	<p>Nov/Dec 2018</p>	<p>Practice Development and Clinical Director</p>

Recommendation	Management response	Agreed implementation date	Person responsible
existing nursing and medical staff.			
8 A multidisciplinary approach to audit must take place to support the continuous quality improvement process in relation to the implementation of the NEWS system as per the NCG.	15. Plan to re audit in Nov /Dec 2018 16. NCHD to assist with audit to be identified	Nov/Dec 2018	Practice Development and Clinical Director
9 RHM must ensure patient and service user involvement in the implementation of the NCG.	For discussion with IEHG Group Director Quality, Clinical Governance and Patient Safety	June 2018	Clinical Q PS Manager

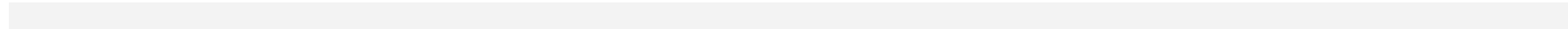
MANAGEMENT RESPONSE TO RECOMMENDATIONS - SMH

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed.

Recommendation	Management response	Agreed implementation date	Person responsible
<p>1 Measurement and documentation of the patient observations on the NEWS chart as per the NCG:</p> <ul style="list-style-type: none"> • Nursing staff must document all seven physiological parameters and score these on the NEWS chart to ensure that the overall score is recorded and correct to deliver an effective clinical response. • Nursing staff must complete the 'frequency of observation' section in the NEWS chart 	<p>Nursing COMPASS education programme will be revised to include as per the NCG:</p> <p>Nursing staff must document all seven physiological parameters and score these on the NEWS chart to ensure that the overall score is recorded and correct to deliver an effective clinical response.</p> <p>Nursing staff must complete the 'frequency of observation' section in the NEWS chart.</p>	Q4 2018	EWS project lead
<p>2 Nursing staff must complete a full set of observations in the required timeframe (minimum observation frequency specified for NEWS) as per the hospital's NEWS observation chart escalation protocol.</p>	<p>Nursing COMPASS education programme will be revised to include and place more emphasis on as per the NCG:</p> <p>Nursing staff must complete a full set of observations in the required timeframe (minimum observation frequency specified for NEWS) as per the hospital's NEWS observation chart escalation protocol.</p>	Q4 2018	EWS project lead
<p>3 Nursing and medical staff must adhere to the NEWS Escalation Guide that all staff must document within the relevant section of the HCR to demonstrate adherence to the escalation process. In particular the following must be documented:</p> <ul style="list-style-type: none"> • Nursing staff must document in the nursing notes that the nurse in charge has been informed of NEWS ≥ 1 as part of the minimum alert. • Escalation of care to the medical team for patients showing signs of deterioration must take place in scores ≥ 3 and should be documented in the nursing notes. • Medical staff must document the NEWS scores and timelines for review in the medical notes as per the NCG. • Nursing and medical staff must document a clear monitoring plan specifying the frequency of observations 	<p>Nursing COMPASS education programme will be revised to include and place more emphasis on:</p> <p>Nursing and medical staff must adhere to the NEWS Escalation Guide that all staff must document within the relevant section of the HCR to demonstrate adherence to the escalation process. In particular the following must be documented:</p> <ul style="list-style-type: none"> • Nursing staff must document in the nursing notes that the nurse in charge has been informed of NEWS ≥ 1 as part of the minimum alert. • Escalation of care to the medical team for patients showing signs of deterioration must take place in scores ≥ 3 and should be documented in the nursing notes. <p>As part of the Doctors induction programme the following will be incorporated:</p> <p>Medical staff must document the NEWS scores and timelines</p>	Q4 2018 Q4 2018	EWS project lead HR NCHD

Recommendation	Management response	Agreed implementation date	Person responsible
taking into account the patient's diagnosis and proposed treatment as per the NCG.	for review in the medical notes as per the NCG. Nursing and medical staff must document a clear monitoring plan specifying the frequency of observations taking into account the patient's diagnosis and proposed treatment as per the NCG.		
4 SMH must consider their guidelines on 'Vital sign parameters set by the Registrar or Consultant' in a context where this process is not documented in the NCG.	Revision of SMH Guidelines in line with the NCG	Q4 2018	NPDU, ADON
5 SMH may refer to the HSE Incident Management Framework (2018) for guidance in relation to how this framework refers to audit information and should review: <ul style="list-style-type: none"> • The HCR audited by the HCA team, which had 'Vital sign parameter set by the Consultant or Registrar', must be reviewed for inconsistent application and documentation of this process. This chart should also be reviewed in respect of a lack of adherence to the minimum observations frequency and the minimum alert. • Three further HCRs should be reviewed in respect of adherence to the minimum observations frequency and the minimal alert. 	SMH may refer to the HSE Incident Management Framework (2018) for guidance in relation to how this framework refers to audit information with particular emphasis on the following: The HCR audited by the HCA team, which had 'Vital sign parameter set by the Consultant or Registrar', must be reviewed for inconsistent application and documentation of this process. This chart will be reviewed in respect of a lack of adherence to the minimum observations frequency and the minimum alert. Three further HCRs will be reviewed in respect of adherence to the minimum observations frequency and the minimal alert	Q4 2018	NPDU, ADON EWS project lead
6 The ISBAR tool must be completed by nursing staff to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.	Nursing COMPASS education programme will be revised to include and place more emphasis on: The ISBAR tool must be completed by nursing staff to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.	Q4 2018	EWS project lead
7 Systems must be put in place to ensure completion of the NEWS COMPASS© education programme by all new and existing nursing and medical staff.	In the Nursing induction COMPASS training is incorporated. E-learning programme will be utilised. From July NCHD intake NEWS education incorporated into NCHD induction Projected timetable for education delivery	Q4 2018	NPDU, ADON EWS project lead
8 A multidisciplinary approach to audit must take place to support the continuous quality improvement process in relation to the implementation of the NEWS system as	Now incorporated as a standing agenda item on the Patient Safety Committee to allow for a multidisciplinary approach and continuous quality improvement in relation to the	Q4 2018	NPDU, ADON

Recommendation	Management response	Agreed implementation date	Person responsible
per the NCG.	implementation of the NEWS system as per the NCG		
9 SMH must ensure patient and service user involvement in the implementation of the NCG.	Incorporate into the patient satisfaction survey and explore service user involvement for the sepsis committee where NEWS is an agenda item	Q4 2018	NPDU, ADON



MANAGEMENT RESPONSE TO RECOMMENDATIONS - SVUH

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed.

Recommendation	Management response	Agreed implementation date	Person responsible
<p>1 SVUH must consider the 'acceptable EWS' process in a context where this is not detailed in the NCG.</p>	<p>SVUH agree to consider the Acceptable EWS process. This process is outlined in the SVUH EWS policy. Refresher education is planned.</p>	<p>Implement by end of November 2018</p>	<p>Assistant Director of Nursing, Nursing Practice Development and Quality coordinator for Nursing</p>
<p>2 Nursing staff must complete a full set of observations in the required timeframe (minimum observation frequency specified for NEWS) as per the hospital's NEWS observation chart escalation protocol.</p>	<p>SVUH agree with the recommendation and refresher education is planned</p>	<p>Implement by end of November 2018</p>	<p>Assistant Director of Nursing, Nursing Practice Development and Quality coordinator for Nursing</p>
<p>3 Nursing and medical staff must adhere to the NEWS escalation protocol; in particular all staff must document within the relevant section of the HCR to demonstrate adherence to the escalation process as follows:</p> <ul style="list-style-type: none"> •a) Nursing staff must document in the nursing notes that the nurse in charge had been informed of NEWS ≥ 1 as part of the minimum alert. •b) Escalation of care to the medical team for patients showing signs of deterioration must take place in scores ≥ 3 and should be documented in the nursing notes •c) Medical staff must respond to NEWS ≥ 3 and document the NEWS scores and timelines for review in the medical notes as per the NCG. •d) Nursing and medical staff must document a clear monitoring plan specifying the frequency of observations taking into account the patient's diagnosis and proposed treatment. 	<p>a) SVUH agrees with the recommendation. Formal documentation must be adhered to and this will be re-communicated to all CNMs to reinforce this with their staff - SVUH EWS policy (PPG-ORG-205) section 6.1. Refresher education is planned.</p> <p>b) SVUH agrees with the recommendation. Documentation of escalation should always be adhered to and this will be re-communicated to all CNMs to reinforce this with their staff - SVUH EWS policy (PPG-ORG-205) section 6.2 and 6.3 Refresher education is planned.</p> <p>c) SVUH agrees with the recommendation. Recommendations will be communicated to Director of Medicine (Prof Alan Watson) and Director of Surgery (Mr Stephen Sheehan) - SVUH EWS policy (PPG-ORG-205) section 6.3 and 6.4 Refresher education is planned with consultants and NCHDs.</p> <p>d) SVUH agree with the statement as per the SVUH EWS policy (PPG-ORG-205) section 6.3.3 'Any patient with EWS</p>	<p>Implement by end of November 2018</p> <p>Implement by end of November 2018</p> <p>Implement by end of November 2018</p> <p>Implement by end of November 2018</p>	<p>Assistant Director of nursing, Nursing Practice Development and Quality coordinator for Nursing</p> <p>Assistant Director of Nursing, Nursing Practice Development and Quality coordinator for Nursing</p> <p>Clinical Director Medical and clinical</p>

Recommendation	Management response	Agreed implementation date	Person responsible
	<p>of 3 or above (e.g. a patient on long term oxygen therapy or a post-operative patient on oxygen) should have a clearly documented management / monitoring plan which includes required frequency of observations and Early Warning Scoring, and agreed parameters for review, if different from those stated in the escalation protocol. Refresher education is planned.</p>		<p>Director Surgical</p> <p>Assistant Director of nursing, Nursing Practice Development and Quality coordinator for Nursing</p>
<p>4 SVUH may refer to the HSE Incident Management Framework (2018) for guidance in relation to how this framework refers to audit information and should review:</p> <ul style="list-style-type: none"> • Three HCRs audited by the HCA team which had an 'acceptable EWS' as this process is not detailed in the current NCG. • Four HCRs require review in respect of the minimal alert during the overall episode of care. • Two HCRs need to be reviewed with regard to the minimal medical response prior to the CRA. 	<p>SVUH agrees with the recommendation.</p> <p>A proforma was submitted to the Clinical Audit committee for approval of the chart reviews. The reviews have been completed and an audit summary report will be submitted to the Clinical Audit Committee for review.</p> <p>An aggregate report was completed and submitted to the Quality and Patient Safety Executive for their meeting on 25.6.18.</p> <p>Two additional HCRs (charts 4 & 5) have been requested for further review. The aggregate report will be amended and resubmitted to the Quality and Patient Safety Executive.</p>	<p>Implement by end of November 2018</p>	<p>Assistant Director of Nursing, Nursing Practice Development and Quality coordinator for Nursing</p>
<p>5 The ISBAR tool must be completed by nursing staff to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.</p>	<p>SVUH agrees with the recommendation.</p> <p>The ISBAR label was introduced following the EWS audit 2016 / 2017. The ISBAR documentation was removed from the back page of the observation chart as staff were not documenting all escalations as per SVUH policy.</p> <p>The EWS committee decided that an ISBAR label would be implemented and placed in the clinical continuation notes for escalation of all EWS scores.</p> <p>Refresher education is planned to reinforce the introduction of the ISBAR label which was introduced the week of 19th</p>	<p>Implement by end of November 2018</p>	<p>Assistant Director of Nursing, Nursing Practice Development and Quality coordinator for Nursing</p>

Recommendation	Management response	Agreed implementation date	Person responsible
	February 2018.		
6 SVUH must establish a system to capture the overall percentage of medical staff trained on the COMPASS® education programme.	SVUH agrees with establishing a system to capture medical staff training. It is mandatory in SVUH for all interns to have their Compass training certification at induction week before they commence their role as interns. Work has commenced with Medical HR to put a system in place to capture all medical staff.	Implement by end of November 2018	Assistant Director of nursing, Nursing Practice Development and Quality coordinator for Nursing
7 SVUH must ensure patient and service user involvement in the implementation of the NCG.	SVUH agrees with this recommendation. Work is on-going in this area and SVUH is committed to engaging with Service Users into the future.	Implement by end of November 2019	CEO, SVUH.

MANAGEMENT RESPONSE TO RECOMMENDATIONS - SCH

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed.

Recommendation	Management response	Agreed implementation date	Person responsible
<p>1 SCH must consider their guidelines on 'Exceptions to ViEWS parameters' in a context where this process is not documented in the NCG.</p>	<p>SCH is working off the current SCH National Early Warning Score Policy 2016 - Section 7:2:2 (attached). This policy is now under review by the Sepsis Committee (the committee is comprised of members of the original NEWS committee and the hospital Sepsis leads). Part of this review will take into consideration SCH Guidelines on 'Exceptions to ViEWS parameters.</p>	<p>Reviewed policy to be ready for sign off by August 2018.</p>	<p>Sepsis Committee – Chairperson Consultant Microbiologist.</p>
<p>2 SCH must ensure patient and service user involvement in the implementation of the NCG.</p>	<p>As a first step in engaging patient and service users SCH will develop an information leaflet which will inform patients/service users about the NEWS tool. The aim of the leaflet will be to educate patients/service users on the tool and encourage them to ask more questions about their own care. Consideration must be given by the Sepsis Committee in relation to inviting a patient/service user on to the group.</p>	<p>Leaflet to be ready for launch by September 1st 2018.</p>	<p>Leaflet to be drafted by Resuscitation Officers and signed off by Chairperson of the Sepsis Committee.</p>