

Minutes

“No Needless Deaths” Patient Safety Workstream focusing on “prevention of, and recognition and response to, the deteriorating hospital patient”

PHT Deteriorating Patient Group

Friday 21st May 2010 09.00a.m -10.30 a.m – Rm 9, Education Centre, QAH


Chair: Nicky Poplett (NP)

Attendees:


Code A

Apologies:

Code A

	Action
<p>Welcome</p> <p>Nicky welcomed the members present.</p>	
<p>1. Minutes from the last meeting</p> <p>The minutes from the last meeting were circulated.</p>  <p>Minutes - Deteriorating patient</p> <p>Apologies that the minutes were not available before this meeting. They were agreed to be correct record of the last meeting by SK & AW.</p>	
<p>2. Matters arising:</p> <ul style="list-style-type: none"> ∞ VitalPAC performance data - Any group members who want access to the VitalPAC performance data to enable monitoring of their areas need to email GBS their PHT user name. ∞ Update on minimum of 12hly vital signs recording and EWS – This has been cascaded out but uptake not known. GBS will present data from Vital PAC areas at the next meeting. As Maternity & Paeds are not on Vital PAC AW & KA will undertake an audit and report back to the group. AW reported that for healthy women who were in-patients because of the baby only had vital signs done 24hrly. SK stated this must be clearly documented to ensure there is a rationale behind this decision as they counted as inpatients. [Post meeting note: NP discussed with GBS. We need to be clear whether the mother is registered as a patient or is merely a visitor. NP to discuss with AW]. Code A confirmed they were doing 12 hourly observations within surgery. <p>The group discussed how important it is to get a minimum of 12 hourly vital signs and EWS embedded into clinical practice before we can move</p>	<p>All</p> <p>GBS</p> <p>AW & KA</p> <p>NP</p>

Signed by Chair..... Date

<p>forward.</p> <p>∞ VIEWS implementation - Occurred Trust wide on the 20.04.10. There was one issue which has been resolved. HB mentioned that the Hospital at Night handover uses the Vital PAC system and VIEWS to prioritise the workload for the medical staff. HB reported that Respiratory High Care are still using paper observation charts. Code A is aware of this and is working with them.</p> <p>3. Transfer Policy: NP circulated the PHT Transfer Policy v1 issued 09.03.10 which is in Policies – Management policies. Management Policies NP highlighted that this policy does not mention recording vital signs and EWS immediately prior to transfer and the within one hour of arrival. HB and GH mentioned that in the pilot nursing admission documentation, which is being piloted in MAU and D2, it does not state recording vital signs and EWS immediately prior to transfer and the within one hour of arrival. GH to edit. SK agreed to arrange for the Transfer Policy to be updated if NP can edit and send the updated policy. Code A to go back and discuss the maternity transfer checklist with Sharon Hackett to ensure recording vital signs and EWS immediately prior to transfer and the within one hour of arrival is in the document.</p> <p>4. RSVP update:</p>  <p>RSVP July 08 BrJNur 33936772.pdf</p> <p>NP reported that GBS applied for a Governance Award but was not successful so there is no funding for the production of RSVP cards. NP asked for ideas on how to imbed the use of RSVP across the Trust to improve patient handover. SK suggested that it is included in the action plans and learning from Adverse Incidents/SUI's. She has asked for a summary document/slides to cascade to the PHT Risk Dept to explore further. NP to ask GBS. NP will arrange for a slide to be added to the Resus presentation at Doctors Induction. SLS is including it into resuscitation training courses, mainly ILS & CSSD. PS was going to add it to the Doctors handclips that they are given at induction. HB has put it in the Hospital at Night co-ordinators call sheets. It was discussed that something should be put into the PHT Link. NP to discuss with GBS. NP suggested a small laminate by every phone in the clinical areas. NP to discuss with GBS. AW stated that SBAR is used in Maternity. NP to contact Sharon Hackett to discuss changing to RSVP line with the rest of the PHT. A discussion took place regarding handovers to Outreach and DCCQ and whether they use RSVP. NP to discuss with GBS and PS.</p> <p>5. Adverse Incident Reports related to the Deteriorating Patient : SK reported that there are adverse incidents occurring in all specialties. It was suggested that a summary of these would be useful for the group to review as it could be a good basis with which to identify the priorities for this group. SLS has agreed to work with SK and the Risk Dept to develop this reporting process back to this group.</p>	<p>GH NP/SK AW</p> <p>NP/GBS NP SLS PS NP/GBS NP/GBS NP NP/GBS/PS</p>
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<p>SK updated the group on developments with the Datix database. Action plans for SUI's and Amber Incidents are to be followed up monthly to record outcomes and completion of actions.</p> <p>The data from Datix is going to be analysed and key outcomes and contributing factors identified for all SUI's and Amber Incidents. This will enable the themes relating to the deteriorating patient to be reported on. SLS to meet with Chris Warren (Risk Analyst) and SK to get headings identified to enable the reporting. Each division has a Risk Lead and it was agreed that they needed to be aware of this group and know they can bring information/issues to this group. Medicine is Wendy Wild who is a member, GH to check if Code A (Surgery) knows of this group. Code A Maternity is aware of this group. KA to ensure Code A Paeds is aware of this group.</p> <p>HB is aware of a number of issues in medicine that have been documented since the Hospital at Night project has commenced relating to the deteriorating patient. He has not been able to pick out themes yet but will endeavour to review the data and develop a report for the group. HB to let the group know if they could help him in anyway.</p>	<p>SLS & SK</p> <p>GH KA</p> <p>HB</p>
<p>6. AOB HB had a query regarding VitalPAC. NP suggested that he should talk to GBS regarding the technical side of Vital PAC.</p>	<p>NP</p>
<p>7. Date of next meeting : 14th July 09.00am – 10.30am Room 1&2 Education Centre, E Level, QAH.</p>	