



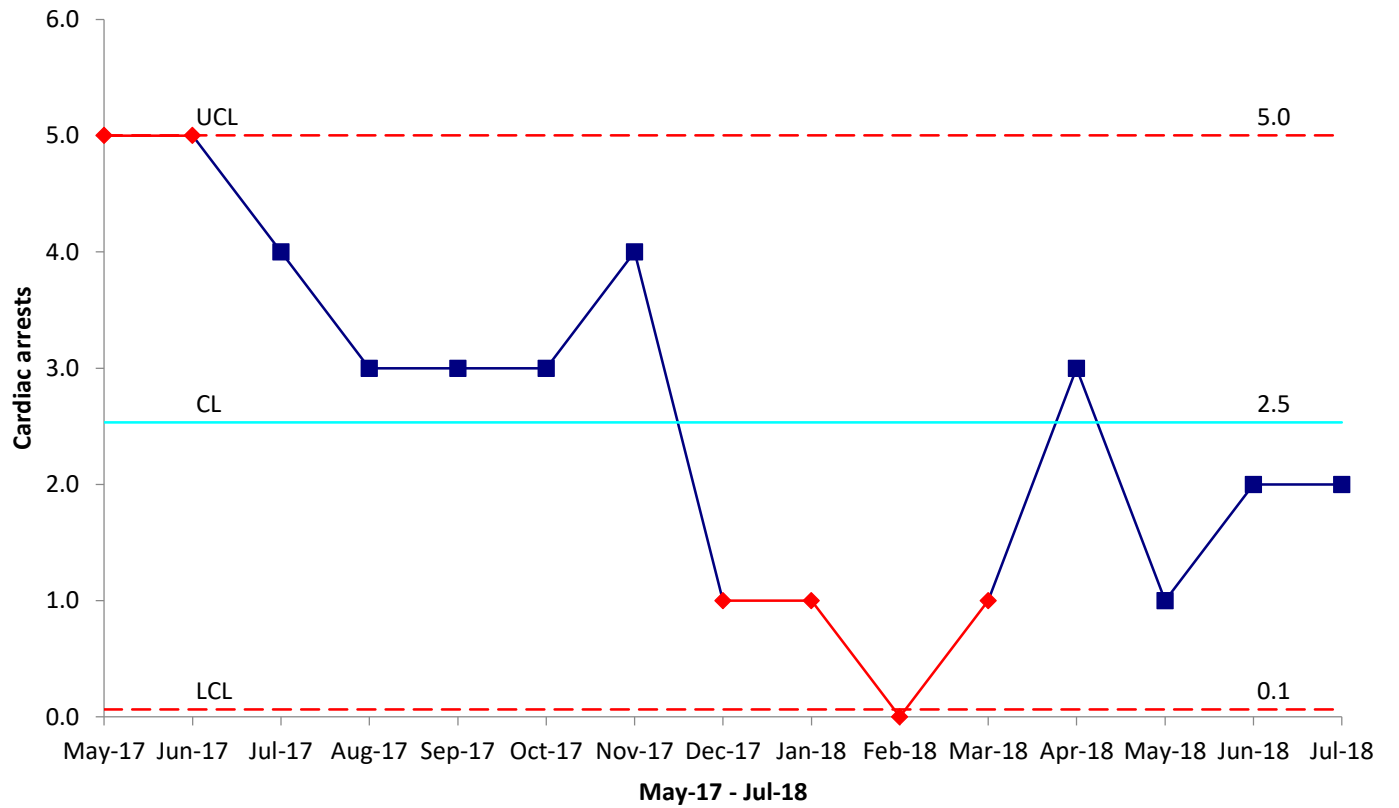
Getting it right: one ward's journey

Jan Dewar:

Nurse Director MDHB

Success!

MDHB - Cardiac arrests per month



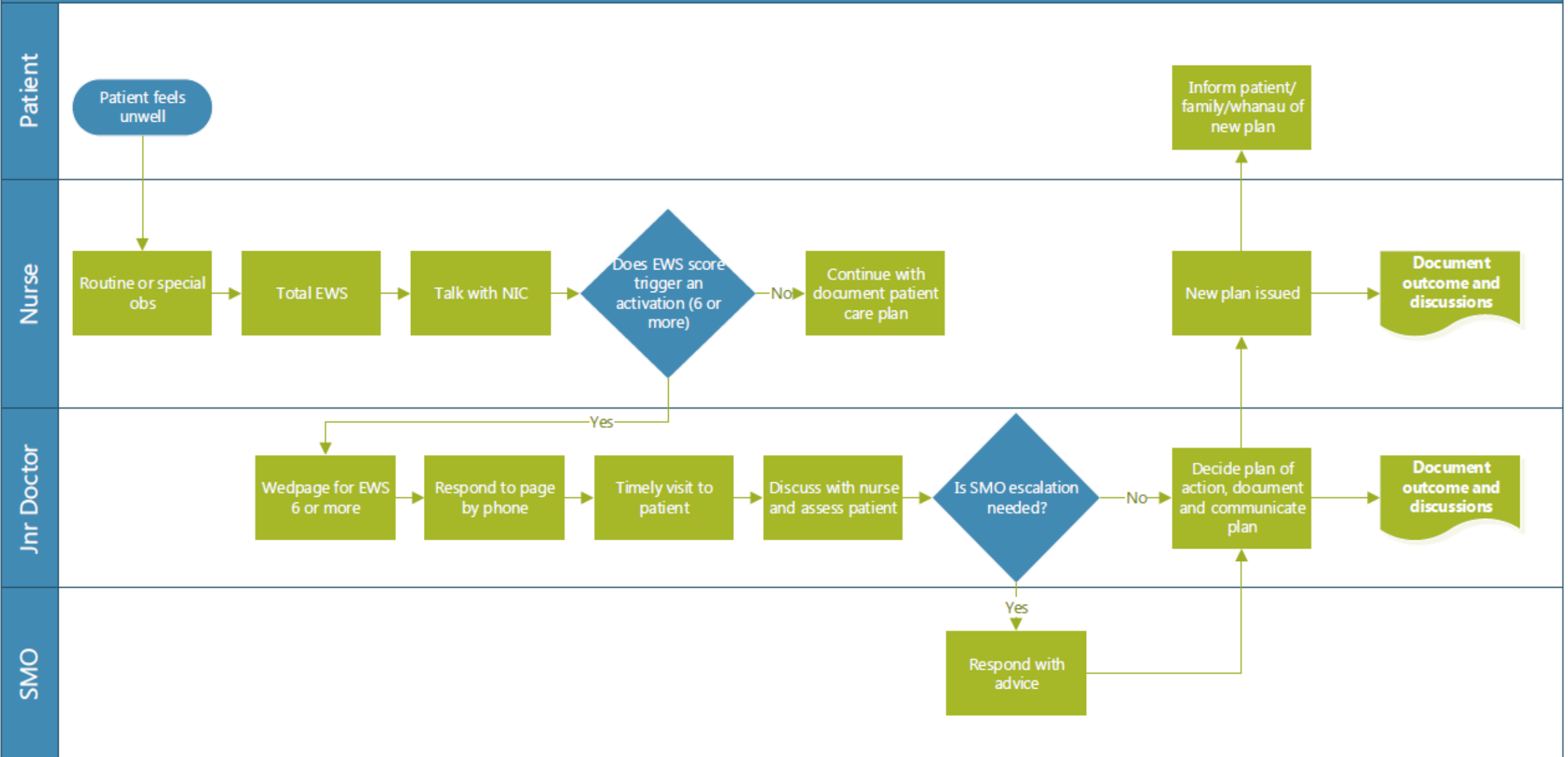


Winning hearts and minds

- Convincing clinical staff of importance
- Getting support from key opinion leaders
- Making a case for getting it right
- Articulating the problem and finding potential solutions

EWS Activation & Response process

Version 0.1 16/11/2017



Work as imagined vs work as done

ISBAR not consistently used

Contact details not provided in webpage

No timely response by medical staff

Lack of escalation to SMO's

Nurse not present when plan reviewed or changed

Lack of documentation

Junior nurses
get push back
from medical
staff

They don't
leave a
number to
call.

When you get to
the ward no-one
knows who sent
the page, or
they've gone to
tea!

You webpage
and they don't
ring or come.

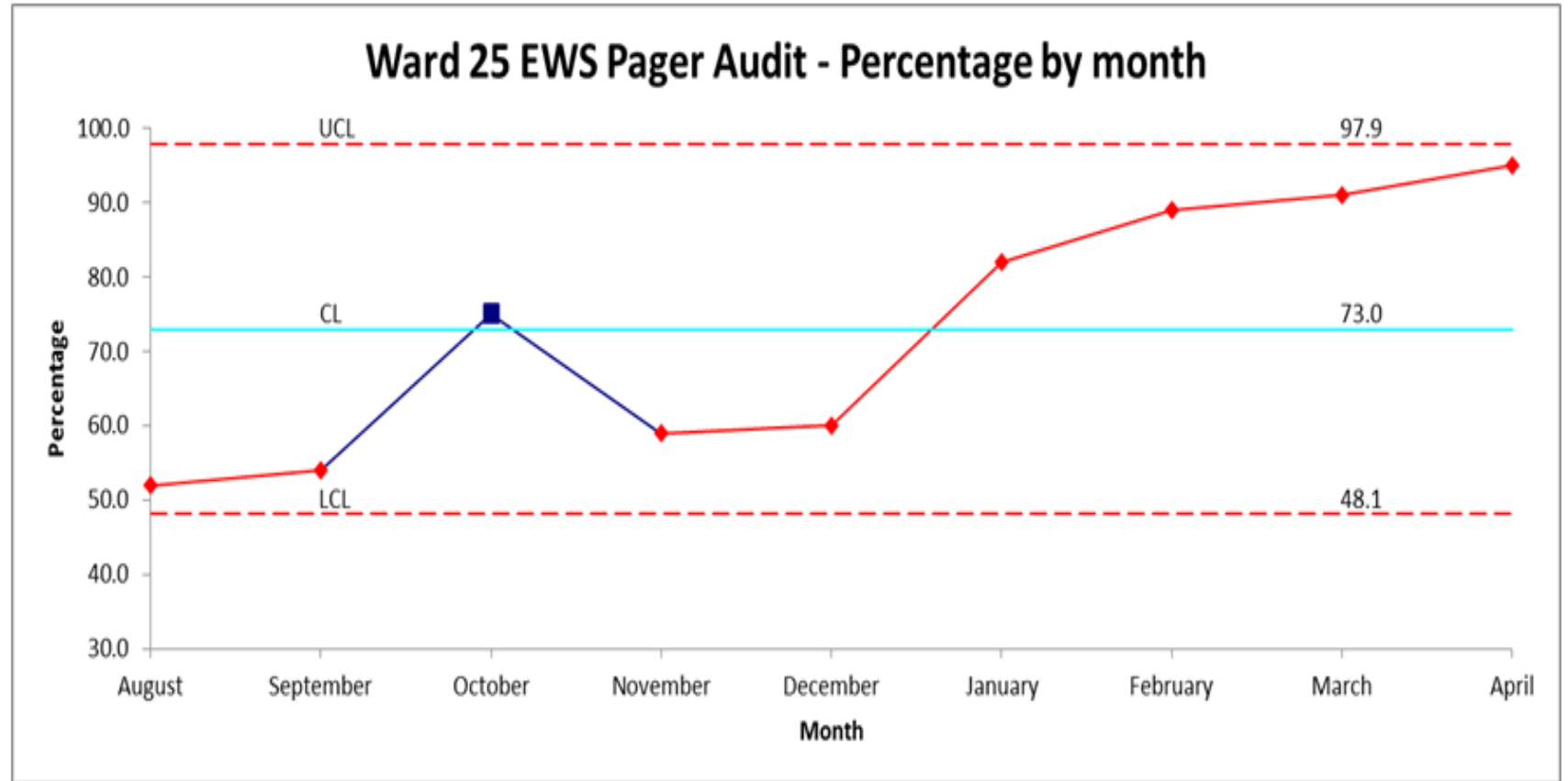
Details are
missing, you
can't tell what
the problem is.

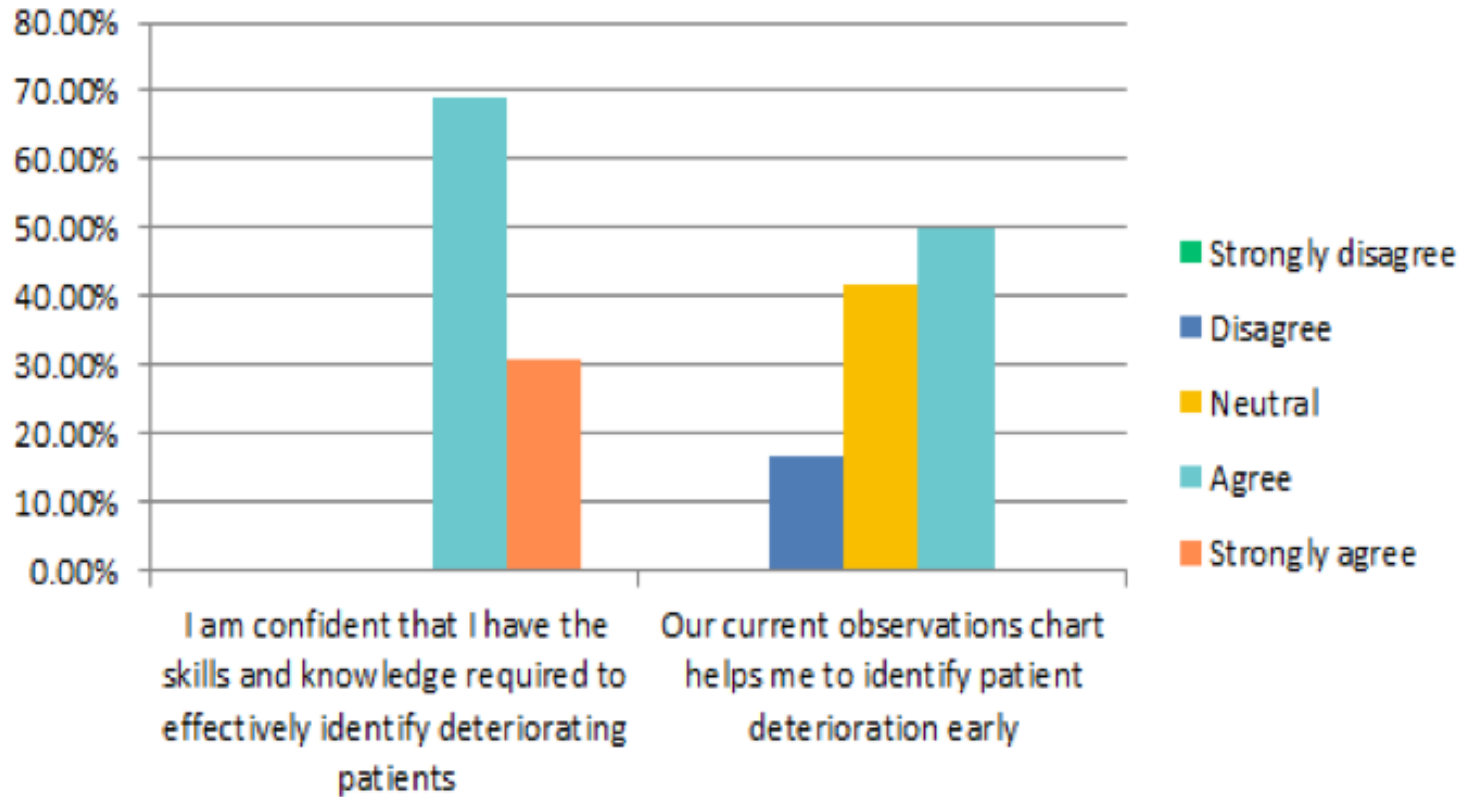
Change ideas tested – standardise webpage

- Identified key elements of ideal webpage
- Educated staff
- Measured compliance
- Redefined based on results
 - Name
 - EWS
 - Why triggering
 - Nurse name
 - Contact phone



Getting there





Pre introduction –
confidence in current
EWS chart to help
recognise
deterioration early:

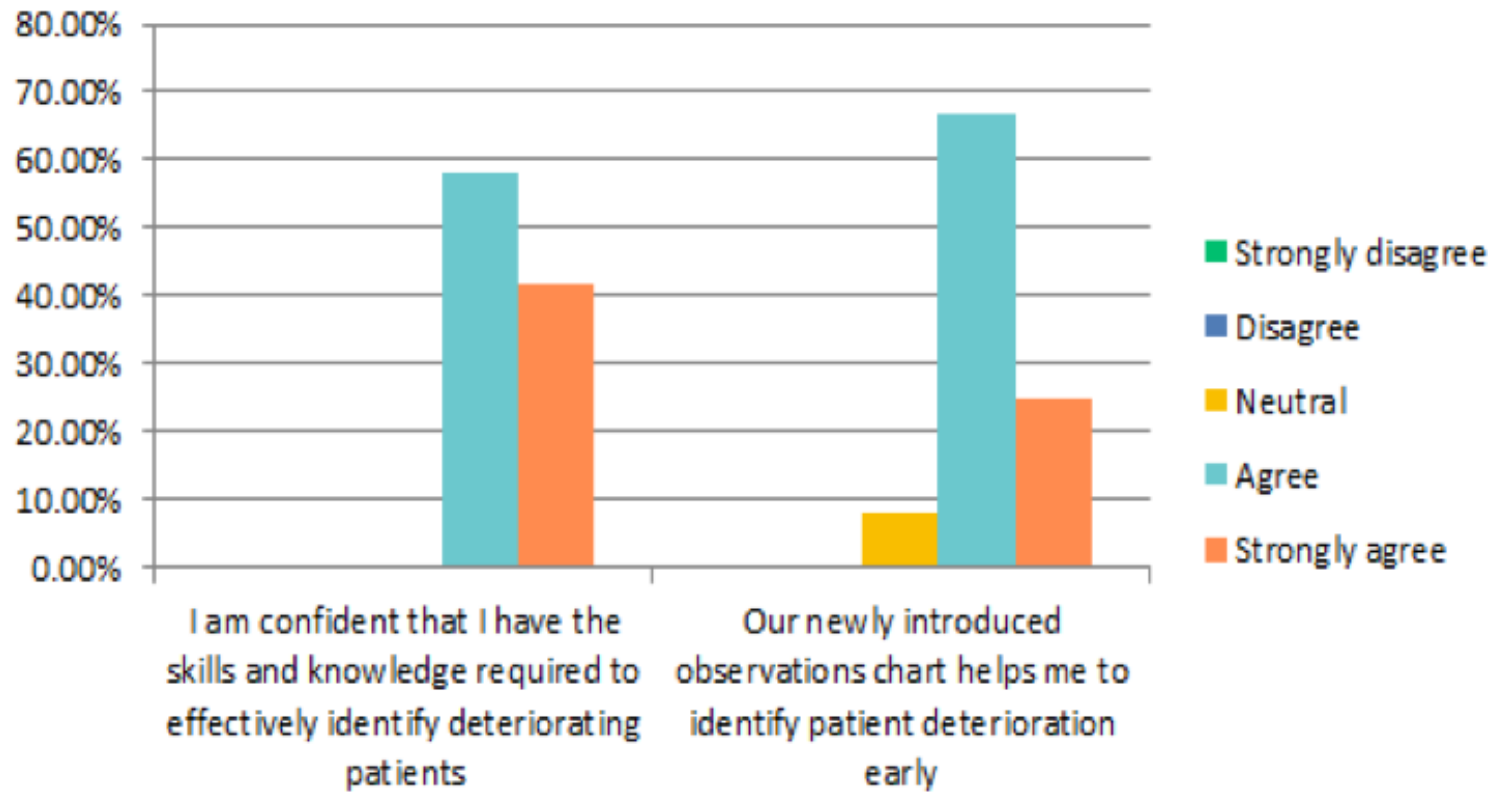
- 18% disagree
- 42% neutral
- 50% agree
- 0% strongly agree

But there was a problem



Interventions to build confidence

- Presentations on evidence base for tool
- Pocket guides
- Buy in from opinion leaders
- Keeping staff up to date on results
- Positive feedback



Post introduction – confidence in EWS chart to recognise deterioration early

- 0% disagree
- 8% neutral
- 68% agree
- 24% strongly agree

Pre-intro confidence = 50%
 Post-intro confidence = 92%

Outcomes to be proud of



- People feeling confident with tool
- People using it properly:
 - early recognition
 - early escalation
 - timely response

Improved communication and team work leads to saving lives

feedback

