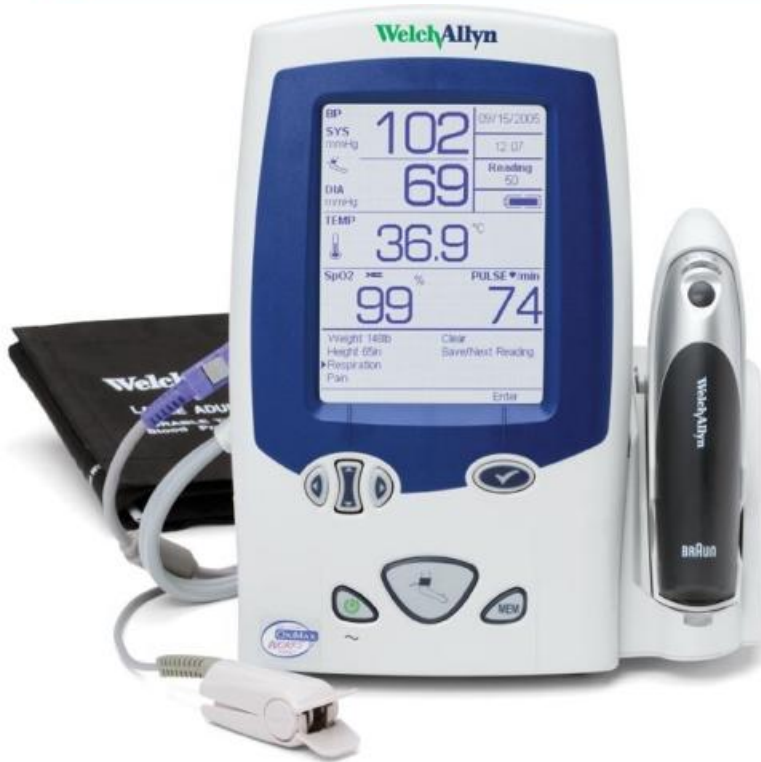


# Assessing Evidenced Based Practice: a hospital wide audit of physiological observations



# Assessing Evidenced Based Practice: a hospital wide audit of physiological observations.



## Research Team

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# Background



- Hospital
- Deteriorating Patient: systems in place
- Imminent change

# Objectives



- Test the reliability of an audit tool based on best available evidence;
- Undertake a cross-sectional audit on one day across all general wards;
- Report on standards of vital sign ordering, recording and reporting against a gold standard.

# Strategies



- Evidence
  - ACSQHC
  - NICE (2007)
- Key Areas identified
  - Ordering
  - Undertaking
  - Response

# Audit Development and Testing



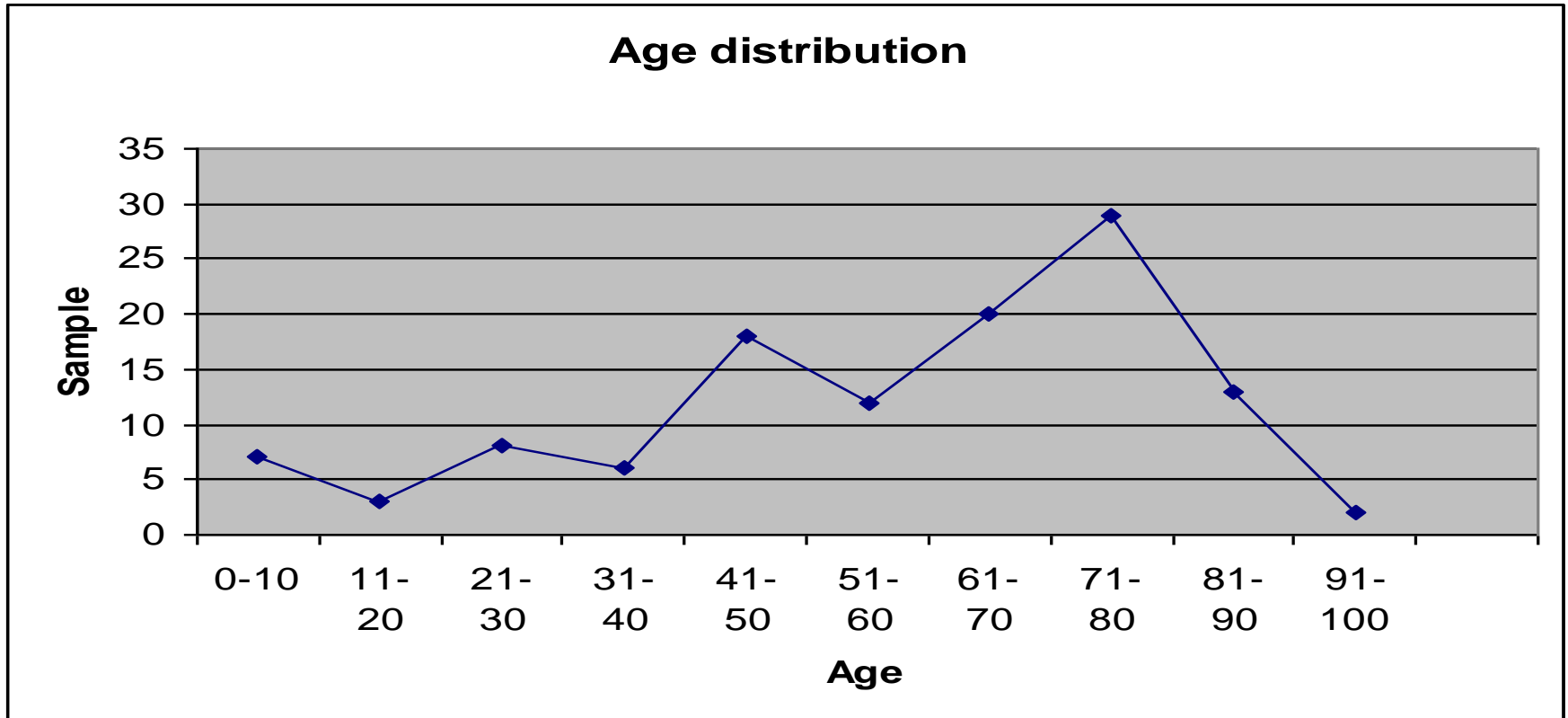
- Ethics approval
- 8 auditors
- Training
- Testing
- Results
- Environment

# Sample

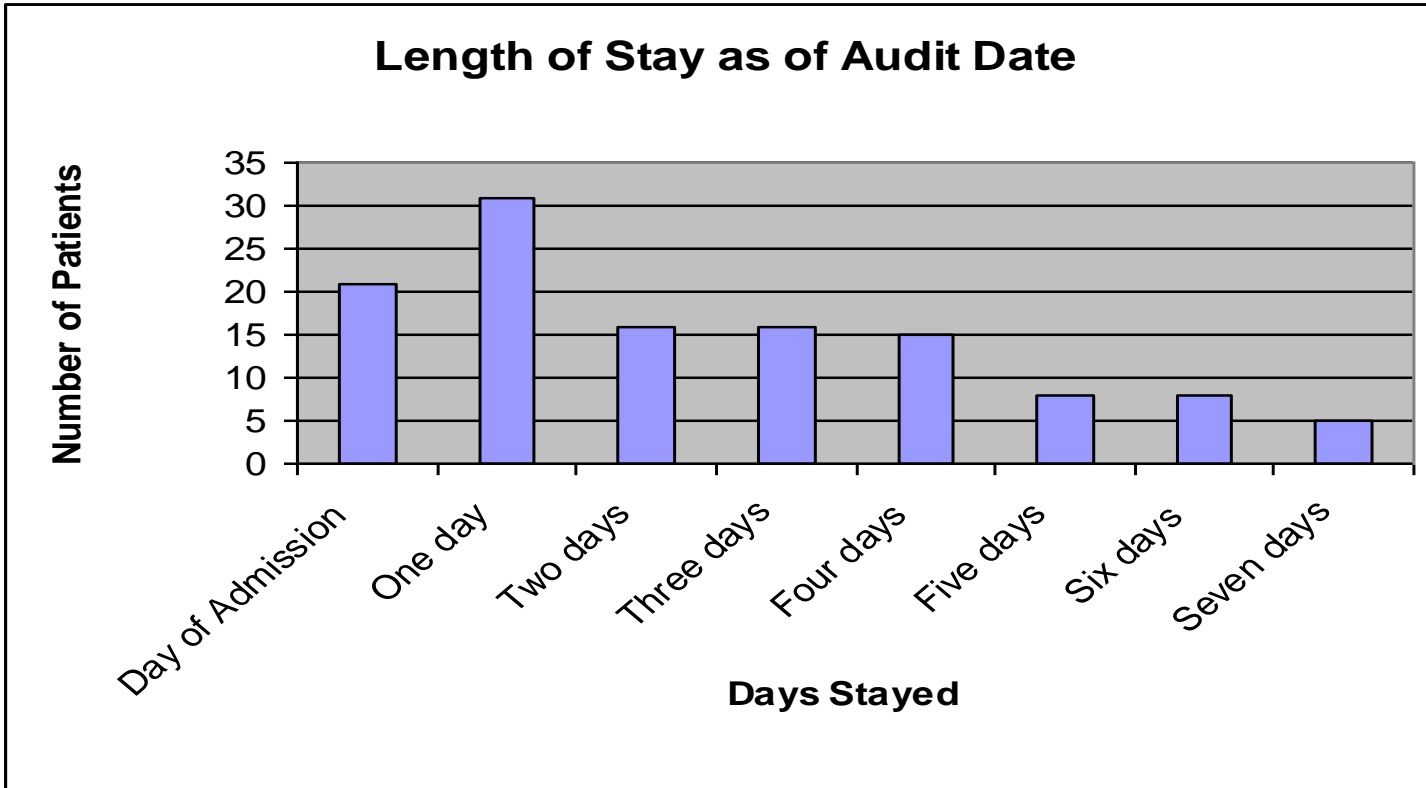


- 148 possible
- Exclusion criteria
  - LOS <7days
  - Actively palliative
- 134 patient histories audited
- Further 4 excluded on data entry
- 15 wards or units
- One area excluded on data entry

# Demographics



# Demographics



# Results: Ordering of Observations

## Evidence:

NICE

a clear written monitoring plan that specifies which physiological observations should be recorded and how often. The plan should take account of the:

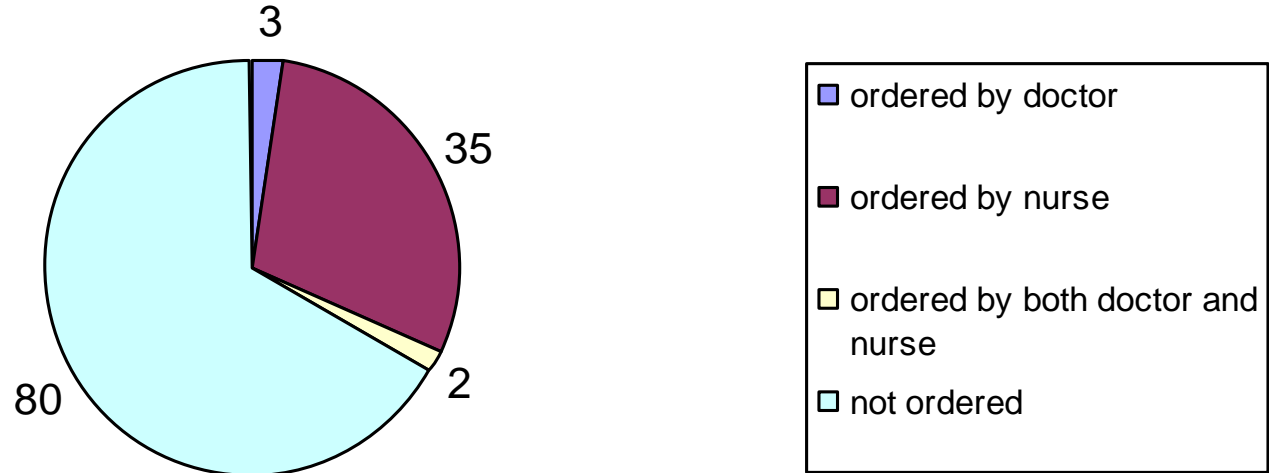
- patient's diagnosis
- presence of co-morbidities
- agreed treatment plan.

ACSQHC

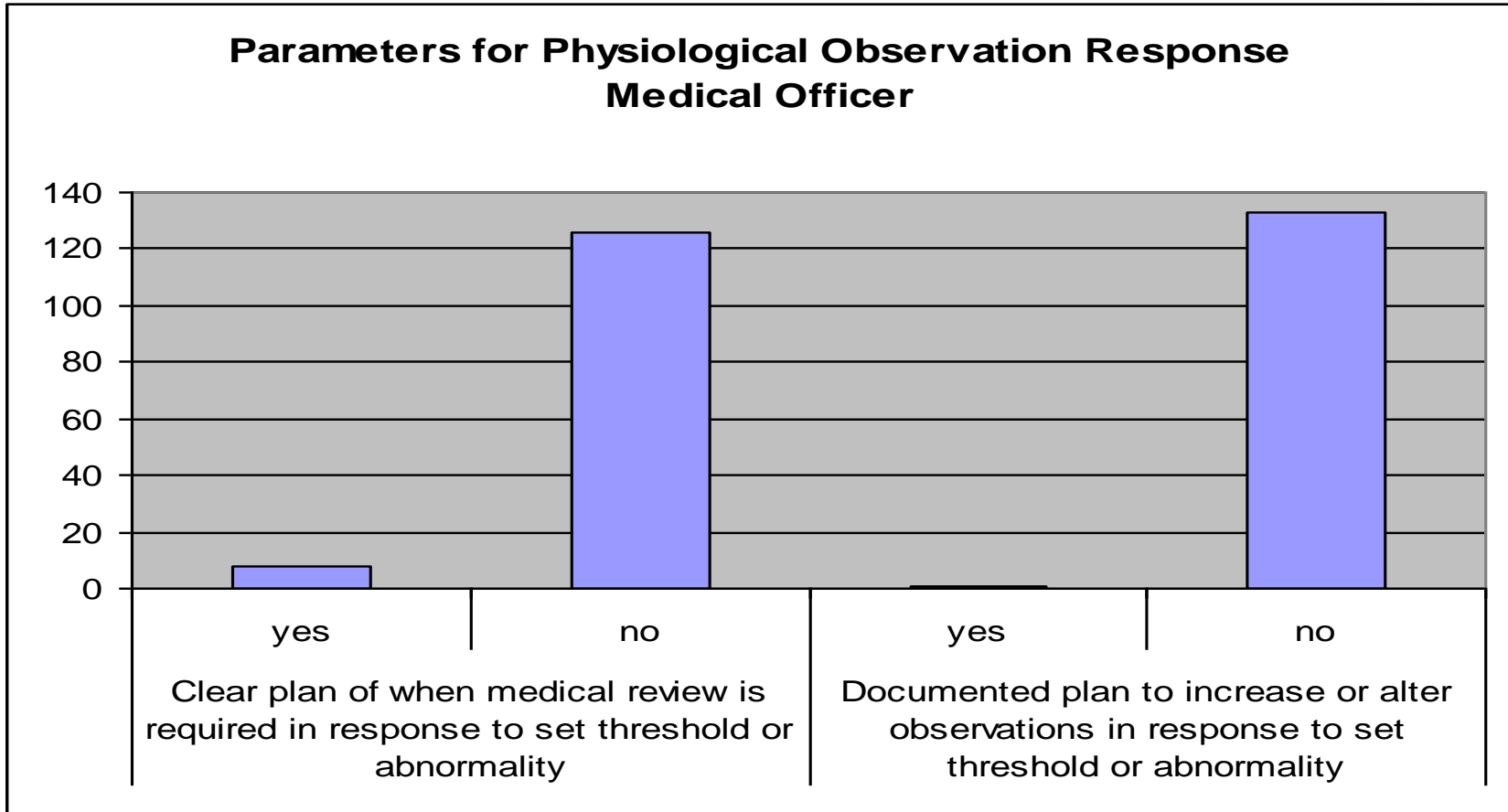
The admitting medical team is responsible for documenting a management plan at time of admission

# Results: Ordering of Observations

Ordering of Patient Observations



# Results: Ordering of Observations





# Undertaking Observations

## Evidence:

NICE:

ACSQHC:

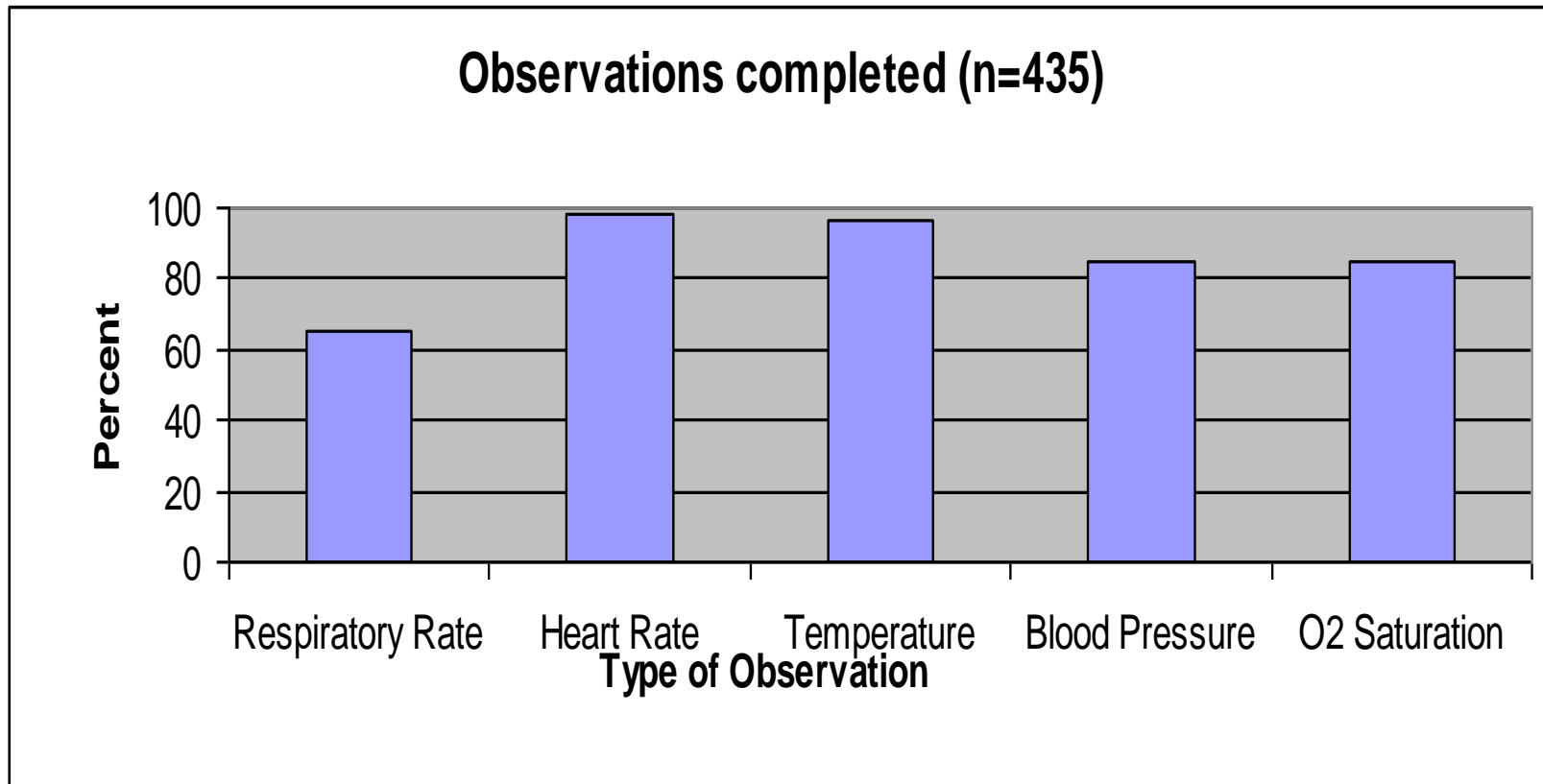
All patients should have observations taken and recorded on admission to any ward

All observations are recorded at 4 hourly intervals for the first 24 hrs

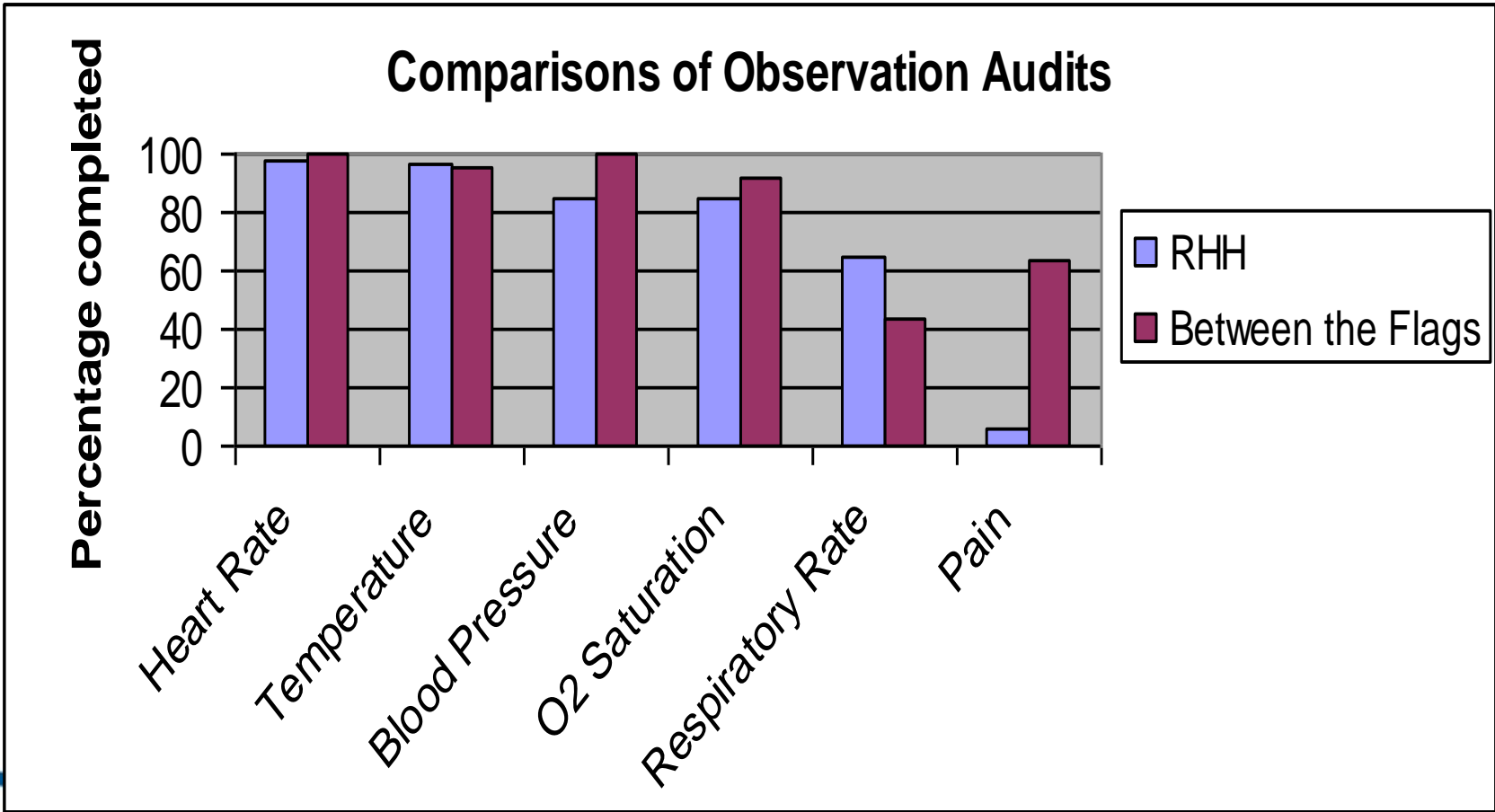
If no significant variance is identified the frequency of observations decreases to every 6 hours

Observations include monitoring of temperature, pulse, blood pressure and respirations

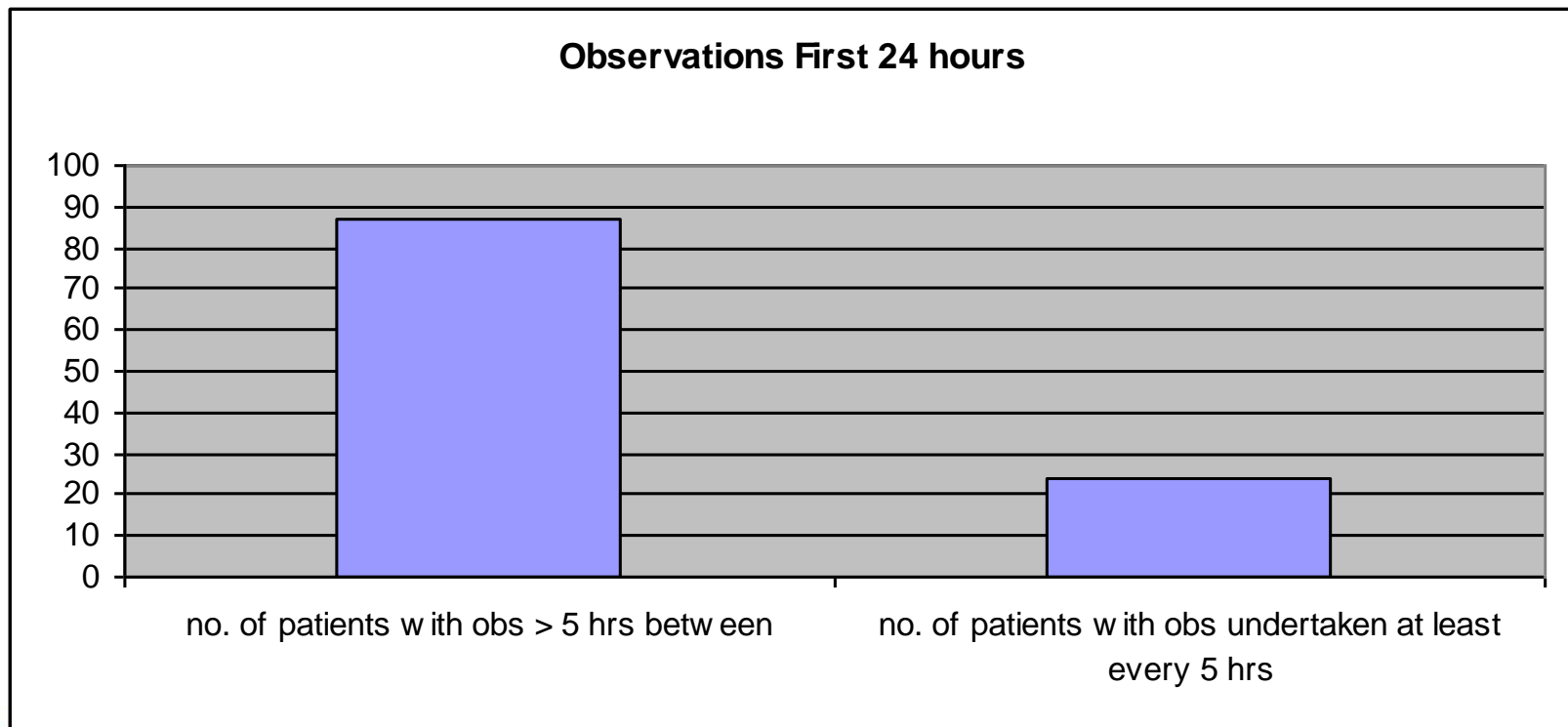
# Observation Completion



# Comparisons with other facilities

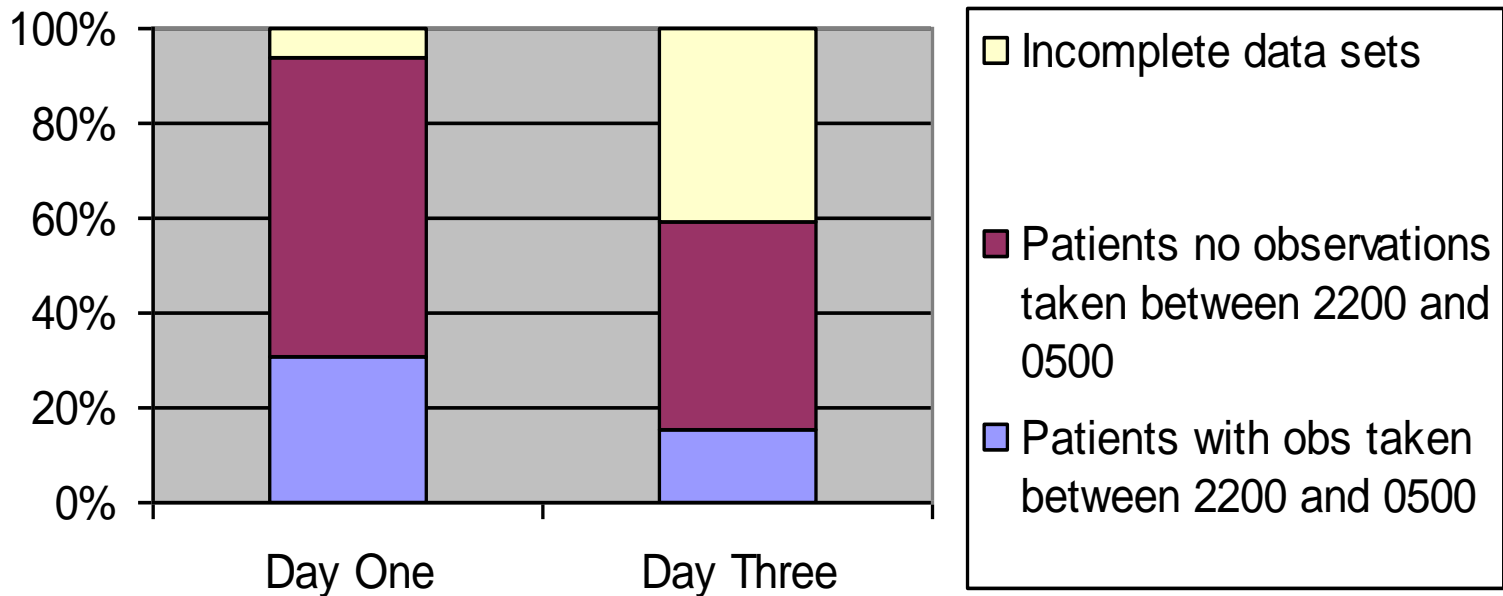


# Timing of Observations



# Overnight Observations

## Overnight Patient Observations



# Response to abnormal observations

## Evidence

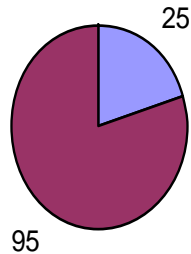
The use of MET criteria or early warning signs is incorporated into clinical charts and provide parameters to prompt MET calls

For patients at risk of clinical at risk of deterioration (MET called) healthcare professionals should:

- initiate appropriate interventions
- assess response
- formulate a management plan, including location and level of care.

# Abnormal Observations

Patients with observations meeting the MET criteria



■ Fitted MET criteria 
 ■ Didn't Fit MET Criteria

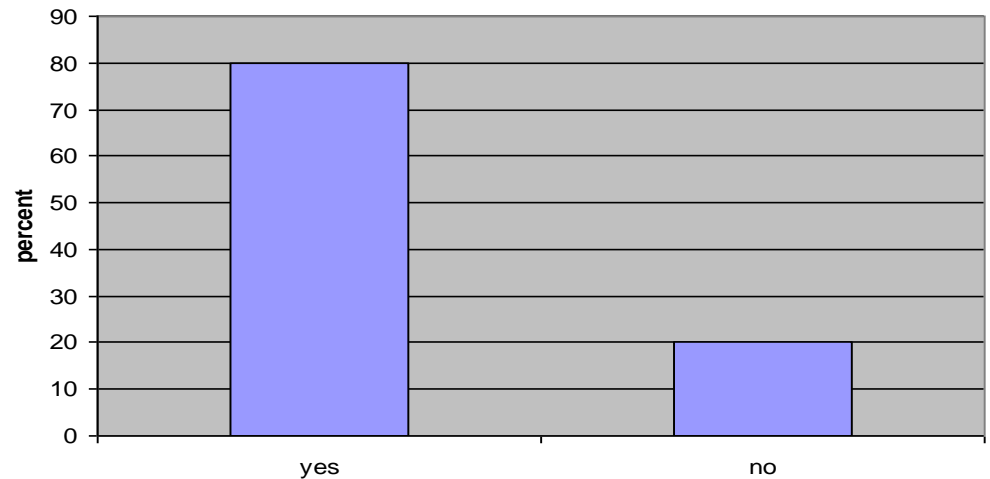
MET D1: 2

Med R/V D1: 18

MET D3: 0

Med R/V D3: 5

Documented Plan post MET or R/V



# Response to Abnormal Observations

Response to abnormal observation.



# Concluding Thoughts



- Provides valuable baseline data
- Raises Questions
  - Several gaps related to evidence based practice
  - How do these occur
- Multidisciplinary approach – education
- Evidence



# References

- National Health Service, 2007, Acutely ill patients in hospital: Recognition of and response to acute illness in adults in hospital, NICE clinical guideline 50, Centre for Clinical Practice at NICE, London, 107 pages.
- Australian Commission on Safety and Quality in Health Care, 2009, Recognising and responding to clinical deterioration: Use of observation charts to identify clinical deterioration.
- Between the Flags Project Interim Report, A state-wide initiative of the CEC / GMCT / NSW Department of Health to enhance the recognition and management of the deteriorating patient, November 2008

Thanks for Listening...



Department of Health and Human Services

