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NHS Foundation Trust

Nursing & Midwifery Professional Debate

‘Does the Early Warning Score stop nurses thinking for themselves’

Agenda

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Welcome	Professor Cheryl Lenney, Chief Nurse
Background & purpose	Professor Ann Caress

Vote

Debate:

Proposing the motion	Sarah Pinnington, Senior Acute Care Clinical Educator
Opposing the motion	Richard Cox, Matron/Patientrack Project Lead, Acute Care Team
Seconder for the motion	Professor Ann Caress
Seconder against the motion	Professor Michelle Briggs

Debate Opens to the Floor (Question & Answer Session)

Vote

Close	Professor Cheryl Lenney, Chief Nurse

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Welcome

Professor Cheryl Lenney
Chief Nurse

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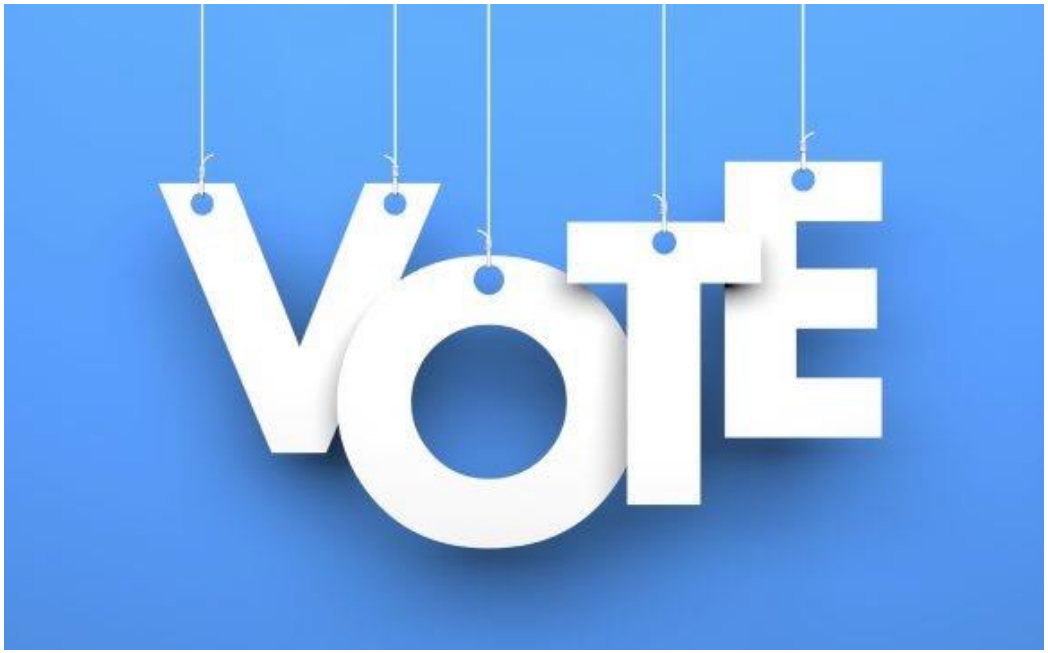
‘Does the Early Warning Score stop nurses thinking for themselves?’



‘Patients don’t suddenly deteriorate,
we just suddenly notice’

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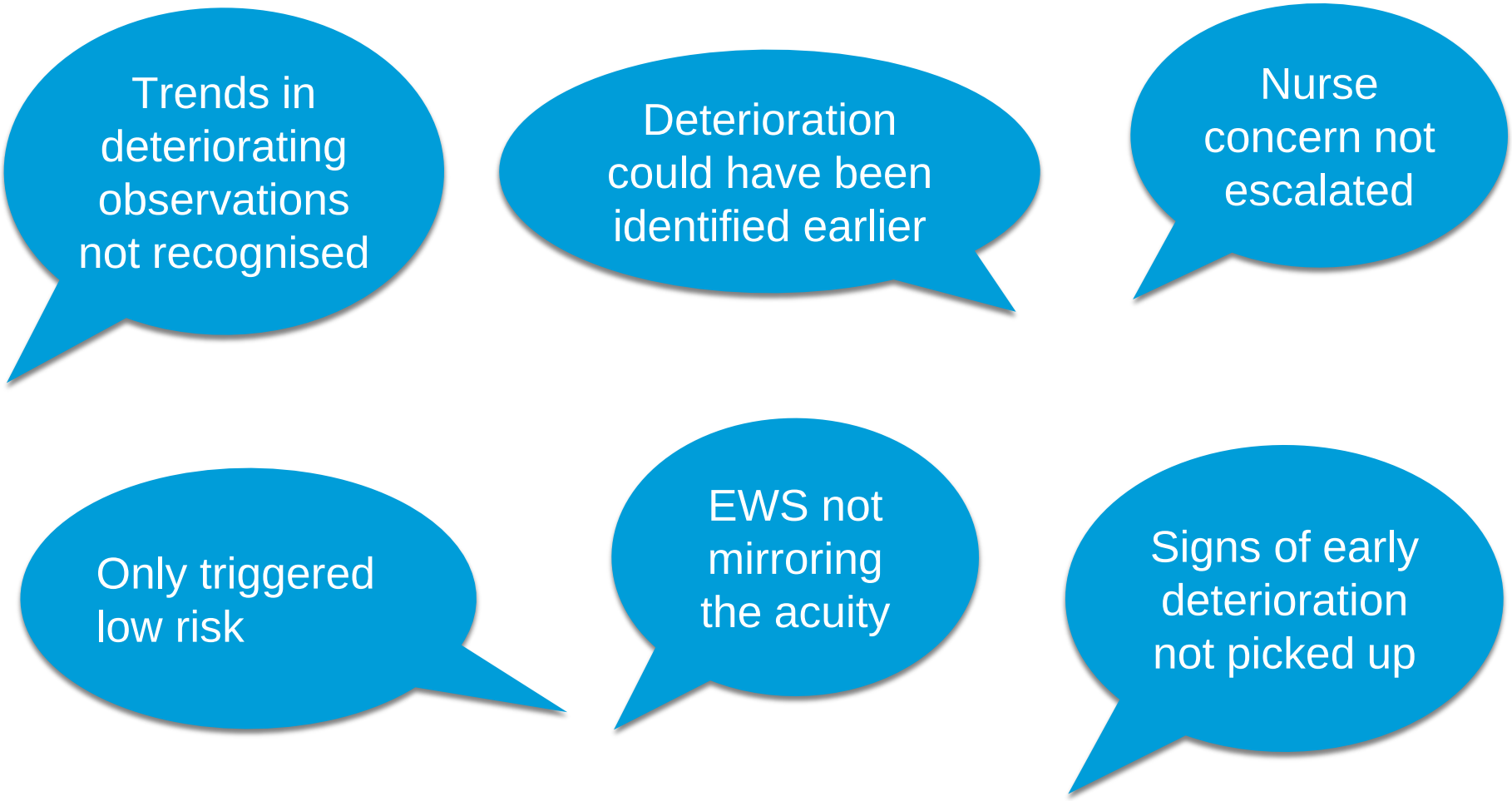
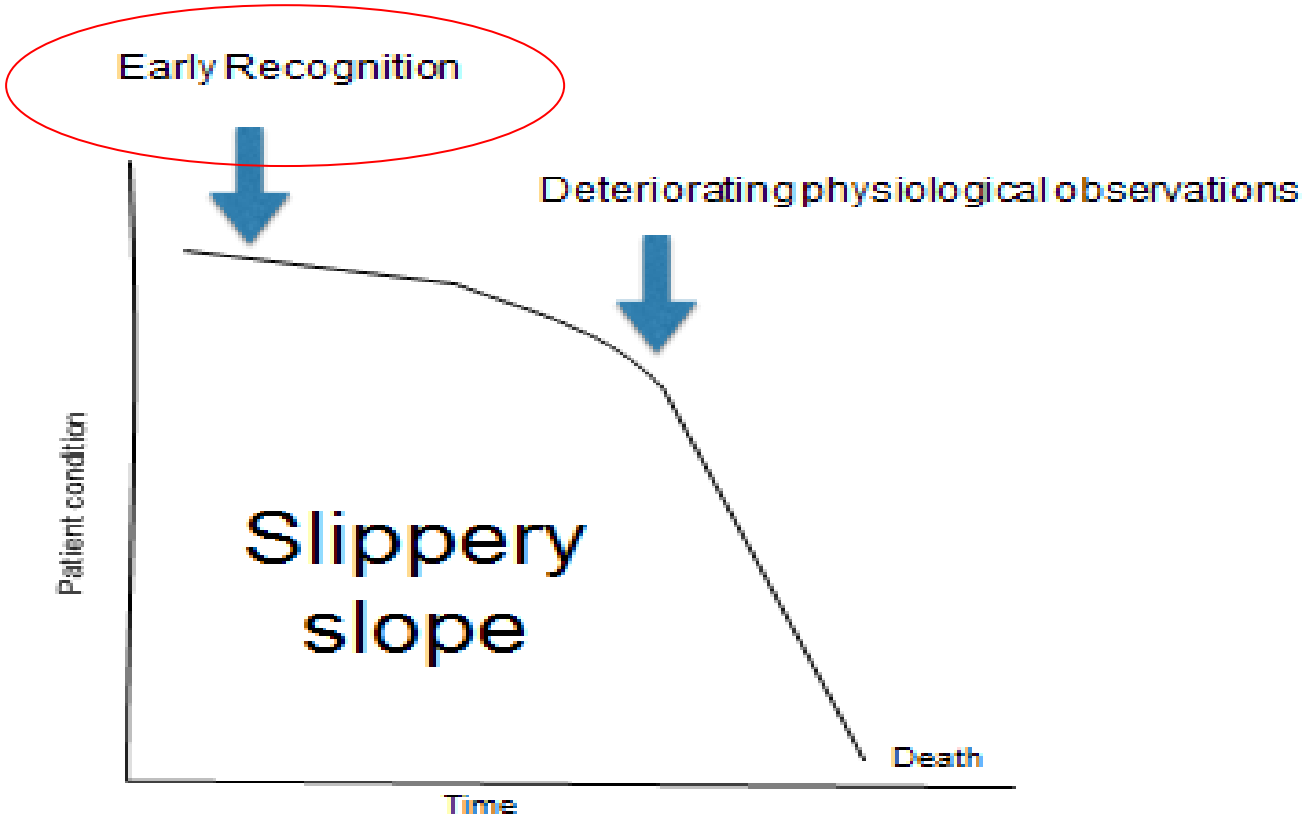
Emergency Bleep Meeting/High Level Investigations



Detecting Deterioration



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Are we relying on numbers to tell us that our patient is sick, rather than thinking for ourselves?

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Themes

Recognition of the at-risk or deteriorating patient
Clinical judgement
The individual patient

Reporting deterioration
The decision to call
Culture
Communication and language

Patient Assessment
The role of the nurse
Recording vital signs
Over reliance on the EWS

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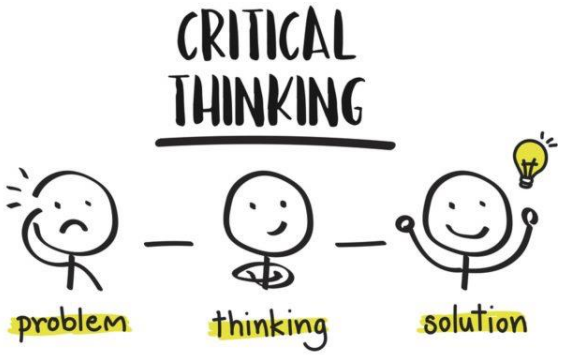
‘I knew they were sick’

Nurses often recognise deterioration in patients through clinical judgement rather than through routine measurement of vital signs
(Douw et al 2015)



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What importance do we give observations?

Observations have become so routine, it is easy not to attach importance to them
(NPSA 2007)

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Is it okay to ask for help?

Nurses may delay calling for assistance until the patient triggers on the Early Warning Score
(Leonard et al 2015)

In a perfect world…

…EWS would be real-time, with observations undertaken by skilled practitioners and be part of the toolkit to detect changes early

…nurses would apply their knowledge and experience to interpret the early signs of deterioration and see the bigger picture

What we must always consider
is that nurse concern should always be treated as a trigger

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incomplete clinical observation assessment

lack of confidence, knowledge & experience

poor or lack of safety nets

…patients don't just suddenly deteriorate, we just suddenly notice…

inappropriate or insufficient escalation

poor interpretation of findings

communication & language challenges

…but aren't we at risk of over simplifying the complexity of nursing care?

we know education, knowledge and experience is variable across nursing as well multiple additional supportive roles

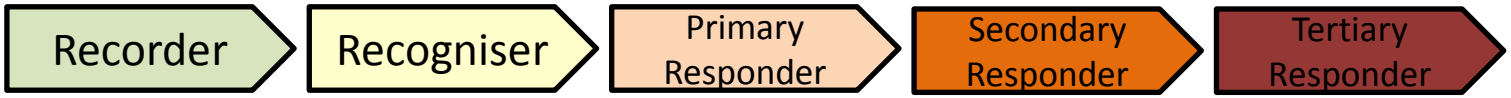
an EWS supports an investigative approach which leads to action and the decision to initiate nursing interventions accordingly (Burns et al, 2017)

therefore it's essential nurses and supportive roles have appropriate education to fulfil their roles caring for the sick patient (McGaughey et al, 2017)

…so it's about education and training, not EWS?

an EWS will have a response protocol providing escalation that is clear and unambiguous

…therefore we must ensure those responding to the deteriorating patient have knowledge and skills… hence why NICE set out acute care competencies' encompassing



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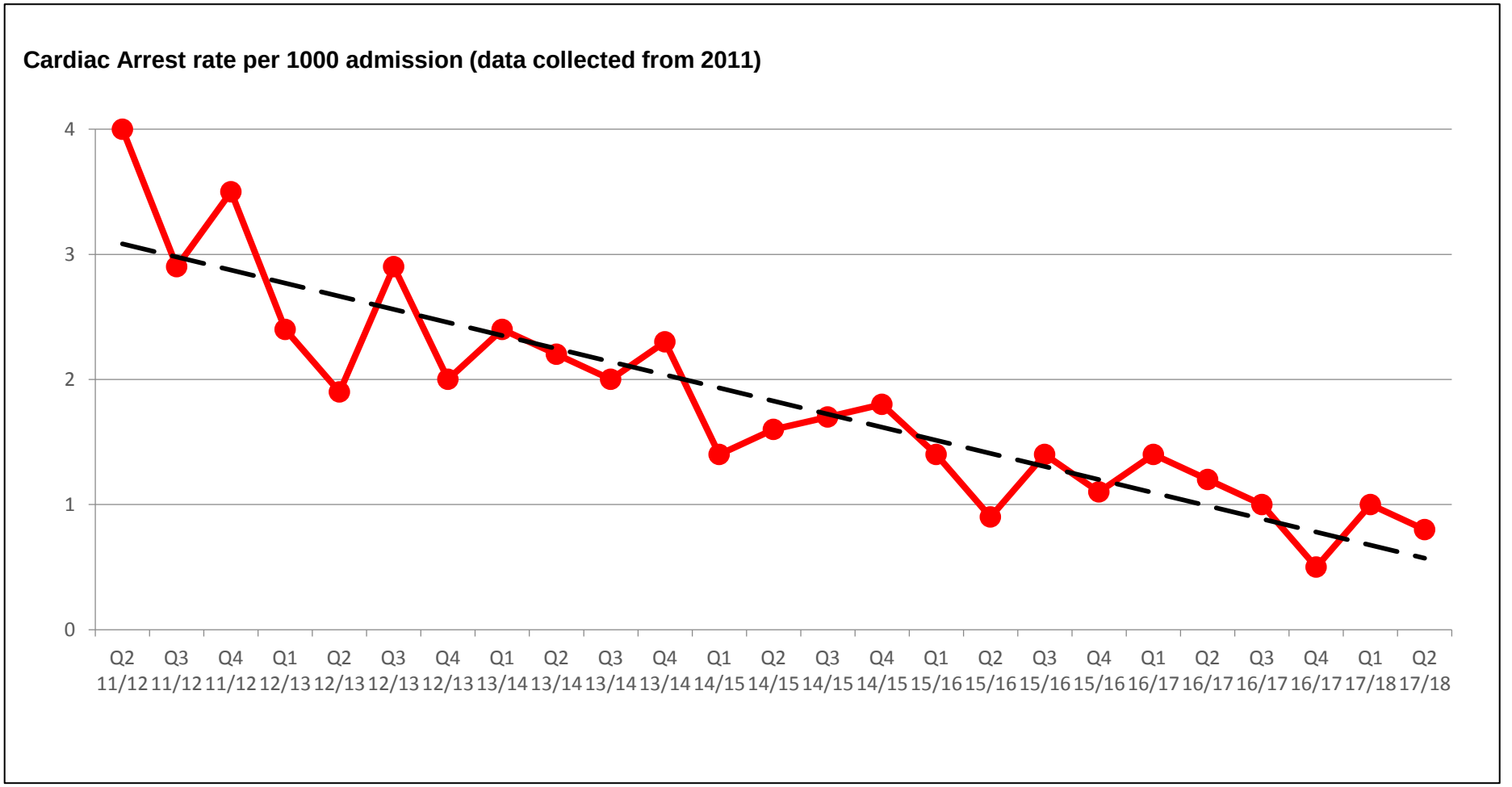
…is the EWS working?



…is the EWS working?


70% of nursing EWS triggers resolve


80% reduction in cardiac arrests since making the EWS work by going electronic


study by Bannard-Smith et al (2015) since going electronic making the EWS work showed:

- a fall in risk of death over the 7yr period (2007-2014)
- risk of death out of hours admissions was not significantly different to in hours


allowing parameters to be changed to their ‘usual’ physiology allows a much more personalised approach to care and appropriate flagging of deterioration


achieved this without traditional CCOT team*, may suggest using the EWS with the education is ensuring our nurses are well skilled to care for the sick patient

…an EWS promotes critical thinking…

…but an EWS is only as good as the individual (and organisation) using the tool…

…and if I still haven't persuaded you, can all these organisations be wrong?

Royal College of Nursing

Royal College of Physicians

NHS England

RIGHT TIME • RIGHT PEOPLE • RIGHT PLACE •

NOrF The National Outreach Forum

NICE
National Institute for Health and Care Excellence

NCEPOD

British Thoracic Society

sam
THE SOCIETY FOR ACUTE MEDICINE

intensive care society
care when it matters

Academy of Medical Royal Colleges

Resuscitation Council (UK)

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Question & Answer Session

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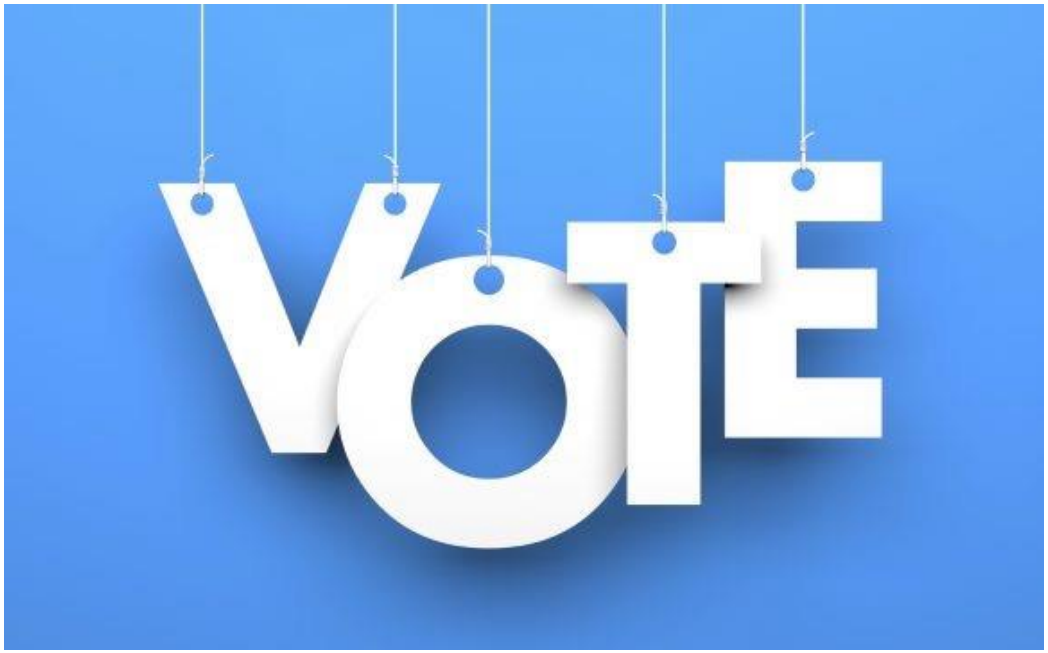

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Close

Professor Cheryl Lenney
Chief Nurse