

Goals of Care within a Structured Response Tool

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Background:

We designed & tested a **Structured Response Tool (SRT)** to support early recognition of deterioration, effective escalation and response to deteriorating patients in acute hospital care in NHS Lothian. The development was driven by a combination of the National Point of Care Priorities (Scottish Government 2013; HIS 2013¹) and local findings from the Deteriorating Patient Collaborative and Advance Nurse Practitioner (ANP) scoping projects.

We are keen to explore if prompts within the SRT, coupled with clinical education, facilitates a reliable Structured Response by professionals and person-centred care plan for all deteriorating patients, particularly those at risk of further deterioration and dying.

Methods:

Unique learning from the ANP project & collaboration with AnCP project leads within a breakthrough series collaborative (figure 1), informed rapid cycle testing within pilot areas to design a SRT that supports appropriate management of the deteriorating patient. The current iteration (version 34: Figure 2) includes tested prompts re previous AnCP information, goals of care discussions with patients and review of the agreed plan of care. Data is being captured to investigate if these prompts facilitate improved documentation & communication of goals of care.

Figure 1:

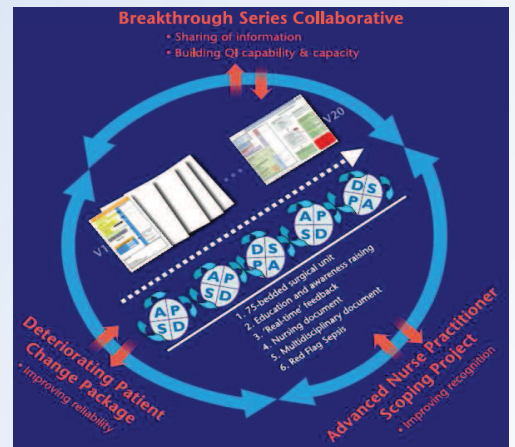


Figure 2:

Complete on all patients with a CLINICAL CONCERN or SEWS 23 (excluding paediatric and obstetric patients)

Addressograph

Patient's Response

Are there any clinical signs of deterioration?

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Escalate for medical review

Assess for Sepsis 5

Assess for Septic Shock

ABCDE Assessment Document Assessment / Summary Help

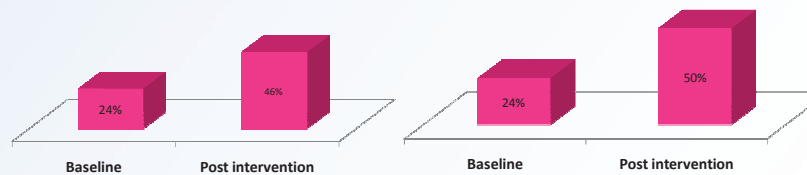
Assess	Possible Actions
AIRWAY	<ul style="list-style-type: none"> Is the airway - Patent? At Risk Observation Administer O₂ Call 2222 if at risk
BREATHING	<ul style="list-style-type: none"> Respiratory rate SpO₂ Auxiliary Muscle use Noise - Percussion, Palpation & Auscultation Position posture Administer prescribed Oxygen to maintain saturations 94%-96% (risk COPD 88%-92%) Monitor SpO₂/O₂ Consider Underlying Cause Call 2222 if not meeting
CIRCULATION	<ul style="list-style-type: none"> Pulse Blood Pressure Capillary refill time Care temperature Urine output Consider if body cavities for fluid blood loss (e.g. on the floor) Monitor drain losses Obtain CX scans Obtain blood sample Prepare fluid challenge Initiate Fluid Balance Chart Call 2222 if no circulation Consider Underlying Major Haemorrhage/Prostasis Monitor Response to actions
DISABILITY	<ul style="list-style-type: none"> AVPU for initial assessment GCS, ongoing neuro assessment ABCs & vital signs or hypoxaemia Blood Glucose Drugs Re-assess GCS Check blood glucose if less than immediate available hypoxaemia protocol Check drug chart Remember accurate documentation
EXPOSURE	<ul style="list-style-type: none"> Do the examination Look for evidence of blood loss main/retains / resuscitate Re-assess Remember patient dignity Evaluate actions

RESULTS

Early results from the pilot intervention over two weeks (26 patients) indicate that the SRT does prompt professionals to document individualised plans for escalation and response, including resuscitation decisions, in the event of an acute deterioration. Education and frontline support via in-context development, debrief & reflection can facilitate improvement.

Documentation of plan for further deterioration & patient goals of care.

CPR status considered & documented within plan of care.



CONCLUSION

- The multi-disciplinary team report that the SRT supports an appropriate response to deterioration. Early results are indicating a positive impact via improved recognition of those at risk of further deterioration and dying.
- From this first test of change we have identified a range of factors (barriers & levers) to inform ongoing work.
- Moving forward we will explore the impact of the SRT in improving engagement with patients and families.
- It is essential that the SRT project is within the development of a Structured Review process, optimises information reconciliation & the inclusion and review of previous AnCP for deteriorating patients.