Introduction

The Qatar Early Warning System (QEWS) is a standardized healthcare system’s approach across the eight HMC hospitals facilitating the early detection of clinical deterioration by categorizing a patient’s severity of illness and prompting nursing staff to request medical review at specific trigger points utilizing a structured communication tool and common language while following a definitive escalation plan.

Out of the five QEWS Standard Observation Charts designed, two are utilized in Women’s Hospital categorized as 1) Standard Maternity Observation Chart (SMOC) which shall be used in all maternity patients outside of the Emergency Departments at any age of gestation until their discharge post-partum and 2) Standard Newborn Observation Chart (SNOC) which shall be used in all neonates outside of the Emergency Departments from the time of birth to their discharge from the perinatal unit.

Background

Previously, no standard tool was utilized to detect early detection of deteriorating patients in Women’s Hospital. A tool would help identify patients who are at high risk of a worsening condition that could even lead to in-patient death. “People die unnecessarily every single day in our hospitals. It is likely that each clinician can provide an example of a patient who, in retrospect, should not have died during their hospitalization.”

The IHI’s Save 100,000 Lives Campaign identified the deployment of Rapid Response Teams (RRTs) as one of the first six evidence-based practices to improve healthcare quality. The use of Rapid Response Teams is believed to improve the outcome of sudden patient deterioration in the hospital, by enabling high-acuity patient care to be delivered anywhere that it is needed in the hospital. More recently, many hospitals have sought to improve the performance of RRTs by using Early Warning Scores (EWS) to identify patient deterioration before the patient reaches a critical condition. This practice is acknowledged, but not yet promoted as best practice, by IHI, http://www.theihi.org/knowledge/pages/tools/6111GuideToRapidResponseTeams.aspx.

Our Aim:

To achieve 100% compliance in the utilization of Standard Newborn and Maternal Observation Charts in Women’s Hospital (Antenatal/Postnatal wards, NICU, LR and HDU) by end of 2016.

How will we know that a change is an improvement?

Corporate Measures:
- Rapid Response Team Call Rate
- CPR Code Rate

Hospital Wide Measures:
- RRT Call Rate per 1,000 Discharges
- CPR Code Rate per 1,000 Discharges

Actions Taken

- Organized a committee dedicated in the identification or early detection of patient deterioration.
- Standard Newborn and Maternal Observation Charts implemented in WH (Antenatal/Postnatal wards, NICU, LR and HDU).
- 2014 – Pilot study done in East 3
- November 2015:
  - Standard Newborn and Maternal Observation Charts Education Strategy Curriculum provides a 4 tiered approach which was done for all staff.
  - Hospital wide campaign was done; all staff were encouraged to access the E-learning module.
  - Adapted Standard Newborn and Maternal Observation Charts.
  - Between the Flags program, the tool was modified by corporate committee according to what is applicable in the facility. Utilized this tool in all Antenatal/Postnatal wards, NICU, LR and HDU. QEWS initiative involved all the staff; clinicians including physicians and nurses, health service managers, chief executives, and other key parties.
- February 2016: Implemented to utilize the Standard Newborn and Maternal Observation Charts provided by the Corporate Quality across the eight HMC hospitals.

Results

Corporate Measures:
- RRT Call Rate per 1,000 Discharges
- CPR Code Rate per 1,000 Discharges

Hospital Wide Measures:
- Percent compliance response RRT Calls (Maternal)
- Percent compliance response RRT Calls (Newborn)

Results cont...

Achievements

- Improved compliance in the utilization of Standard Newborn and Maternal Observation Charts
- Reduced the number of red zone hit
- Reached the target of 100% and sustained response to Rapid Response Team (RRT) calls
- Increased awareness in the identification of yellow zone hit in the recognition and escalation of yellow zone criteria
- Reduce number of transfers to High Dependency and Intermediate Care Units

References

- CL 6111 HMC Policy. Recognition and response to clinically deteriorating patients.

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