

ED & AMU

Thematic Analysis of SI Learning

11 October 2021

Last 6 SI Reports

Date of incident	Title	Signed off
28.7.19	Lack of planning & Escalation	8.10.20
10.9.19	Fall Resulting in Serious Injury	17.1.20
28.11.19	Delay/Failure to Monitor	17.8.20
26.8.20	Treatment/Procedure Delay	18.2.21
23.10.20	Failure to Rescue & DTA Breach	13.5.21
5.11.20	Unexpected Patient Death	9.6.21

The reports have been re-reviewed by the clinical teams to refresh the learning actions identified, and then collated together to undertake the thematic analysis. They have then been weighted according to the number of occasions the theme appeared in the reports.

Theme	Times Mentioned	Identified Learning....the need to
Documentation	5	Improve documentation around oxygen prescribing, clear medical plans, ceilings of treatment, correct scoring of NEWS2, fluid balance monitoring
Medical Plans & Pathway compliance	5	Initiate and follow relevant patient pathway, ceilings of treatment, escalation plans, investigate cause of symptoms not just treat,
ED Processes	5	Ensure Intentional Rounding is in place, robust system for patients leaving department without treatment, Consultant sign of plan
Handover	4	Improve handover of concerns both verbal and written between shifts (Medical & Nursing), and on transfer of patient
Escalation	3	Ensure timely escalation on handovers, when patients are not responding to treatment plan, criteria for re-escalation
Golden Hour Review x2	2	Ensure timely review in ED by Senior Clinician
Early DNACPR – identification & discussion	2	Quickly recognise a patient is nearing end of life, early discussion of DNACPR with patient and family, preferred place of care
Waits in ED	2	Improve time to triage, senior review, and reduce wait for a bed
Timely AMU clerking	2	Ensure patients are reviewed timely on transfer and clerked within expected timeframe
Risks Assessments	2	Ensure completion of risk assessments, enhanced care implementation



Theme	Actions Taken AMU	Actions Taken by ED
Handover	<ul style="list-style-type: none"> • Introduced a structured Nursing handover in the past few months which have proved effective as it has standardised the handover process and what information has been discussed. • Developed and implemented a nurse in charge handover and safety checklist • Re-introduced board rounds to help with flow of information. • The nurse in charge now attends the medical handover to make it multidisciplinary. 	<ul style="list-style-type: none"> • Introduced twice daily clinician handover occurs with use of template for guidance and ensure there is a clear plan for review and continuity of care 24/7 • Met with Ward Manager of AMU and process has been agreed where now the notes can be taken to the bedside, instead of left at reception to support a full SBAR handover • Discussed at Team meetings the importance of safe and thorough handover • Included in Nurse Induction • ED Consultant and Nurse in Charge undertaking 2 hourly safety huddles to share information and ensure adequate handover
Escalation	<ul style="list-style-type: none"> • Trialled and introduced medical escalation stickers which are being spread Trust wide. • Introduced NEWS2 boards to help with information flow. • Introduced 4 hourly safety huddles to improved multidisciplinary working and communication flow. • We have bought and use trollies at the end of the bed for patients scoring a NEWS2 of 5 or more to make identification easier. • We have adapted the NEWS2 escalator to help guide nurses actions with regards to escalation. 	<ul style="list-style-type: none"> • Introduced Interventional Triage (IT) Escalation process to ensure ensure timely review in ED by Senior Clinician at Interventional Triage. Clear escalation plans in where the team escalate when wait for IT approaches 60 mins and assign additional senior clinicians for that role until time is reduced.; Link with Nurse Triage Escalation plan.
Early DNACPR – identification & discussion	<ul style="list-style-type: none"> • AMU Consultants have been attending Simulation Training in relation resus decision and discussion as covered in the HENW action plan 	<ul style="list-style-type: none"> • Not felt to be a specific gap in ED

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Timely AMU clerking	<ul style="list-style-type: none"> We have changed ACP contracts to cover nights to help reduce clerking times but this is delayed to lack vacancies. We have changed the SDEC model which releases staff on nights to clerk patients, making better use of their time. 	<ul style="list-style-type: none"> N/A
Risk Assessments	<ul style="list-style-type: none"> We have introduced a triage nurse to ensure basic nursing assessments are completed thoroughly. We also added senior nurse staffing to the risk register. We review the risk register monthly to update and ensure we have captured ongoing risks. 	<ul style="list-style-type: none"> The importance of completing risk assessments discussed at team meetings Risk assessments are reviewed as part of consistency in care audit Spot checks are undertaken by WM and Matrons
Documentation	<ul style="list-style-type: none"> AMU has changed the nursing documentation to improve completion and also brought in the escalation stickers. We are trialling and have passed via the medical records committee a 'patient communication record' which will go division wide. 	<ul style="list-style-type: none"> Ensuring there is clear documentation with contemporaneous entries which depict the the patients medical history and also evidence review of all investigations ordered Ensure clear evidence of handover to succeeding clinician within documentation Ensure clear evidence of discussions with patients and their families and their participation in their own medical decision making where possible.
Medical Plans & Pathway compliance	<ul style="list-style-type: none"> Developed AKI bundle checklist 	<ul style="list-style-type: none"> Education & Training provided to staff to ensure all staff are aware of the importance of the patient pathway and the need to ensure timely placement of patient on the appropriate pathway.

Theme	Actions Taken AMU	Actions Taken by ED
Golden Hour	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Interventional Triage process now in place
ED Processes	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Intentional Rounding is in place in the absence of senior Medical in-reach. New policy for patients that do not wait before completion of treatment Monitoring of RCEM Consultant sign off compliance Internal ED IPS's in place
Waits in ED	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Interventional Triage is in place to ensure timely review in ED by Senior Clinician. Clear process in in place for early escalation to Flow team for patients delayed in their transfer to wards Safety Huddles & Handovers to review patients current status and plan and expedite where applicable; System in place to monitor outstanding investigations and facilitate their execution.

Theme	AMU	ED
Handover	<ul style="list-style-type: none"> ED & AMU - Project identified as part of the Quality Academy – starts in October 21 	
Escalation	<ul style="list-style-type: none"> AMU - Engagement with Critical Care looking at possible in-reach, ACP on-going recruitment to cover 24/7 service. 	<ul style="list-style-type: none"> Review of Escalation and Surge Policy To improve robustness of care huddles to ensure that coordinator have got a clear understanding of patients with raised NEWS 2 score
Golden Hour Review/Interventional Triage	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Review of Medical Rotas to look at extending hour of interventional triage by a senior medic Test of change to review triage process to ensure interventional triage is dual with nursing triage to ensure early plans
Early DNACPR – identification & discussion	<ul style="list-style-type: none"> Ensure all Consultants have Simulation Training in relation resus decision and discussion. 	<ul style="list-style-type: none"> Not drawn out as an ED issue
Waits in ED	N/A	<p>Continue to:</p> <ul style="list-style-type: none"> ensure timely review in ED by Senior Clinician at Interventional Triage. Early escalation to Flow team for pts delayed in their transfer to wards; Safety Huddles & Handovers to review patients current status and Mx and expedite where applicable; Monitor outstanding investigations and facilitate their execution; Encourage early escalation to seniors for medical plan advice; Ensure robustness of Area Leader & EPIC roles in order to monitor and oversee patient journeys.

Theme	AMU	ED
Timely AMU clerking	<ul style="list-style-type: none"> • Explore the possibility of increasing the number of clerking doctors on AMU • ACP to support AMU as well as SDEC • Introduce and agreed KPI for clerking 	<ul style="list-style-type: none"> • N/A
Risks Assessments	<ul style="list-style-type: none"> • AMU - Review of ongoing risk and monthly oversight. 	<ul style="list-style-type: none"> • Re-education of existing staff members regarding the importance of risk assessments • Spot checks continue with WM and Clinical Matron
Documentation	<ul style="list-style-type: none"> • Development of the ward tracker to improve flow and identification of patients through the service. • Development of AMU 'dashboard' to help with monitoring KPI and LOS for patients. • Pathway compliance to be built into tracker and IT to help with that work 	<ul style="list-style-type: none"> • Additional support offered by non-clinical senior nursing staff to juniors to understand the importance of accurate documentation and the need for robust care huddles • Ongoing work with Agency to get Agency staff access to EPR
Medical Plans & Pathway compliance	<ul style="list-style-type: none"> • Work with Health Informatics to incorporate clinical pathways onto base tracker and expand on current level of integration. • Pathway compliance to be monitored at AMU Governance meeting • Improvement workstream to be created • Roll Out AKI care bundle checklist • Agree formal process of referral and escalation on unwell patient from ED • Review the referral process of medical referrals and request for admission • Add the management of the deteriorating patient into the local induction. 	<ul style="list-style-type: none"> • Continue to monitor closely through safety huddles and intentional rounding patients are on the correct pathways and plans are appropriate for their presentation.
ED Processes	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • To ensure Intentional Ward rounding is robust and consistent • DNW Policy shared widely with the team to ensure that all staff are aware of RCEM Guidance of Consultant sign off and need to call any patient that fit the criteria who leave before assessment

Summary

- The Team have taken a number of positive actions to try and reduce patient harms.
- Are aware of the steps that still need to be taken with plans in place.
- ED & AMU are to have a joint Governance Meeting bi-monthly to review progress and address any ongoing themes, using the principles of No waits, No Harm & No Waste to improve patient care.