



FoNS Improvement Insights

Critical to Care: Improving Care for the Acutely Ill and Deteriorating Patient

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Project background

Being able to assess the deteriorating adult patient using quantifiable physiological measurements is a recognised skill within acute care hospitals. In paediatric and mental health arenas, greater attention is paid to more qualitative measures, through feedback from relatives or individuals that know the person in relation to their social behaviours, physical function, perception and cognitive function. Whilst subtle changes to identify, they can become key antecedents in the deteriorating patient prior to more obvious physiological signs. The concept of the 'Critical to Care' project was introduced to alert nurses to the early deterioration in adult patients prior to physiological changes taking place. Through observation and listening to the concerns of relatives or significant others, subtle alterations could then be identified and acted upon thereby improving patient safety.

Aim and objectives of the project

The project aimed to develop a model for staff to identify the early deterioration of patients through the monitoring of their cognitive, perception, physical function and social behaviour. To achieve these aims the objectives of the project were to:

- Develop a model of care in partnership with the relative or significant others to recognise changes in cognition, perception, physical function and social behaviour in the patient
- Develop the skills of staff through education, to enable the early detection of the deteriorating patient using an assessment of cognitive function, perception, physical function and social behaviour
- Pilot, evaluate and make recommendations for the delirium model for future practice

Key activities and outcomes from the project

A number of practice development methods were employed to support the intended outcomes and were divided into four phases; project facilitation, assessment of context and culture, project action planning and evaluation.

A values clarification exercise enabled the project team to discuss the purpose of the project, identify factors that may assist or hinder the process and assess both individual and group facilitation styles. The Context Assessment Index (CAI) was used

by the project team and ward staff to explore whether the ward was conducive to person centred practice and to consider the receptiveness of the ward to change and develop. The CAI identified that overall the ward scored low on; proactive approaches to care, limited staff understanding of their own attitudes and beliefs towards care provision and low involvement by patients as being active participants in their care.

The project team facilitated a forum for ex patients and relatives to offer feedback on the project. The project intentions were publicised on the ward inviting any concerns to staff by relatives/significant others with changes in patients' behavioural, psychosocial or cognitive functions suggestive of deterioration. Returned concern forms centred on other issues such as visiting times and patient care, rather than possible deterioration. Informal discussions with in-patients led to the development of a patient questionnaire (n=30) and positive changes in communication at ward level. It also became a pivotal moment to realign the original project intentions in which staff training was provided on recognising delirium/dementia and development of an individualised delirium log. Ward posters using symbols were also designed asking relatives to inform ward staff of any specific (delirium) changes described on the poster.

Evaluation revealed twenty patients met the delirium criteria of which seven were observed and reported by relatives/significant others. Since then, twelve patients recognised by nursing staff and following discussions with the family as having a change in their behavioural or psychological state began to develop clinical deterioration requiring ward transfer. The use of the delirium log and symbol cards is now to be extended across the entire surgical unit and further staff training is planned.

Implications for practice:

- Preliminary project work around values, context and facilitation illustrated what was perceived as a simple practice development project was far more complex in its implementation
- As a result of project activities, family members and significant others were able to recognise and report delirium by subtle patterns that may have been missed by nursing staff
- The team learnt that the practice development methods and approaches enabled a greater understanding of what needed to change, how this could be achieved and how they would use them again

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstd=18132>
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