Gloucestershire Safety and Quality Improvement Academy

Gloucestershire Hospitals NHS
NHS Foundation Trust

Improving the completion and subsequent documentation of patient ABCDE assessments

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<u>Aim -</u> To increase the number of documented ABCDE (A-E) assessments in 50% of patients who have been referred to the ACRT from one clinical area over a 3 month period.

Deteriorating patients often do not have a documented A-E assessment prior to escalation to the Acute Care Response Team (ACRT).

The importance of this documentation is to demonstrate that relevant interventions have been provided to patients who are deteriorating to the point of requiring additional medical expertise.

Grant *(2019)* recognises that the introduction of track and triggers systems such as the NEWS system may have had a negative influence on the critical interpretation nurses use to identify the deteriorating patient and their application of physiological understanding. There are concerns for dependency on such systems.

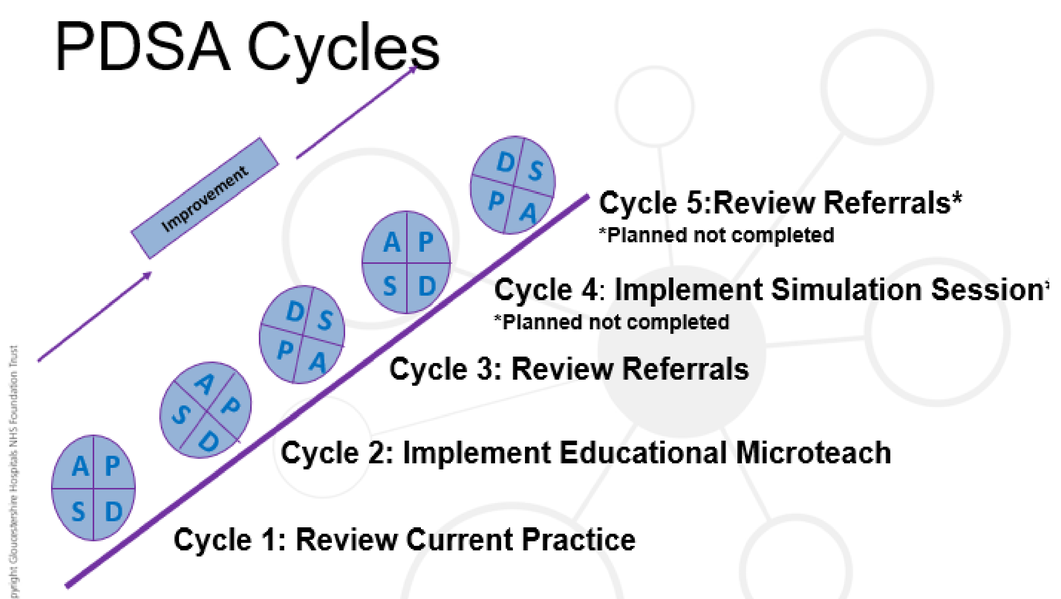
Grant, Steven. "Limitations of Track and Trigger Systems and the National Early Warning Score. Part 3: Cultural and Behavioural Factors." *British Journal of Nursing*, vol. 28, no. 4, 28 Feb. 2019, pp. 234–241, https://doi.org/10.12968/bjon.2019.28.4.234. Accessed 9 Oct. 2019.

Peran *et al (2020)* outlines that the ABCDE assessment is a gold standard method of patient assessment. They explored the use of cognitive aids in a multicentre pilot simulation study; the results showed the use of a cognitive aid for patient assessments resulted in more performed steps of the A-E assessment coupled with the steps more likely to be carried out in the proper order.

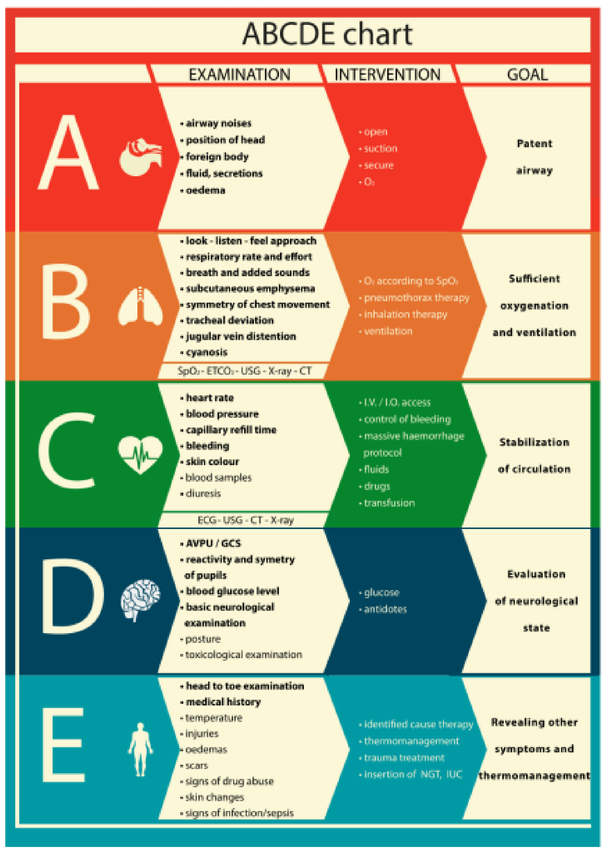
Peran, David, et al. "ABCDE Cognitive Aid Tool in Patient Assessment – Development and Validation in a Multicenter Pilot Simulation Study." *BMC Emergency Medicine*, vol. 20, no. 1, Dec. 2020, bmcemergmed.biomedcentral.com/articles/10.1186/s12873-020-00390-3, https://doi.org/10.1186/s12873-020-00390-3.

<u>Cycle 1 -</u>
We explored current practice by reviewing referred patients to the ACRT over 3 consecutive months.
We explored 25 patients' notes prior to their referral time to see if there were documented incidents of an A-E assessment.
There were no documented incidents of an A-E assessment. However, there was some incidence of documented escalation procedures.

<u>Cycle 2 –</u>
We provided microteach sessions lasting 30 minutes in the clinical area to all patient facing staff.
We were able to provide the teaching session for 21 members of staff on separate occasions over a 4 week period.
All received the A-E handout seen below.



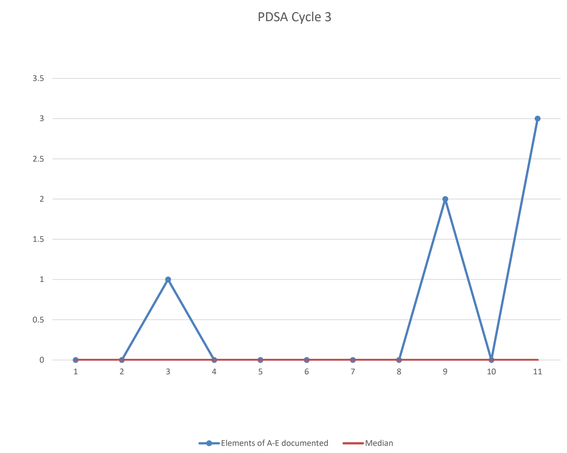
Peran et al. BMC Emergency Medicine (2020) 20:95

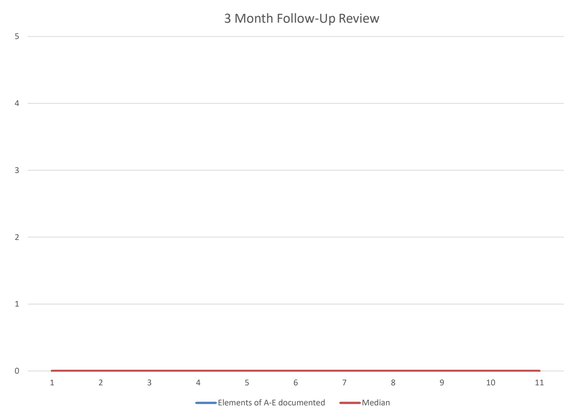


<u>Cycle 3 –</u>
We reviewed 12 patient notes over a 3 month period for evidence of documented A-E assessment.
There were fewer incidence of patient referrals to the ACRT over this period. It is difficult to extrapolate the reason for this.

<u>Key Findings -</u>
Following PDSA cycle 2 there was an increase in documented A-E assessments in patients referred to the ACRT.
We reviewed 11 patients notes and found 3 of these to have at least one element of an A-E assessment documented. The main element that was documented was 'C' circulation findings.
This amounts to an increase of documented A-E assessments of 27% of patients referred to the ACRT.

We reviewed 11 patient notes after a further 3 months from PDSA Cycle 3. There were no further documented A-E assessments following the cessation of provision of any educational input.
We only reviewed patients who had a referral to ACRT. There was a substantial decrease in number of referrals to ACRT following PDSA Cycle 2.





<u>Review of findings –</u>
There may have been an increase in A-E assessments resulting in appropriate interventions being implemented for patients that may have prevented the need to refer the patient to ACRT. This may account for the decreased number of referrals following PDSA Cycle 2.

Our findings have demonstrated that there may be poor longevity of the initial improvement shown. With no educational input or prompting our 3 month follow-up findings demonstrate no sustained improvement.

We have learned that there needs to be consideration given to the multiple factors that affect the sustainability of an initial improvement. We are hopeful that by moving forward with the next steps of our planned PDSA 4th and 5th cycle we may be able to demonstrate sustained improvement in this area.