

Between the Flags
Keeping patients safe



'Between the Flags'
Improving Recognition and Management of the Deteriorating Patient

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Why 'Between the Flags'?

- Only one person has drowned between the flags on a patrolled beach since 1935
- Keeping patients between the flags, and initiating a rapid rescue resonates strongly with clinicians
- The flags are the clearly defined thresholds for observations


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The Problem


- Failure to recognise the deteriorating patient is the number one clinical risk identified through the NSW Patient Safety and Clinical Quality Program
- This is a worldwide phenomenon (WHO has recognised).
- Patients can deteriorate and die under our care
- Garling Commission of Inquiry



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Diagnostic phase

- Understand underlying issues – representative sample of facilities
- Observation studies of nurse practice
- "Productive ward" concepts of '5 S's'
- Focus groups - process mapping, "ideal ward"
- Brainstorming techniques - clinical observations
- Observation chart audits against criteria agreed with ward staff
- Review of literature, IIMS and RCA's

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Themes from analysis of qualitative data

JMO

- Ineffective paging systems
- Lack of Calling Criteria
- Lack of clarity in roles and responsibilities
- Inconsistent ward layout despite uniform architecture
- Lack of ward organisation
- Lack of documentation
- Lack of handover practices

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Themes from analysis of qualitative data (cont.)

Nursing

- Need for more direct patient care time
- Lack of reliable (working and available) equipment
- Need for 'a place for everything, and everything in it's place'
- Lack of adequate staff for patient load and acuity
- Time consuming patient movements - 'churn'
- Lack of clear calling criteria
- Constant interruptions (telephone calls, on medication rounds)
- Strong reliance on automated observation equipment

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The 5 elements of 'Between the Flags'

- ▣ Governance
- ▣ Calling Criteria -incorporated into Standard Adult General Observation Chart (SAGO)
- ▣ Clinical Emergency Response Systems (CERS)
- ▣ Education
- ▣ Evaluation

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Governance


- ▣ Policy directive
- ▣ Clear allocation of responsibility for implementation and maintenance of Between the Flags at Area Health Service Level
- ▣ Key position holders identified

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Calling Criteria

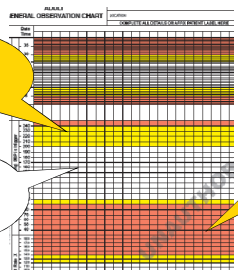
- ▣ Standard criteria for Clinical Review and Rapid Response
- ▣ Standard "track and trigger" observation chart
 - Yellow Zone → Clinical Review within 30 minutes
 - Red Zone → Immediate Rapid Response
- ▣ Represent the most sensitive indicators of deterioration



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Standard Adult General Observation Chart (SAGO)



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Clinical Emergency Response System

- ▣ Customised response to local service needs
- ▣ All facilities must have a CERS
 - Includes networks for advice / referral and retrieval
 - May include formal assistance / liaison with Ambulance Service
- ▣ Minimum skill levels
 - Rapid Response Officer one per shift, 24/7
 - Minimum competencies
- ▣ Minimum standard of equipment



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Education

- Tiered education program
 - Tier 1- ALL STAFF- awareness of Between the Flags, calling criteria and escalation protocols, what to do while waiting.
 - DETECT** Tier 2- All First Line Responders -Home team and ward nurses who will initiate first line treatment and management of deteriorating patients.
 - Tier 3-Rapid Response Team (RRT) Members - advanced life support and resuscitation skills

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Evaluation

- Minimum standards for data collection and reporting
- Key program performance indicators
- Development of state database to collect Rapid Response Team and KPI data

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Implementation Stages

- AHS plans for implementation - September 2009
- Announcement - October 2009
- Complete State-wide Implementation of program by December 2010.

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Challenges

- "This is core business, why aren't we doing it already?" – hence, why do we need a safety net?
- Standardisation – engaging with all the leaders who are "doing it already!"
- Applying standards but allowing local flexibility according to circumstances and resources
- The province of ICU!
 - ~ 200 hospitals vs 36 ICUs

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Conclusions

- This is our most important clinical care problem
- Clinicians are demanding a solution
- We have the evidence of what works
- We have the tools

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Conclusions (cont.)

- What is needed:
 - The vision to see what must be done and what is possible
 - A plan to make it happen
 - A coalition of the willing
 - The power of stories
 - The courage of leaders


**WE HAVE ALL THESE
DO WE HAVE WHATEVER IT TAKES?**

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State-wide rollout

- NSW is leading the way in responding to the deteriorating patient problem
- Progressive rollout of a standard process across NSW of all 5 elements



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