

Implementation of Early Warning Identification Parameters

by Mr Ronald Koh

Introduction

WHAT IS THE PURPOSE OF EWIP?



To ensure safe patient care and management through identification of early warning signs



Adapt existing tool to help nurses in early detection of deteriorating patients



Assisting in closing the theory practice gap of the growing novice nurse workforce

STRATEGY FOR CHANGE



Discussion with key players i.e Medical and Nursing leader



Policy formulation and approval and dissemination of proposed process



In-service education for all nurses

History

A significant number of patients outside of critical care areas experience critical inpatient events. Often, a patient exhibits early warning signs for example a worsening of vital signs or a subtle change in neurological status shortly before experiencing significant clinical decline, resulting in a major event.



The Campaign also continued to offer support to hospitals as they introduced and sustained their work on interventions from the 100,000 Lives Campaign:

Deploy Rapid Response Teams at the first sign of patient decline

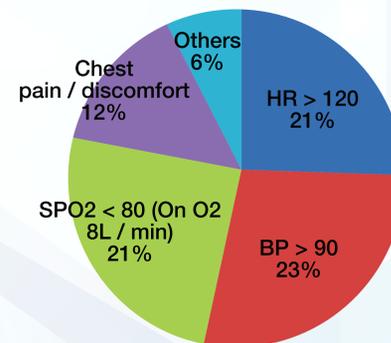
Mission

In ensuring safe patient care and management and the increase of novice nurses joining the workforce, especially outside the critical care areas, there was a need to develop a tool for the nurses to use to identify early warning signs/subtle change in patient condition resulting in a major event in hopes of closing the theory practice gap.

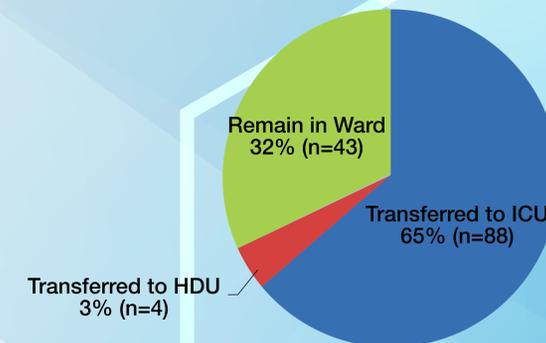
Utilising the Early Warning Identification Parameters (EWIP) criteria will assist nursing staff in early detection of deteriorating patients.

Statistical Summary

Top 5 Reasons for Initiating Early Warning Identification Parameters (EWIP)



Immediate Outcome after Initiation of EWIP (n=135)



Activities / Highlights

Migrating from Single Parameters Assessment (EWIP) to Early Warning Scoring System (EWS)

Outline clinical response to NEWS triggers

NEWS SCORE	FREQUENCY OF MONITORING	CLINICAL RESPONSE
0	Minimum 12 hourly	<ul style="list-style-type: none"> Continue routine NEWS monitoring with every set of observations
Total: 1-4	Minimum 4-6 hourly	<ul style="list-style-type: none"> Inform registered nurse who must assess the patient; Registered nurse to decide if increase frequency of monitoring and / or escalation of clinical care is required;
Total: 5 or more or 3 in one parameter	Minimum 4-6 hourly	<ul style="list-style-type: none"> Registered nurse to urgently inform the medical team caring for the patient; Urgent assessment by a clinician with core competencies to assess acutely ill patients; Clinical care in an environment with monitoring facilities;
Total: 7 or more	Continues monitoring of vital signs	<ul style="list-style-type: none"> Registered nurse to immediately inform the medical team caring for the patient – this should be at least the Specialist Registrar level. Emergency assessment by a clinical team with critical care competencies, which also includes a practitioner/s with advanced airway skills; Consider transfer of clinical care to level 2 or 3 care facility, i.e. higher dependency or ITU;

Future Goals



Fully incorporating EWIP into Penang Adventist Hospital Electronics Medical Records (EMR)