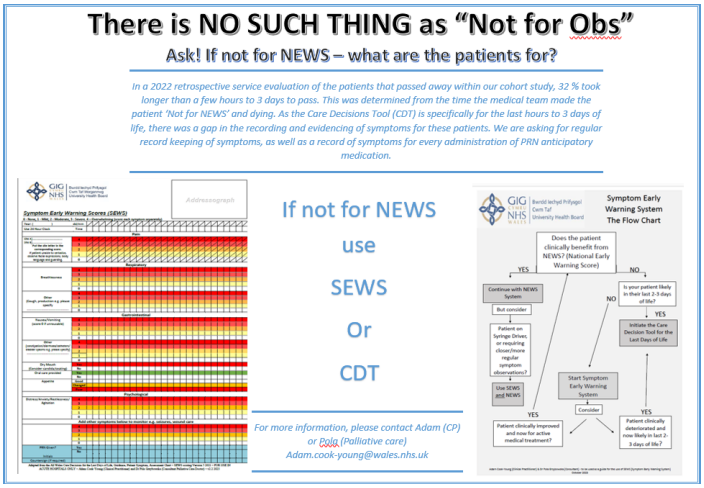
THERE IS NO SUCH THING AS 'NOT FOR OBS'
Symptom Early Warning Score (SEWS)

Acute Frailty and Care of the Older Person
Cwm Taf Morgannwg University Health Board

Context

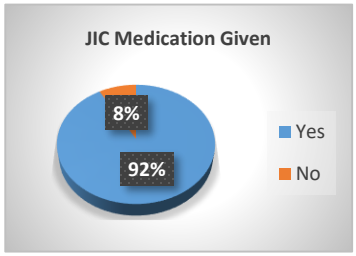
Symptom control and End of Life (EOL) care is everyone's business. Healthcare professionals have a duty to uphold the highest standards, as well as capturing and recording evidence to support administration of PRN or anticipatory medication and reduce patient suffering. The National Institute for Health and Care Excellence (NICE, 2015) advocate the use of the nationally recognised Care Decision's Tool for the Last Days of Life (Palliative Care, 2021) as a guidance tool and protection measure for patients in the last hours to 3 days of life. However, a local service evaluation found that within Acute Frailty and Care of the Elderly (COTE), 32% of patients took longer than this to pass, when timed from the point clinical teams stop the NEWS scoring meaning essentially patients had symptoms unrecorded. This means 32% of patients are at risk of a symptomatic burden both in and out of EOL care, nurses are at risk of accusation through lack of record keeping, and trusts are at risks of litigation. Therefore it was evidence that an interim, standalone symptom assessment record was needed, and the term NOT FOR OBS needed to be discouraged.

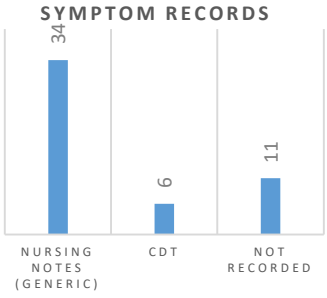
The Campaign



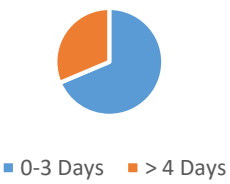
Pre-Intervention

To audit there must be auditable measures (Ganshyam and Srinivas, 2019), since this concept is new, I needed to evaluate the service to identify if this is a standalone or a wider issue using the Driscoll (2007) What, Now What, So What change model. I conducted a service evaluation of the deaths within COTE over a 6-month period and found that documentation around symptom management was poor. I looked at other hospital sites across South Wales to benchmark units with a similar profile to my hospital and found that some areas, rarely used the symptoms chart from the CDT (Palliative Care, 2021), outside of the specified 3 day timing but general documentation was globally poor. There also was no clear document that would capture challenging symptoms for patients with complex needs that were not in the dying phase, making prescription of medication challenging to justify and therefore risking under or over medicating patients.





Time taken to Pass

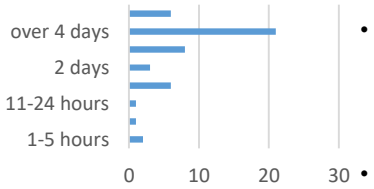


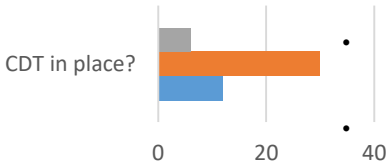
- 32% of patients took over 3 days to pass
- Of 6 CDT only 1 was completed correctly, symptom records were generally very poor
- A high number of patients were given JIC Medication

- Nursing and Medical approval
- Information poster displayed in all ward environments
- Selective 1:1 education with ED and Intensive care
- COTE Palliative Care Champion training day
- Educational training video on CTM intranet
- Medical Teaching at COTE and Specialist Palliative Care events

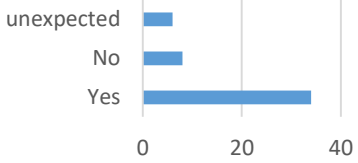
Post-Intervention

Time taken to die





SEWS in Place?



- Significant improvement in record keeping (5.3% to 91.6% in the first month)
- Increased evidence for the use of PRN medication
- Improved confidence in recognition of dying
- Launch of the SEWS Chart across The Princess of Wales Hospital (NOW CTM)
- SEWS launch also promoted the use of the CDT

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