We have great NEWS for you!
A shared vision, a unified mission:
reducing harm from deterioration
Amor Palada

Introduction / Background
The implementation of the National Early Warning Score (NEWS) has been recommended nationally across the NHS to standardise the assessment of acute illness severity, with the aim of reducing harm from acute deterioration and improve patient safety and care.

NEWS is a simple physiological scoring system with aggregated clinical response. This allows enhanced observation and clinical reviews of patients, identifying patients who are at risk of acute mortality.

The NEWS chart has recently been launched in a staged approach in July 2015 in Whipps Cross University Hospital.

Aim:
To achieve >90% compliance rate in the recording/documentation and correct calculation of NEWS within three months of initial implementation.

Method / PDSA
A retrospective audit assessing the NEWS compliance on 2 medical wards after two weeks of initial implementation was undertaken over a two day period (baseline).

Prior to implementation, a two week period of 1:1 training was given to HCSWs and staff nurses.

Following this, team discussion and “floor walking” to assist staff took place. Subsequent re-audit was done after one month post intervention. Improvement from baseline noted, although target not achieved.

Further intervention of displaying notices on observation charts reminding staff re: NEWS were used. Subsequent re-audit after another month post intervention was completed. Further improvement recognised.

Measures
A total of 36 charts have been audited in 2 medical wards.

The initial audit showed Ward A attained 68% compliance while Ward B achieved 66%, both well below the 90% target.

Re audit showed 13% improvement by Ward A while Ward B showed 22%. Succeeding re audit showed further 16% improvement of Ward A (90%) while Ward B showed further 3% (81%).

Summary and Next Steps
The audit highlighted NEWS noncompliance (<90%) between the 2 medical wards. However, with simple interventions and continuous support, compliance can be improved to optimise patient safety and care.

Nursing staff have fed back difficulty in adjusting to the new chart design and parameters, with competing clinical time demands. This is a challenge for ensuring accurate completion. Since then, a monthly audit programme was commenced across the hospital (Phase I). It still continues up to the present time. Results form part of Ward Patient Safety Indicator. Phase II of the QI NEWS project will focus on recognition and response.