'SPADES' safety round

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Introduction

- Patient safety is a priority in the ED
- Senior staff regularly carry out 'board rounds' and 'walk rounds' in the RVH ED
- The Emergency Physician in charge, the Senior Sister in charge and a patient tracker regularly attend the walk round
- Standardising the walk round was chosen as a quality improvement project















Ideas for Walk Round Checklist



- SNAP
 - Sepsis, NEWS, AMT, Pain
- PANDAS
 - Pain, AMT, NEWS, DTA, at risk, Sepsis
- SPADES
 - Sepsis, Pain, AMT, DTA,
 Escalation/ECG, Stable















SPADES Safety Round

•	Ward Round 1			Ward Round 2		
Severe Sepsis Considered	YES	NO	NA	YES	NO	NA
Sepsis 6 – is this complete	YES	NO	NA	YES	NO	NA
Pain Controlled?	YES	NO		YES	NO	
AMT	YES	NO	NA	YES	NO	NA
Decision (DTA/Is there a clear plan)	YES	NO	NA	YES	NO	NA
Escalation required?	YES	NO	NA	YES	NO	NA
ECG	YES	NO	NA	YES	NO	NA
Stable (NEWS)	YES	NO		YES	NO	
Total						
Actions						
Signature: EPIC/ENIC						













Severe Sepsis

- Overall mortality rate for patients admitted with severe sepsis is 35% (higher than STEMI and stroke)
- For every hour that antibiotics are not administered there is an 8% increase in mortality
- SPADES
 - All patients in majors reviewed by a consultant, diagnosis reviewed & severe sepsis considered
 - If severe sepsis recognised on SPADES round, sepsis 6 to be completed immediately















Pain

- RCEM audit standards
 - Patients with moderate/severe pain should receive analgesia
 - 75% within 30 mins (36.3% in RVH ED)
 - 100% within 60 mins (45.5% in RVH ED)
 - 90% re-evaluated and actioned within 120 mins after receiving initial dose (0% in RVH ED)
- RVH ED has room for improvement















AMT

- All patients attending the ED over 75 should be assessed for cognitive impairment
- The RVH ED uses a 4-AMT score (sticker)
- Recent audit found approx. 50% of patients over 75 that arrived by ambulance had an AMT completed















Decision

- Is there a clear plan for the patient
- Senior review enables early decision making
- Senior review will ensure that the patient goes to the right place
- A senior review may find and alternative pathway for the patient















Escalation/ECG

Escalation

- Has there been a Decision, if there has been a delay in the patient being reviewed or transferred
- Has this been escalated: patient flow/admitting team
- Is ED crowded? This needs to be escalated

ECG

- Very important if indicated
- There have been recent serious incidents relating to ECGs not being performed















Stable NEWS

- NIC/Consultant in charge perform a regular walk round to ensure that there is a clear plan
- Diagnosis is correct and to recognise deteriorating patients
- Recognition and management of the deteriorating patient (moving to resus, contacting admitting team) is of paramount importance in the ED











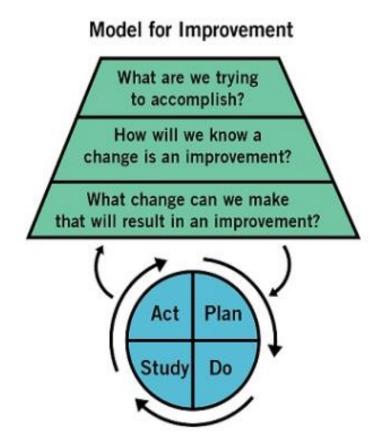




Aim

Aim

To ensure compliance of the 'SPADES' Safety Round in the Majors area of ED once a day (8.00) Monday to Friday within a 24 hour period, 80% of the time (4/5 days per week)











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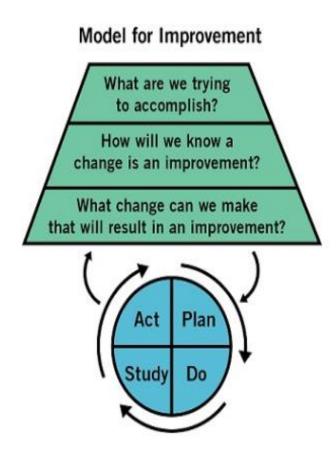




Measures

Measures

- Number of days per week the SPADES round is completed
- % of patients in the majors area that have a SPADES round
- Completion of all elements of the 'SPADES' tool
- Number of actions identified
- Time doing the ward round
- Documented evidence of consultant review













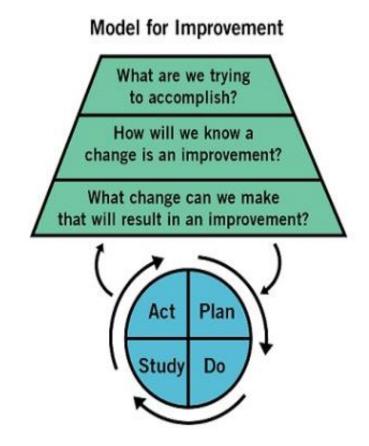




Changes

Changes

 To carry out the SPADES round and ensuring all elements have been addressed











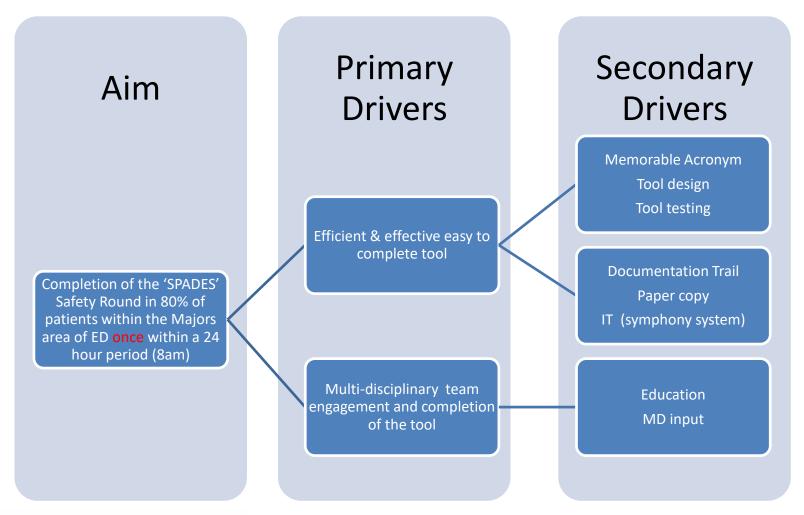
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Driver Diagram

















Primary & Secondary drivers

- Efficient & Effective Easy to complete tool
 - –Not a 'tick box exercise'
 - Use of a memorable acronym
 - –PDSA 'test, test, test'
 - -Paper, tablet, symphony, COW















Primary & Secondary drivers

- MDT engagement
 - Identify 'champions' for the SPADES round
 - Communication
 - Education & Promotion
 - ED Business meeting
 - Staff meetings (MDT to maximise involvement)
 - Documentation & Data
 - Share data
 - Updates















Promotion









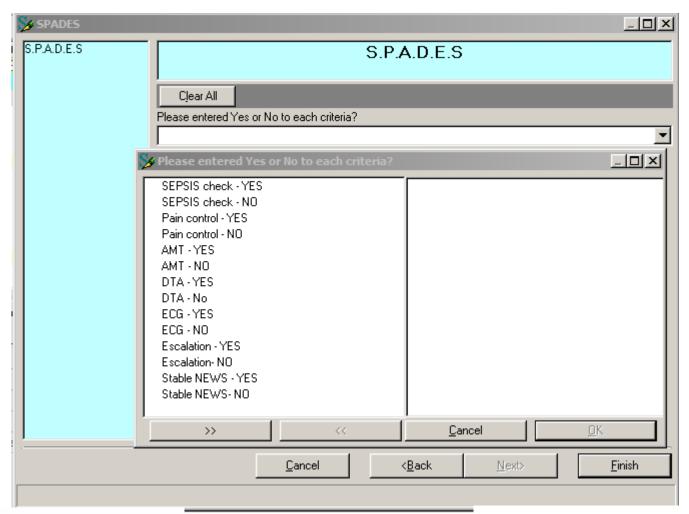








SPADES on symphony



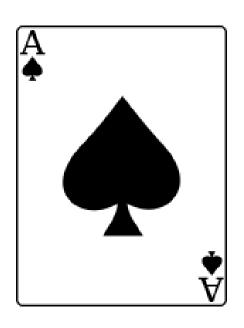








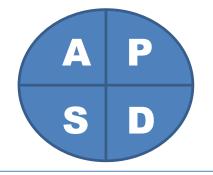




PDSA cycles

Computer on

Wheels pilot



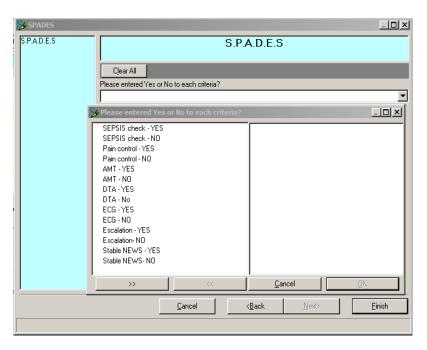
Wording of the questions



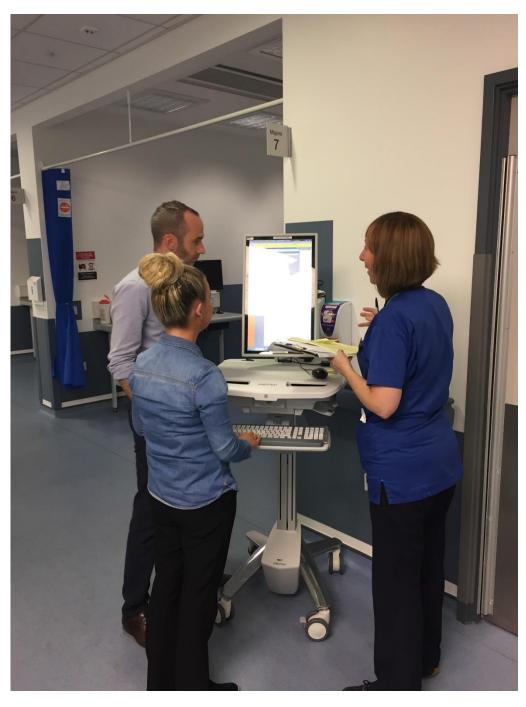
Adding SPADES to symphony



SPADES safety tool Pilot 1









Progress So Far

- Many PDSA cycles tested
- Measurement
 - Made easier by adding to Symphony
 - Paper copies are misplaced, not all are with notes/being scanned into symphony
- Testing
 - Not all patients underwent 'SPADES' if being moved from 'Majors' area
- Time to complete the tool







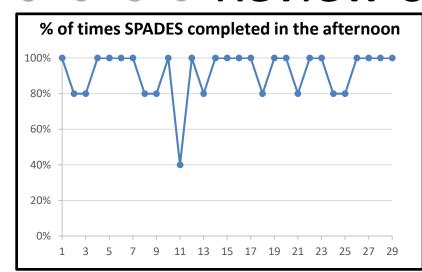


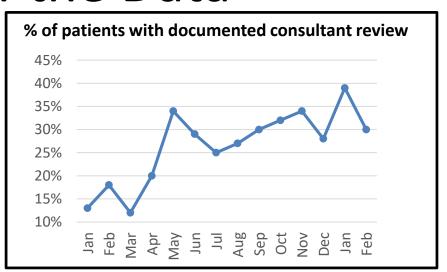


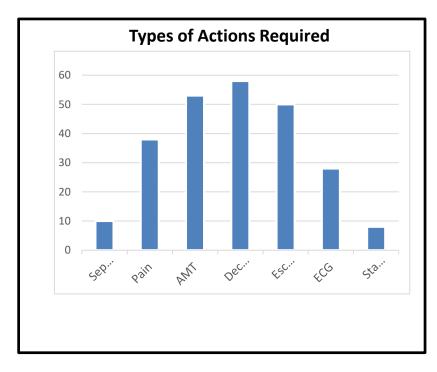


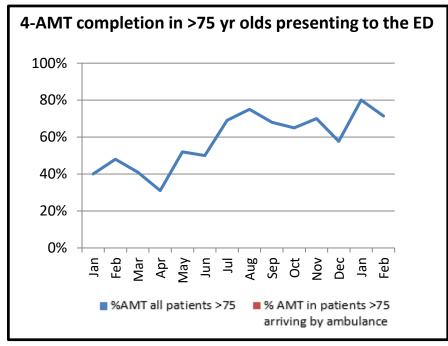


Review of the Data



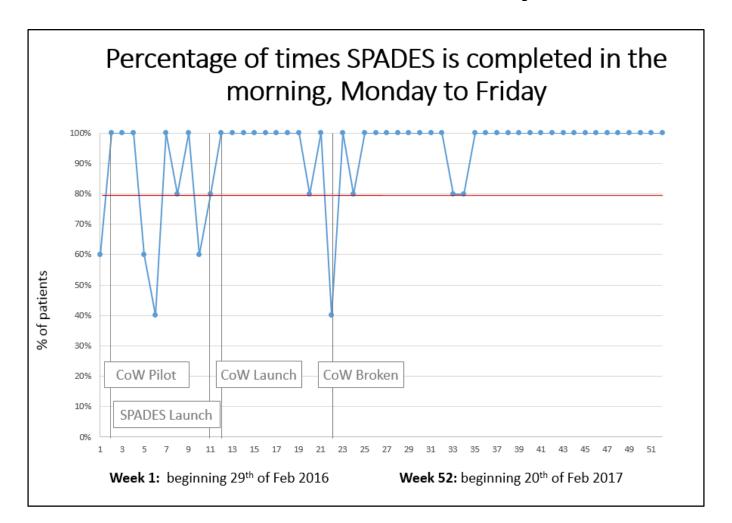








SPADES round – one year on!

















Phase II

- To ensure that data is recorded properly
- SPADES internal escalation policy
- Aim to have a SPADES round twice a day Monday to Friday and once a day Saturday and Sunday
- SPADES to be completed on all time critical and major patients (ATTEND and Resus)
- Communication to nursing staff to join the round promoted by voicera announcement before **SPADES** round starts





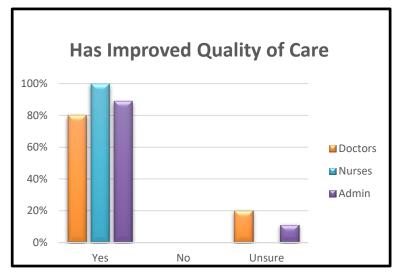


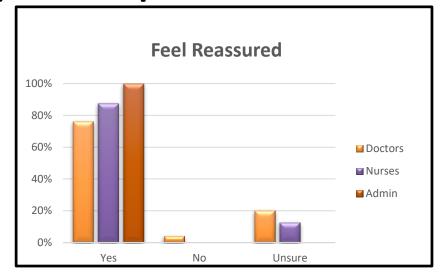


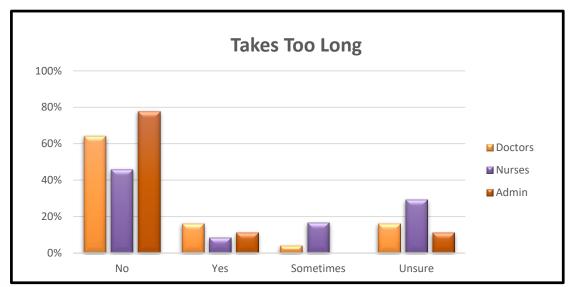




Staff safety & Experience























Transferability of QIP

- Monogram
- Communication
- Large workforce
- Team working
- Leadership ability
- 'Embed & spread'















QI: Final Tips

- Be passionate about your project
- Turn your frustration into a QIP
- Aim small initially
- Choose a measure that matters
- Prepare for challenges, failure and the unexpected
- Involve your colleagues, identify champions, get their advice, listen to ideas etc
- Don't give up!!!





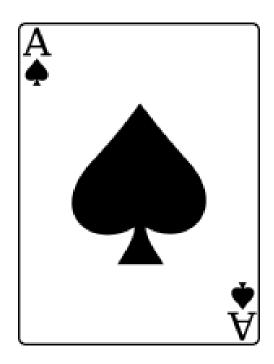












Thank you for your attention!











