

Interprofessional Working: Vital Signs for OTs

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Safety First

- in-hospital mortality and morbidity often avoidable

NICE. 2007. *Clinical Guideline 50. Acutely ill patients in hospital. Recognition of and response to acute illness in adults in hospital.* London. National Institute for Health and Clinical Excellence.

- early warning vital signs, such as respiratory rate, often missed

NCEPOD. 2005. *An Acute Problem?* London. National Patient Safety Agency.

NPSA. 2007. *Safer Care for the Acutely Ill Patient: Learning from incidents.* London. National Patient Safety Agency.

- 41 deaths in England & Wales Sept 2007-February 2008 because staff failed to notice deterioration

Parish C. 2008. Failure to notice vital signs could have led to deaths of 41 patients. *Nursing Standard.* 22 (45): 10.

- early identification of sick patients should include hospital-wide approach to recognising & responding to early signs of deterioration

NPSA. 2007. *Safer Care for the Acutely Ill Patient: Learning from incidents.* London. National Patient Safety Agency.

Professional Expectations

NMC: Work effectively as part of a team

- You must work cooperatively within teams and respect the skills, expertise and contributions of your colleagues
- You must be willing to share your skills and experience for the benefit of your colleagues
states that nurses should work with others in the team

NMC. 2008. *The Code: standards of conduct, performance and ethics for nurses and midwives*. London. NMC.

Comprehensive Critical Care

Critical Care Outreach key aim 3:

to share critical care skills with staff in wards and the community ensuring enhancement of training opportunities and skills practice and to use information gathered from the ward and community to improve critical care services for patients and relatives.

DOH 2000. *Comprehensive Critical Care*. London. Department of Health.

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- training and education about vital signs has provided to many groups of staff
- increasing awareness improves patient safety (more “eyes and ears” for the team)

Vital Signs

= early warning signs:

- 1 month mortality risk negligible if vital signs normal, but 9.2% with 2 abnormal vital signs, 21.3% with 3 or more abnormal vital signs

Goldhill D, McNarry A. 2003. Physiological abnormalities are associated with increased mortality - appendix 2. *in* National Outreach Forum. Critical Care Outreach 2003: Progress in Developing Services. Department of Health Modernisation Agency. London.

- so basis of early warning scores (eg MEWS)

but why OTs?

- Occupational Therapists generally involved with rehabilitation
- but dependency of all hospital patients higher
- earlier discharge
- OTs increasingly responsible for discharge, from many areas (including acute wards, A&E)
- rehabilitation patients can deteriorate

so what is Occupational Therapy?

- in acute care settings, Occupational Therapy aims to facilitate the discharge process

McEneaney J, McKenna K, Summerville P. 2002. Australian occupational therapists working in adult physical dysfunctional settings: what treatment media do they use? *Australian Occupational Therapy Journal*. 49 (3): 115-127.

enabling patients to optimise independence in tasks & activities of everyday life

Creek J. 2007. The thinking therapist. in Creek J, Lawson-Porter A (eds). *Contemporary Issues in Occupational Therapy*. Chichester. John Wiley & Sons, Ltd. 1-21.

Early Discharge

- national drives for earlier hospital discharge

NHS Modernisation Agency. 2004. *10 High Impact Changes for Service Improvement and Delivery*. London. Department of Health.

- Occupational Therapists encouraged to take more active role in earlier discharges,
 - expanding roles of Occupational Therapy expands limits of professional accountability
- Dimond B. 2004. *Legal Aspects of Occupational Therapy*. 2nd edition. Oxford. Blackwell Publishing.
- professional accountability necessitates OTs can also identify acute deterioration, & physiological changes which would make discharge unsuitable

how?

- OT request – for all grades of staff (including support workers)
- senior OT attended vital signs session for HCAs
- discussed + adapted
 - requested practice hands-on equipment

objectives (from OT managers):

1. To be familiar with the equipment, procedures and documentation of baseline observations
2. To be familiar with the normal ranges of baseline observations

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how?

- EME provided equipment
- practice - staff worked in pairs
- home assessment scenario
- co-incided with pilot of therapies evaluation proforma (9 staff; managers)



what? - pretest

What is the range of normal respiratory rates for healthy resting adults?

What is the range of normal pulse rates for healthy resting adults?

What is the normal range of human body temperature?

What is the minimum hourly urine output for a healthy, averaged-sized adult?

If a patient's observations are abnormal, which of the following should you do?

- (a) Tell the patient not to worry
- (b) Look at previous recordings, and follow whatever the last person recorded
- (c) Write your observation in the ICP
- (d) Report your finding to the nurse in charge

what?

- overview of vital signs; ABCDE
- classification of care (explaining levels 0-3)
- **Breathing**
(rate, depth, skin, cough, peak flow, saturation)
- **Circulation** (pulse, atrial fibrillation, BP, postural hypotension, temperature)
- **Disability** (AVPU, PERTL, pain)
- MEWT (MEWS adaptation), Outreach
- further reading

where?

Kent & Canterbury,
Canterbury

Queen Elizabeth
the Queen Mother,
Margate

William Harvey,
Ashford

Buckland, Dover



East Kent Hospitals University **NHS**
NHS Trust

Competence

- assessed annually by a staff-nurse on wards, using Trustwide tool linked to KSF
- enables individuals to demonstrate affective, procedural, related knowledge and documentation

evaluation - staff

	VERY HIGH	HIGH	MEDIUM	LOW	VERY LOW
Relevant to your work	1	4	4		
Realistic and practical	1	7	1		
To what degree did you find the course met the goals and objectives	1	8			

evaluation – staff comments

- An increased understanding of vital signs observations, normal and abnormal results and their impact on OT / therapy sessions.
- New skill acquisition – the ability to use the equipment to undertake vital sign observations, with 2 people undertaking vital signs measurement within days of the course.
- An increase in confidence when observing & documenting vital signs pre and post therapy interventions.

evaluation - managers

Service improvements were identified as

- alerting ward staff to problems
- better communication with other staff
- improved client/patient care
- increased confidence in patient management

plus

*“If only all mandatory training
was that enjoyable”*

Summary

- Occupational Therapists assess many patients prior to discharge from rehabilitation wards
- patients on rehabilitation wards should be getting better, but can suffer acute deterioration
- every patient has the potential to become critically ill
- abnormal vital signs often precede crises
- assessment of vital signs is often suboptimal
- avoidable morbidity and mortality does occur
- increasing vigilance improves patient safety

Thank you to

Occupational Therapists:

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