

## Are we up to date with the NEWS?

**Authors:** John Blair, James Morgan, Josephine Cassell, Anna Waite and Chiron Velho

### Aims

Following several critical incident analyses that involved a failure to recognise the significance of changing NEWS scores, the deteriorating patient group of a district general hospital sought to improve patient safety using a programme of education to increase awareness of good practice.

### Methods

An audit of the current use of NEWS in all clinical areas of the hospital was completed. Audit standards were generated using the Royal College of Physicians report *National Early Warning Score (NEWS): Standardising the assessment of acute illness severity in the NHS* (2012). Subsequent educational interventions included multidisciplinary bedside teaching, formal training for senior nurses and junior doctors, and an information stand for staff and patients. The NEWS chart was adjusted to make the instructions for managing an elevated score clearer. The audit cycle was completed after 3 months.

### Results

Over 200 patients were included in each audit (201 and 207). The patient demographics assessed were equivalent in both audit samples. Improvements were demonstrated in the following standards (Table 1).

### Conclusions

This project has demonstrated that it is possible to improve the hospital-wide practice of recognising and escalating deteriorating patients using a number of simple and replicable educational interventions. Further improvement is needed, along with an evaluation of the impact on patient outcomes. Future considerations include the introduction of a local electronic solution. ■

### Conflict of interest statement

We declare that we have no competing interests.

**Table 1. Audit standards and results from baseline audit and repetition following introduction of educational interventions**

Audit standard	Baseline	3 months
Accuracy of recorded NEWS	91 %	98 %
Appropriate escalation of raised NEWS to critical care outreach nursing team	9 %	34 %
Appropriate escalation of raised NEWS to medical team	36 %	61 %
Adjustment of observation frequency in relation to previous NEWS	36 %	53 %
Documentation of urine output	12 %	30 %
Registered nurse signature for each recorded NEWS	13 %	43 %
Documented escalation plan	40 %	73 %

**Authors:** South Warwickshire Foundation Trust, Warwick, UK