

Does having a doctor present on every medical ward on a bank holiday improve escalation and timeliness of review of a patient with a high national early warning score (NEWS)?

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Aims

This project aimed to evaluate the improvement of patient safety when having a doctor present on every medical ward on a bank holiday by evaluation of the use of the NEWS. Its implementation was reviewed in terms of timeliness and efficiency of care escalation and adherence to the guidelines.

Methods

We initially collected data on timeliness of escalation and review on all of our medical inpatients who had a NEWS score greater than 7 over the course of 1 month. We found that 50% of patients did not have appropriate escalation of their NEWS, as no initial call was made once the observations were done. We conducted a detailed causative analysis with individual groups involved in the escalation pathway, and felt that the presence of an identifiable doctor was more likely to prompt escalation of a NEWS score.

There were concerns that cover for 12 medical wards on a bank holiday consisted of only a foundation year one doctor and core medical trainee and therefore patients may not be appropriately escalated.

We changed our medical rota by having one doctor with at least 2 years' experience on each medical ward on a bank holiday. We collected data on escalation and timeliness of review in response to a NEWS score over 7 and reviewed individual cases.

Results

On the bank holiday, 98% NEWS scores were escalated and 89% were seen by a doctor. In comparison to data collected over a month, 40% of NEWS scores over 7 had been escalated and only 35% of patients were reviewed by a doctor. Feedback was positive, with the majority of doctors willing to continue this pattern of working for all foreseeable bank holidays.

Conclusions

The data support the theory that doctor presence on a ward meant that a high NEWS score was more likely to be escalated and reviewed in a timely manner, as it served as a reminder. We believe the presence of a doctor was a prompt to escalate a high NEWS score and, as it is well-known early recognition of deteriorating patients, improves patient outcome. Further work should focus on identifying factors that prevent high NEWS scores from being escalated. ■

Conflict of interest statement

No conflict in interest.

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