

0 0 0 0

.

.....

....

....

.

.

. . . .

. . . .

. . .

. . . .

.

. . . .

.

.

.

.....

.

.

. . . .

Modified Early Warning System (MEWS): Reducing Mortality Through Early Intervention

Teresa Anderson, RN, MSN, PhD, NE-BC Vice President Office of Quality, Vidant Medical Center

Hazel D. Pennington, RN, MSN Manager, Corporate Quality Vidant Health



Objectives



- Identify problem
- Identify goal
- Develop multidisciplinary team
- Determine metrics
- Implement PDSA cycle
- Develop system implementation plan
- Future state

Problem



• In FY 2015 at Vidant Health, twenty percent (20%) of serious safety events were the result of a failure to recognize signs of clinical deterioration which caused a delay in treatment of care.

Time to Take a Poll





Intended Goal



Improve patient outcomes by 10% through earlier implementation of interventions during the stage of vulnerability instead of at the catastrophic stage.

The earlier we intervene the higher the chances of rescuing patients

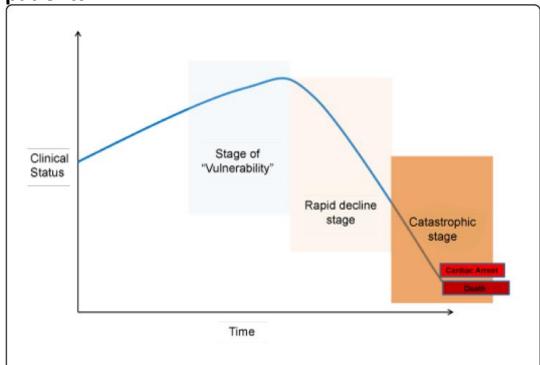


Figure 1: Three stages of clinical deterioration in a hospitalized Patient

Kodali, S. "Situational Awareness and Emergent Response Systems in the Context of Stages of Clinical Deterioration in the Hospital." *J Nurs Care* 3.171 (2014): 2167-1168.

Planning



- Form MEWS Multidisciplinary Committee
- Choose an Early Warning System
- Perform Density Analysis
- Determine Metrics
- Identify Pilot Units

MEWS Protocol



MEWS Score	Actions
0-2	 Continue routine/ordered monitoring and AVPU* assessment
3	 Increase VS frequency and AVPU assessment to every 1 hour x 3, confirm MEWS score each time If a patient remains at a MEWS score of 3 for 3 consecutive sets of Vital Signs, the nurse should resume routine vital signs. If there is an escalation in the MEWS score, the MEWS protocol should restart.
4	 Actions for MEWS 3 Apply pulse oximeter Apply cardiac monitor Inform provider and develop plan of care
> 5	 Increase VS frequency and AVPU assessment to every 30 minutes x 4, confirm MEWS score each time Actions for MEWS 4 Notify ERT and/or Nursing Supervisor
Fluctuating MEWS Score	Implement protocol each time BPA is triggered.

Determining Metrics



- Pilot Metrics
 - BPA Frequency
 - Escalation of Care

- Final Metrics
 - Codes Outside ICU
 - ERT Activations
 - Mortality

PDSA Cycle



ACT

MEWS Parameters
Refinement

Workflow Modifications

Intervention Adjustments



STUDY

BPA Frequency

Interventions

MEWS Parameters

Escalation of Care

Work Burden

Workflow



Bi-monthly Committee

Meetings

Determine EWS

Gap Analysis

Education Strategies

EHR Reports

Alert Fatigue



DO

Pilot Gen Med Unit at AMC and Regional Hospital

> Daily Feedback Rounding

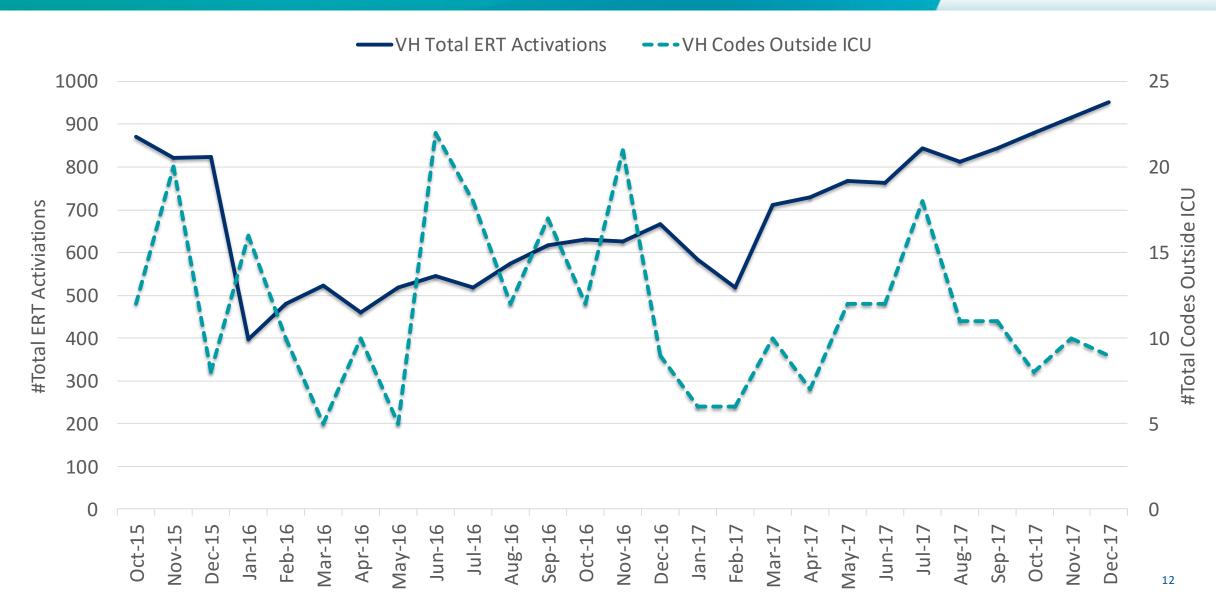
Implementation Strategy



- Pilot
- Regional Spread
 - Daily Feedback
- Academic Medical Center Spread
 - Real time Coaching

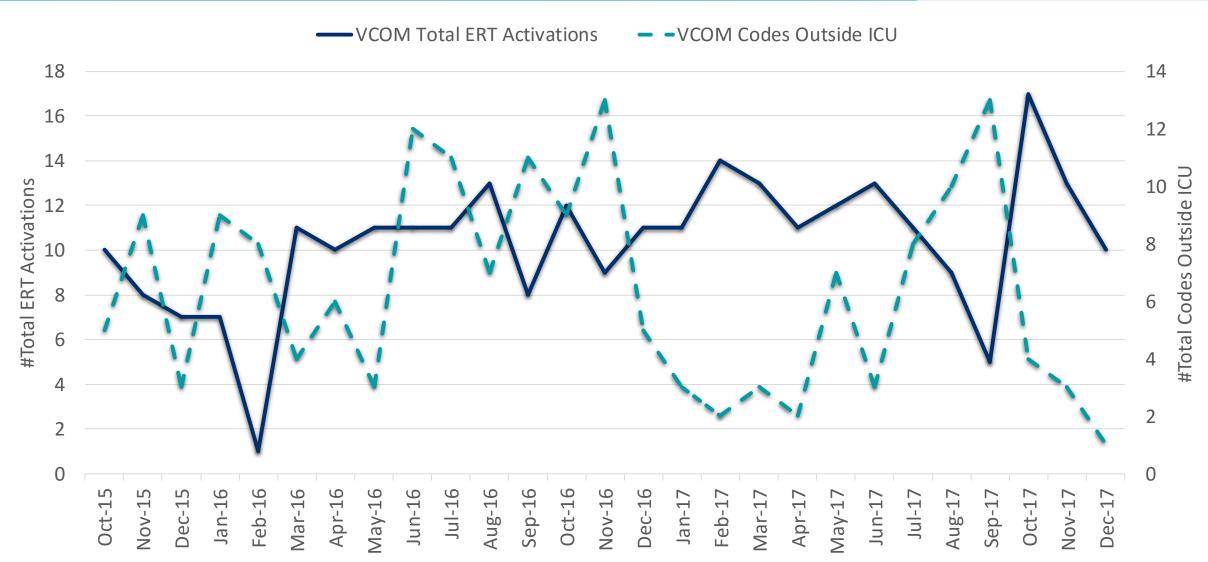
Vidant Health Current Outcomes





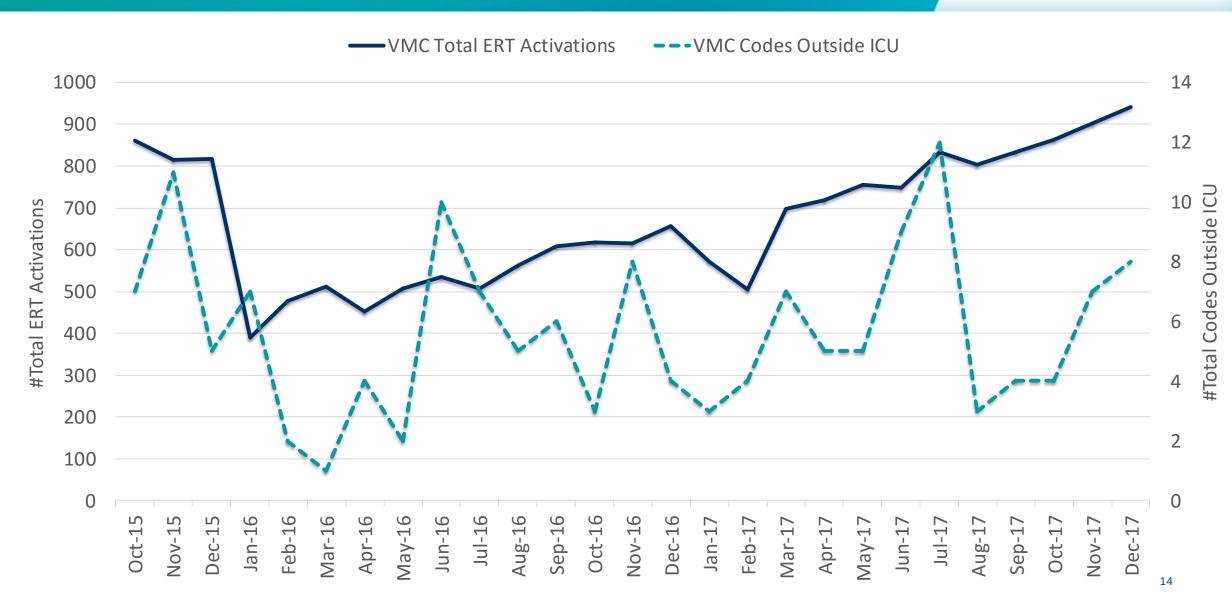
Vidant Community Hospitals Current Outcomes





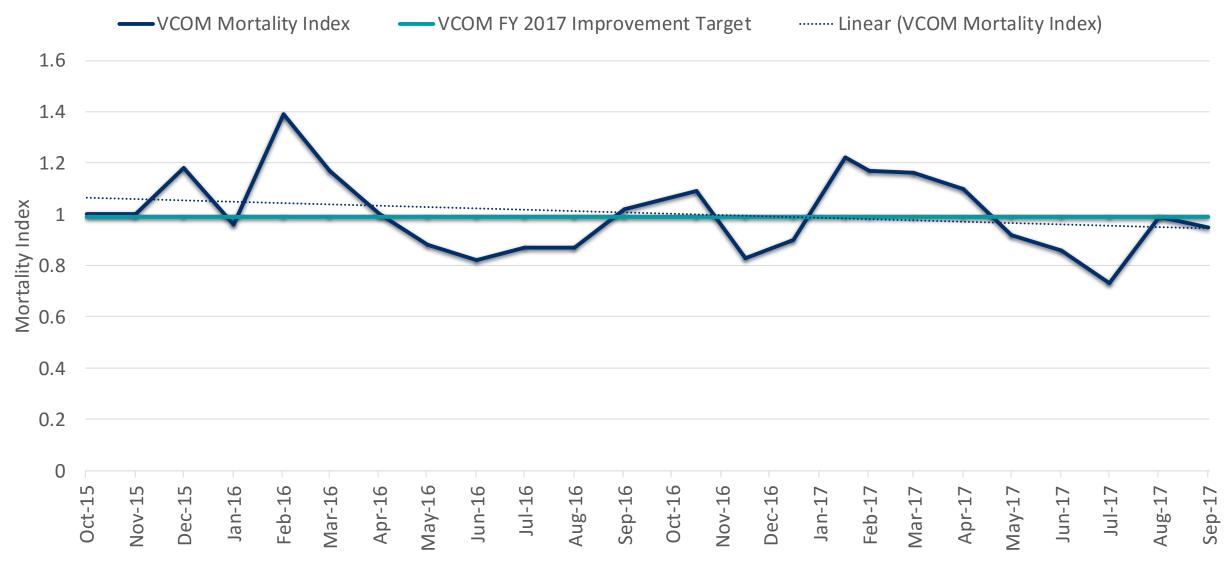
Vidant Medical Center Current Outcomes





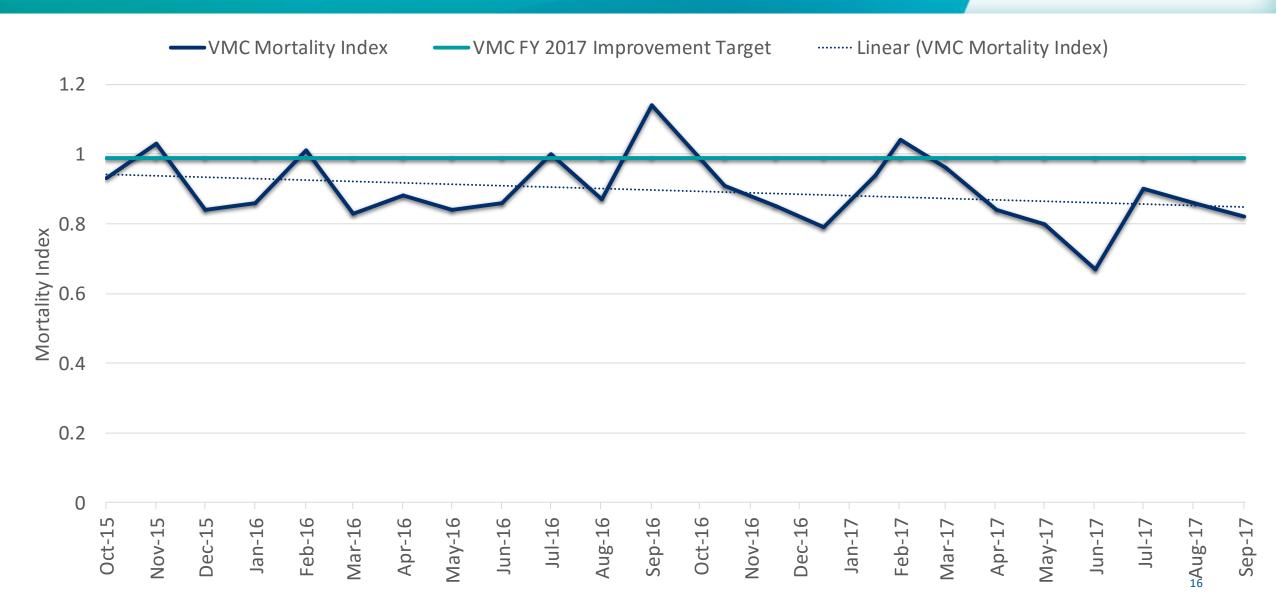
Vidant Community Hospitals Mortality Index





Vidant Medical Center Mortality Index





Lessons Learned



- Set specific expectations
- Implement multiple education strategies
- Message EHR as communication tool
- Define communication channels

Future State



 Combine inpatient Systemic Immune Response Syndrome (SIRS) Best Practice Advisory (BPA) and MEWS BPA

- Discontinue 36° post-operative snooze
- Include in Adult Admission Order Sets
- Timely Vital Sign Documentation Report



Questions?

Modified Early Warning System (MEWS): Reducing Mortality Through Early Intervention

Teresa Anderson, RN, MSN, PhD, NE-BC Vice President Office of Quality, Vidant Medical Center 252/847-4100 TBAnders@vidanthealth.com

Hazel D. Pennington, RN, MSN
Manager, Corporate Quality
Vidant Health
252/847-6330
Hazel.Pennington@vidanthealth.com



NCHA Pneumonia Knockout Team





Karen Southard
VP, Quality & Clinical
Performance
Improvement
pne@ncha.org



Trish Vandersea
Program Director,
Quality & Clinical
Performance Improvement
pne@ncha.org



Debbie Hunter
Program Director,
Quality & Clinical
Performance Improvement
pne@ncha.org



Elizabeth Mizelle
Director of Measurement
emizelle@ncha.org



Sarah Roberts
Project Manager, Quality & Clinical
Performance Improvement
pne@ncha.org