



# Quality Priorities 2018/19 update 2019/20 proposals

Prepared by  
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**March 2019**

# Quality Priorities 2018 - 19

## Priority 1 – Early recognition of treatment of sepsis

- Aim:

To build on the progress made as part of the 2017/18 sepsis quality priority to improve the early recognition of sepsis; particularly in children and pregnant women and to continue to improve awareness amongst clinical staff of the signs of sepsis and enhance the clinical effectiveness of care provided through adherence to the sepsis care bundle.

## Priority 1 – Early recognition of treatment of sepsis

- Sepsis training to continue to be developed and delivered as part of core Statutory and Mandatory training programme for 2018/19.

Sepsis training	2018 – 19, YTD
Advanced sepsis (2017/18 – 97%)	94% (target 95%)

## Priority 1 – Early recognition of treatment of sepsis

- Determine the sensitivity and specificity of the adult sepsis recognition tool – **not progressed**
- Develop a paediatric sepsis recognition tool – Sepsis Trust tool identified ✓
- Develop a maternity sepsis recognition tool – Sepsis Trust tool identified ✓
- Audit our compliance with the national early warning score ✓
- Take part in the national sepsis audit ✓

# Sepsis Trust Tools

**Prehospital Maternal Sepsis Tool**

*Be applied to all women who are pregnant or up to six weeks postpartum (at the end of pregnancy if pregnancy did not end in abortion) who have a suspected infection or have clinical observations outside normal limits*

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**1. Does woman look sick?**  
 OR are any observations abnormal?  
 OR is MEOWS triggering?

**2. Is the history suggestive of infection?**  
 Yes, but source unclear at present  
 Chorioamnionitis/ endometritis  
 Urinary Tract Infection  
 Infected caesarean or perineal wound  
 Influenza, severe sore throat, or pneumonia  
 Abdominal pain or distension  
 Breast abscess/ mastitis  
 Other (specify:.....)

**3. Is ONE maternal Red Flag present?**  
 Responds only to voice or pain/ unresponsive  
 Systolic B.P  $\leq 90$  mmHg  
 Heart rate  $\geq 130$  per minute  
 Respiratory rate  $\geq 25$  per minute  
 Needs oxygen to keep  $SpO_2 \geq 92\%$   
 Non-blanching rash, mottled/ashen/cyanotic  
 Not passed urine in last 18 hours  
 Urine output less than 0.5ml/kg/bp  
 Lactate  $\geq 2$  mmol/l

**4. Is any Maternal Amber Flag present?**  
 Relatives concerned about mental status  
 Acute deterioration in functional ability  
 Respiratory rate 21-24  
 Heart rate 100-129 (at rest)  
 Systolic B.P 91-100 mmHg  
 Not passed urine in last 12-18 hours  
 Temperature  $< 36^{\circ}C$   
 Immunosuppressed/ diabetes/ gestational diabetes  
 Has had invasive procedure in last 6 weeks  
 Prolonged rupture of membranes  
 Close contact with GAS  
 Bleeding/ offensive wound/ vaginal discharge  
 If immunosuppressed & under 18 treat as Red Flag Sepsis

**Red Flag Sepsis!**  
 This is time-critical, immediate action is required!  
 Resuscitation:  
 Oxygen to maintain saturations  $>94\%$  (88% in COPD)  
 Record lactate (if available)  
 250ml boluses of Sodium Chloride: max 250mls if normotensive, max 2000ml if hypotensive/lactate  $> 2$  mmol/l

**Communication:**  
 Pre-alert receiving hospital: 'Patient has Red Flag Sepsis'  
 Divert to the Emergency Department (or other agreed destination)  
 Handover presence of Red Flag Sepsis

Sepsis Six and Red Flag Sepsis are copyright to and intellectual property of the UK Sepsis Trust, registered charity no. 1133843 sepsistrust.org

**Prehospital Sepsis Screening and Action Tool**

*Be applied to all children under 5 years with fever (or recent fever/symptoms) OR those in custody suitable for clinical assessment & scores, but not Red Flag Sepsis. Use this with early identification of children with systemic response to infection.*

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**1. Age, obs. abnormal?**  
 OR a child febrile or looking sick?  
 OR is parent/carer, very worried?

**2. Is the history suggestive of infection?**  
 Yes, but source not obvious  
 Pneumonia/ likely chest source  
 Meningitis/ encephalitis  
 Urinary tract infection  
 Abdominal pain, drawing legs up, or distension  
 Contact risk of sepsis (see flow sheet)  
 Other (specify:.....)

**3. Is ONE Red Flag present?**  
 No response to social cues/ obviously sick  
 Doesn't wake if roused or won't stay awake  
 Weak, high pitched or continuous cry  
 Looks very ill to health professional  
 Breathing with every breath OR pauses in breathing  
 $SpO_2 \leq 90\%$  on air  
 Severe tachypnoea (see sheet)  
 Severe tachycardia (see sheet)  
 No wet nappies/ not passed urine in last 18h  
 Non-blanching rash/ mottled, ashen or blue skin  
 Temperature  $< 36^{\circ}C$   
 If under 3 months, temperature  $\geq 38^{\circ}C$

**4. Is any ONE Amber Flag present?**  
 Appearing abnormally to social cues, not smiling  
 Wakes only with prolonged stimulation  
 Irritability, decreased activity  
 Rash/ skin  
 $SpO_2 < 91\%$  on air  
 Moderate tachypnoea (see sheet)  
 Moderate tachycardia (see sheet)  
 Cap refill time  $\geq 3$  seconds  
 Poor feeding in infants  
 Reduced urine output  
 Leg pain  
 Cold feet or legs, pale/mottled skin  
 If immunosuppressed treat as Red Flag Sepsis

**Sepsis likely**  
 Transfer to designated destination.  
 Communicate likelihood of sepsis at handover.

Age	Tachypnoea		Tachycardia	
	Severe	Mild-to-severe	Severe	Mild-to-severe
< 1 y	$\geq 60$	50-59	$\geq 160$	150-159
1-2 y	$\geq 50$	40-49	$\geq 130$	140-149
3-4 y	$\geq 40$	35-39	$\geq 140$	130-139

**Red Flag Sepsis!**  
 This is time-critical, immediate action is required!  
 Immediate actions:  
 Give high flow oxygen. Administer oxygen to keep saturations  $>94\%$

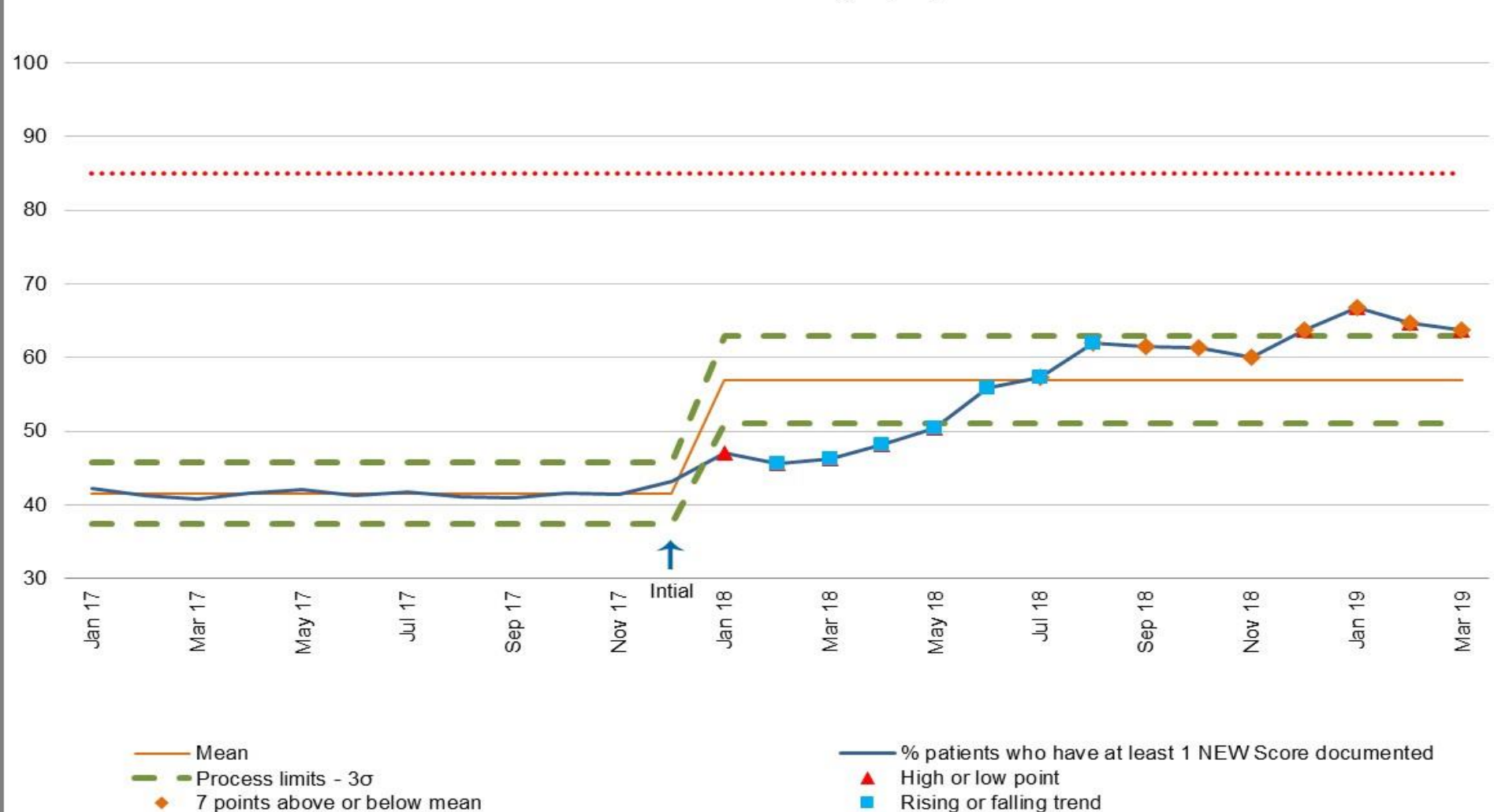
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# National Early Warning Score compliance

North East Ambulance Service NEW Score-Trust Wide starting 01/01/17



# Sepsis audit results

Sepsis audit	% compliance
2017/18 (baseline 40%)	44% - 57%
2018/19 (target 80%)	Q1: 76% (84% when using local standard) Q2: 73.9% (80% when using local standard) 61.4%

\*National average Q1 – 68%

The logo for 'For Life' is written in a blue, handwritten-style font. The word 'For' is smaller and positioned above 'Life'. The 'L' in 'Life' is significantly larger and more stylized, with a long horizontal stroke that extends to the right.

## Priority 2 – Cardiac Arrest

- Aim:

To improve the support provided to clinicians on resuscitation and therefore improve the quality and outcomes for patients.

- Develop and implement a cardiac arrest strategy ✓
- Evaluate the Resuscitation Academy's '10 steps' action plan and agree and develop a new action plan aligned to the Cardiac Arrest Strategy ✓
- Roll out the new defibrillator technology to a wider group of clinicians, which provides live feedback on the quality of CPR delivered. ✓

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## Priority 2 – Cardiac Arrest

- Audit the resuscitation checklists used by staff to determine their benefit ✓
- Strengthen the mortality review process for cardiac arrest deaths whilst patients are under our care ✓
- Purchasing Community Public Access Defibrillators, through our NEAS Trust Fund to place in areas we feel would benefit most, based on our local intelligence – **increase in CPADS**

# Cardiac arrest - improving survival



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## Community Public Access defibrillators (CPADs)

CCG area	New CDPADs 18/19 (145)	Total CPADS (553)
Darlington	2	4
DDES	26	111
Hartlepool & Stockton	10	39
Newcastle & Gateshead	12	35
North Durham	10	27
North Tyneside	4	16
Northumberland	53	228
South Tees	23	50
Sunderland	5	19
South Tyneside	0	3
Yorkshire	0	1

# Community Public Access Defibrillators (CPADS)



**NEAS** @NEAmbulance · Feb 18

NEAS are part funding defibs in NORTHUMBERLAND:

- ➔ DH8 9 - Blanchland, Edmundbyers, Allensford
- ➔ NE67 5 - Ellingham to Beadnell
- ➔ NE44 6 - Riding Mill/Broomhaugh
- ➔ NE26 4 - Whitley Bay GC/Seaton Sluice/Old Hartley
- ➔ NE24 1 - Blyth

Find out more: [bit.ly/2BD623o](http://bit.ly/2BD623o)

**You could save somebody's life by installing a community defibrillator**



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# Community Public Access Defibrillators (CPADS)



**NEAS** @NEAmbulance · Feb 22

The following post code areas in HARTLEPOOL & STOCKTON are eligible for community defibrillators.

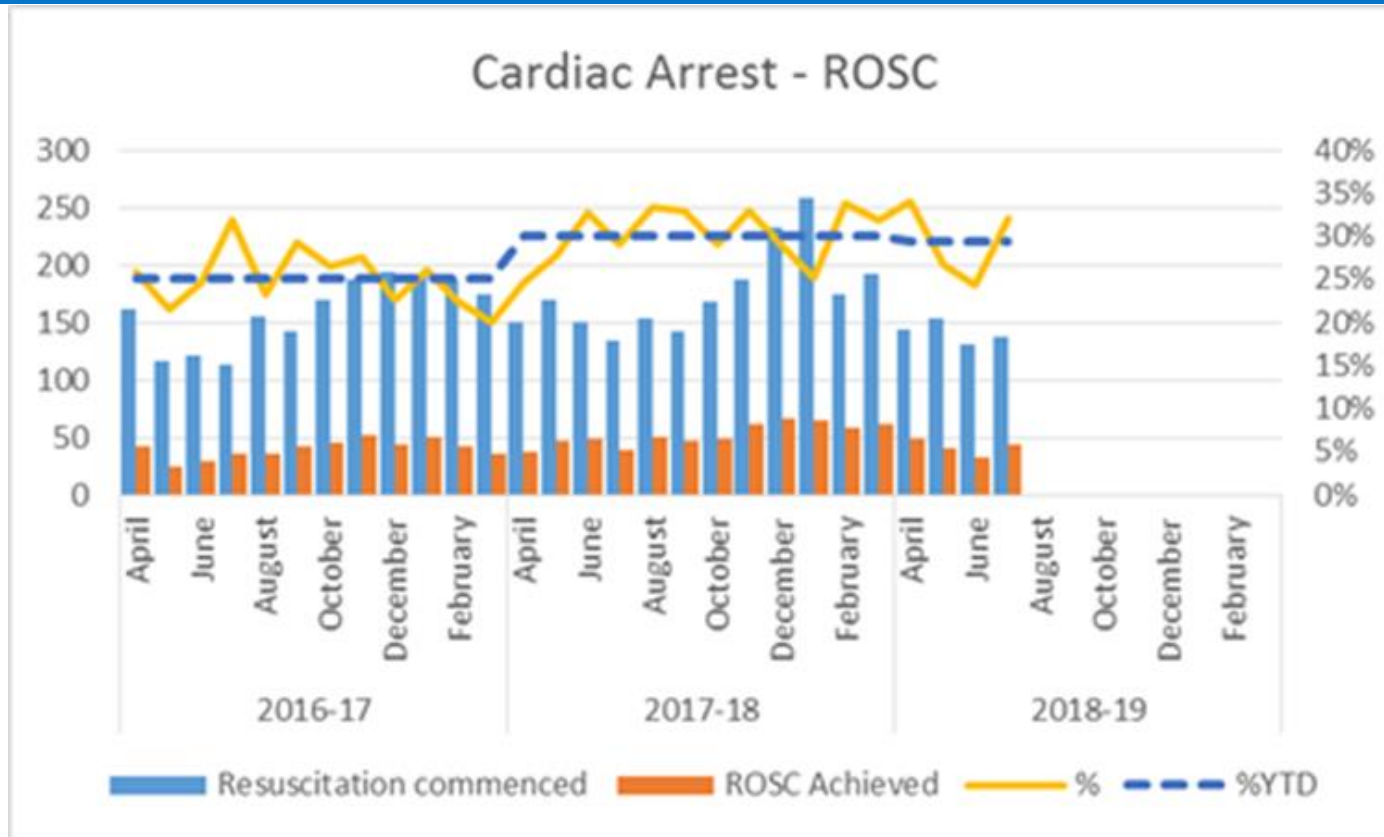
You can find out more about the partial funding you might be eligible for:  
[neas.nhs.uk/our-services/c...](https://neas.nhs.uk/our-services/c...)



Hartlepool & Stockton  
TS24 7 - Hartlepool  
TS25 2 - Hartlepool  
TS25 3 - Hartlepool  
TS17 7 - Stockton  
TS18 1 - Stockton  
TS18 2 - Stockton  
TS2 1 - Port  
Clarence/Seal Sands,  
Middlesbrough

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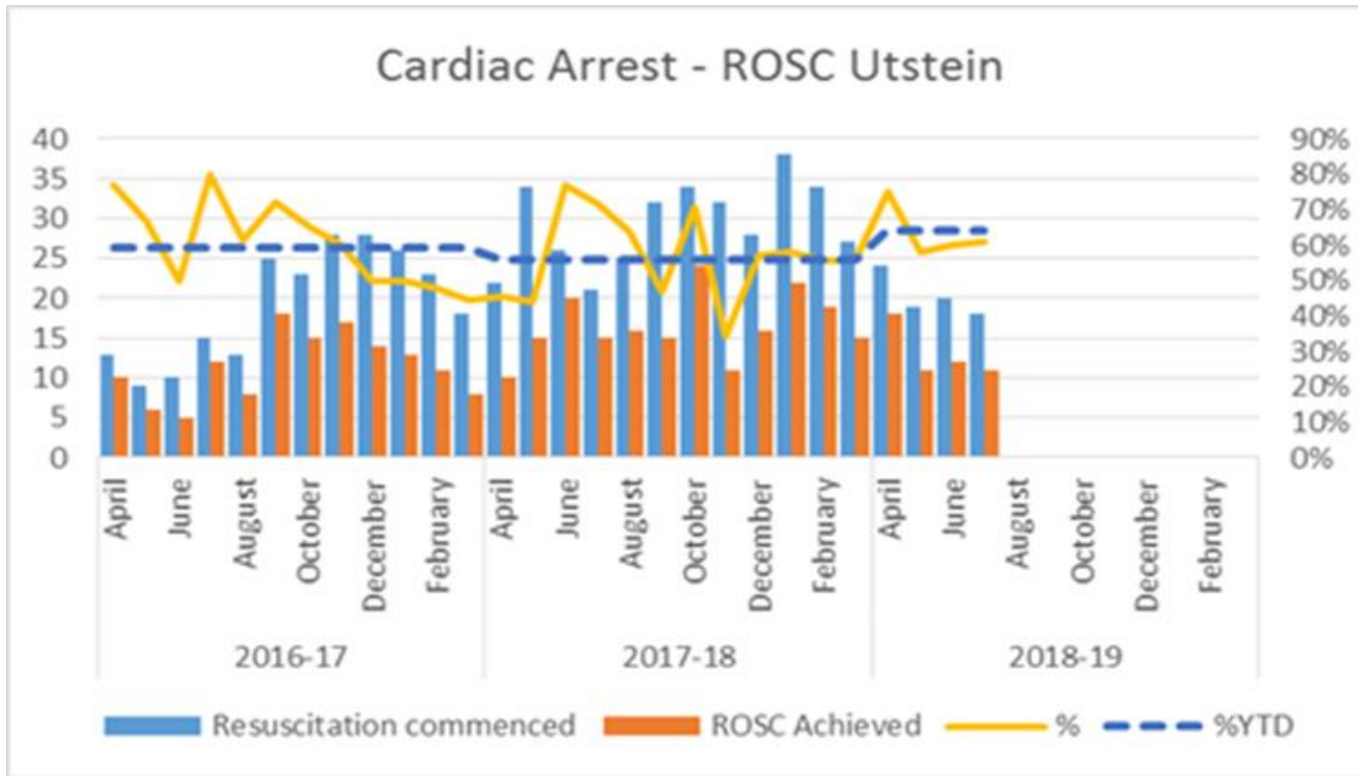
# Cardiac arrest – return of spontaneous circulation



ROSC has shown a 5% increase 2016/17 – 2017/18, and 2018/19 YTD is maintaining that level at 29.3%



# Cardiac arrest (witnessed) – return of spontaneous circulation



ROSC Utstein has seen a % decrease 2016/17 to 2017/18, however YTD is showing improvement at 64.2%.



## Priority 3 – Improving response to patients over 65yrs with non injury falls

- Enhance the use of real time performance feedback in EOC through use of a dashboard, pulling a range of information together to really focus on those patients with a long delay who have fallen
- **Dashboard developed and available to key staff in the trust**
- **Specialist dispatch desk has been developed**
- **Complaints relating to delays have reduced**





## Priority 3 - Falls

- Review the process for managing patients who fall and are over 65yrs old and are in the C4T category who experience long delays and the pathways to manage these – **process has been reviewed prior to commencing a number of Alternative Response Teams (ART)**
- **ART's live in:**
  - North Tyneside
  - County Durham
  - Sunderland
  - Newcastle and Gateshead

# North Tyneside Pilot

- Live Since Nov 2017
- Attended 40% of none-injury falls
- Average 20 minute response
- 0 Complaints



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# MDT approach to falls



- Paramedic and occupational therapist on NEAS RRV
- Financial Support from Newcastle and Gateshead CCG, NEAS provide Car + Equipment
- 65% not conveyed vs 25% Trust average

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# Community First Responders



16 CFRS trained  
Additional Trust Investment for Equipment  
18 incidents responded to since Nov 2018.  
55% of Patients able to be left in community

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## Priority 3 - Falls

- Lead an event with key stakeholders to look at how we can develop a regional approach to patient who are over 65 years and fall without obvious injury to improve patient experience – **stakeholder events held and ongoing networking to increase coverage of Alternative Response Teams. Work continues to provide specialist falls training into care homes across the North East and Cumbria**

## Priority 4 – Mental Health

- Introduce a three year Mental Health education programme to enhance the knowledge and skills of our frontline workforce to meet the care for patients with mental health needs

We have developed a 4 hour education session and year to date 83% of our patient facing staff have completed this. ✓

- Develop a Mental Health Strategy for the Trust – we have developed a high level strategy document, which will require further development ✓

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- Develop a mental health screening tool for paramedics to support clinical decision making and referral on to appropriate services

A tool has been developed in draft and will be reviewed by our new Mental Health Lead in 2019/20. ✓

- To work with pathway and service development leads in the two Mental Health trusts to ensure we have clear referral processes into mental health services for our crews in and out of hours – **partially achieved**

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## Quality priorities 2019/20

- Cardiac arrest – continue to build on this work, focussing on: early CPR – use of CPADs, technology to summon early help, call disposition timeframes
- Frailty – raise awareness with our staff, and review frailty assessment in the pre hospital setting
- Mental health – continue with developing and implementing our Mental Health Strategy and education programme

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## Quality priorities 2019/20

- Improve patient safety through our Just Culture programme
- Improving care of patients with dementia, by implementing our strategy and patient and carer engagement in shaping 'always events'
- Improving our end of life care work, looking at our dedicated transport service, DNACPR data and ED conveyance

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