



Manchester University  
NHS Foundation Trust

## Nursing & Midwifery Professional Debate

‘Does the Early Warning Score stop nurses thinking for themselves’

# Agenda

Welcome	Professor Cheryl Lenney, Chief Nurse
Background & purpose	Professor Ann Caress

## Vote

### Debate:

Proposing the motion	Sarah Pinnington, Senior Acute Care Clinical Educator
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Opposing the motion	Richard Cox, Matron/Patientrack Project Lead, Acute Care Team
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Seconder for the motion	Professor Ann Caress
Seconder against the motion	Professor Michelle Briggs

Debate Opens to the Floor (Question & Answer Session)

## Vote

Close	Professor Cheryl Lenney, Chief Nurse
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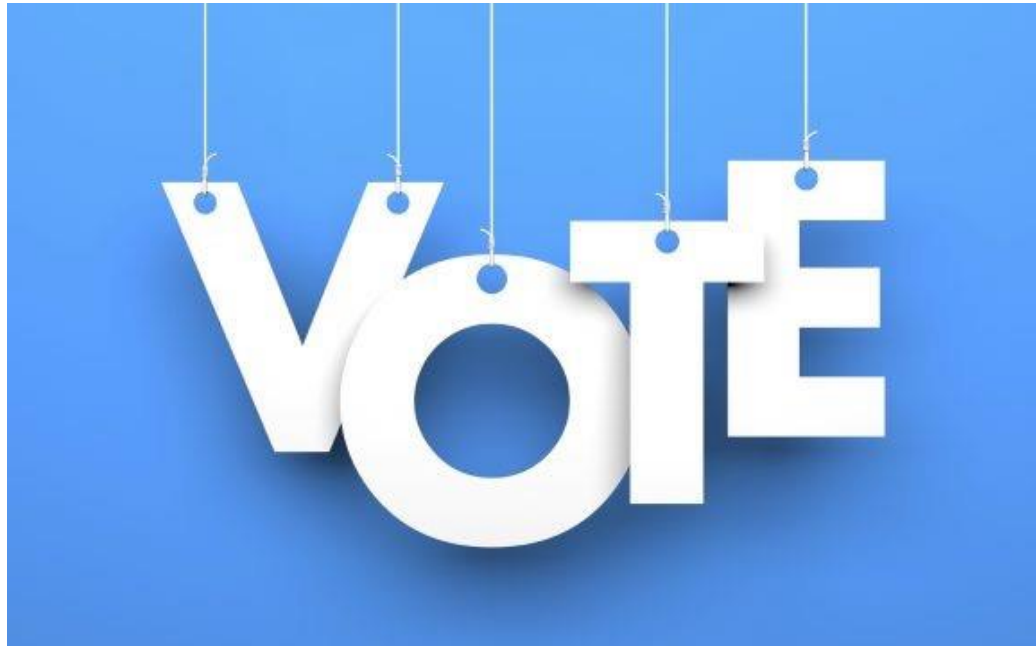


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**Welcome**

**Professor Cheryl Lenney**  
**Chief Nurse**

‘Does the Early Warning Score stop nurses thinking for themselves?’



‘Patients don’t suddenly  
deteriorate,  
we just suddenly notice’

# Emergency Bleep Meeting/High Level Investigations

Trends in deteriorating observations not recognised

Deterioration could have been identified earlier

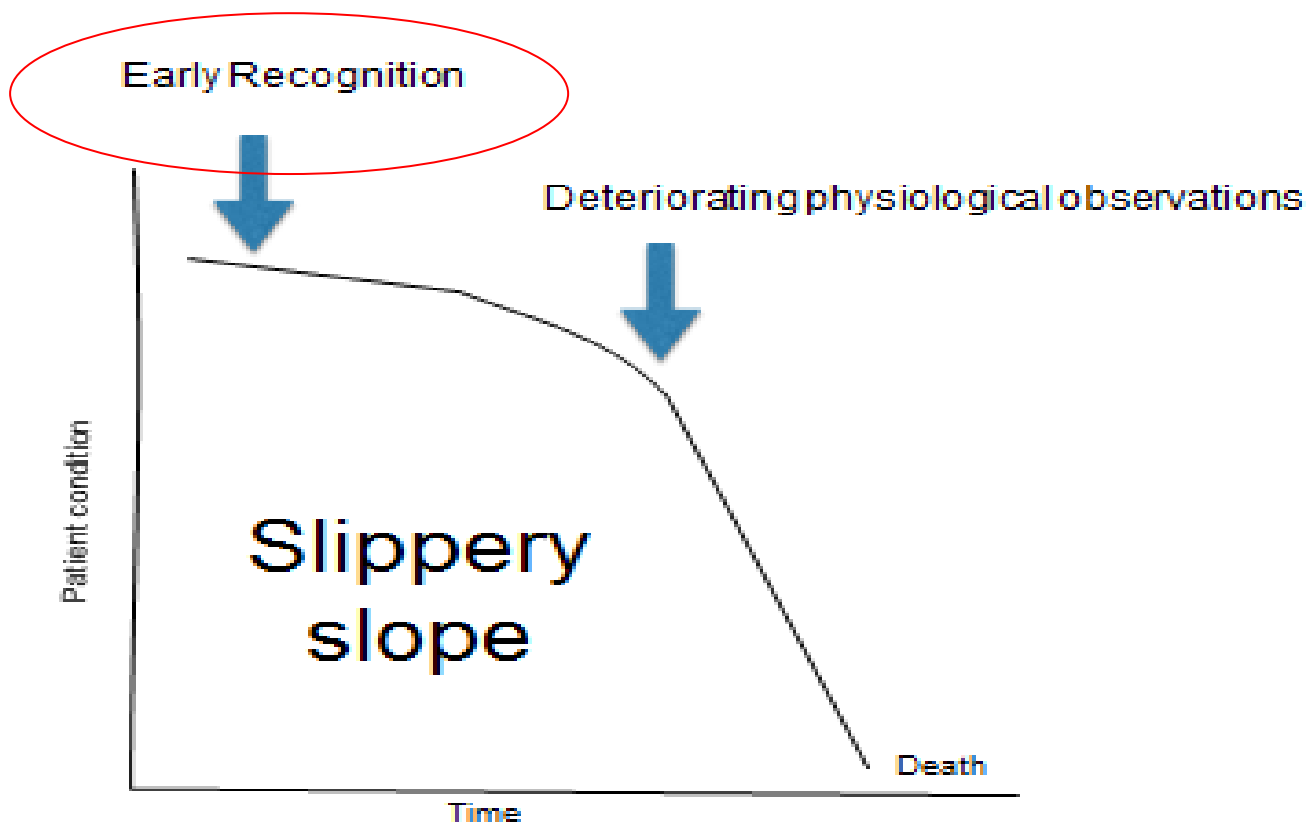
Nurse concern not escalated

Only triggered low risk

EWS not mirroring the acuity

Signs of early deterioration not picked up

# Detecting Deterioration



Are we relying on numbers to tell us that our patient is sick, rather than thinking for ourselves?





# Themes

## Recognition of the at-risk or deteriorating patient

Clinical judgement  
The individual patient

## Reporting deterioration

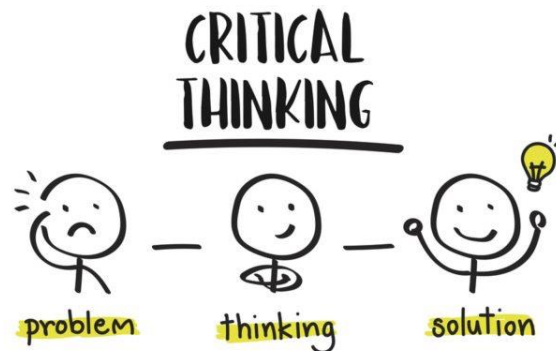
The decision to call  
Culture  
Communication and language

## Patient Assessment

The role of the nurse  
Recording vital signs  
Over reliance on the EWS

# ‘I knew they were sick’

Nurses often recognise deterioration in patients through clinical judgement rather than through routine measurement of vital signs  
(Douw et al 2015)



# What importance do we give observations?

Observations have become so routine, it is easy not to attach importance to them  
(NPSA 2007)



# Is it okay to ask for help?

Nurses may delay calling for assistance until the patient triggers on the Early Warning Score  
(Leonard et al 2015)



## In a perfect world...



...EWS would be real-time, with observations undertaken by skilled practitioners and be part of the toolkit to detect changes early

...nurses would apply their knowledge and experience to interpret the early signs of deterioration and see the bigger picture

**What we must always consider  
is that nurse concern should always be treated as a trigger**



incomplete clinical  
observation assessment



lack of confidence,  
knowledge & experience



poor or lack of safety nets

**...patients don't just suddenly  
deteriorate, we just suddenly notice...**



inappropriate or  
insufficient escalation



poor interpretation of  
findings



communication &  
language challenges

# ...but aren't we at risk of over simplifying the complexity of nursing care?

we know education, knowledge and experience is variable across nursing as well multiple additional supportive roles

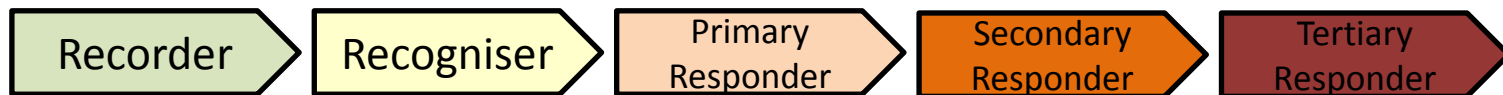
an EWS supports an investigative approach which leads to action and the decision to initiate nursing interventions accordingly (Burns et al, 2017)

therefore it's essential nurses and supportive roles have appropriate education to fulfil their roles caring for the sick patient (McGaughey et al, 2017)

# ...so it's about education and training, not EWS?

an EWS will have a response protocol providing escalation that is clear and unambiguous

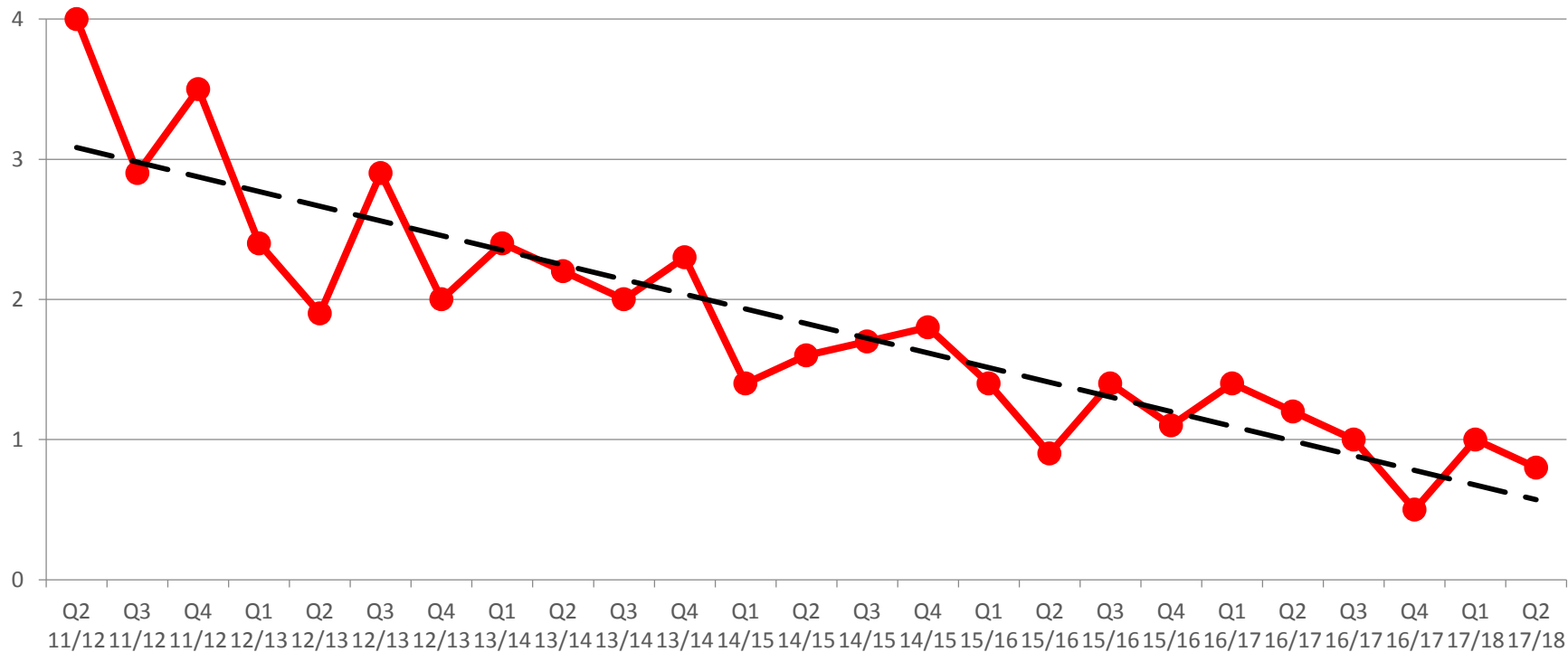
...therefore we must ensure those responding to the deteriorating patient have knowledge and skills... hence why NICE set out acute care competencies' encompassing







# ...is the EWS working?


Cardiac Arrest rate per 1000 admission (data collected from 2011)




# ...is the EWS working?


 70% of nursing EWS triggers resolve

 80% reduction in cardiac arrests since making the EWS work by going electronic

 study by Bannard-Smith et al (2015) since going electronic making the EWS work showed:

- a fall in risk of death over the 7yr period (2007-2014)
- risk of death out of hours admissions was not significantly different to in hours

 allowing parameters to be changed to their 'usual' physiology allows a much more personalised approach to care and appropriate flagging of deterioration

 achieved this without traditional CCOT team\*, may suggest using the EWS with the education is ensuring our nurses are well skilled to care for the sick patient

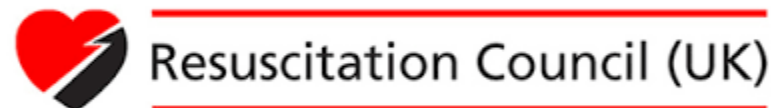
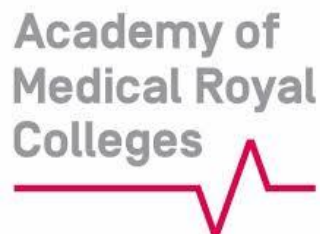
**...an EWS promotes critical thinking...**

**...but an EWS is only as good as the individual (and organisation) using the tool...**

**...and if I still haven't persuaded you, can  
all these organisations be wrong?**



England





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# Question & Answer Session

‘Does the Early Warning Score stop nurses thinking for themselves’







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**Close**

**Professor Cheryl Lenney**  
**Chief Nurse**