An RCN Accredited Conference

A Practical Guide to Recognising and Responding to the

Deteriorating Patient

Improving the reliability of patient observations and benchmarking practice to ensure the safety of acutely ill patients on the wards

Wednesday 1 December 2010  20 Cavendish Square, London

Topics include:

• Reducing harm associated with deterioration: national update from the National Patient Safety Agency
• Realising the importance of early recognition and response to deterioration: a patient experience
• Developing a Trust-wide quality improvement strategy to reduce Failure to Rescue and mortality rates
• Analysing the deteriorating patient care pathway to improve early intervention and quality of care
• Improving early recognition and care of the deteriorating acutely ill patient through training and education
• Improving practice in patient observations
• Using an electronic system to record observations and support escalation of the deteriorating patient
• Monitoring and assessing acutely ill patients against an early warning scoring system
• Improving detection and response to deterioration out of hours
• Detecting and managing signs of deterioration: looking for further solutions

Chair and speakers include:

Kate Beaumont
Head of Patient Safety for Deterioration
National Patient Safety Agency

Peter Murphy
Assistant Director of Nursing for Quality Improvement
Salford Royal Foundation NHS Trust

Mandy Odell
Nurse Consultant in Critical Care
Royal Berkshire Foundation NHS Trust
The Patient Safety First Deteriorating Intervention followed research showing that failure to rescue patients whose condition is rapidly deteriorating is an area of significant unintended harm in the healthcare environment.* Conference chair Kate Beaumont Head of Patient Safety for Deterioration at the National Patient Safety Agency will open this national conference with an update focussing on building on and continuing the success of the Deterioration Intervention and moving forward.

This will be followed by an important reminder of the need for early recognition and response to deterioration from a patient willing to share his perspective and offer advice on what would have made a difference to his experience.

The day will continue with a focus on the difference to Quality, Innovation, Productivity and Prevention (QIPP) improving recognition and response to deterioration can make, including the impact on Failure to Rescue rates and clinical outcomes, analysing the deteriorating patient care pathway, and education and training. This will be followed by presentations providing practical advice for recognising deterioration through patient observations and early warning scoring, and developing a whole-system approach by looking at out of hours and further solutions.

By closely monitoring changes in physiological observations, deteriorating patients are more likely to be identified before a serious adverse event occurs. Early identification is important to reduce mortality, avoidable morbidity, length of stay and associated healthcare costs.

* Recognising and responding appropriately to early signs of deterioration in hospitalised patients. NPSA

www.patientsafetyfirst.nhs.uk
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| 10.00 | CHAIR’S WELCOME AND KEYNOTE ADDRESS                                           | Improving detection and response to deterioration: national update from the National Patient Safety Agency:  
Kate Beaumont  
Head of Patient Safety for Deterioration  
National Patient Safety Agency  
- building on and continuing the success of the Patient Safety First Deterioration Intervention: progress to date and moving forward  
- implementing evidence based guidance and tools to reduce harm associated with deterioration  
- case study examples of best practice and adapting tools for non-acute sectors including: mental health, child health, maternity and the community |
| 10.40 | Realising the importance of early recognition and response to deterioration: a patient experience | Andrew Simpson  
Patient  
- my experience as a deteriorating patient  
- how my treatment could have been improved  
- the difference early recognition and response would have made to my experience |
| 11.10 | Questions and answers, followed by coffee and exhibition at 11.20             |                                                                                         |
| 11.45 | Developing a Trust-wide quality improvement strategy to reduce Failure to Rescue and mortality rates | Peter Murphy  
Assistant Director of Nursing for Quality Improvement  
Salford Royal Foundation NHS Trust  
- measuring for improvement  
- nurse empowerment: moving from manual to automated observations  
- scale up and spread  
- redefining culture |
| 12.10 | Analysing the deteriorating patient care pathway to improve early intervention and quality of care | Caroline Spencer  
Acutely Ill Patient Project Lead  
Guy’s and St Thomas’ NHS Foundation Trust  
- analysing the deteriorating patient care pathway: picking up unusual variation, patterns and avoidable mortality  
- making improvements to ensure early intervention  
- reducing unintended harm: the impact on quality of care, patient experience, cost savings at Guy’s and St Thomas’  
- tools, techniques and checklists that can support early recognition and response of the deteriorating patient |
| 12.35 | Improving early recognition and care of the deteriorating acutely ill patient through training and education | John Welch  
Consultant Nurse  
University College London Hospitals NHS Foundation Trust  
- training and educating frontline staff to recognise and respond early to the deteriorating acutely ill patient  
- measuring and monitoring improvements across Trusts and regionally through case note review  
- raising awareness and engaging multidisciplinary staff to prevent avoidable in-hospital deaths |
| 13.00 | Questions and answers, followed by lunch and exhibition at 13.10              |                                                                                         |
| 13.45 | Monitoring and assessing acutely ill patients against an early warning scoring system | Case study: the Newcastle Paediatric Early Warning Scoring Charts  
Dr Natalie Quinn  
Junior Doctor, Core Training 1 Anaesthetics  
Newcastle upon Tyne Hospitals NHS Foundation Trust  
- designing and implementing four new age-specific paediatric early warning scoring charts: our experience  
- elements of the new charts critical to early identification of deteriorating acutely ill patients  
- monitoring and assessing acutely ill patients against an early warning scoring system: the impact on patient safety |
| 13.00 | Questions and answers, followed by lunch and exhibition at 13.10              |                                                                                         |
| 15.00 | Improving detection and response to deterioration out of hours               | Suzanne Levy  
Critical Care Outreach Nurse Specialist  
Hornerton Hospital NHS Trust  
- working with the out of hours teams to improve detection and response to deterioration  
- focussing on outreach by intensive care staff and monitoring the number of outreach and cardiac arrest calls  
- using the Productive Ward module on observations |
| 15.45 | Improving detection and response to deterioration out of hours               | Mandy Odell  
Nurse Consultant in Critical Care  
Royal Berkshire Foundation NHS Trust  
- looking for further solutions beyond rapid response systems including early warning scores  
- the value of “knowing the patient” and “patient recognition”  
- involving the patient, relatives and carers as valuable sources of information: the patient and relative initiated critical care outreach service at the Royal Berkshire |
| 16.15 | CLOSING PRESENTATION: Detecting and managing signs of deterioration: looking for further solutions |                                                                                         |
| 16.45 | Questions and answers, followed by close                                     |                                                                                         |
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**Venue**
20 Cavendish Square, London, W1G 0RN. A map of the venue will be sent with confirmation of your booking.

**Date**
Wednesday 1 December 2010.

**Conference fee**

- £365 + VAT (£428.88) for NHS, social care, private healthcare organisations and universities.
- £300 + VAT (£352.50) for voluntary sector/charities.
- £495 + VAT (£581.63) for commercial organisations.

The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 17.5%.

**Group rates**
A discount of 15% is available to all but the first delegate from the same organisation, booked at the same time, for the same conference.

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