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## How can early warning scores be effective when vital signs aren't recorded correctly?

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**Statement of the Problem:** Early warning scores rely on correct taking of observations such as: blood pressure, heart rate, respiratory rate, temperature, oxygen saturations and conscious levels, and accurate recording of the results.

**Methodology & Theoretical Orientation:** A lead nurse for electronic observations and a lead nurse for sepsis were appointed at Hull and East Yorkshire Hospitals NHS Trust. Whilst reviewing current practice both specialist nurses carried out observational studies and point prevalence survey which revealed some gross inaccuracy in taking and recording clinical observations and a lack of understanding amongst staff of the significance of the observation results.

**Findings:** It was discovered that many nursing auxiliaries and health care assistants that are carrying out observation have never formally been taught how to do them or the meaning of them. More surprisingly some qualified nurses were taking them incorrectly and some documenting them incorrectly.

**Conclusion & Significance:** These observations raised the question of have staffs ever been assessed for competency of taking observations? In response, the Trust has introduced mandatory training of all staff in observations and sepsis (SOB's) followed by a mandatory competency assessment. During the training sessions, a policy of openness and honesty has been paramount and has resulted in some staff admitting they had problems recording observations but were either scared or embarrassed to admit it. Some newly qualified nurses shared that they had changed the way they did observations to match the way more experienced staff on the wards were doing them despite having been taught the correct way in University.

**Recommendations:** Having talked about this at the regional sepsis forum other NHS Trusts are now reviewing how observations are carried out in their hospitals and are developing similar training packages.