Methodist Health System
Omaha, Nebraska
• 3 Acute Care Facilities
  Methodist Hospital
  Jennie Edmundson Hospital
  Methodist Women’s Hospital
• 740 Licensed beds
• 59,525 Discharges

Organizational Background

History
• Early detection, timeliness and competency of clinical response positively impacts patient outcome
• The use of ‘early warning scores’ (EWS), to identify and respond is advocated
• A number of EWS systems exist, no standard in the industry
• Organization had NO EWS Tool

Methodology
• Clinical Team Assembled
  • bedside RN’s, APRN’s, unit leaders, Informatics
  • Literature search for EWS tools
  • Reviewed tools and evidence related to each
  • Tool Selection
  • Project team for implementation
    • Clinical, Informatics, Leadership, Electronic Medical Record (EMR)/Vendor, IT Analysts
    • Defined Project Objectives

Objectives
• Implement an Automated Early Warning tool within the EMR
• Decrease # of unplanned transfers to ICU by 30%
• Decrease # of inpatient medical emergencies by 50%
• Decrease # of medical emergencies outside of ICU by 30%

National Early Warning Score
• Royal College of Physicians Acute Medicine Task Force commissioned group to develop in 2007
• Published in 2012/revised 2015
• Only research/evidenced based tool published
• Excluding Parameters
  • Interventions
• Excluded Populations
  • OB, Under age 18, ICU

Results

NEWS Alerts by Level

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<tr>
<th>NEWS Alerts by Level</th>
<th>Documentation Compliance</th>
<th>RRT-ICU Transfer</th>
<th>RRT-Code Blue</th>
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RRT-ICU Transfer

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RRT-Code Blue

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Implications for Practice
• Education essential
• Value of risk scoring tool
• New LOC assessment
• Reduce burden of alerting
• Too many alerts
• Staff not trained in alert tool
• No policy for addressing alerts/alert management
• Monitoring for compliance not assigned
• Alert management
• Implementation of interventions with alert
• Staff accountability plan lacking

New “NEWS” Evidence

qSOFA, SIRS, and early warning scores for detecting clinical deterioration in infected patients outside the ICU

“Commonly used early warning scores are more accurate than the qSOFA score for predicting death and ICU transfer in non-ICU patients. These results suggest that the qSOFA score should not replace general early warning scores when risk-stratifying patients with suspected infection.”