Making an “Im – PACT”
An Education Program for the Early Identification of the Deteriorating Patient
PACT Project

- P = Patient Assessment
- A = Assertive Communication
- C = Continuum of Care for Patient Safety
- T = Team Work with Trust
Project Summary

- Shift to shift nursing handover

- Nurse to Doctor communication in the instance of a deteriorating patient
Considerations/Challenges

- No resident medical staff
- Nurses communicate directly with Consultants, especially out of hours
- Reliance on telephone communication, often mobiles
- Casual, part-time, junior staff
Staff Education

- Two one hour workshops
- Patient Assessment
  - CAB SAVI acronym
  - Case Studies – local and Coroner’s
- Assertive Communication
  - SBAR Tool
  - Communication strategies
Patient Assessment

- Knowing your patient!
- Establishing a baseline and being able to identify change
- Being prepared to communicate/handover/document
- A structured approach
Patient Assessment
CAB SAVI

- C - Conscious state
- A - Airway
- B - Breathing
- S - Sphygmo! Systolic!
- A - All round
- V - Vital signs
- I - Intuition and insist, get help if required.
Assertive Communication Workshop

- Attributes of ‘good’ communication
- Outcomes of ‘poor’ communication
- Strategies for effective communication
- Reinforcement of ‘MET’ criteria
- Introduction of SBAR Tool
SBAR Communication Tool

- Reporting ‘MET’ criteria
- Flowchart
- Standardised template
- Prompts and scripts
- Part of the health record
WHEN AND HOW DO I USE THE SBAR COMMUNICATION TOOL?

WHEN DO I USE IT?

When a patient meets the SBAR criteria.

SBAR Criteria = Any change in a patient’s condition that you are concerned about and need to call a doctor.

HOW?

Follow the SBAR flowchart:

- You are concerned about a patient’s condition
- Is this life threatening? Do you need to call a Medical Emergency?
  - Yes, Call for help immediately
  - No
- Does my patient meet the SBAR Criteria?
  - Yes, Have you considered all relevant current doctor’s orders, clinical pathways, standing orders and protocols?
  - Yes, Conduct a thorough Patient Assessment. Complete the SBAR Communication Tool
  - Notify NUM/Supervisor of your patient’s condition and intent to call doctor
  - Ensure that you have all relevant information regarding the patient including charts
  - Ring Doctor and follow SBAR tool for the prompts. Document on the tool doctor’s orders, actions and outcomes.
**Situation**

- Time and Date: ...................................................
- Identify yourself
- Identify your Unit
- Give the patient’s name
- State current patient location
- Briefly state the problem
- Identify when it happened / started

**Problem** ........................................................................

- State severity
- Severe □ Very concerned □ Concerned □ Controlled □
- Name of professional being contacted
- Number called / contact reached (eg mobile / pager)
- Number and time of attempts made to reach person being called

**Background**

- Admitting diagnosis / operation ...........................................................
- Date of admission ..........................................................
- Most recent vital signs
  - BP .....................................................
  - HR .....................................................
  - Temp .....................................................
  - Pain Score ............................................
  - RR .....................................................
  - $O_2$ .....................................................
  - Urine output .....................................................
- Pt on oxygen? □ Yes □ No
- Litres / min .....................................................
- IV Fluid .....................................................
- Test Results ........................................................................
- Pt mental state ........................................................................
- Assessment of skin / extremities .....................................................

**Assessment**

- Your assessment should be concise, clear, assertive, and factual
- ........................................................................
- ........................................................................
- ........................................................................
- ........................................................................

**Recommendations**

- Examples of recommendations may include:
  - Pt needs to be seen now
  - Order change
  - Transfer to alternate facility
  - Request for tests needed
  - Talk to the patient and/or family

- I suggest / request that: .....................................................
- ........................................................................
- ........................................................................
- ........................................................................
- ........................................................................

- Does Dr want a response back – what parameters do they wish to be notified about – phone number to contact and time
- ........................................................................
- ........................................................................
- ........................................................................

- Doctor’s Orders / comments .....................................................
- ........................................................................
- ........................................................................
- ........................................................................

**Outcome** ........................................................................

- ........................................................................
- ........................................................................
- ........................................................................

- Print Name: .....................................................
- Signature: .....................................................
- Designation: .....................................................
Outcomes

- Work in progress

- Early indications
  - ↓ medical emergency calls
  - ↑ transfers up and out

- Anecdotal
  - ↑ confidence
  - ↓ stress

- Identification of clinical trends
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