

ACCORD

All Cause Clinical & Organisational Response to Deterioration

For Adult (≥ 16 non-pregnant) patients

11th May 2018

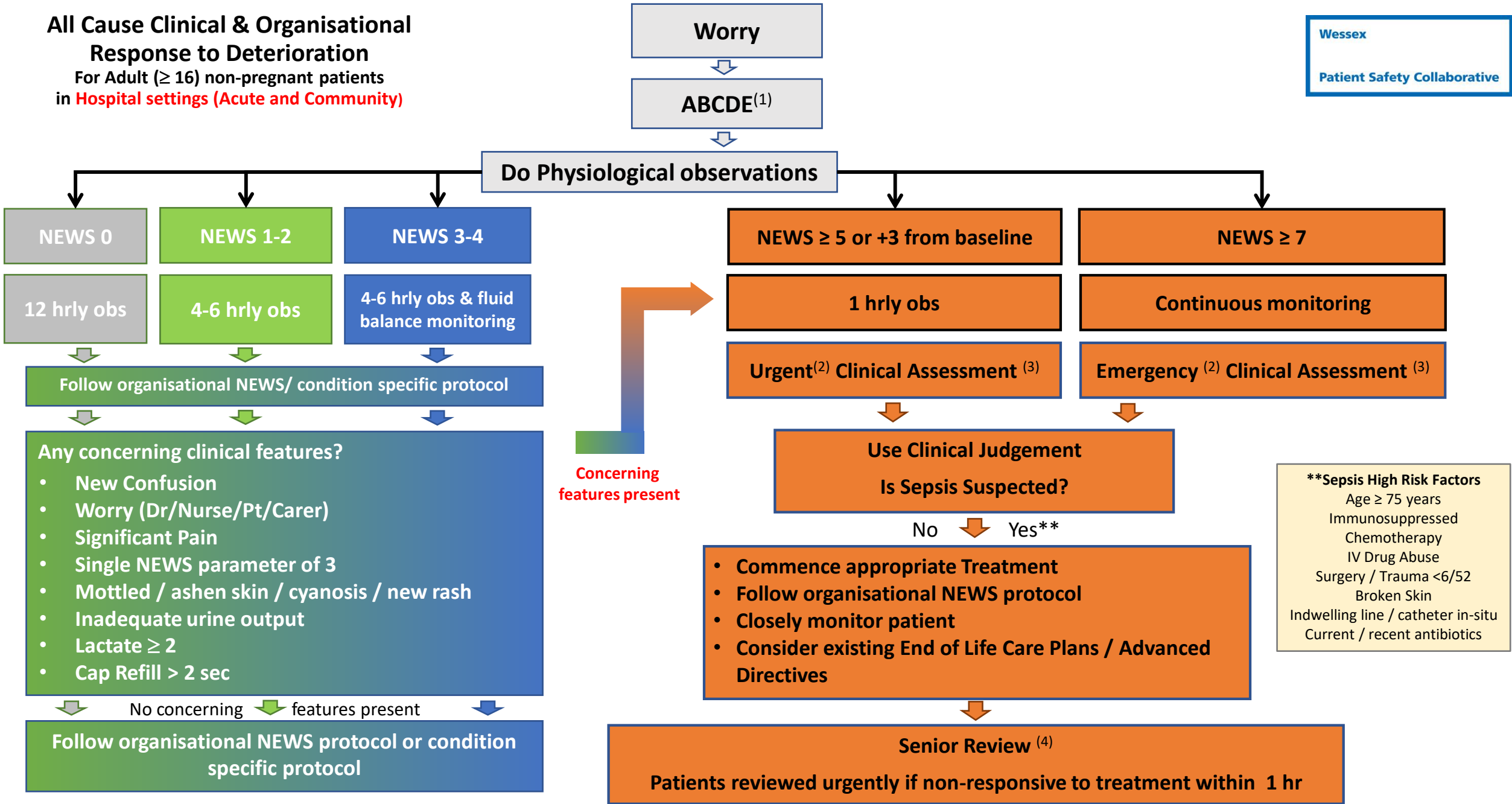
Guidance includes models for the following healthcare settings

- Hospital (Acute and Community)
- Primary Care including Out of Hours (In Practice and in Patient's homes)
- Care Homes (Nursing & Residential)

This document outlines guidance for different healthcare settings and includes templates which organisations can adapt for use in their own local care settings in alignment with ACCORD guidance.

All Cause Clinical & Organisational Response to Deterioration

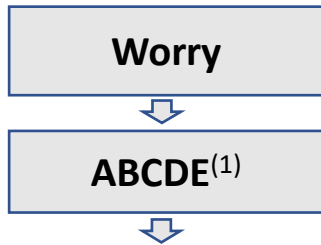
For Adult (≥ 16) non-pregnant patients in Hospital settings (Acute and Community)



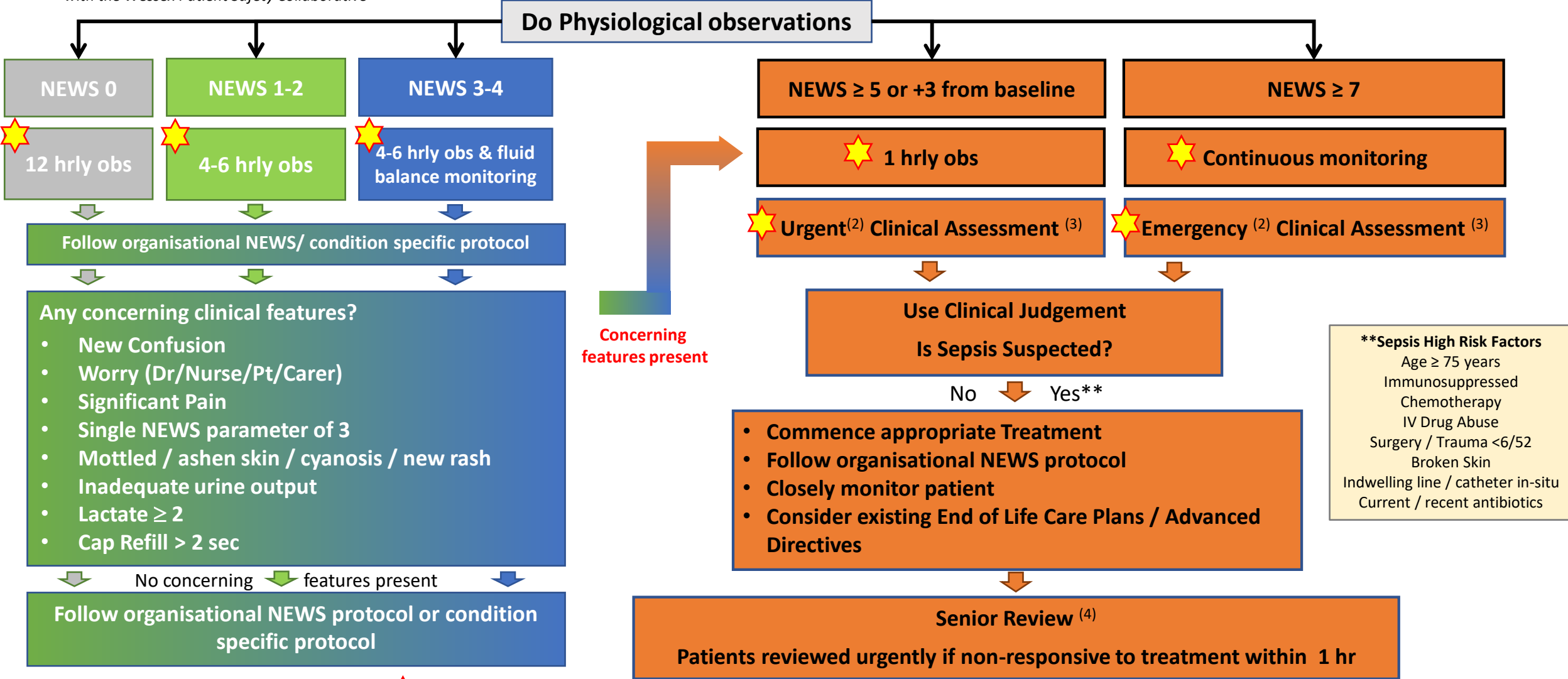
1. ABCDE = Airway, Breathing, Circulation, Disability, Exposure; 2. Urgent/Emergency response times to be defined locally by organisation 3. Clinical assessment /senior review: to be completed by a competent healthcare professional as per organisational protocol. ** Represents CQUIN time zero in hospitals (If Suspected Sepsis is diagnosed in the community, CQUIN time zero is the time of entry to hospital)

★ AN Other Trust - All Cause Clinical & Organisational Response to Deterioration
For Adult (≥ 16) non-pregnant patients
in Hospital settings (Acute and Community)

This organisational guidance has been developed in partnership with the Wessex Patient Safety Collaborative



★ Indicates parameters which need to be agreed locally (and defined in relevant Trust policies where appropriate)



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- **Sepsis High Risk Factors**
- Age ≥ 75 years
 - Immunosuppressed
 - Chemotherapy
 - IV Drug Abuse
 - Surgery / Trauma <6/52
 - Broken Skin
 - Indwelling line / catheter in-situ
 - Current / recent antibiotics

All Cause Clinical & Organisational Response to Deterioration

For Adult (≥ 16) non-pregnant patients in **Primary Care settings**

Wessex

Patient Safety Collaborative

NEWS 0-2

NEWS 0-2 This score indicates the Patient is at LOW RISK

Follow organisational NEWS protocol. Consider:

- if the patient is safe to be left at home and/or
- safe to be reviewed in 4-12 hrs with safety netting
- Or if clinically appropriate, referral

NEWS 3-4

NEWS 3-4 This score indicates the Patient is at LOW RISK BUT may require secondary care assessment

Follow organisational NEWS protocol. Consider:

- Early repeat observations until NEWS improves
- Prompt Clinical review & based on judgement:
 - Hospital admission **or**
 - Planned review in 4-12 hours with open self-referral if deterioration.

*NB. knowledge of previous observations (within last 6 mths) is very important as some patients normally 'run' a low BP or hypoxia.

NEWS ≥ 5

OR Concerning Features
(see box)

NEWS ≥ 5 Patient is at MEDIUM RISK

**Pt's physiological parameters indicates systemic distress & organ dysfunction
OR Concerning clinical features are present (see box)**

- It is Likely that **Urgent** (1hr) hospital assessment will be required based on Clinical judgement
- Consider any existing **End of Life Care Plan / Advanced Directive**

NEWS ≥ 7

**NEWS ≥ 7 Patient is at HIGH RISK
Severe systemic distress likely**

999 escalation with continuous monitoring until transfer

Any concerning clinical features?

- High Risk Patient (*see box)
- New Confusion
- Worry (Dr/Nurse/Pt/Carer)
- Significant Pain
- Single NEWS parameter of 3
- Mottled / ashen / cyanosis / new rash
- Not passed urine in 8 hrs
- Feeling short of breath

***High Risk Patient**

- Age ≥ 75 years
- Immunosuppressed
- Chemotherapy
- IV Drug Abuse
- Surgery / Trauma $<6/52$
- Broken Skin
- Indwelling line / catheter in-situ
- Current / recent antibiotics

A NEWS 5 or more in the presence of suspected infection should prompt the clinician to **THINK SEPSIS!**

A N Other All Cause Clinical & Organisational Response to Deterioration

For Adult (≥ 16) non-pregnant patients in **Primary Care settings**

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 *Replace example logo with organisations own logo / branding*

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All Cause Clinical & Organisational Response to Deterioration

For Adult (≥ 16) non-pregnant patients in **Care Home settings**

Wessex

Patient Safety Collaborative

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All Cause Clinical & Organisational Response to Deterioration

For Adult (≥ 16) non-pregnant patients

ACCORD - All Cause Clinical & Organisational Response to Deterioration has been developed to help expand the use of the National Early Warning Score (NEWS 2) across Wessex as part of Wessex PSCs Local Change Plan for Deterioration.

Our aim in producing this guidance is to encourage the development of a consistent language and approach to the management of physical deterioration and to help ensure that escalation pathways within and between healthcare organisations are aligned to a common understanding and set of thresholds. We believe ACCORD is going to make a huge contribution to shaping a consistent approach to Deterioration and the use of NEWS2 across Wessex and nationally and thereby, most importantly, improving patient outcomes.

The clinical content of ACCORD is based on the NHSE “Sepsis guidance implementation advice for adults.” (NHSE Sept 2017) and the Royal College of Physicians “Standardising the assessment of acute-illness severity in the NHS.” (RCP Dec 2017)

Please note that providers from non hospital settings may want to seek internal Governance approval for any patient pathway as the RCP NEWS tool has, to date, only been recommended by NHSE for use in hospitals including mental health hospitals and in ambulance services and in prison healthcare .

The authors of ACCORD are:

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- Dr Usha Couderc, GP Clinical lead for Primary Care, Wessex PSC
- Geoff Cooper, Programme Lead for Deterioration, Wessex PSC

A special thank you also to those members of the Wessex Deterioration Network who participated in the workshops and have shared their clinical expertise in helping to produce this resource.

Prior to August 2019 ACCORD was known as the Wessex All Cause Deterioration (including Sepsis) Guidance (WACDG)

Issue date: 11 May 2018