Healthcare Organization Commitment

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Commitment Details

Commitment Name
Preventing Patient Deterioration at a General Surgical Ward

What Patient Safety Challenge does your Commitment address?

Commitment Start Date
02/03/2016

How Many Hospitals Will This Commitment Represent
1
Commitment Summary
Serious clinical deterioration of patients in hospitals is often both predictable and preventable. Early recognition of patient deterioration has been identified as the primary determinant of the success of medical treatment with appropriate and timely intervention. Failure to do so has for long been a cause of unexpected cardiac arrests, deaths and unplanned admittance to intensive care units. The standard-of-care today to monitor vital signs at a ward is intermittent at the discretion of the attending and nurses by the use of manual observations and rating scales. Continuous patient monitoring offers an alternative to intermittent manual observations of vital signs.

Commitment Description & Detail
The aim of this project is to study if continuous monitoring of vital signs at a general surgical ward will decrease the number of rescue events and unplanned transfers to ICU, and reduce the time to detection of surgical complications such as bleeding, leakage from the gastrointestinal tract, peritonitis and ileus.

Action Plan
All patients admitted to a general surgical ward (26 slots) will be connected to a wireless patient surveillance system (Patient Safety Net ™) which non invasively measures pulse rate, oxygenation of blood (SpO2) and respiratory rate. For patients with risk of bleeding, non-invasive hemoglobin (Hb) will also be measured continuously. A multi-professional project team with nurses, physicians and researchers will plan the implementation with focus on: • Education and learning activities • Written guidelines • Bed-side support with opportunities to give and receive feed-back • Observations and focus-group discussions about obstacles and opportunities with continuous monitoring, including aspects of alarm fatigue

Commitment Timeline
• Planning phase started in 2014 • The monitoring system installed and ready to use in December 2015, start of implementation phase • The action phase with data collection started in March 2016 • Data collection for Commitment ends May 2017