Know the Score - The 5 key elements
Our patient safety pentagon

Know the Score - Our patient safety mission

To make a hospital safe we try to avoid harm. We try to reduce the impact when it does happen or we try to prevent it from happening in the first place.

Many cardiac arrests needing CPR in hospitals are preventable. The mortality rate from in-hospital cardiac arrest is very high.

Prevention is better
By identifying, treating and escalating deteriorating patients rapidly, we can prevent cardiac arrests which should not happen.
By making decisions earlier, using HACP and DNACPR, we can avoid futile and traumatic CPR where it has no chance of success.

All preventable cardiac arrests prevented
All avoidable CPR avoided
This makes a hospital safe.

Right > Obs > Right Path > Right Outcome

Right Obs
More than 15,000 sets of observations are carried out in the VHK every week. A full set of observations include SpO₂, RR, PR, AVPU, BP and Temperature.

Right Path
Any deteriorating patient must have 1 of 3 decisions made:
1. Safe to stay on ward for now with observations, plan and review.
2. Must be transferred to HDU or ITU now.
3. Should have DNACPR and HACP form completed.

Right Outcome
Some patients may have come to the end of their treatment options and should be allowed to die with dignity and respect.
Many patients are expected to make a recovery and should not be allowed to deteriorate further or have a cardiac arrest.
**Know the Score**

Our patient safety pentagon

> The 5 key elements

---

**USE FEWS - Fife Early Warning Score**

1. Always do **full set** of observations: SpO₂, RR, PR, AVPU, BP and Temperature
2. Calculate FEWS. Record on Patientrack or on FEWS chart
3. Review the chart
4. Use the Escalation Chart to decide who should be involved

**STICKER - Scottish Structured Response**

1. If FEWS 3 or more, complete an SSR sticker. One sticker per episode per 24 hours
2. If the SSR sticker choices are not clear, get senior opinion
3. Document a plan and follow it

**HACP - Hospital Anticipatory Care Plan**

1. Anticipate deteriorating health. Use SPICT to help identify patients at risk of dying
2. Plan ahead and talk to patients and family
3. Use HACP to communicate plan to the team

**DNACPR**

1. If a patient is unlikely to survive CPR or CPR would not be appropriate then discuss and complete DNACPR
2. Complete HACP
3. DNACPR must follow the patient

**LEARNING**

1. Report all cardiac arrests in DATIX
2. Complete SBAR and participate in review process
3. Shared learning with clinical team and organisation