**Request for Information – Feedback Summary Sheet**

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| **Request made by:** | | Karen Cotton | | **Responses to be sent back to:** | [karencotton@nhs.net](mailto:karencotton@nhs.net) |
| **Date request made:** | | 18/01/2017 | | **Date sent out:** | 24/01/2017  Return on 18/04/17 |
| **Details of Request:** | | I have received a query with regard to alerts that may be delivered by your Critical Care computerised information​ systems (CIS). I would appreciate any advice, policies etc. on the following please:   1.  Can you set alerts e.g. for important out of range blood results such as potassium or blood glucose?  How many alerts do you have set on your system?  2.  Would you have to validate an alert to say that you have seen it and are acting upon it?  What is the process for this?  3.   Would there be a line of responsibility after the bedside nurse? i.e. who is held accountable for checking and actioning alerts, is it more than one person?  4.  In summary, do you have any guidance/policies on validation of CIS alerts? if so would you mind sharing, if not would you drop me an email to say you don’t have guidance. Apologies to those who do not have computerised systems. | | | |
| **No.** | **Response Received From:** | | **Details of Response:** | | |
| 1 | [Paul.Southern@bthft.nhs.uk](mailto:Paul.Southern@bthft.nhs.uk)  Bradford Teaching Hospital | | 1. All alerts are set to normal / abnormal / critically abnormal as defined by the RCPATH / CPA accreditation  2. All blood science results require validation by the requesting clinician or their defined deputy.  3. Blood results can be validated by anyone who is a clinician if they are given the access and placed in that wards pool.  4. We are adherent to RCPATH guidance, and can share this with you.  This applies to our post EPR go-live which is August 2017 | | |
| 2 | [Patricia.rowan@rlbuht.nhs.uk](mailto:Patricia.rowan@rlbuht.nhs.uk)  RLBUHT | | 1 Alerts are set by IT I assume with medical approval and can be seen on a quick view screen  ( a red cross alert) to show out of range readings and when you open full report  further information is available    2 whoever opens the report is logged but no report is made on actions taken    3  Bedside nurse usually actions any abnormal blood results e.g. Mg, K  etc  replacements. Guidance and decisions would be made @ ward round or Drs contacted if necessary.    4 I don’t a policy to hand but we are covered by Data Protection, IG, GMC guidelines. I have contacted out IT department and they have no guidelines they can give me. | | |
| 3 | [s.green@nhs.net](mailto:s.green@nhs.net)  ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST | | We use the Philips system ICCA. At present the only alerts we have are within abnormal values within blood result including ABG’s and duration of in situ. We have configured an alert for turning but not yet used it. The configuration of these is quite difficult as it involves understanding computer calculations. Because of this it restricts their use. As yet we don’t have any guidance and as I configure the system and being one of the Senior nurses I am not sure I would use guidance. My thought would be that we would discuss them at a senior meeting. Within ICCA the nurse has to acknowledge the alert and save it using their details so we have a record of the events. | | |
| 4 | [Michele.Platt@sfh-tr.nhs.uk](mailto:Michele.Platt@sfh-tr.nhs.uk)  Mid Trent Critical Care Network | | We have an AKI alert system which is fed through our lab results system to our outreach team and all doctors  It was designed by the team at Nottingham University Hospitals – so that might be a good place to start | | |
| 5 | [Robin.Belcher@meht.nhs.uk](mailto:Robin.Belcher@meht.nhs.uk)  Mid Essex Hospital | | 1.       Can you set alerts e.g. for important out of range blood results such as potassium or blood glucose?  How many alerts do you have set on your system?    We keep this fairly simple to be honest.  Vitals that are out of a pre-defined range come across in red to emphasise they are out of normal range.    2.       Would you have to validate an alert to say that you have seen it and are acting upon it?  What is the process for this?    Our system has the ability to send alerts which we would need to validate to aknowledge but we do not use this functionality… it was found to be slowing our system down in the past.    3.       Would there be a line of responsibility after the bedside nurse? i.e. who is held accountable for checking and actioning alerts, is it more than one person?    As previously stated we do not send alerts, rather the observation is highlighted as abnormal.  The bedside nurse does then have to validate the data.  The NIC or more senior nurse would be expected to be informed of abnormal values.    4.       In summary, do you have any guidance/policies on validation of CIS alerts? if so would you mind sharing, if not would you drop me an email to say you don’t have guidance.    We don’t have any formal guidance/policies on validation of CIS alerts as the system does not send alerts as such.  More simply data out of normal range is highlighted and should be addressed by the bedside nurse and/or escalated to senior colleague +/- the NIC. | | |
| 6 | [Andrew.Freeman-Fielding@UHBristol.nhs.uk](mailto:Andrew.Freeman-Fielding@UHBristol.nhs.uk)  British Royal Infirmary | | At the Bristol Royal Infirmary we have 4 critical care areas on a CIS system, the General ITU has alerting in place in 2 ways.  Firstly we have the alerts from the Philips CIS system which will alert if ABG results/labs are deranged or if any value is out of a clinical range eg systolic <90mmhg in which case the data will be change colour to be more visible on the observation chart.  The nurse when they save the data from the system is acknowledging these alerts and validating them.  We also use a system that pulls data from the system which is then displayed on plasma screens around the unit this looks at specific data such as pa/O2 ratio, Tidal vol/Kg,  PEEP, Pressure area care due we can change what data we look at and add/takeaway elements of the display this alerts when values are too high /low in a very visual manner RED/AMBER/GREEN this information is many used by the Nurse in charge, Consultant and Registrar to highlight patients that need review/changes to their care.  We have used this system for approx. 6 years starting when we were using a different CIS system we used to send alerts as well to the NIC/Cons mobile phones however we found that too many alerts were sent and it was less effective following a review by a psychologist in how we manage behaviour.  Over the last 2 years we have developed alerting to the wider hospital community so when we document a patient is fit to be transferred to the ward on the CIS that generates an automated email to the hospital bed managers with the relevant info.  All Data that is validated by an individual that individual is accountable, we very much try to focus on nudge theory processes where we use alerts to nudge staff in to the right clinical decision be that nursing or medical staff.  We also generate alerts to the consultant team on how their patients have been ventilated tvol/Kg on a daily/weekly basis, all other alerting is in real time.  We don’t have formal guidance on this process | | |
| 7 | [Lianne.Harrison@bfwhospitals.nhs.uk](mailto:Lianne.Harrison@bfwhospitals.nhs.uk)  Blackpool Hospital | | We don't have a policy at Blackpool. The bedside nurse writes the results in the file and then these are checked by the doctor when they review the patients. I do feel an alert system may help though as things do get missed from time to time. | | |
| 8 | [Vicky.prescott@nhs.net](mailto:Vicky.prescott@nhs.net) | | We have the ICCA Philips CIS .  We don’t have any automatic alerts for bloods but we have highlights for out of range bloods and parameters.  We have auto alert symbols for drugs that are overdue in the system and they stay on until you give the drug  or write that it has been held and provide a reason.  The NIC will check that staff are actioning alerts we don’t have a specific policy about alerts sorry. | | |
| 9 | [rebecca.piggott@jpaget.nhs.uk](mailto:rebecca.piggott@jpaget.nhs.uk)  James Paget Hospital | | Can you set alerts e.g. for important out of range blood results such as potassium or blood glucose?  How many alerts do you have set on your system?  We have Metavision v 6 at the JPUH.  We have alerts set on Biochemistry, Haematology and Blood Gas results – the result appears in red if outside normal range  We have alerts for some of the elements of Sepsis on our Vital signs chart eg Heart rate, Temperature and White Blood count the result appears in red if outside normal range  We also have alerts for our Nursing interventions which are numerous and include emergency equipment checks, repositioning, pain scores, mouth care, drug prescriptions. The intervention turns red if not completed or acknowledged/held within 60 minutes of the time it was due.  We also have alerts for medications which are greater than 60 minutes overdue.    2.      Would you have to validate an alert to say that you have seen it and are acting upon it?  What is the process for this?  We don’t have a process to validate alerts. All vital signs have to be validated by the nurse but it is the Nurses clinical decision to escalate the result.    3.      Would there be a line of responsibility after the bedside nurse? i.e. who is held accountable for checking and actioning alerts, is it more than one person?  All clinical staff have access to all areas on MV.    4.      In summary, do you have any guidance/policies on validation of CIS alerts? if so would you mind sharing, if not would you drop me an email to say you dont have guidance.  No current guidance    I am aware that there is the facility within MV to produce alerts for single and locally pre customized combinations of results. These alerts can be in the form of  a pop up on MV, an alert through emailing a group of staff or bleeping a group of staff. This is not an area that we explored at the current time. | | |
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