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Preventing patient deterioration by peer-to-peer learning: A collaborative partnership between the UK and Uganda.

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Introduction

Using a systematic approach to recognising patient deterioration helps health care professionals assess and treat life threatening situations. Deteriorating patients are at risk of requiring unplanned critical care admission and increased morbidity and mortality. Feedback from attendees was mostly positive, with all participants able to articulate new knowledge or skills that they had learnt during the course. Some participants reported difficulties in understanding the facilitator's accents, but this was overcome by ensuring that the attendees had the opportunity to ask questions and clarify their learning.

The Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach is a systematic approach to the immediate assessment of critical ill patients and can be applied to all patients. The approach is applicable in all clinical emergencies and can be used without any equipment. In an acute settings, high quality ABCDE skills among treating team members can save valuable time and improve team performance.

Teaching design

Kawempe National Referral Hospital (KNRH) is a 200-bed capacity hospital that offers specialist obstetric, Gynaecology and neonatal services.



Since the first training session in June there have been successful attempts at resuscitation by some of the attendees.





Further implementation

Future focus needs to be on identifying 'Train the trainers' at KNRH. Identification of potential in house trainers would permit more targeted training to ensure that these individuals can expand the hospital's training capacity. The Train the trainer process also promotes peer-to-peer learning.

A 2-day 'Recognition and Management of the deteriorating patient' course was co-designed by team members from KNRH and Cambridge University Hospitals trust (CUH) with an aim of ensuring all attendees gained the knowledge and skills to recognise early signs of deterioration and to perform simple interventions to prevent further deterioration. Training was also given on the management of emergency situations such as cardiac and respiratory arrests in both adults and neonates and management of anaphylaxis and choking.

Four courses were delivered to a variety of nurses, doctors and midwives using different teaching methods. The course encompassed one day of classroom-based theory, which covered the physiology of deterioration, possible interventions on recognising deterioration, neurological assessment, management of obstetric emergencies and resuscitation algorithms. Day 2 consisted of practical sessions using resuscitation manikins and eight different scenarios relating to reversible causes of cardiac arrest. Courses were concluded with simulation training in clinical areas. Creation of a training plan and a requirement for a minimum amount of training is a relatively easy method that could be implemented in a low income setting with minimal overhead spend.

Adherence in practice could be monitored locally to measure patient outcomes.



Changes in normal physiological parameters for pregnant and recently pregnant patients were acknowledged during the training.

The impact and benefits

Throughout the duration of the training sessions over 60 staff members were trained.

Each member was informally assessed and was able to successfully demonstrate their ability to to recognise and identify deteriorating patients using the ABCDE approach. Each member was also able to demonstrate initial management of an adult cardiac arrest and the management of newborn resuscitation.

Conclusions

The approach to deteriorating or critically ill patients is the same, regardless of patient or the setting. The aim of a systematic assessment is to keep the patient alive and achieve steps towards improvement. The ABCDE approach can be taught and applied in different settings, with no equipment needed and can be completed quickly. Early recognition of critical illness and appropriate interventions reduces rates of ICU admission and mortality.

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