Vision: Reduce mortality and failure to rescue rates in patients who undergo emergency

Primary Driver: Improve speed of response.

Secondary Drivers:
- Early signs of patient deterioration are not recognized.
- There are system challenges to acting on recognised early signs of deterioration.
- It takes too long to communicate consult needs to other services.
- There is a lack of shared understanding of the treatment plan.

Change Ideas:
- Surgical Escalation Procedure (SEP) Stage I: Equip nurses and HCAs with a memory aide to trigger recognition of early warning signs.
- Patient’s Urgent Help Line: Provide patients with a mechanism to escalate urgent concerns.
- SEP Stage II: Equip nurses and HCAs with a memory aide to trigger response to recognised early warning signs.
- RICHER Communication Tool: Quickly request consults from necessary services.
- SEP Stage III: Implement and ensure all parties have a shared understanding of definitive treatment.
- Team Strengthening: Support the development of strong teams, based on psychological safety, respect, and camaraderie.

Use in Practice:
- Nurses and HCAs: Use the SEP Stage I card during routine care.
- Nurses: Hand out Patient’s Urgent Help Line pamphlets.
- Nurses: Use the SEP Stage II card to get help for a potentially deteriorating patient.
- FY1s: Use the RICHER communication tool to expedite your communication with service departments.
- Seniors and all team members: Use the SEP Stage III card to make sure everyone is aware of next steps.
- Leaders and all team members: Establish a value of the day. Submit appreciation comments. Notice and support struggling colleagues.