MAKING DATA COLLECTION EASIER

Here are some things which have worked well for data collectors in the past, to prevent deteriorated patients from being overlooked during data collection:

- Morning handover
  The surgical ward handover is the best place to flag any patients who deteriorated during the night. A quick mention by the post-night doctor is all that is needed – the morning doctors can then make a note and later add to the spreadsheet.

- 'Deterioration diary'
  This is an actual, literal notebook that can be kept near the nursing station or in the doctors' meeting room (or anywhere that the junior doctors are likely to see it). The doctor(s) on duty can make a quick note of a deteriorating patient's MRN during the event – it can later be added to the spreadsheet.

- Weekly review
  It is obviously not easy to balance a tough shift with collecting data; what tends to be easier is to allocate an hour every week to go through the week's emergency surgery patients and see if any have deteriorated. While this process sounds long and labourious, it takes very little time – especially when you've been doing it more often.

The second facet of data collection is to determine start and end times of the episode. This can be done more easily by following a regular scheme of things.

- Start with the patient's notes. The morning note should give you an overarching picture of presenting and current complaints, as well as events during the preceding night. Then look for any other notes – has the floor doctor made a note of a critical event? Have emergency scans been ordered and then mentioned in a note? Has the critical care team added a note? Has there been another procedure since they've been on the ward?
- Go through the patient's NEWS score. Has it risen to 7 or more at any stage? If yes, see whether it eventually returned to below 7. Now, go to their notes and see what was done during this window.
- Go to the imaging tab and have a look at any scans ordered. What time was the report verified? Now, go back to the notes and check if any of these scans were ordered as an emergency (the notes by the floor doctor should say if this was the case; the scan report would usually say this is in the first line as well). If yes, check what the report says – do the notes say what action was taken consequently?