Whole-of-hospital transformation: Implementing Q-ADDs in the RBWH

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PURPOSE
The Royal Brisbane and Women’s Hospital (RBWH) implemented the validated Queensland Adult Deterioration Detection System (Q-ADDs) to improve patient safety and appropriate escalation of care.

METHODS
Implementation was informed by process redesign and lean principles in Plan Do Study Act (PDSA) cycles. Change management centred on key stakeholder engagement. User acceptance testing informed the evolution of the observation forms. Just-in-Time training was delivered prior to whole-of-hospital implementation. Throughout implementation, staff satisfaction surveys (N=127) and form compliance audits (N=310) were undertaken. The Medical Emergency Response (MER) activation rate and Intensive Care Unit (ICU) admission rates were monitored closely to gauge organisational risk.

RESULTS
Seven Between the flags charts in different clinical areas were condensed and replaced by four Q-ADDs charts. Staff satisfaction surveys revealed 84% rated Q-ADDs easy to use, 85% felt all required information was captured, 72% felt it assisted in identifying deteriorating patients, and 62% felt it assisted in obtaining a medical officer review. Audits revealed 93%-100% compliance across all physiological parameters, with lowest compliance on the newly introduced oxygen flow rate (61%). After implementation the average monthly MER activation rate was 55 per 1000 separations, down from an average of 84, six months prior to implementation. The average monthly ICU admission rate (following MER activation) was 11, compared to an average of 15 during the six months prior to implementation. Implementation was expedited by one month—as requested by clinicians—to assist pandemic response.

CONCLUSION
The PDSA approach to Q-ADDs implementation in RBWH resulted in sustainable culture change towards patient monitoring and escalation protocols, thus reducing inappropriate resource allocation and organisational risk. Reducing the number of charts improved consistency between clinical areas and simplified training needs. Staff satisfaction reflected that Q-ADDs guided appropriate escalation of care. Chart compliance was high, with ongoing focus on monitoring oxygen flow rate documentation. The whole-of-hospital transformation project was led and welcomed by clinicians during the height of the pandemic response.

BENEFITS OF Q-ADDS
- Reduced MER monthly activation rate with no incidents of “failure to escalate”
- More tailored escalation strategies based on level of physiological disturbance
- Visual trending facilitates more detailed pain assessment.