New Deterioration Index (DI) Predictive Model

Go Live: October 13, 2020

Who? All care providers

What? Inpatient Workflow for Early Detection of Clinical Deterioration

The primary nurse will see a Best Practice Alert (BPA) and receive a push notification that alerts the RN to deteriorating clinical conditions. All clinicians will be able to view and use the DI score to support care prioritization and decision-making.

Why? Identifying clinical deterioration early provides an opportunity for early intervention and may reduce adverse events and mortality.

Key Points:
- The DI is one of several EPIC-based predictive models
- The score looks at discrete data points, including vital signs, nursing documentation (like GCS score), cardiac rhythm, O2 therapy, and labs
- DI will replace MEWS
- The DI score will be visible to all providers in patient lists (must be added manually) and a summary report
- The RN will be alerted via BPA or Push Notification if patient has:
  - a total score of 60 or greater (an 80% chance a patient will experience an adverse event)
  - a total score greater than 60 that has been greater than or equal to 60 for 4 hours
- BPA/Push Notifications will not be generated for pediatric patients, patients with an emergency patient class, patients in ICU, L/D, PMH SNF, procedural areas, dialysis, PACU, or for patients with active comfort care orders
- If the BPA or push notification occurs, assess patient promptly and obtain vital signs
- Repeat abnormal VS within 15 minutes
- Notify the provider if you are concerned about clinical changes and/or initiate a rapid response (RR) if indicated
- Be prepared to discuss specific factors contributing to patient’s change in status with provider using standardized reporting structure (e.g. SBAR)

Summary Report:

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