

# Safer and more efficient vital signs monitoring: an observational study

<b>Submission date</b> 19/11/2018	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 01/02/2019	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 02/04/2024	<b>Condition category</b> Signs and Symptoms	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Taking measurements of heart rate, blood pressure, temperature and other “vital signs” is an important part of care for nearly all patients in hospital. Staff and patients often refer to this as taking observations. Changes in observations are used to track recovery and can show when someone’s condition is getting worse and needs urgent attention. When changes are spotted early, medical staff can often prevent serious deterioration, provide early treatment and avoid serious consequences including death. However, taking observations can be burdensome to patients, interfering with rest and sleep, which are also important to recovery. Frequent observations also cause more work for nursing staff. At the moment, there is little evidence to guide hospital staff on how frequently to take observations. Therefore, it is important to find out how often patients need to be monitored.

This study aims to address this by developing an evidence-based protocol for how frequently observations should be made that will be both safe and achievable across all acute NHS hospitals.

### Who can participate?

Data from the records of all adult patients who have been admitted to the Oxford University Hospitals NHS Foundation Trust and Portsmouth Hospitals NHS Trust will be used. No personal information that identifies individual patients will be used.

A random sample of staff members from both Trusts as well as University Hospitals Southampton NHS Foundation Trust will be recruited to be observed taking vital signs observations.

### What does the study involve?

Records from two hospitals where vital signs are recorded in electronic systems will be used. In total, 6 million measurements from over 200,000 hospital admissions are available. Using information from one hospital, early warning scores can be calculated and tracked for changes over time, the aim of identifying the earliest point possible where deterioration can be detected. By linking these measurements to other information (such as diagnoses, cardiac arrests, intensive care admissions), the extent to which changes in vital signs affect patients’ risk of poor

outcomes can be determined. The results of these analyses will be used to set monitoring schedules, which will then be tested on the patient data from the second hospital.

Additionally, ward staff taking observations will be watched and timed., enabling an estimation of how much work will be generated by each monitoring schedule and estimate the expected staff requirements.

What are the possible benefits and risks from participating?

There is no benefit to participants but future patients and staff may benefit from the evidenced-based protocol for patient monitoring once complete. There are no known risks to participants taking part in this study.

Where is the study run from?

The study is being run by the University of Portsmouth in collaboration with the University of Oxford and the University of Southampton. Patient vital signs observations data will be taken from the Oxford University Hospitals NHS Foundation Trust and Portsmouth Hospitals NHS Trust. Ward staff taking observations at Oxford University Hospitals NHS Foundation Trust, Portsmouth Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust will be studied.

When is the study starting and how long is it expected to run for?

October 2018 to September 2021

Who is funding the study?

National Institute of Health Research (NIHR) (UK)

Who is the main contact?

Rachel Henning  
ccrg@ndcn.ox.ac.uk

## Contact information

### Type(s)

Public

### Contact name

Ms Rachel Henning

### Contact details

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Scientific

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Lion Terrace  
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**Additional identifiers****Protocol serial number**

17/05/03

**Study information****Scientific Title**

Safer and more efficient vital signs monitoring to identify the deteriorating patient: an observational study towards deriving evidence-based protocols for patient surveillance on the general hospital ward

**Acronym**

FOBS

**Study objectives**

This study aims to recommend an externally validated vital signs monitoring protocol for patients on general medical and surgical wards which maximises the detection of patient deterioration without increasing current nursing workload.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Current ethics approval information as of 27/01/2020:

Approved 26/06/2019, South Central – Berkshire REC (Bristol REC Centre, Whitefriars, Bristol, BS1 2NT; 02071048224; nrescommittee.southcentral-berkshire@nhs.net), ref: 19/SC/0190, 19/CAG/0132

Previous ethics approval information as of 29/07/2019:

Approved 26/06/2019, South Central – Berkshire REC (Bristol REC Centre, Whitefriars, Bristol, BS1 2NT; 02071048224; nrescommittee.southcentral-berkshire@nhs.net), ref: 19/SC/0190

Previous ethics approval information:

Not provided at time of registration – submission pending

## **Study design**

Observational mixed methods study

## **Primary study design**

Observational

## **Study type(s)**

Other

## **Health condition(s) or problem(s) studied**

Patients at risk of deterioration in the hospital

## **Interventions**

Current interventions as of 27/01/2020:

This study involves retrospective analysis of vital signs data from Portsmouth and Oxford hospitals. These data will be used to model the rate of change of vital signs over time using continuous-time state-space models and their relationship with adverse outcomes. Vital signs will be converted to different scoring schemes (such as NEWS or CEWS). Alongside quantifying the future risk of adverse outcomes given a patient's current vital signs, the use of such scoring systems allows prediction of the likelihood of clinically significant changes to a patient's condition, by using established thresholds. The results of these probability models will enable the design of monitoring protocols, where vital signs are measured at the earliest future time points where deterioration is most likely to be detected.

Vital signs monitoring will also be observed in a sample of four wards in four different hospitals. Staff workload (time, grade) involved in taking and responding to vital signs in different patient groups will be estimated. In addition, potential reductions in mortality and changes in ICU use associated with improved detection will be modelled. These estimates will be used to model the incremental costs for all protocols whose performance is equivalent to or exceeds that of the current early warning score protocols for detecting deterioration. We will engage with key clinical stakeholder groups (nurses, doctors, healthcare assistants) to identify additional factors to be considered in designing monitoring protocols. We will collect views from these key professional groups through focus groups, interviews, ad-hoc discussion, and facilitated /mediated Twitter Chat sessions.

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## **Intervention Type**

Mixed

## **Primary outcome(s)**

1. The future risk of adverse outcomes will be determined by the change in vital signs vs the risk of adverse outcomes over time.
  - 1.1. Adverse outcomes will be defined as mortality, unplanned admission to ICU and cardiac arrest.
2. Staff workload will be measured using the time taken to obtain and record vital signs observations and the factors that affect the time taken.
3. The cost for all protocols will be measured using estimates of the cost associated with changes in frequency and type of vital signs observations.

## **Key secondary outcome(s)**

N/A

## **Completion date**

30/09/2021

## **Eligibility**

### **Key inclusion criteria**

Current inclusion criteria as of 27/01/2020:

For the database study:

1. Aged 16 years and over
2. Admitted to any hospital from Portsmouth Hospitals NHS Trust since 1st January 2010 or Oxford University Hospitals NHS Foundation Trust since 1st January 2017

For the observational study:

1. At each site, we will randomly select 4 wards on which to conduct observations

Previous inclusion criteria:

For the database study:

1. Aged 16 years and over
2. Admitted to any hospital from Portsmouth Hospitals NHS Trust or Oxford University Hospitals NHS Foundation Trust since 1st January 2014

For the observational study:

1. At each site we will randomly select 4 wards on which to conduct observations

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

16 years

**Sex**

All

**Key exclusion criteria**

1. Patients whose data are not entered into local electronic patient records
2. Patients who request that their details are not used for research
3. Patients on maternity wards

**Date of first enrolment**

01/01/2014

**Date of final enrolment**

31/03/2020

**Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**University of Oxford NHS Foundation Trust**

John Radcliffe Hospital

Headley Way

Oxford

United Kingdom

OX3 9DU

**Study participating centre**

**Portsmouth Hospitals NHS Trust**

Queen Alexandra Hospital

Portsmouth

United Kingdom

PO6 3LY

**Sponsor information**

**Organisation**

University of Portsmouth

ROR

<https://ror.org/03ykbk197>

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health Research

### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

Patient level data will be collected without specific, individual, informed consent. An application for a waiver of consent will be made to the HRA Confidentiality Advisory Board as part of the ethical review process.

No patient level data will be collected/recorded as part of the qualitative research work. Consent will be 'assumed' to collect summary level data where this is relevant to the wider task under observation (the task of taking vital signs observations).

The qualitative research datasets generated during and/or analysed during the current may be available after study closure upon request from the Chief Investigator, Professor Jim Briggs ([jim.briggs@port.ac.uk](mailto:jim.briggs@port.ac.uk)). Applications to access the dataset/s for secondary data analysis will be reviewed by the Frequency of Observations management committee and Project Oversight Group and approval will be determined by the extent to which plans improve quality of care and patient outcomes, support research in 'recognising the deteriorating patient', and support the training, education, or continuing professional development of clinical professionals.

### IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		01/06/2021	25/03/2021	Yes	No
<a href="#">Results article</a>		01/03/2024	02/04/2024	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Protocol file</a>	version 1.2	20/03/2019	10/08/2022	No	No