Improving hospital culture and nursing escalation processes in relation to the deteriorating patient

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Introduction

With the increasing complexity of healthcare, 10-15% of all hospitalized patients experience an adverse event during their hospital stay. These adverse events are largely due to the patient’s deterioration not being recognized or acted upon in a timely manner. Recognition and response systems rely on the ability of bedside nurses to appropriately monitor, assess and escalate care. The process for escalating care needs to be ingrained into an organisation’s culture and supported without fear or retribution.

Aims

In March 2019, there were 4 incidents in relation to failure to escalate care and one sentinel event at Epworth Freemasons. A cluster review in response to incidents recommended a quality assurance project investigating Rapid Response Systems (RRS) at Epworth Freemasons. This project is designed to investigate hospital culture and nursing escalation processes. The purpose being to improve service delivery.

Methodology

72 nurses at Epworth Freemasons responded to a Likert Questionnaire. The 12 questions extrapolated data pertaining to nursing knowledge, and understanding of the nuances of the deteriorating patient and hospital culture. Data analysis was achieved by using forced choice Likert Scales and the creation of data visualization tables and graphs. Additionally, an extensive literature review was performed to gather evidence based best practice in relation to the deteriorating patient.

Results

Key preliminary data findings suggest:
- 97% of staff have a good understanding of abnormal observations that require activation of RRS.
- Only 47% of staff would always call the RRS for a patient they are worried about, even if their vital signs are normal.
- Only 49% of staff always feel confident in activating a RRS. Nurses did not always feel confident in escalating care or feel supported when they called the Medical Response Team.
- Despite 86% of staff having received education in the last 12 months relating to RRS results showed that if patients fulfilled RRS calling criteria but did not look unwell 69% of staff were less likely to escalate care.
- Culture of calling VMO’s rather than activating a RRS inhibit escalation of care.
- Opportunities for the RRS to coach and develop nursing staff at the bedside were rarely utilized.
- 27% of respondents reported negative behavior from RRS members.

Conclusions

Processes of escalating RRS appropriately needs a systems approach to address deficiencies. Data has highlighted an area where Epworth Freemasons can focus activities and investments that improve patient safety and quality. If we can change the culture of deviating from protocol in relation to escalating care, we can improve the opportunities for early intervention of the deteriorating patient and we can save lives. We endeavor to reach a culture of conscious inclusivity.

Members of our RRS display positive behaviour towards me when I activate the system

Staff feel confident in activating a RRS:

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Always</td>
<td>97%</td>
</tr>
<tr>
<td>Most Times</td>
<td>47%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>49%</td>
</tr>
<tr>
<td>Never</td>
<td>27%</td>
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