

Invitation to participate in a research study

Partnering with clinicians to improve reporting of clinical deterioration in patients: a pilot study

Summary

A large research team consisting of nurse leaders, clinicians and academics is seeking expressions of interest from health consumer and family member representatives to participate in a research study examining why clinicians are hesitant to intervening in patient clinical deterioration in a ward context.

Background

Failure to intervene in clinical deterioration contributes to adverse events (AEs) for patients^{1,2}. AEs are often preventable, life threatening occurrences that can result in death, prolonged hospitalisation, disability or incapacity, in-hospital cardiac arrest and/or admission to an intensive care unit (ICU)³. AEs are a significant social and financial burden for patients and their loved ones, representing significant economic cost to individual health services and the wider community as evidenced in a recent report examining the incidence and cost adverse events in Victorian hospitals⁴.

As AEs are frequently preceded by changes in vital signs⁵⁻⁸. Medical emergency teams led by physicians and/or nurses have been developed and implemented throughout hospitals to support clinicians manage patient deterioration^{2,8,9}. There is some support for the effectiveness of medical emergency teams¹⁰⁻¹³. However robust evidence confirming the effectiveness of medical emergency teams in reducing hospital mortality remains uncertain¹⁴⁻¹⁶, and difficult to achieve due to ethical and methodological issues^{8,16}.

Despite the lack of strong evidence medical emergency teams are used in most Australian hospitals however evidence suggests these systems are often not activated or used effectively by clinicians⁹, thereby reducing their usefulness¹⁵. At the Princess Alexandra Hospital (PAH), clinicians have access to a two tier medical emergency response service including a multi-disciplinary Rapid Response Team (RRT) for clinical emergencies and a nurse-led ICU Outreach Team to assist clinicians stabilise and manage deteriorating patients. Although clinicians have indicated a high level of satisfaction with this two-tier approach¹⁷, anecdotal feedback from the Outreach Team suggests clinicians are sometimes reluctant to seek help to avoid “making a mistake” or “looking stupid”. Qualitative data suggests resistance and hesitation in activating a rapid response or seeking outreach support are reported by clinicians when confronted with clinical deterioration. Fear of reprimand, lack of knowledge about the role of medical emergency teams and limited access to supportive and knowledgeable leaders are identified causes of delayed reporting⁹.

Research Problem

AEs have significant social and financial ramifications for patients and their loved ones. AEs also represent a major economic burden for individual health services and the wider Australian community. Whilst there is increasing evidence about **why** clinicians don't intervene in patient's clinical deterioration in a timely manner⁹, more research is needed to better understand **how** clinicians can confidently and effectively use these systems to avoid AEs. This study is therefore unique in that it will explore what the problems are before working collaboratively with clinicians to improve health services.

Hence the *primary aim* of this study is to determine whether timely intervention (including reporting) of clinical deterioration in patients can be improved through the implementation of a local intervention developed in partnership with clinicians.

Your participation

Clinicians from the participating ward (including registered nurses, clinical nurses, nurse managers, nursing executive, physicians, members of the Rapid Response Team (RRT) and Intensive Care Unit (ICU) Outreach Team) who are directly and indirectly responsible for patient care, will represent the majority of participants in the study. However health consumer and family member representatives will also be invited to participate in the study via group discussion and/or individual interview to ensure their experience and perspective of the healthcare context is included.

What's involved?

The health consumer and family member representatives will be invited to attend 2-4 monthly group meetings/discussion or individual interviews during a 12 month period. Funds have been allocated to remunerate the 1 health consumer representative and 1 family member representative for their participation, travel costs and parking for each meeting.

Your eligibility

We are looking for a patient who has been a patient in an acute ward setting, and a family member of a patient who has been a patient in an acute ward setting, who has the flexibility to attend monthly meetings and is willing to contribute to discussions in a meaningful way.

How to apply

Please complete the attached Expression of Interest form and return it via email to metro_south_engagement@health.qld.gov.au by 5 pm, Friday April 17, 2015

If you have any questions about this process please contact the Metro South Engagement Team on 3156 4975 or via email: metro_south_engagement@health.qld.gov.au

If successful

You will be required to undertake a general orientation as well as a local version specific to the requirement of the research study.

References

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