Patient and Family Activated Escalations in Care

Natalie Grady – Project Officer
Clinical Governance Unit
Health Challenge
R.E.A.C.H

R - Recognise
E - Engage
A - Act
C - Call
H - Help is on its way
## Local Project Team

### Parent & Family Activated Escalation in Care (PFAEC) Working Group - Minutes

**Clinical Governance Unit**

**Wednesday 12th July 2012, 2pm – 3:30pm.**

### Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Hardy (Chair)</td>
<td>APOD</td>
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<tr>
<td>Debra Gay (Executive)</td>
<td>APOD, CCO</td>
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<tr>
<td>Chris Costello</td>
<td>APOD</td>
</tr>
<tr>
<td>Dianne Armstrong</td>
<td>APOD</td>
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<tr>
<td>Michael Griffith</td>
<td>APOD</td>
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<tr>
<td>David Lee Smith</td>
<td>APOD</td>
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<tr>
<td>Marilyn Paul</td>
<td>APOD</td>
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<tr>
<td>Cindy O'Connor</td>
<td>APOD</td>
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### Business of the Meeting

2.1. Family activated ‘Rapid Response Team’ composition

- The Executive have yet to forward a formal response to the request for assistance in determining ‘Rapid Response Team’ composition.

2.2. Project outcomes

- With the exception of the above initiative, it was agreed that the information be updated for the next meeting.

### Action

- M. Hardy to draw an email for distribution to all clinicians, with the brochure attached.

### Notes

- Notes from the minutes were included.

### References

Identify & engage key players

• Executive sponsor
• Key stakeholders
  – PICU
  – Nursing & Medical staff
  – Clinical Educators
  – Switchboard Services
  – Family Advisory Committee
  – Youth Advisory Council
Rapid Response Team

- Identify composition
  - Should it be the same as a staff activated rapid response call?

<table>
<thead>
<tr>
<th>Staff activated rapid response calls</th>
<th>Patient/family activated rapid response calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>PICU</td>
<td>PICU</td>
</tr>
<tr>
<td>Admitting team Registrar</td>
<td>Admitting team Registrar</td>
</tr>
<tr>
<td>NUM/AH NM (if available)</td>
<td>NUM/ AH NM (mandatory)</td>
</tr>
<tr>
<td>Social Work (if available)</td>
<td>Social Work (mandatory)</td>
</tr>
</tbody>
</table>
Communications Plan

Patient & Family Activated Escalations in Care - Information for Patients and Families

What is a patient and family activated escalation?
This is an approach which enables families to escalate concerns about their child's condition. It aims to empower parents and carers to engage with staff if they notice something just isn't right and to call for help if still concerned.

What is the evidence of benefit?
Evidence indicates that delayed activation of a Rapid Response is one of the strongest predictors of mortality in patients receiving an emergency review. Consequently, it has been recommended that priority should be placed on avoiding delayed rapid response. Partnering with families as 'care team members' (i.e. the people who know the patient best) provides an additional safety net to avoid critical delays.

Evidence is mounting about the clinical benefit of patient and family activated rapid response (e.g. significant decreases in mortality). Improved patient care experience is also evident. ‘Deficiencies in monitoring of patients’ (i.e. failure to recognize deterioration) is the second most frequent issue identified in NSW not cause analysis.

Encouraging patients and families to alert staff to deterioration provides additional opportunities for rescue.

How will it work?
The REACH model builds on the surf life saving metaphor for recognition and appropriate management of deteriorating patients used in between the two services by encouraging families to 'put their hand up' to signal their child is drowning and reaching a critical stage.

- R - Recognise
- E - Engage
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- H - Help

The REACH model proposes an activated escalation:
- It acknowledges that a patient is deteriorating before escalation
- Evidence indicates that the earlier an escalation is activated, the better the outcome
- It encourages families to be concerned
- It enables families and staff to act
- It gives families a say in the rapid response to deteriorating patients
- Families and patients are included in the clinical decision making process
- Patients and families are involved in the decision making process

What does it mean for the hospital?
The Children's Hospital at Westmead has been progressing with the implementation of the model on a weekly basis since the program was launched.

[Text continues with further details related to the implementation strategy and benefits expected from this approach]
Education

The graded process for Patient and Family Activated Escalation at CHW

If you RECOGNISE a worrying change in your child’s condition, ENGAGE with the nurse that is looking after them. Tell them your concerns.

If your concern is not responded to or if you feel your child is getting worse, ACT. Ask to speak to the Nurse In Charge & request they review your child.

If you are not satisfied with the response, you may ask for a Doctor to be called for a ‘clinical review’.

If you are still very concerned & feel your child’s condition is deteriorating, CALL the Rapid Response Team. HELP will be on its way.
Implementation

- 12th of November 2012
Informing families about REACH

How do I call for an emergency response?

In The Children's Hospital Westmead you can request emergency assistance by calling 444 on the bedside phone or ask for the ward phone.

We encourage you to first speak with the treating nurse who may be able to help you to resolve your concerns.

Will I upset staff if I use R.E.A.C.H.?

Staff are happy to support patients, family and carers. We understand that you know your child best and we would like to work with you to create the best experience for you and your child.

Please remember
You are an important part of your child’s care. If you have noticed a recent change and you are worried about your child, speak with your child’s nurse. You have the right to ask for a ‘clinical review’.

What does R.E.A.C.H stand for?
The letters in R.E.A.C.H. will remind you of the steps you can take to be involved in the care of your loved one.

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Are you worried about a recent change in your

HOW DO I CALL FOR AN EMERGENCY RESPONSE?

In The Children's Hospital Westmead you can request emergency assistance by calling 444 on the bedside phone or ask for the ward phone.

We encourage you to first speak with the treating nurse who may be able to help you to resolve your concerns.

WILL I UPSET STAFF IF I USE R.E.A.C.H.?

Staff are happy to support patients, families and carers. We understand that you know yourself best and we would like to work with you to create the best experience for you.

PLEASE REMEMBER
You are an important part of your care. If you have noticed a recent change and you are worried, speak with your nurse. You have the right to ask for a ‘clinical review’.

WHAT DOES R.E.A.C.H STAND FOR?
The letters in REACH will remind you of the steps you can take to be involved in your care.

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Are you worried about a recent change in your condition?

R.E.A.C.H. out to us
# Data collection and collation

## Rapid Response (Red Zone)

<table>
<thead>
<tr>
<th>Activation date/time</th>
<th>First look time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Team activated</th>
<th>Patient Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMO</td>
<td>E.N.T.</td>
<td>Yes or No</td>
</tr>
</tbody>
</table>

### Response activated

- Rapid Response
- NICU Outreach
- PICU Outreach Follow Up
- Patient/Parent activated Rapid Response

### Red Zone criteria met

- Yes or No

### Cardiac compressions

- Yes or No

### Staff activated

- Grady Natalie
- Other

### Activation criteria

- Respiratory rate
- Respiratory effort
- S.A.O.2
- Heart rate
- Cardiac arrest
- Blood Pressure
- Level of consciousness
- Pain score
- Temperature
- 3 or more yellow zone observations
- Patient not seen within 30 mins of activation of clinical review

### Other activation criteria

- Other

### Previous Reviews (Read only)

<table>
<thead>
<tr>
<th>ENTERED</th>
<th>ENTERED BY</th>
<th>ASSESSMENT</th>
<th>RESPONSE ACTIVATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>26/07/2011 10:15</td>
<td>Bennett, Adam</td>
<td>Rapid Response</td>
<td>Rapid Response</td>
</tr>
<tr>
<td>19/07/2011 18:19</td>
<td>Bennett, Adam</td>
<td>Rapid Response</td>
<td>Rapid Response</td>
</tr>
</tbody>
</table>
# Activity

<table>
<thead>
<tr>
<th>Month</th>
<th>Denominator (Admissions)</th>
<th># Rapid Response calls</th>
<th>Rapid Response Rate per 1000 admissions</th>
<th># R.E.A.C.H calls</th>
<th>R.E.A.C.H Rate per 1000 admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov-12</td>
<td>2631</td>
<td>166</td>
<td>63.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dec-12</td>
<td>2227</td>
<td>93</td>
<td>41.8</td>
<td>2</td>
<td>0.89</td>
</tr>
<tr>
<td>Jan-13</td>
<td>1840</td>
<td>45</td>
<td>24.46</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feb-13</td>
<td>2403</td>
<td>92</td>
<td>38.29</td>
<td>1</td>
<td>0.42</td>
</tr>
<tr>
<td>Mar-13</td>
<td>2649</td>
<td>91</td>
<td>34.35</td>
<td>2</td>
<td>0.76</td>
</tr>
<tr>
<td>Apr-13</td>
<td>2599</td>
<td>97</td>
<td>37.3</td>
<td>1</td>
<td>0.38</td>
</tr>
<tr>
<td>May-13</td>
<td>2741</td>
<td>149</td>
<td>54.36</td>
<td>2</td>
<td>0.73</td>
</tr>
<tr>
<td>Jun-13</td>
<td>2478</td>
<td>130</td>
<td>52.6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jul-13</td>
<td>2776</td>
<td>178</td>
<td>64.1</td>
<td>5</td>
<td>1.8</td>
</tr>
<tr>
<td>Aug-13</td>
<td>2747</td>
<td>119</td>
<td>43.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1160</strong></td>
<td></td>
<td></td>
<td><strong>13</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Interventions

<table>
<thead>
<tr>
<th>Interventions at time of call*</th>
<th># instances</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication/fluids (other than analgesia)</td>
<td>6</td>
<td>46</td>
</tr>
<tr>
<td>Referral/consult to another clinical specialty/team</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>Plan of care reinforced</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>Support (education/advice)</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>Analgesia</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Social work involvement</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Plan of care established</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Pathology</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

*Some calls resulted in more than 1 intervention
## Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remained on the ward with treating team follow up</td>
<td>10</td>
</tr>
<tr>
<td>Remained on the ward with PICU Outreach follow up</td>
<td>1</td>
</tr>
<tr>
<td>Transferred to PICU for overnight observation</td>
<td>1</td>
</tr>
<tr>
<td>Transferred to another (specialty) ward</td>
<td>1</td>
</tr>
</tbody>
</table>
Key learnings & next steps

Thanks