

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

the children's hospital at Westmead

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

Clinical Governance Unit
Wednesday 25th July 2012, 2pm – 2.30pm.

1. Members

Name	Apology	Name	Apology
Elizabeth Harnett (Chair)	Apology	Ann Gouffe	Apology
Natalie Grady (Secretariat)	Present	Ray Chaseling	Apology
Christy Ceely	Apology	Lyn Biviano	Apology
Michael Haddad	Apology	Sonia Smith	Apology
David Lester Smith	Apology	Jenny Major	Present
Brad Ceely	Apology	Marny Thomas	Present
Marilyn Pauli	Apology	Maricris Garcia	Apology
Cindy Johansen	Apology	Luke Moriarty	Apology

2. 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.
- We have been advised that E. Koff has requested for this item to be tabled for discussion at the Operational Executive meeting, early next week.

2.2. Raising awareness

- With the imminent roll out of this initiative, it was agreed that the 'information brochures' for staff should be distributed. As these brochures contain generic information, the lack of decision around rapid response team composition was not viewed as a barrier.

ACTION	N. Grady to draft an email for distribution to all clinicians, with the brochures attached.
ACTION	N. Grady to seek assistance from G. Farrow (DCG) in forwarding the emails.

2.3. Education

- The group discussed the educational resources in the context of the overall education plan and agreed on the following actions in order to move forward and document education:

Nursing Education

the children's hospital at Westmead

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

Clinical Governance Unit
Wednesday 13th June 2012, 2.30pm – 3.00pm.

Name	Apology	Name	Apology
Elizabeth Harnett (Chair)	Apology	Ann Gouffe	Apology
Natalie Grady (Secretariat)	Present	Ray Chaseling	Present
Christy Ceely	Present	Lyn Biviano	Apology
Michael Haddad	Present	Sonia Smith	Present
David Lester Smith	Apology	Jenny Major	Apology
Brad Ceely	Apology	Marny Thomas	Apology
Marilyn Pauli	Present	Maricris Garcia	Present
Cindy Johansen	Present	Luke Moriarty	Present

2. Minutes of the previous meeting

- Accepted without alteration

3. Business of the meeting

3.1. Actions from the previous meeting

Action	Status
N. Grady to draft an email for distribution to all clinicians, with the brochures attached.	Completed
N. Grady to seek assistance from G. Farrow (DCG) in forwarding the emails.	Completed
Working group members to review new draft	Completed
N. Grady to modify draft script to incorporate all suggestions	In progress
Working group members to review new draft	Completed
N. Grady to modify wording on the back page of the brochure	In progress
Working group members to review new draft	Completed
N. Grady to make modifications to the evaluation resources as discussed	In progress
Working group members to review modified resources	Hold over
N. Grady to engage representatives as identified by the group	

3.2. Communication

- N. Grady and C. Ceely met with A. Solman and J. Cross to further discuss the working group's progress and plans.

the children's hospital at Westmead

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

Clinical Governance Unit
Tuesday 1st May 2012, 2.30pm – 3.30pm.

Members

Name	Apology	Name	Apology
Elizabeth Harnett (Chair)	Present	Ann Gouffe	Apology
Natalie Grady (Secretariat)	Present	Ray Chaseling	Apology
Christy Ceely	Present	Lyn Biviano	Apology
Michael Haddad	Apology	Sonia Smith	Apology
David Lester Smith	Present	Jenny Major	Present
Brad Ceely	Apology	Marny Thomas	Apology
Marilyn Pauli	Present	Maricris Garcia	Apology
Cindy Johansen	Apology		

Business of the meeting

- Christy and C. Ceely met with Michael Brydon, Annette and discussed the project. They expressed support for this project on nurses required to educate families and implications in the instance that family members are not available to them.
- Request for ethics/research approval, as requested by the Clinical Governance Unit.

Source advice from international leaders in regional areas

- possible forums for creating an awareness of PFAEC including:

Meeting (communication already commenced)
Parent information already commenced)
Communication already commenced)

the children's hospital at Westmead

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

Clinical Governance Unit
Friday 11th May 2012, 2.30pm – 3.30pm.

1. Members

Name	Apology	Name	Apology
Elizabeth Harnett (Chair)	Present	Ann Gouffe	Apology
Natalie Grady (Secretariat)	Present	Ray Chaseling	Present
Christy Ceely	Apology	Lyn Biviano	Apology
Michael Haddad	Apology	Sonia Smith	Apology
David Lester Smith	Apology	Jenny Major	Apology
Brad Ceely	Present	Marny Thomas	Apology
Marilyn Pauli	Apology	Maricris Garcia	Apology
Cindy Johansen	Apology		

2. Business of the meeting

- ###### 2.1. International Conference on Rapid Response Systems and Medical Emergency Teams
- A number of clinicians from the working group attended the recent 3 day conference held in Sydney.
 - Information and ideas generated from the conference were discussed with the group including:
 - Experiences of other facilities within Australia who have already implemented patient/family activated escalations in care including escalation processes, parent education and auditing/data collection
 - Conception and use of the R.E.A.C.H acronym
 - Technological advances for consideration in the near future
 - Evaluating effectiveness of Rapid Response systems: adult v's paediatric focus

2.2. Resources

2.2.1. Parent information brochure

- N. Grady obtained a copy of the parent information brochure developed for Canberra Hospital. The posters developed for the bedside at Canberra Hospital were an abridged version of the brochure.
- The group reviewed the Canberra Hospital brochure and noted some effective elements:
 - Simplistic, colourful and minimal text
 - Numerous graphics
 - Clear 'numbered' steps e.g. Step 1 – Nurse, Step 2 – Nurse in Charge etc.
- The current brochure drafted for CHW was revisited with a view to potentially modify it to incorporate some of the preferred features in the Canberra Hospital brochure.

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?

Staff activated rapid response calls	Patient/family activated rapid response calls
PICU	PICU
Admitting team Registrar	Admitting team Registrar
NUM/AH NM (if available)	NUM/ AH NM (mandatory)
Social Work (if available)	Social Work (mandatory)



Communications Plan

the **childr^en's** hospital at Westmead

Patient & Family Activated Escalations in Care- Information for

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 a 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 recognise deterioration) is the second most frequent issue identified in NSW root cause analyses. 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 for recognition and appropriate management of deteriorating patients used in Between the Hands by encouraging families to 'put their hand up' and signal their child is 'drowning' and reach for help.

R - Recognise
E - Engage
A - Act
C - Call
H - Help is on its way

The REACH model proposes activated escalation:

- It acknowledges that deterioration before
- Evidence indicates that
- of escalation
- It encourages families
- are concerned that
- It enables families
- It gives families
- rapid response
- exhausted,
- Families
- the form

What does it mean for patients and families?
 The Children's Hospital have been progressed program for clinical staff implementation of the fortnightly basis since

The Sydney **children's** Hospitals Network
 care, advocacy, research, education

INTERNAL BRIEFING Self-Initiated Briefing to the Chief Executive Clinical Governance Unit/ Westmead

Purpose:
 To provide the Executive with an update on the Parent Activated Escalations in Care initiative at the Children's Hospital at Westmead (CHW), as part of the Clinical Excellence Commissions (CEC) Partnering with Patients Program.

Background:
 Failure to recognise and appropriately manage deteriorating patients was identified as a contributing factor in many adverse events in hospitals and health care organisations around the world.

In June 2009 the Clinical Governance Unit appointed a Project Officer to coordinate the development and implementation of a system that supports the development and management of deteriorating children at the CHW. The local project team worked collaboratively with the CEC and in February 2011 successfully launched the state-wide Between the Hands (BTF) program in all CHW ward areas.

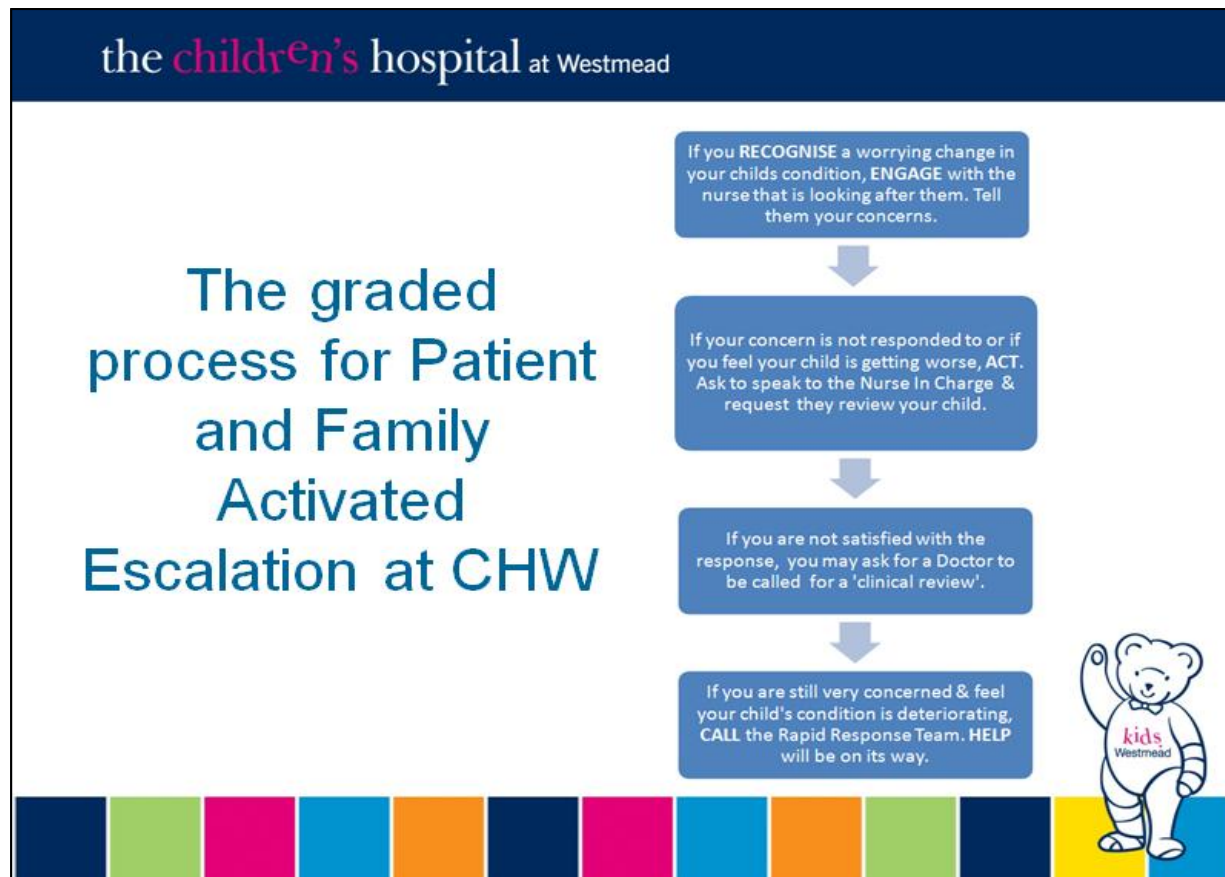
The BTF program centres around a Clinical Emergency Response System (CERS) which includes clear processes for early escalation of care for patients at risk of deterioration. As part of the CERS, clinical staff are empowered to call for a 'Clinical Review' or a 'Rapid Response' when one or more clinical criteria are met on the patients' Standard Paediatric Observation Chart. In addition to this, in paediatrics, staff are also empowered to escalate care even when no criteria are met but there is staff or parental concern.

NSW Health has identified an opportunity for this program to be further enhanced by engaging families as active partners in the care team. Evidence indicates that delayed activation of a Rapid Response for deteriorating patients 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 a delayed Rapid Response. While care programs are effective, partnering with patients and care team members (i.e. the people who know the patient best) to alert staff to patient deterioration provides additional opportunities for spreading the safety net further.

There is extensive evidence that a system of patient and family activated escalation



Education



Implementation

- 12th of November 2012



Informing families about REACH

the children's hospital at Westmead

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.

R	Recognise
E	Engage
A	Act
C	Call
H	Help is on the way

REACH is an initiative of the Clinical Excellence Commission's Partnering With Patients Program



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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'.


Are you worried about a recent change in your condition ?

R.E.A.C.H out to us



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.

R	Recognise
E	Engage
A	Act
C	Call
H	Help is on its way



REACH is an initiative of the Clinical Excellence Commission's Partnering With Patients Program

Data collection and collation

Rapid Response (Red Zone)				Last Reviewed: Nov 2012
Activation date/time	<input type="text" value="26/07/2011 10:15"/>	First look time	<input type="text" value="10:15"/>	
Location	<input type="text"/>	AMO	<input type="text" value="Curotta, John"/>	
Team activated	<input type="text" value="E.N.T."/>	Patient Seen	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Response activated	<input type="radio"/> Rapid Response <input type="radio"/> PICU Outreach <input type="radio"/> PICU Outreach Follow Up <input type="radio"/> Arrest <input type="radio"/> PICU Outreach to ED <input type="radio"/> Patient/parent activated Rapid Response			
Red Zone criteria met	<input type="radio"/> Yes <input type="radio"/> No	Yellow Zone criteria met	<input type="radio"/> Yes <input type="radio"/> No	
Cardiac compressions	<input type="radio"/> Yes <input type="radio"/> No			
Staff activated	<input type="text" value="Grady, Natalie"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activation criteria	<input type="checkbox"/> Respiratory rate <input type="checkbox"/> Respiratory effort <input type="checkbox"/> SaO2 <input type="checkbox"/> Heart rate <input type="checkbox"/> Capillary refill <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Level of consciousness <input type="checkbox"/> Pain score <input type="checkbox"/> Temperature <input type="checkbox"/> 3 or more 'yellow zone' observations <input type="checkbox"/> Patient not seen within 30 mins of activation of clinical review			
Other activation criteria	<input type="checkbox"/> New onset of stridor <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Circulatory collapse <input type="checkbox"/> Significant bleeding <input type="checkbox"/> Sudden drop in GCS of >2 <input type="checkbox"/> BGL <2 or symptomatic <input type="checkbox"/> New or prolonged seizure <input type="checkbox"/> Deterioration not reversed within 1 hour of clinical review <input type="checkbox"/> Deteriorates further before, during or after clinical review <input type="checkbox"/> Serious concerns by family member <input type="checkbox"/> Serious concerns by staff			
Previous Reviews (Read only)	Clinical Emergency Response System (CERS) Assessments Completed this admission			
	ENTERED 26/07/2011 10:15 19/07/2011 18:19	ENTERED BY Bennett, Adam Bennett, Adam	ASSESSMENT Rapid Response Rapid Response	RESPONSE ACTIVATED Rapid Response Rapid Response



Activity

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



Interventions

Interventions at time of call*	# instances	%
Medication/fluids (other than analgesia)	6	46
Referral/consult to another clinical specialty/team	4	31
Plan of care reinforced	4	31
Support (education/advice)	4	31
Analgesia	3	23
Social work involvement	2	15
Plan of care established	2	15
Medical Imaging	1	8
Pathology	1	8
Other	1	8
*Some calls resulted in more than 1 intervention		



Outcomes

Outcomes	#
Remained on the ward with treating team follow up	10
Remained on the ward with PICU Outreach follow up	1
Transferred to PICU for overnight observation	1
Transferred to another (specialty) ward	1



Key learnings & next steps

