



Kōrero mai: Patient, family and whānau escalation of care

Busting myths

Myth 1: Patients, families and whānau will use the escalation service inappropriately, causing false alarms and overwhelming staff.

What we know: New Zealand and international evidence shows that these escalation systems are used appropriately. Escalation numbers are low, with the vast majority of concerns being valid. The experience of a two-week pilot at Counties Manukau Health is a typical example, where they received nine calls on two wards. All escalation calls were classified as appropriate, and three calls (33 percent) resulted in escalation of treatment. Read more here: <http://koawatea.co.nz/responding-fast-when-patients-deteriorate-a-patient-initiated-escalation-service/>.

What we know: Staff concerns that consumer involvement overwhelms the rapid response systems are unfounded. Read more here: <https://www.ncbi.nlm.nih.gov/pubmed/26373438>.

Myth 2: Patients will abuse this system to complain about me.

What we know: In critical situations such as physical deterioration, it can sometimes be difficult to take a step back and appreciate a bigger picture. A second opinion, particularly from a clinician with expertise in recognising and responding to clinical deterioration, will often be useful in helping you provide appropriate and timely care to your patients and, if they are continuing to deteriorate, provide access to areas such as intensive or high dependency care where their needs may be better met.

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Myth 3: Patients, families and whānau are not able to tell when things are getting worse.

What we know: Patients, families and whānau often say ‘something just doesn’t feel right’, and they are often correct. One study reviewed data over a two-year period, which included 25 patient or family-activated calls. The majority of callers said, ‘something just doesn’t feel right’, with other leading reasons for calls being similar to criteria used by staff-initiated calls, such as shortness of breath and pain issues. The study concluded that the patient, family and whānau escalation system saved lives, without an overload of false positive calls. Read more here: <https://www.ncbi.nlm.nih.gov/pubmed/20655645>.

For example, parents may have been managing their child’s condition (eg, asthma) for many years, managing symptoms such as wheezing. The parents have encountered these symptoms before, but this time feel especially concerned for no tangible reason they can clearly articulate. A patient, family and whānau escalation system allows for this expert knowledge to be heard in partnership with health care staff. It does not replace clinical intuition but adds to it.

Myth 4: People will use the system to complain about hospital food and car parking.

What we know: Escalation calls are few, and appropriate when made. Clinicians are not overwhelmed by calls about food and car parking. Calls not directly related to deterioration may arise from poor or misunderstood communication and are an opportunity to provide information or to correct misinformation.



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