



Kōrero mai: Patient, family and whānau escalation of care

Introduction

Patients, their families and whānau trust that clinical staff will recognise and respond to signs of acute deterioration during hospital admissions. They literally put their lives in their hands.

Delayed recognition of, or response to, patient deterioration is an adverse event. Yet the management of acute deterioration remains problematic.

There are many ways in which clinical and organisational processes, and communication between clinicians, patients, families and whānau, can be improved.¹

The Health Quality & Safety Commission (the Commission) is funding a five-year programme to help New Zealand hospitals implement three workstreams to improve the care of adult patients (excluding obstetrics) who deteriorate acutely while in hospital. The workstreams are:

1. a recognition and response system (including a standardised national vital signs chart and early warning score, and a localised clinical escalation and response system)
2. a patient, family and whānau escalation process
3. approaches for determining and documenting shared goals for patient care.

This document concerns the second workstream. More information is available on the Commission's website and will be added to as work gets underway.



The problem

Communication problems are common in health services. Of all hospital-related complaints to the Health and Disability Commissioner in January–June 2016, communication was identified as a concern in 42 percent² and as the primary concern in 10.2 percent.³ International data shows that most patient- or family-initiated escalations are due to communication or system breakdowns.⁴

Currently, when patients, families and whānau identify signs of clinical deterioration, including that seen in other patients, they may not have immediate access to the health care team. This can delay treatment.

Appropriate treatment for clinical deterioration can be delayed even when patients, families and whānau identify and report their concerns to health care teams. Incidents like this are commonly highlighted in reports of adverse events associated with clinical deterioration.^{5,6}

Benefits of a patient, family and whānau escalation process

Naku te rourou nau te rourou ka ora ai te iwi

With your basket and my basket, the people will live

‘Good communication is at the root of humanity in healthcare... It enables not just the transfer of information but the building of trust, the creation of meaning and the possibility of a respectful, compassionate relationship.’

James Munro, Chief Executive of Patient Opinion, UK

To address the problem, family-led escalation processes are now being introduced by health care institutions internationally, and in New Zealand, to complement existing clinical escalation pathways. Clinical escalation pathways provide clear, objective criteria that prompt clinicians to call for help when there is concern about a patient deteriorating acutely, and endorse those actions.

Family-led escalation processes enable patients, families and whānau to call for help when they are concerned about the patient’s clinical condition and feel unable to get the help they need via traditional methods of engagement with the immediate care team. Family-led escalation provides a ‘safety net’ for when communication problems or clinical failures to recognise, respond or manage patient deterioration get in the way of the delivery of appropriate care. Escalation is intended to complement the work of staff in detecting patient deterioration as early as possible.

Developing a patient, family and whānau escalation process means health providers can reduce harm from failures to listen to the concerns of patients, families and whānau, and improve patient, family and whānau experiences of care.

Patients, families and whānau are ideally placed to identify signs of clinical deterioration because the patient is generally well known to them and therefore they can recognise subtle changes or signs of clinical deterioration. Unlike clinical team members, families and whānau can also offer a consistent presence at the bedside and can provide useful additional information about the patient’s condition.

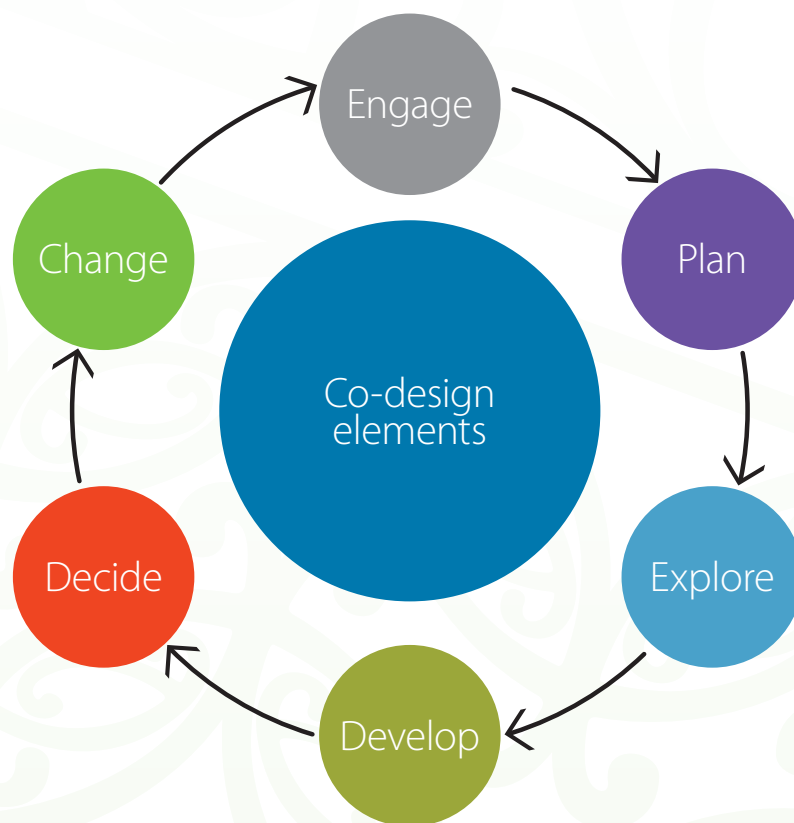
Internationally, where patient, family and whānau escalation systems have been introduced, implementation of these escalation pathways does not result in a significant number of unwarranted calls. In reality, most systems are used infrequently, but when they are, they are nearly always clinically relevant.⁷

Partnership solutions – co-design

Clinical systems rely on well-functioning communication and teamwork to provide safe, quality services. Partnerships between clinicians and patients, families and whānau help to improve systems for recognising and responding to acute deterioration, thereby improving care. Patient-centred care acknowledges the role of patients, families and whānau as members of the care team.

For optimal success, patient, family and whānau escalation processes need to be developed locally using co-design principles,⁸ which address health equity, resources, barriers to access, and other issues relevant for the local population. Co-design is a key partnership strategy for improving health care services with patients.

As partners in their own care and in the health system, patients, families and whānau should be involved in the co-design process. While many service improvement projects involve patients, co-design focuses specifically on understanding and improving patients' experiences of services so improvements are meaningful.



The co-design cycle⁹ (see Appendix 1 for more detail)

Māori are particularly critical stakeholders in this context because they experience worse health outcomes and have significantly poorer health than non-Māori. The principles of partnership, participation and protection underpin the relationship between health services and Māori under the Treaty of Waitangi. These principles are well aligned with the concept of co-design.

The role of the Commission

Through its patient deterioration programme, the Commission will support the development of patient, family and whānau escalation processes by:

- supporting the co-design method with information and training
- providing expert advice on patient, family and whānau escalation processes
- showcasing the development of patient, family and whānau escalation processes nationally, and facilitating national discussion and learning.

Specifically, the Commission will:

- support a number of lead district health boards in using the consumer co-design method to develop and test processes incorporating patient, family and whānau escalation into their recognition and response systems
- showcase case studies of the work in district health boards
- encourage hospitals to adopt the most successful models using quality improvement principles and patient safety approaches
- undertake awareness-raising activities including the development of targeted communication resources.



Appendix 1: The co-design cycle – what it looks like for health providers

1. **Engage:** Establish and maintain meaningful relationships with patients, families and whānau to understand and improve health care services. This critical element underpins all improvement work and is continuous throughout.
2. **Plan:** Work with patients, families and whānau, and staff to establish the goals of improvement work and how to achieve them.
3. **Explore:** Learn about and understand patient experiences of services and identify improvement ideas.
4. **Develop:** Work with patients, families and whānau to turn ideas into improvements that will lead to better patient experiences.
5. **Decide:** Choose what improvements to make and how to make them. Success depends on an understanding of the patient journey and the insights about service improvement this offers.
6. **Change:** Turn improvement ideas into action. Providers do not need to make all the changes by themselves. They can make as many improvements in partnership with other stakeholders as possible.



1. Health Quality & Safety Commission. 2016. *The deteriorating adult patient. Current practice and emerging themes*. Wellington: Health Quality & Safety Commission.
2. 161 of 383 complaints.
3. Health & Disability Commissioner. 2016. *Complaints to HDC involving District Health Boards*. Wellington: Health & Disability Commissioner. URL: www.hdc.org.nz/media/302281/national%20dhb%20report%20-%20jan-jun%202016.pdf (accessed February 2017).
4. Gill FJ, Leslie GD, Marshall AP. 2016. The Impact of Implementation of Family-Initiated Escalation of Care for the Deteriorating Patient in Hospital: A Systematic Review. *Worldviews Evid Based Nurs* 13(4): 303-13. doi: 10.1111/wvn.12168. Epub.
5. Ryan's Rule, see www.health.qld.gov.au/cairns_hinterland/html/ryan-home.
6. See www.hdc.org.nz/decisions--case-notes/commissioner-s-decisions/2007/05hdc11908.
7. Gill et al 2016, *op.cit.*
8. Co-design is the process of involving all stakeholders in the design of something so it meets the needs of all concerned and is usable.
9. Boyd H, McKernon S, Old A. 2010. *Health service co-design: working with patients to improve healthcare services: guide and toolkit*. Auckland: Waitemata District Health Board.