Implementing and sustaining recognition and response systems: the nurse unit manager's perspective

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In this fact sheet, Aaron Jones shares his experiences as the Nurse Unit Manager (NUM) of a 30 bed surgical oncology ward in a large tertiary hospital. Prior to taking on this role, he was the Clinical Nurse Consultant who managed implementation of the hospital's three tiered clinical emergency response system. He has a background in intensive care and emergency nursing, with a Graduate Diploma in Critical Care Nursing and a Masters of Clinical Education.

My role

- The NUM role is wide and varied - if there's a problem, I have to fix it somehow!

- I provide clinical governance at the ward level. I make sure that staff follow policy in relation to detecting deteriorating patients and that they escalate care appropriately and according to hospital policy.

- Although a lot of my day-to-day job revolves around patient flow, I make sure I am present on the floor to provide clinical leadership, to review deteriorating patients and to support my team.

- I do the rounds every day, and the first thing I look at is the observation chart.

- My previous roles have heavily influenced the way I manage the NUM role. My focus on what can happen to patients is really fine tuned and staff know how passionate I am about the deteriorating patient.

- I am a real champion for the system and a large part of my role is to sell it to my staff.

The benefits of the recognition and response system

- I know it's the best thing that's happened for nursing in this hospital for a long time. It's a system that empowers you, a policy that supports you to escalate care.

- Nurses know that when they use the system they are doing the right thing for patients.

- In the past nurses used to get beaten up about escalating care, which delayed calls. There was a culture of 'oh am I doing the right thing, maybe we can just manage it and see what happens'– now that they know the system is there to empower them, and their experiences are positive so they are embracing it.

- Our ward is one of the highest users of the system with about 30 clinical emergency calls per month. We've had no cardiac arrests for over a year. The system is so embedded in the hospital now that it's just the way things are done.

What to do when things don't go well

- When things don't go well you have to realise to err is human – there will always be times when policies and processes aren't followed or clinical emergency calls don't go well.

- It can be easy to judge with hindsight something that doesn't look good on paper, but don't act on anything till you hear exactly what happened. If you turn it into something massive it affects the staff's confidence and their relationship with you.

- Nurses fail to follow policy because they get caught up in other things that happen behind the scenes – complex situations on the ward with competing priorities, skill mix issues because of sick leave etcetera. The moment you overreact or pre-judge then staff will hide things and not be honest about what happened.

- Turn every case where something didn't go well into an education and learning opportunity. When we have problematic cases we de-identify the notes and observation chart, and turn the episode into a case study for education with staff.

Key things that help me to do this work well

- I work with a very active educator - I wouldn't be able to do what I do without another senior nurse out on the floor selling the same message, teaching new staff and walking the talk.

- You need clinical leadership in the ward at all hours. I am currently working on a job description for nurses in charge after-hours that outlines specific responsibilities in relation to deteriorating patients.

- I work closely with the Clinical Emergency Coordinator who meets with me once week. When things didn't go so well around the time of a call we work together to investigate and follow up. I also get a daily email with the details of clinical emergency calls so that I can follow up the patients in my ward.

- Having a dedicated person who monitors the recognition and response system from an organisational perspective is essential, as is organisational and executive support. I need to be able to escalate issues and be supported.

My top tips for implementing a recognition and response system on a ward

- It takes time to build these systems and you have to believe in what you are doing – staff will recognise if you are faking enthusiasm or not 100% on board.

- Be very clear about the fact that there is a policy on the deteriorating patient and that staff must use it. Make sure that they understand that it's there to empower them, not to undermine them. Be very clear that your staff will always be supported for escalating care.

- Walk the talk – role model using the system. If you see a sick patient then make the emergency call yourself and explain to staff why you've done it.

- Be present on the floor, not locked in the office. The NUM should be out there watching, listening, directing people to patients of concern, educating staff – saying 'I don't think this patient looks too good, I think we should be doing more frequent observations and having a low threshold for activating the system.'

- You need buy in from all of the medical teams – I manage a ward that has multiple specialities and if one specialty doesn't believe in the system then they can undermine it with the junior medical staff. You need senior medical and executive leadership to help resolve issues like this.

- Let staff know if something goes wrong they will never get into trouble, but that you will be following up and asking questions about what happened.

- Always follow up – do what you say you're going to do. If you get a bit lax everyone else knows that they can too.

- Evaluate the system in your ward – audit observation charts and feedback the results so people know that somebody is watching, meet with the staff to find out what works well, what doesn't work well. Identify the issues and act to find solutions.

- Do innovative things so that staff can participate in making improvements in a fun way – don't be serious all the time!

- Keep calm and carry on - the moment you think you've won something then something else comes up. Sometimes when it's difficult you just have to walk away and sleep on things to find the way forward.

Further information

Further information about implementing recognition and response systems can be found in the Australian Commission on Safety and Quality in Health Care publication *A Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (2012). This can be downloaded from:

www.safetyandquality.gov.au

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