Implementing and sustaining recognition and response systems: the quality and improvement manager's perspective

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In this fact sheet, Guy Peacock shares his experience of implementing an early warning score and graded response system in the medical division of a large tertiary hospital where a medical emergency team (MET) had been in place for some time. When MET cases were reviewed it became clear that a large number of patients had not been reviewed by the relevant home team within the 24 hour period prior to the MET call. The Adult Deterioration Detection System (ADDS)* observation and response chart was modified and implemented to facilitate earlier identification and escalation of care for patients who were deteriorating.

* Further information about ADDS can be found on the Australian Commission on Safety and Quality in Health Care web site: www.safetyandquality.gov.au

Getting started

- The very first step for me was to investigate who was doing what at a state, national and international level – I had to become suitably informed so that I could effectively lobby the executive and senior clinicians to get them on board.

- I spent a lot of time engaging the key people, getting everybody around the same table, facilitating discussion and managing conflict so that we could develop a system that could work across a number of services and dovetail with the work flow of local teams. Our working group included educators, medical and nursing representatives from the wards, medical and nursing heads of service, and members of the executive for the Division.

- Making appropriate modifications to the ADDS chart to make it local (rather than something imposed by an external body) took a bit longer but was well worth it in terms of local ownership and ongoing success. It became 'we're doing this with you' rather than 'we're doing this to you.'

- We aligned the project with a quality improvement initiative for a general ward (aged care and medical) because we needed a system that would be widely applicable across all clinical services within the Division.

- We rolled out the system in stages over a year long period so that we could spend time in each ward embedding and trouble-shooting the system – we engaged project nurses at ward level to ensure local leadership, and we spent time listening to staff, validating their concerns and working to help them understand the system and incorporate it into their work flow.

Sustaining the system

- Eternal vigilance is the price of these systems. You need to keep your finger on the pulse, collect good information, and ask if things are happening the way they should be happening – as soon as you stop monitoring you can lose ground. You have to identify issues early and nip them in the bud before they become endemic problems.

- Find ways to integrate the system into the every day function of each ward – devolve responsibility for ongoing ownership of the recognition and response system to staff within the wards so that they manage the data and find local solutions for any issues that arise.

- Be patient, you can't do it all at once. Shift things forward in cycles – do a push every 3-4 months. It is important to maintain the high profile established around this issue through a program of promotion and focus forums.

- Once you get beyond the politics that are involved at the beginning, and people see that the system works, many of the initial doubters will embrace the change.

- Expect new work to evolve out of recognition and response projects – monitoring and escalation are fundamental components of the work of hospitals and other practice issues will be highlighted as a consequence of looking at how these systems operate.

My top tips for implementing a recognition and response system

- There are no shortcuts. This is a major piece of work with major implications for the organisation in terms of change process - it is often difficult and comes with a fair bit of political flak.

- You can't do it alone – identify anyone who has a similar interest to help build momentum. Spend time finding allies and bring those people together as an initial think tank, remembering to take your colleagues on the journey with you.

- Aim to identify someone with an existing network to help do the lobbying – preferably someone who already has the right relationships and the skills to recognise and convince the people that you need to bring on board.

- Recognise the people you might need to work around and where the barriers will be – pre-emptively address them before issues arise.

- Don't evolve the system within a silo, work broadly – to do this you need sound skills in conflict resolution. Implementing recognition and response systems involves marrying up two very different views – the global and the local. You need to allow people to explain their perspective in their local clinical context, validate that, and find ways to move forward.

- It is absolutely crucial to understand that what you are doing is fundamentally about behaviour modification and cultural change – you are using the escalation processes and the observation charts to provide triggers and cues for behaviours that can create a lasting change in the way that nursing and medicine work together.

- It is vital to close the loop by ensuring there are consequences that are real and meaningful for people who are obstructive or try to circumvent the system. You need executive and clinical leaders who are very clear that 'this is the standard we expect; not just what we'd prefer, but what we expect.'

- You have to be prepared to commit time over the long haul for a project like this to succeed – ongoing consultation, monitoring, and review is vital and this requires significant work.

- To stay sane it's really important to maintain a level of personal distance – I learned that it is very important to put boundaries in place as it is easy to become too personally invested. You will encounter a lot of hostility – you must keep in the back of your mind that it is not personal and is often about an aversion to change.

- Celebrate success – we achieve a lot in healthcare but forget to celebrate. You must recognise and acknowledge that the success of these systems all comes down to the contributions of the broader team involved.

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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