FACT SHEET Tips from the real world

Educating nurses about clinical deterioration

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In this fact sheet, Jayne Harris shares her experiences of rolling out a recognition and response system and educating nurses about clinical deterioration.

Jayne is based at a large tertiary referral hospital where 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. As the system was rolled out, Jayne worked with project nurses in each ward to teach staff about how to use the charts and escalate care. She has also been responsible for running seminars about early recognition and response to clinical deterioration, and integrating education about clinical deterioration into all of the professional development courses run by the Centre.

* 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

- After attending a conference about recognising and responding to clinical deterioration, three colleagues and I were inspired to address the same issues that were occurring in our organisation. We decided to start by running seminars about the recognition and management of the deteriorating patient.
- When planning the content for the seminars we wanted to provide a hook to deliver the 'a-ha' moment that would have people sitting up higher in their chairs and really focussed on why they were there. We asked someone from the rapid response committee to come and paint a picture using local data: this is what is happening in your hospital, in your wards, to your patients. It was a really effective approach.
- The seminars included a mixture of lectures and clinical scenarios which provided an opportunity to revisit the theory about vital signs. It was useful to understand the current knowledge of nursing staff for planning future education needs.

Rolling out the ADDS charts

- I was approached by the Quality Improvement Manager to work on the implementation of a modified version of the ADDS charts and associated escalation protocol. Education was going to be a key requirement for this project to be successful. We set up a multi-disciplinary working group and selected a unit on which to pilot the system.
- We worked with the clinical educator from the pilot area to deliver three phases of daily education sessions over the 6 weeks before the charts were implemented. In the first phase we provided basic information about deterioration. In the next phase we gave background on the charts and talked about why and how they were developed. For the final two weeks we ran table-top scenarios where nurses documented observations on the charts and demonstrated how to escalate care.
- We ran education sessions on night shifts and at negotiated times to ensure that we captured those who did permanent nights or short shifts.
- We kept a slightly modified version of this education model throughout the roll out of the charts to other units. Each unit had four weeks of intensive pre-education, then we embedded ourselves in the unit for two or three weeks after roll out - I would visit the ward first thing in the morning and two or three times over the day to spend one-on-one time with people teaching and talking to them about the chart. It was incredibly labour intensive but also, I think, key to our success.

My ongoing role

- We are doing a lot of work to change the way we deliver education within the organisation. We are deconstructing large programs into smaller modules, all having a strong focus on assessment, communication, early recognition of deterioration and early intervention. Regardless of which program you choose, you will be presented with the early signs of deterioration, what vital signs mean, using the ISBAR communication tool and escalating care.
- We have a robust online education site where all mandatory programs are available and resources about early detection of deterioration and effective communication are accessible to everyone. This enables country health staff to easily access courses and saves duplication of effort.
- I have a continued role in supporting the units that have the system in place, and do a lot of work to support auditing and reviewing case notes.

My top tips

- The most important thing is to be available to people – you need to be out there in the units over all shifts so people can feedback, vent, identify issues and help you to develop solutions.
- Make sure people know you're going to do what you say you're going to do – prioritise time in the clinical units. If you say you'll be there in the morning to do that first set of observations with someone, make sure you are there. This builds trust.
- It takes a huge amount of time (personal and professional) to implement a project like this – it involves a phenomenal amount of work. Fight tooth and nail for funding for a dedicated project officer who can undertake the work required for rolling out and embedding the system therefore not compromising your current work demands.
- Grow and support local ownership and local champions within the clinical units – we had project nurses within each area who were able to take some of the pressure off the project team and target education to local context.
- You may come across some change-resistant people - if you spend the time listening and talking with these people from the start, they can often become your best clinical champions.
- Pull colleagues together who are passionate about what you are doing – negotiate around the naysayers and nurture the positive people. Ask for help - brainstorming over a wine (after work!) with colleagues can be really helpful.
- Be organised, know your limits and what can you realistically achieve with the resources you have and be clear about this from the start.
- Understand who's who in the governance structure – identify those who can help you, ask around and talk to people who've managed big projects in your organisation.
- Maintaining a positive attitude is very important. You also need to have the respect of clinical colleagues and really great communication skills.

- You must have a really sound and wide ranging knowledge of the topic – you need to be able to talk about the international evidence as well as what happened to that patient who had the emergency call on ward X last Sunday.
- Strong organisational processes are vital so that everyone is on the same page and you have the governance structures in place to support you, but to really make the culture change you also have to be prepared to spend time one-to-one with individual clinicians.
- Remember that what you are doing matters. It is so exciting when a patient has a positive outcome because a nurse has actually changed their practice to incorporate the new skills they have learned. It is wonderful to see the enthusiasm and positivity of nurses who are using new skills and have a system in place that supports them to do a good job for their patients.

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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