

Why don't nurses call for help: results of a systematic review.

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Aims of the session

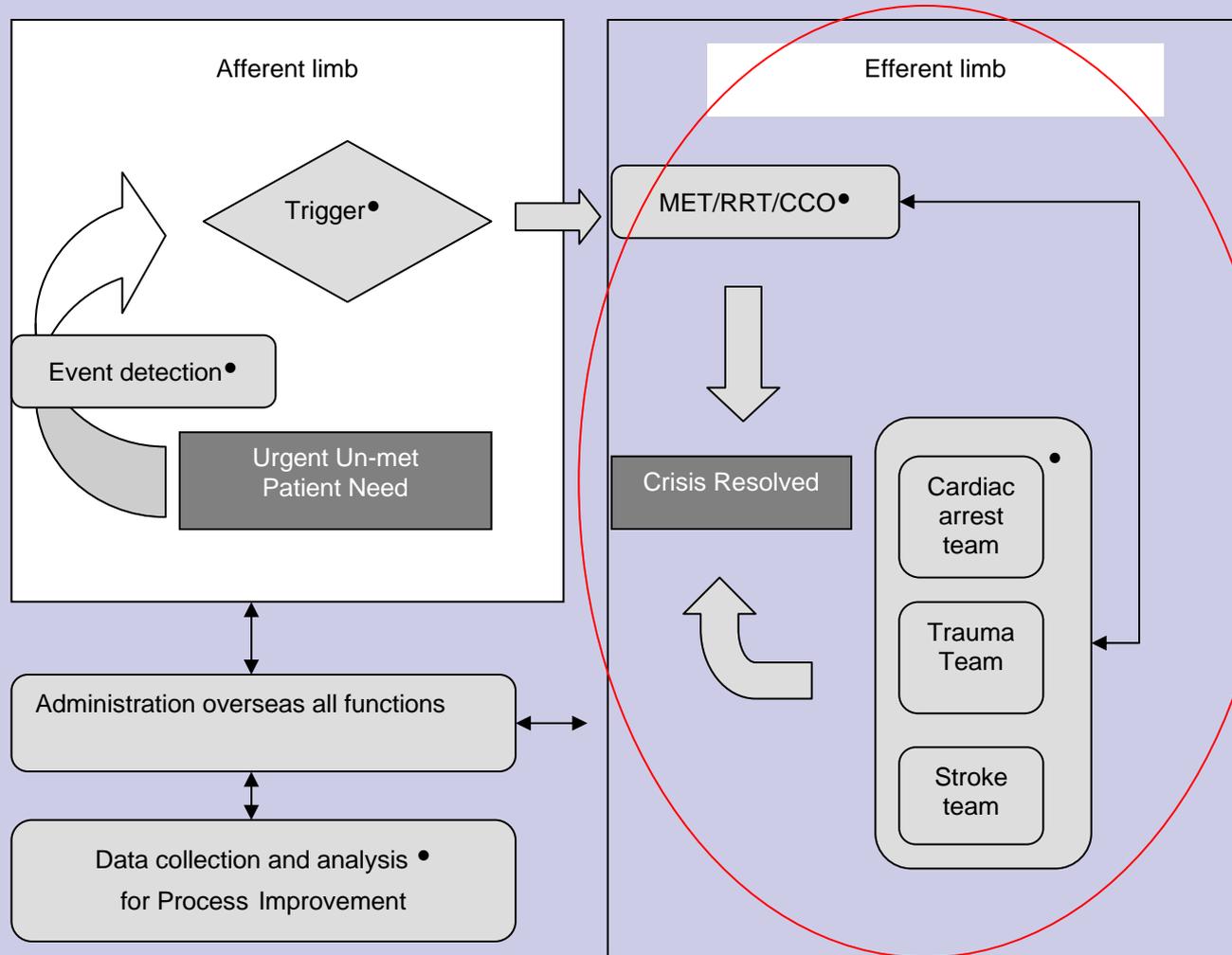
- To briefly describe a systematic literature review that looked at how nurses observe ward patients to detect deterioration
- To discuss some of the findings of the review
- Suggest how we might improve practice

Background to the review

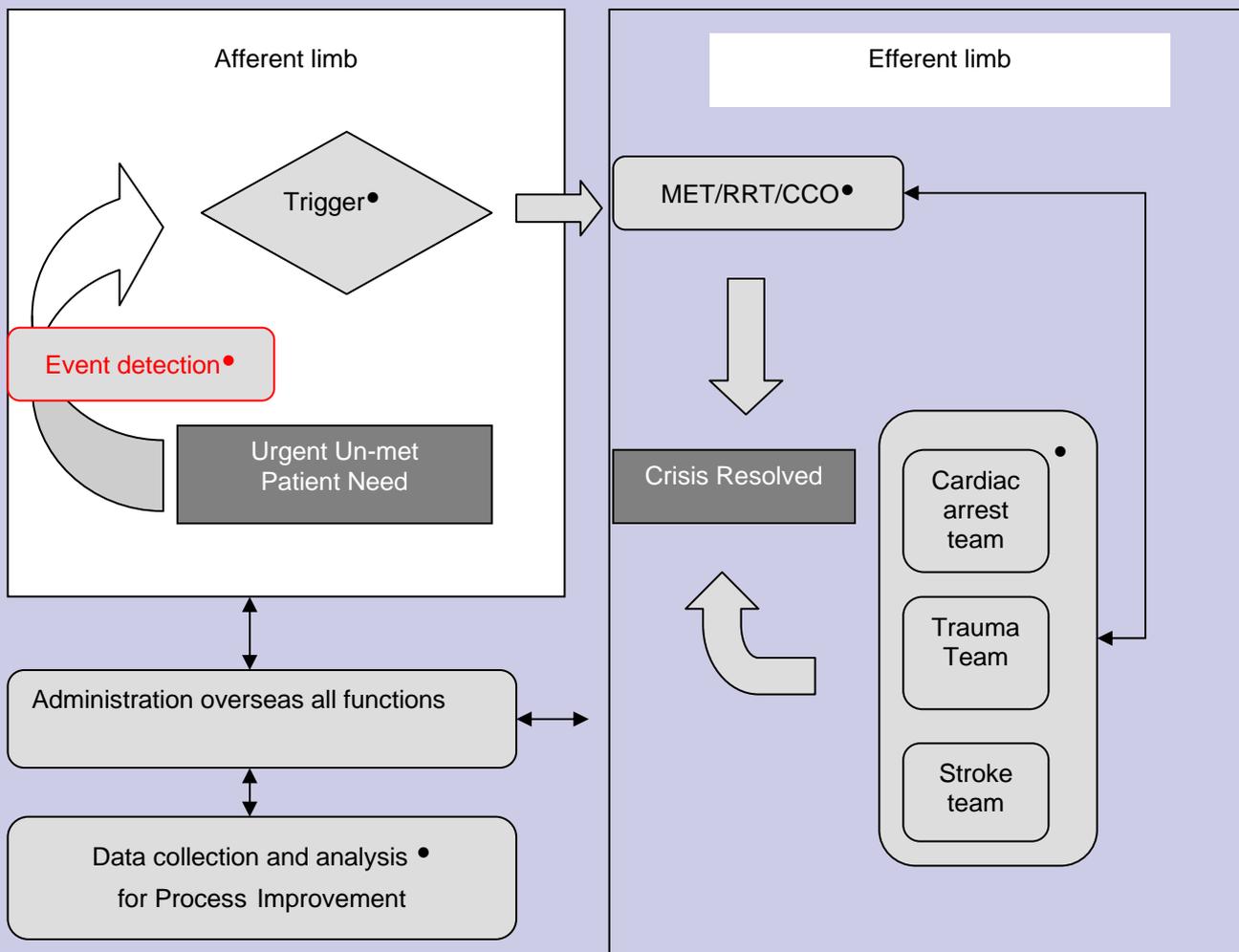
- Concerns that deterioration of ward patients was not being recognised or acted upon.
- Implementation of Rapid Response Systems have not solved the problem.
(NCEPOD 2005; NPSA 2007)
- Personal experience: why don't nurses recognise the acutely unwell patient, or follow rescue protocols?



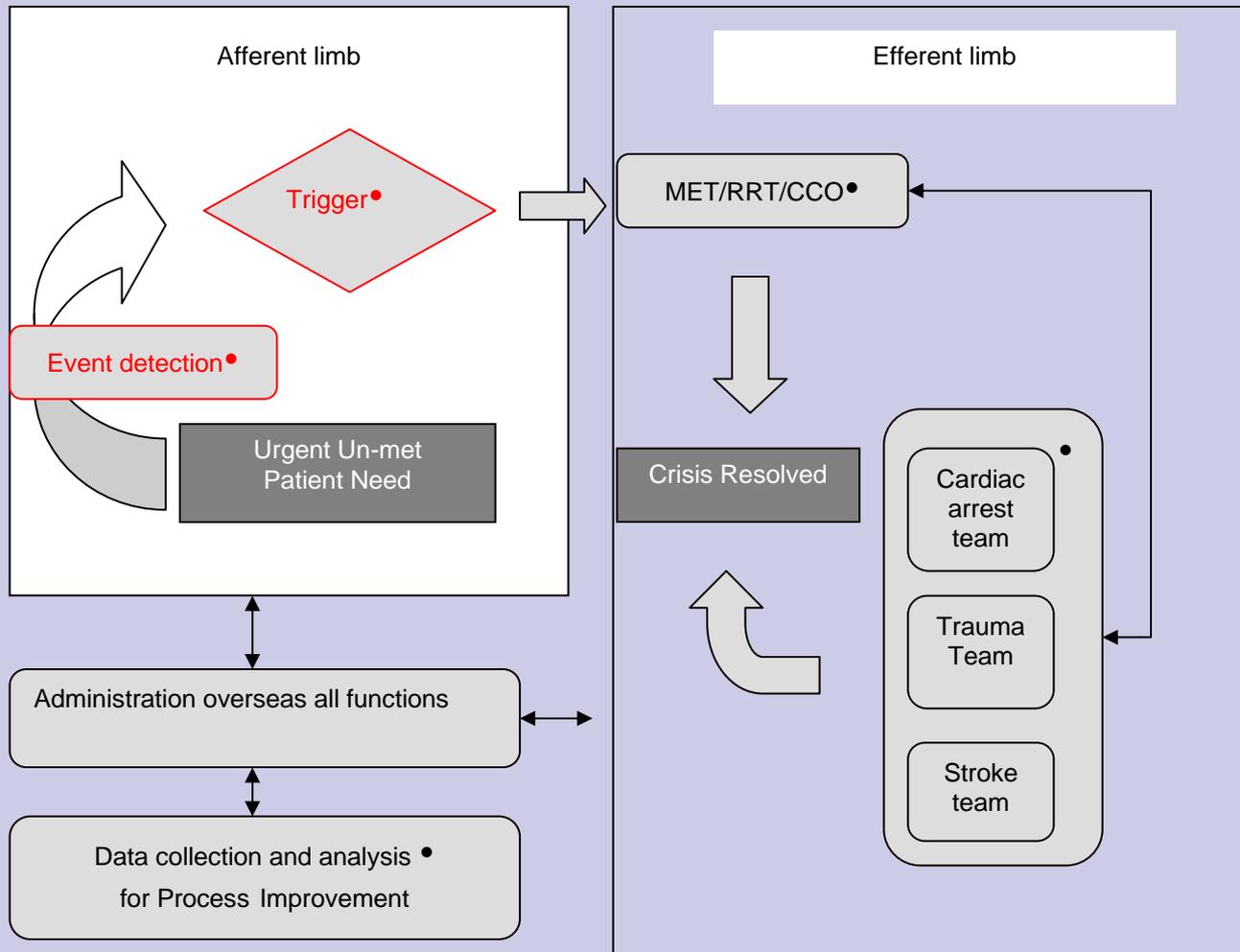
Rapid Response Team Structure (DeVita et al, 2006)



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Aims of the literature review

- To investigate, describe and critically evaluate the current state of knowledge around the nursing practice of observations to detect deterioration in the ward patient.

Method

- Four sources
 - Electronic data bases (8)
 - Reference lists
 - Key reports
 - Experts in the field
- Inclusion criteria
 - All research designs and languages
 - From 1990 to April 2007
 - General ward areas

Results

- Total of 740 citations
- 16 selected for full review
- 14 included in final narrative



Systematic literature review: Research studies' findings

1. **Recognition of the at-risk or deteriorating ward patient**

- Intuition
- Physiological changes
- The patient and their family

2. **Patient assessment**

- Assessment process
- The role of the nurse
- Recording vital signs
- Equipment

3. **Reporting deterioration**

- The decision about calling
- Early warning score
- Communication and language

4. **Managing deterioration**

- Initiating treatment
- Making treatment decisions

Systematic literature review: Research studies' findings

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Recognition of the at-risk or deteriorating ward patient

1. Intuition

Knowing the patient

Pattern recognition

2. Physiological changes

'Coming across the patient'

Further assessment

3. The patient and their family

Recognising deterioration and calling for help

Unskilled

Skilled

Feeling concerned and anxious

- Unsure what to do
- Concern with 'looking stupid'
- Check with other nurses

Checking vital signs

- Unsure what to do if observations are 'normal'
- May wait for obs to deteriorate before calling for help

Conduct advanced assessment

- Describe physiological findings that are both objective and subjective

Problems with reporting: Fears

- Nurses are **nervous** and **anxious**, and feel **uncertain about calling** and wondered if they were **doing the right thing** (Cioffi 2000b)
- **Fears** about what would be expected of the nurses once the medical team arrived (Cioffi 2000b)
- **Concern about looking stupid** (Cioffi 2000b, Andrews and Waterman 2005)

Problems with reporting: Nurse/doctor interface

- Nurse/doctor interface a **source of conflict** (Cutler 2002)
- Getting action from doctors was a **concern for nurses** (Cutler 2002, Cox et al 2006)
- Doctors often **failed to review patients** in a timely way (Cutler 2002)
- Nurses have to be **persuasive with doctors** to get them to review the patient (Minick and Harvey 2003, Andrews and Waterman 2005)
- **Persistence and risk taking** were associated with early recognition of patient problems (Minick and Harvey 2003)

Problems with reporting: Communication

- Nurses find it **difficult to articulate** subtle changes in the patient's condition (Minick and Harvey 2003, Andrews and Waterman 2005)
- Nurses felt **unable to say** what was wrong (Cioffi 2000b)
- Nurses were conscious that they had to use **medical language** that included **quantifiable evidence** of the patient's deterioration to **get the doctors attention** (Andrews and Waterman 2005)

Suggestions to improve detection of the deteriorating patient in the future

- Properly resource wards to deliver skilled assessment of patients by experienced and trained staff
- Value intuition, but teach analytical skills that include both subjective and objective data
- Concentrate on improving the inter professional communication process (the use of SBAR)
- Supply front line staff with tools that support clinical decision making (electronic data capture)
- Involve and empower patients and their families in the process



In summary...

Detecting the deteriorating patient and calling for appropriate help is a highly complex process.

It not only requires skill and training, it also calls for wisdom, confidence and bravery.



Thank you

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