“I DON’T WANT TO FAIL THE NURSES”: OPPORTUNITIES & BARRIERS FOR IMPACT OF PATIENT ACTIVATED RAPID RESPONSE SYSTEMS

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The abstract should be compiled without changing the styles:

The text of the **headers** is Arial, 12 points, bold.

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Abstracts must not exceed one page (a word count of approximately 500 words references not included).

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Background

Patient Activated Rapid Response (PARR) represent two of the 10 quality metrics by the Society for Rapid Response Systems (1). There is no standardised way to measure effectiveness of this service and published data suggests low call-out rates (2).

Aim(s)

To develop a framework for effectiveness of PARR by describing opportunities and barriers.

Methods

Prospective observational service evaluation of a PARR based on the Call-4-Concern model (3). The service was tested in a cohort of patients recently discharged from the Intensive Care Unit (ICU).

Opportunities for PARR were defined as abnormal vital signs resulting in a National Early Warning Score (NEWS (4)) of 3 or more and other safety critical events (pain score ≥ 4, excessive post-operative bleeding and fever ≥ 38°C).

Clinical records from 9 patients were analysed, and 5 patients were interviewed about their experience of the service and barriers to activation of PARR during a two-week period.

Results

Post-ICU observation periods ranged from 4 to 12 days. Health literacy was not formally assessed but nearly half of the patients came from areas with a high index of multiple deprivation.

Patients had between 1 and 20 opportunities (median 2) for callouts: 31 occasions of high NEWS scores, 1 instance of a significant bleed, 10 elevated pain scores and 7 episodes of pyrexia. 5 patients had a Rapid Response Call-out. Patients or relatives raised concerns about conditions including severe hyperglycaemia, mental deterioration, and prolonged constipation.

Some patients had handed information about PARR to their relatives, and some had forgotten about the introduction to the service due to post-ICU delirium. Patients voiced concern about undermining overstretched nurses: “I don’t want to fail the nurses.” Integration into usual workflow was suggested: “This

will make it easier for the patients to use the system, because they will understand that it is a ‘normal’ thing to do.”

Discussion

Certain conditions might need to be met before patients will actively use the RRS. Patients expressed a need of spreading more awareness around rapid response systems and the use of it. The healthcare professionals are still seen as the experts, which might be barrier for patients to use the system
Feelings such as betrayal or being unpolite towards the ward team when calling for concern is a major barrier that needs to be overcome by informing the patients correctly.

Lastly, our findings indicate the importance to include the family when spreading information about the RRS. Since they can also use the system, especially when patients aren’t capable do use it themselves for example during period of deterioration.

The interviews were held in a single site hospital only including only adult patients discharged from the ICU to a medical/ surgical ward and a total of only five interviews were conducted due to the few discharges during the interviewing period, which was a short period of only one week. This has its implications on the transferability.

Implications and future perspectives

The number of opportunities for the activation of PARR was low. A possible metric for effectiveness could be the percentage of escalated opportunities (no of calls / number of trigger events). Concerns and suggestions by patients require further consideration: integrating information about PARR into pre-operative assessments or training patient programmes (‘Joint school’) and information packs for patients and relatives warrant further exploration to ‘normalise’ activation of the service.

References

1. Subbe CP, Bannard-Smith J, Bunch J, Champunot R, DeVita MA, Durham L, et al. Quality metrics for the evaluation of Rapid Response Systems: Proceedings from the third international consensus conference on Rapid Response Systems. Resuscitation. 2019;141(May):1–12.
2. Odell M. Patient- and relative-activated critical care outreach: a 7-year service review. Br J Nurs. 2019 Jan 24;28(2):116–21.
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4. Jones M. NEWSDIG: The national early warning score development and implementation group. Vol. 12, Clinical Medicine, Journal of the Royal College of Physicians of London. 2012. p. 501–3.