



FoNS Improvement Insights

Call 4 Concern: Patient and Relative Initiated Critical Care Outreach

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Duration of project: September 2009 - October 2010

Keywords: Critical care outreach team, patient and relative activated rapid response system, patient deterioration recognition, Fourth Generation Evaluation, values clarification, stakeholder involvement, collaborative working, patient empowerment

Project background

Rapid response systems and teams are deployed in acute hospital settings in the UK with the purpose of promptly detecting and managing unexpected physiological deterioration of a patient. Despite this it has been demonstrated that hospital ward staff do not always comply with referral protocols or criteria and can fail to recognise or adequately manage an abrupt deterioration in a patient's condition. A resource that has been overlooked in the early detection of deterioration is the contribution that relatives and the patient can make in improving clinical outcomes.

Aim and objectives of the project

The aim of the Call 4 Concern (C4C) project was to introduce and evaluate a service that provided in-patients and relatives with direct access to a critical care outreach team (CCO) in addition to the medical and nursing care being provided by hospital healthcare teams. The project involved two phases:

1. A pilot phase to assess the feasibility of the C4C service and evaluate its effect on patients (n=147) transferred from the intensive care unit (ICU) to a hospital ward, their relatives and healthcare teams
2. An implementation phase on two surgical wards to further test the C4C service in preparation for expansion of the service to all hospital wards

Key activities and outcomes from the project

During Phase 1 (six months), 12 C4C referrals were made to the CCO. 11 of these were from concerned relatives and one by a patient. Two of the patients referred required significant critical care intervention and included one readmission to ICU. The other 10 referrals involved interventions such as pain relief, explanation regarding investigations and more effective communication between families and medical teams including reassurance about care issues. During this phase the impact of

C4C referrals for ward staff appeared minimal and demonstrated positive outcomes for patient care, limited impact on the overall CCO workload and positive feedback from patients and relatives.

Prior to commencement of Phase 2 (three months), tools were used to explore the context of care and the values and beliefs of the staff in relation to the C4C service, on the two wards where it was to be introduced. This revealed that the wards were receptive to change and conducive to person centred practice. Initial concerns by relatives with C4C were in relation to upsetting the care being delivered by the ward medical care team by self referral to the CCO team. Nursing concerns included, feeling incompetent, increased workload for the CCO and inappropriate use of the service.

During the three month implementation of C4C, 17 referrals were made to the CCO from the two surgical wards in contrast to 10 referrals made over the same period from patients routinely transferred from ICU to other hospital wards.

Further evaluative work is currently being undertaken to examine patient and relative perceptions, and how C4C is communicated to service users. A follow up survey is planned to examine ward staff perceptions and knowledge in comparison to a previous baseline survey undertaken at the beginning of the project.

Additional work is to be carried out to assess the effectiveness of C4C and its organisational implications when implemented more widely in the acute hospital.

Implications for practice:

- Enabling patients and relatives to independently refer to the CCO was highly valued even when the service was not used
- C4C referrals appeared to enhance the quality of patient care and prevented critical deterioration of the patient in two cases
- Expressed concerns by staff about the potential increase in workload for the CCO team were not realised
- CCO has been an established part of the hospital culture for 10 years prior to C4C referrals and it is likely that a positive relationship between the CCO team and hospital staff facilitated a successful outcome in the pilot stages of the project

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstdid=6664>

This project was supported by the FoNS Patients First Programme in partnership with The Burdett Trust for Nursing.