

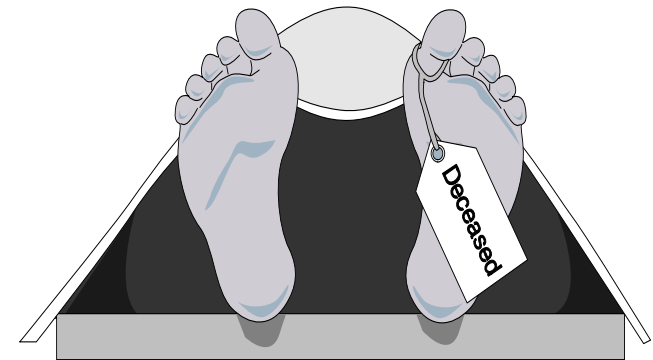


Communicating concern about patient deterioration

Dr. Tom Andrews

background

- Mortality from shock remains high
- survival rate to hospital discharge is only 10% to 15% following cardiac arrest
- Sub-optimal care- 69% of patients were admitted late to Intensive Care (McQuillan et al. 1998)
- Septic- 36% to 90% mortality Wiessner et al. (1995)
- Cardiogenic- 70% mortality (De Jong 1997)





Background (McQuillan et al. 1998)

- 41% of admissions avoidable
- Causes of suboptimal care
 - Failure of organisation
 - Lack of knowledge
 - Failure to appreciate clinical urgency
 - Lack of experience and supervision
 - Failure to seek advice
- Respiratory and cardiovascular systems suboptimal
- O₂ therapy use and monitoring suboptimal

“It’s a terrible indictment of the system when a patient has to die in order to get any attention”.

Coroner

Manchester Coroner’s Court

1997



Niccolo Machiavelli: the Prince

“For it happens in this, as the physicians say it happens in hectic fever, that in the beginning of the malady it is easy to cure but difficult to detect, but in the course of time, not having been either detected or treated in the beginning, it becomes easier to detect but difficult to cure”.

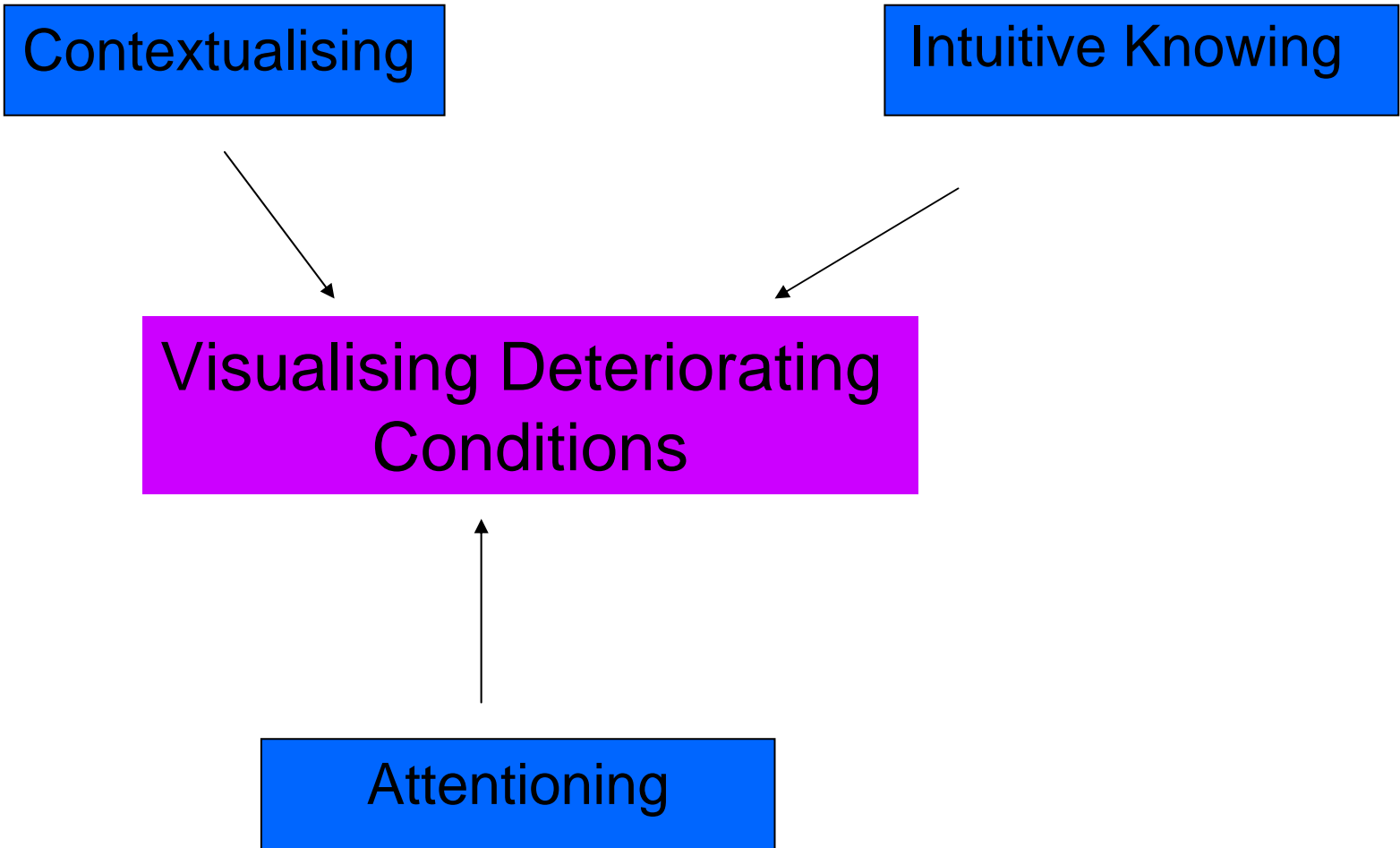


method

- Interviews- 44 total
- Observations
- Grounded theory
 - deals with main concerns of participants
 - explains behaviour
 - generates concepts and theory
 - data collection and analysis are concurrent

The early warning score

	3	2	1	0	1	2	3
T		\leq - 35	35.1- 36	36- 37.9	38- 38.9	\geq 39	
SBP	\leq - 70	71- 80	81- 100	101- 199		\geq 200	
HR		\leq - 40	40- 50	51- 100	101- 110	111- 129	\geq 130
RR		\leq - 8		9-14	15- 20	21- 29	\geq 30
CNS				alert	voice	pain	uncon





Intuitive knowing

- Intuitive Knowing
 - Visual pickup: colour, mood, progression
 - Hard pickup: convincing & objective, confirmation
 - Intuitive pickup: outside consciousness
- Experiential knowing
- Functional relations

Something just clicks sometimes and you just know (No. 12- Sister 14 years).

It's a thousand little things that you can't tell somebody else (No. 5- Staff Nurse 2 years).

Intuitive knowing: visualising- intuitive pickup



- Difficult to articulate
- knowledge and experience
 - Link cues together →
realisation
- Pattern recognition
- Collection of subtle indicators

There's nothing you are going to do for someone who doesn't "look right". You can't look into the future and say: this person is going to have this, without something quantifiable. You can't treat doesn't look right... (Doctor- 10 months)



Contextualising

- Legitimising
 - Continual Vigilance
 - Routinising
 - Mechanicalising
- Constraining Professional Factors
- Constraining Organisational Factors
- Hierarchical Intervention



Contextualising: routinising & mechanicalisation

- Too frequent
- Maintains safety
 - Cautionary control
- Baseline
- Provides structure and security
- Avoids confusion
- Dependent on experience



Contextualising: Constraining organisational factors

- Time
- Workload
- Organisation of medical work
- Lack of equipment
- Poor staff co-operation
- Distraction tasking
- Lack of support



Attentioning

- *Trusting Relations*
- *Persuasive Referrals*
- *Negotiating*
- *Mutual self-confidence*
- *Packaging*

Attentioning -trusting relations



- Basis of good working relations
- Indicated by listening, discussing and mutual decision making

... once they get to know you they are better at it, at discussing it with you and coming to a mutual decision rather than just telling you to do something (No. 2- Staff Nurse 9 years).



Legitimising: attentioning-trusting relations

- Powerful
- Greater the trust the less the evidence

there would be a couple of nurses who if they rang me and just said come and look I would get out of bed and I would go straight away because I'd know that they wouldn't at all be ringing me unless they were fairly certain there was something going on, but I think that comes with experience. There's only a few nurses that I would trust for that (No.25- Doctor 10 months)



Legitimising: attentioning-trusting relations

- Promotes team work
- Communication is less inhibited
- Promotes
 - mutual respect
 - mutual decision making
- Look beyond referring language

Attentioning- trusting relations



- Social interaction
- Mutual support
- Competence
- Appropriate referral
- Appropriate intervention
- Experience
- Ward based medical team
- Respect between seniors



Attentioning- trusting relations

- Basis of good working relations
- Indicated by listening, discussing and mutual decision making

... once they get to know you they are better at it, at discussing it with you and coming to a mutual decision rather than just telling you to do something. When they won't listen, when they won't discuss anything with you. When they tell you this is what I want you to do (No.2).

Attentioning- mutual self-confidence



- Negotiating
 - Appeal to protocols
 - Avoiding alienation
 - Providing guidance

They don't know what they're supposed to be doing and the majority of the time they are quite glad of help (No. 10- Sister years).

- Seeking evidence of improvement
- Referring to senior doctors

I think an element of it is that they don't trust you, they don't trust our decisions.... You feel undermined, you feel incompetent and you feel what's the point (No. 24- Doctor 10 months)

Attentioning- mutual self-confidence



- Honest exchange of ideas
- Maintaining confidence
 - negotiating
 - Keeping options open
 - Acknowledging limitations
- Acknowledging differences
- Assertive referral


I'd probably try and push and push and persuade. If I couldn't cajole them into my way of thinking, I might go along with what they've ordered and then if there's no change, go back to them and say: what about getting in touch with SHO (No. 11- Staff Nurse 3 years).



Persuasive referral

- Amount of evidence
- Quantifiable evidence
- Contextualising changes
- Persistence
- Emotionalised convincing
- Opportunizing

*Say it was an on call doctor that didn't know
he patient and I was worried then I'd make
sure it was urgent, I'd sound urgent (Staff Nurse No.39-
18 years).*



Attentioning: packaging-convincing referral language

- Difficulty in articulating subtle changes
- Time and confidence in using medical language “jargon”.
- Nurses use social rather than medical language
- Takes time for physicians to understand

Perhaps you'd feel shy and you'd feel shy of using their (physicians) terminology, of mispronouncing, like when you talk about drugs (No. 44- Sister 5 years).

I feel that probably I don't use the right language when I'm trying to get a doctor to come and see the patient (No. 41- Sister 10 years).



Packaging: Convincing referral language

- Use of social language disadvantageous
 - seeking clarification
 - Fear of ridicule
 - inarticulate

“Yea and just say to the doctor- oh he's not well, I know he's not well. To them that's stupid ... yea probably cause they think you don't know as much as you do with the language that you use” (No. 37- Sister 3 year).



Packaging: Early Warning Score

- Empowerment, authority and confidence
- Increases awareness
- Framework for assessment
- Ensures vital signs are measured
- Relieves nurses of the burden in deciding when to refer patients
- Concise, precise, unambiguous language
- Enables prioritisation



Ultimate packaging

- Lacks sensitivity and specificity
- No recognition for subtle indicators

“I mean sometimes still you're saying: they're scoring 4 but that's probably quite good for her because she's back from ITU and stuff. So again you'd report it to the doctor but you'd say: I don't think it's a particular problem. So you'd try and put some perspective on it so that they're not abandoning somebody else who is quite poorly” (No. 12- Sister 14 years).



Problem avoidance

- Inappropriate bleeping
- Inappropriate referrals
- Avoidance behaviour
- Speciality bound
- Time



Problem avoidance

- *Everybody else thinks cause he was lazy or he felt he was above being a house officer, but I realised later on it wasn't that at all. It was pure and simple he didn't know how to deal with it. It scared him so he didn't deal with it. That's what it was... I think a lot of the time in (speciality) they don't know about anything else and so they didn't bother to even to address the problem (Doctor 10 months).*



Theoretical implications

- Focus on complexity of deterioration
- Guide nurses in developing effective strategies in referring patients
- Emphasises the importance of shared language and understanding
- Highlights importance of promoting good professional relations



summary

- Physiological deterioration is difficult to detect
- Detection by nurses is primarily visual; physicians primarily quantifiable
- Mutual trust is vital
- Quantifiable evidence is most effective
- Cautiousness dominates nursing and medical responses