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What Factors Influence The Decision Of Staff Nurses And Foundation Year 1 Doctors To Activate The Emergency Response Team

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Aim

In response to increased hospital standardised mortality ratios (HSMR) data and Scottish Patient Safety Programme (SPSP) guidance, a local NHS Board implemented an Emergency Response Team (ERT) in July 2010. This helped to facilitate a rapid and coordinated response to acute patient deterioration.

Locally collated data demonstrates that there remains a reluctance or hesitance to contact the ERT. The purpose of the research study was to explore this phenomenon and provide recommendations to improve ERT activation.

Methods

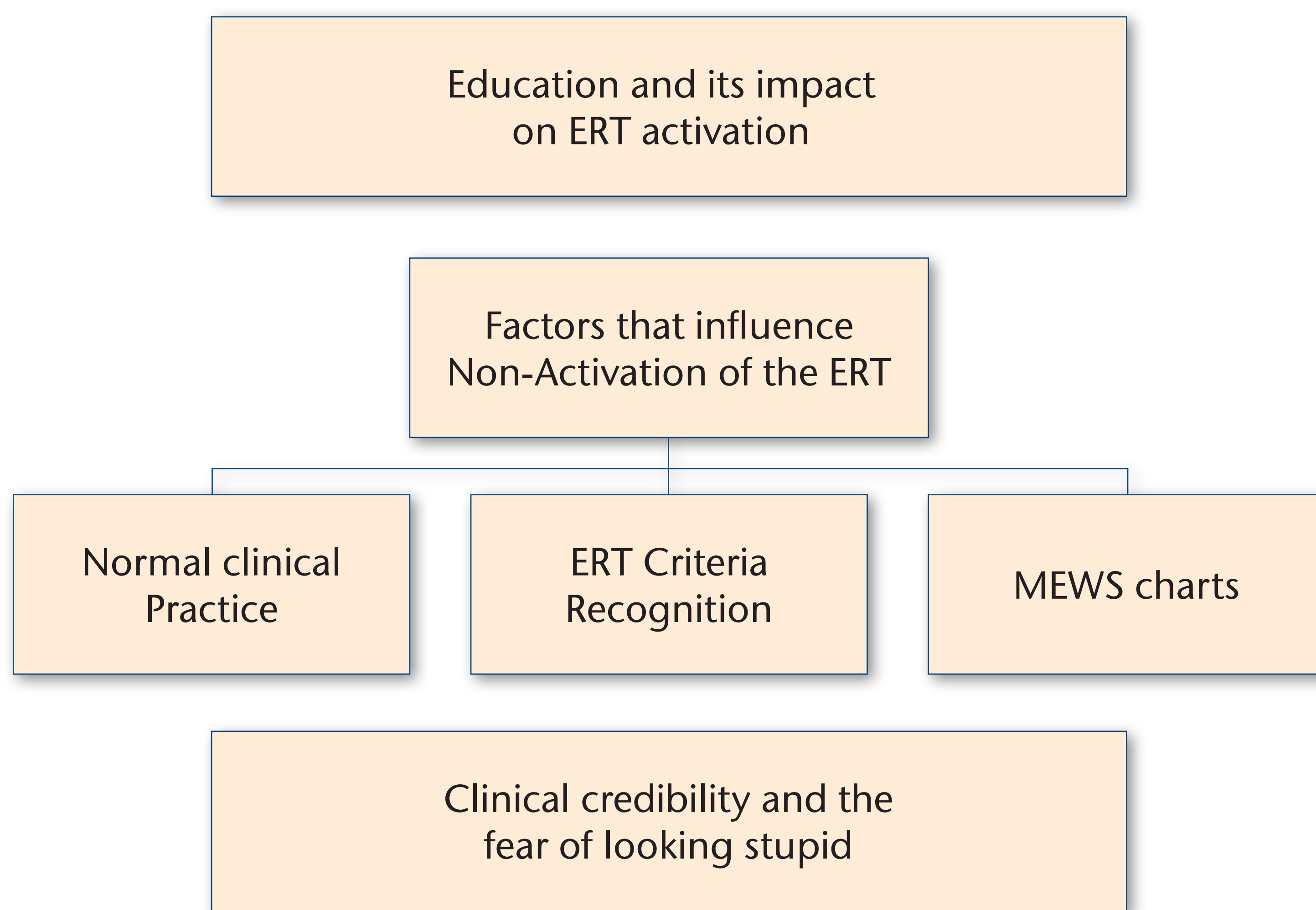
A qualitative descriptive phenomenology design was used for the study.

A purposive sample of ten participants was recruited: five staff nurses and five FY1s across two district general hospitals, each with a fully operational ERT.

All participants were interviewed using a semi-structured questionnaire designed to elicit responses regarding ERT activation and/or reasons for non activation.

Outcome

Three prominent themes emerged after data analysis:

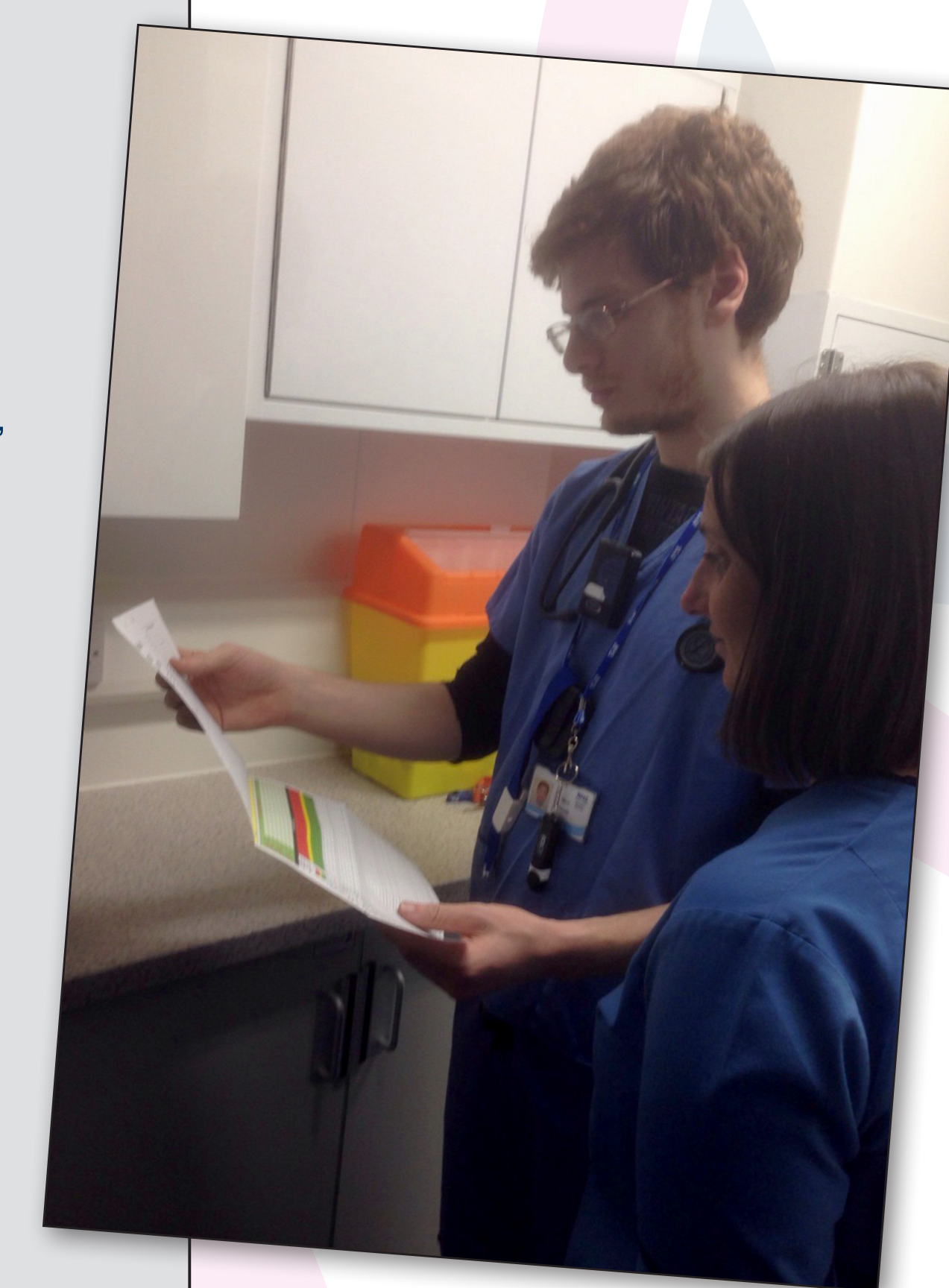


- The general view from all participants is that the ERT service is underutilised within NHS Ayrshire and Arran and that the reasons for this are multifactorial.
- All had an awareness of the ERT however their knowledge of its function was limited
- There was only one participant that expressed satisfaction with the service though nobody criticised the ERT they portrayed a general apathy.
- Historical and cultural barriers were also evident throughout the interviews with both groups of participants. Nursing staff undoubtedly favoured contacting the 'home' medical team rather than the ERT and this was further emphasised by the standard MEWS escalation protocol which advocates this process of care escalation.

- FY1s openly discussed their fears regarding the questioning of their clinical credibility if they were unable to manage an acutely unwell patient and this presented a significant barrier to activating an ERT call.
- Despite the barriers to ERT activation, nursing staff all discussed the importance of escalating quickly and appropriately thus ensuring that patient safety is never compromised. This differed significantly from the FY1 participants who often delayed asking for help for fear of criticism from senior colleagues, and the impact this would have on their clinical credibility

ERT activation criteria for all members of staff

Emergency Response Team callout Criteria	
General Ward Area	
Airway	<ul style="list-style-type: none"> • Any airway compromise
Breathing	<ul style="list-style-type: none"> • Respiratory Distress/ progressive dyspnoea • Respirations less than 8/min or greater than 30 min(new, persistent) • SaO2 less than 88% on oxygen(new, persistent) • Increase in oxygen requirements to 50%
Circulation	<ul style="list-style-type: none"> • HR >130 or HR< 40 • Blood pressure less than 90mmHg (new, persistent) • Symptomatic dysrhythmia
Disability	<ul style="list-style-type: none"> • Acute change in mental state • Decreased responsiveness (new, persistent) • Seizure activity
Exposure	<ul style="list-style-type: none"> • Uncontrolled pain despite treatment • Staff concern eg sustained chest pain despite nursing intervention • Uncontrolled bleeding



Conclusions

- Poor pre ERT education leads to poor ERT activation amongst both participant groups. The education was generally viewed as ineffectual which then impacted upon the participants knowledge of when to activate an ERT.
- A significant finding of this study would suggest that if an ERT escalation protocol was included on the local MEWS chart then potentially the service would be activated more frequently by at least one significant group of staff.
- This study appears to support the work done by Kennedy et al (2009) regarding the pressures placed upon junior doctors to function independently.

Recommendations

- New escalation of deteriorating patient pathway that includes activating the ERT
- Increased education to junior medical staff regarding the importance of timely escalation and its potential impact on patient safety

References

Kennedy, T. J., Regehr. G., Baker, R., Lingard, L.A. (2009) "It's a cultural expectation..."The pressure on medical trainees to work independently in clinical practice. Medical Education. Vol. 37 (7), pp. 645 – 653.



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