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# CDDFT journey towards improving clinical escalation through adaptation of Each Baby Counts L+S Toolkit

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# Background

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- The problems are well defined - fetal monitoring and clinical escalation are identified as a recurring themes locally and nationally

- CTG interpretation tools and ongoing training supports identification of clinical concerns but timely escalation of these still required improvement

- Personal investment

Nationally validated tool

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each baby counts +
learn & support

# Our throughline broken down

| | |
|---|---|
| Helping maternity units | Raises awareness and provides tools to help staff in maternity units |
| Build the right culture | Ensures staff feel psychologically safe to speak up without fear of repercussion |
| Behaviours | Staff listen and are respectful, inclusive and kind |
| Conditions | It is easy and simple to do |
| Enables | Allows, assists, supports |
| Effective | Successful |
| Clinical Escalation | Communicating a concern related to the clinical care of the woman and baby in order to achieve an appropriate response |

# Quality Improvement Process
# Define and Scope the problem within CDDFT

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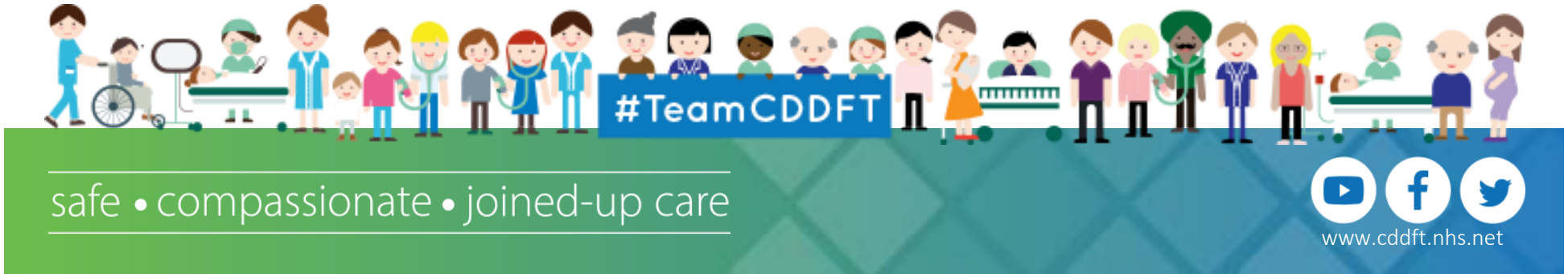
To identify what 'effective escalation' means and why it is essential for fetal wellbeing

Where are we now?

How might we continue to improve?

To consider logical steps to make implementation easy for CDDFT maternity teams.



# Quality Improvement Team

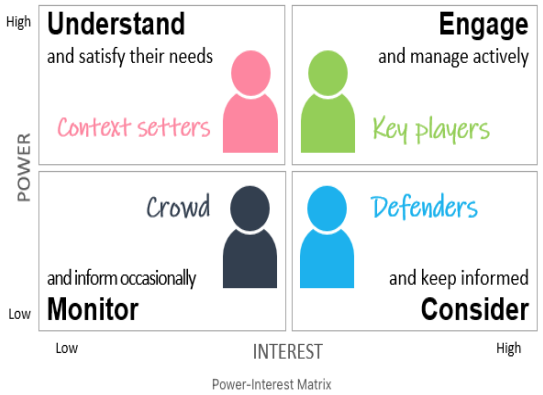
Fetal Monitoring Team

Practice Development Team

Patient Safety Team

Matron

Maternity Quality Improvement Framework: Safety Workstream



Power-Interest Matrix

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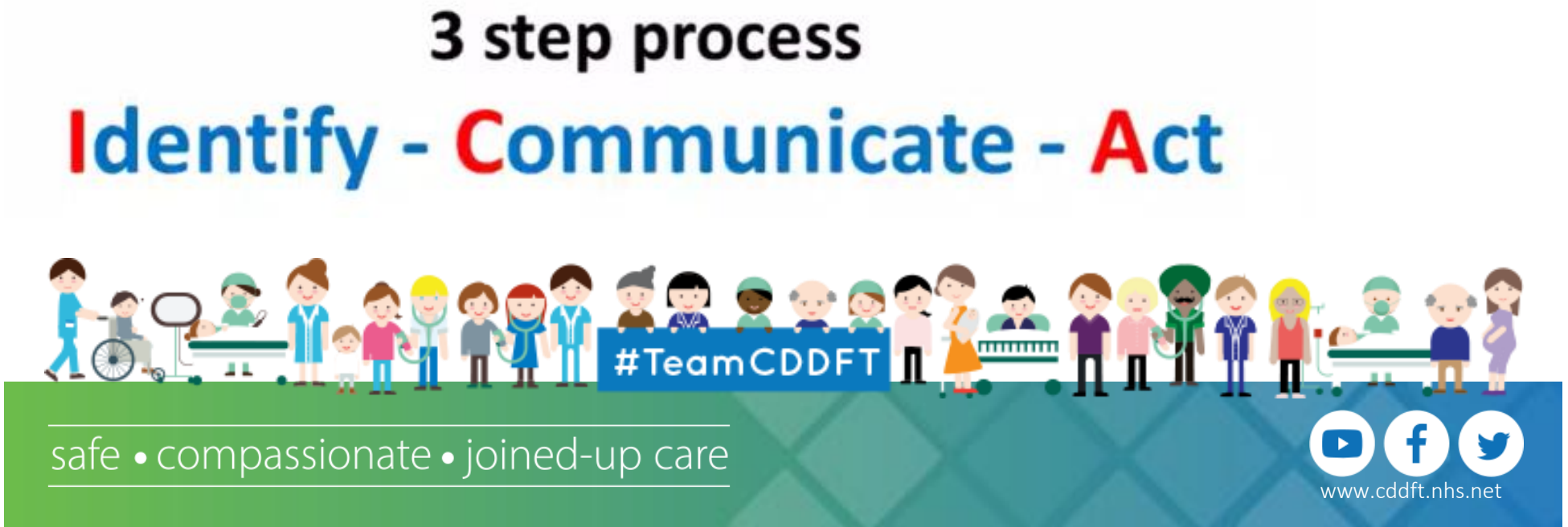
# Existing governance resources

The key objective is to utilise the information we already have access to that may help us to build a picture of the problem



# CDDFT: Local cases from January 2021

**Escalation**

Knowledge /Identify

Communication

**Escalation**

Knowledge/Identify

Communication

Act: Hierarchy

**Escalation**

Communication

Act: Teamwork

**Escalation**

Knowledge/Identify

Communication

Act: teamwork

**Escalation**

Communication

**Escalation**

Communication

Act: Teamwork

Hierarchy

April 2021

April 2021

May 2021

September 2021

October 2021

November 2021

## Escalation

Knowledge/Identify

Action

Communication

## Escalation

Teamwork

Communication

Hierarchy

## Escalation

Knowledge/Identify

Communication

Act/Response

## Escalation

Identify: Recognition:

Knowledge

Communication: response

**Excellent recognition, communication and action**

November 2021

March 2022

December 2021

June 2022

**August 22**

**Observation of escalation behaviours in practice -** The key objective of this task is to identify what escalation behaviours are or are not occurring in practice AND where the delays might be from the escalation to the action (e.g. from the decision to go to theatre to women actually be transferred)

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We aimed to observe the whole team and not particular individuals or women.

The observation was undertaken on various days and different settings

We aimed to be a 'fly-on-the-wall' as much as possible and minimise getting involved in the clinical activity.

# Work as imagined ’v’ Work as done

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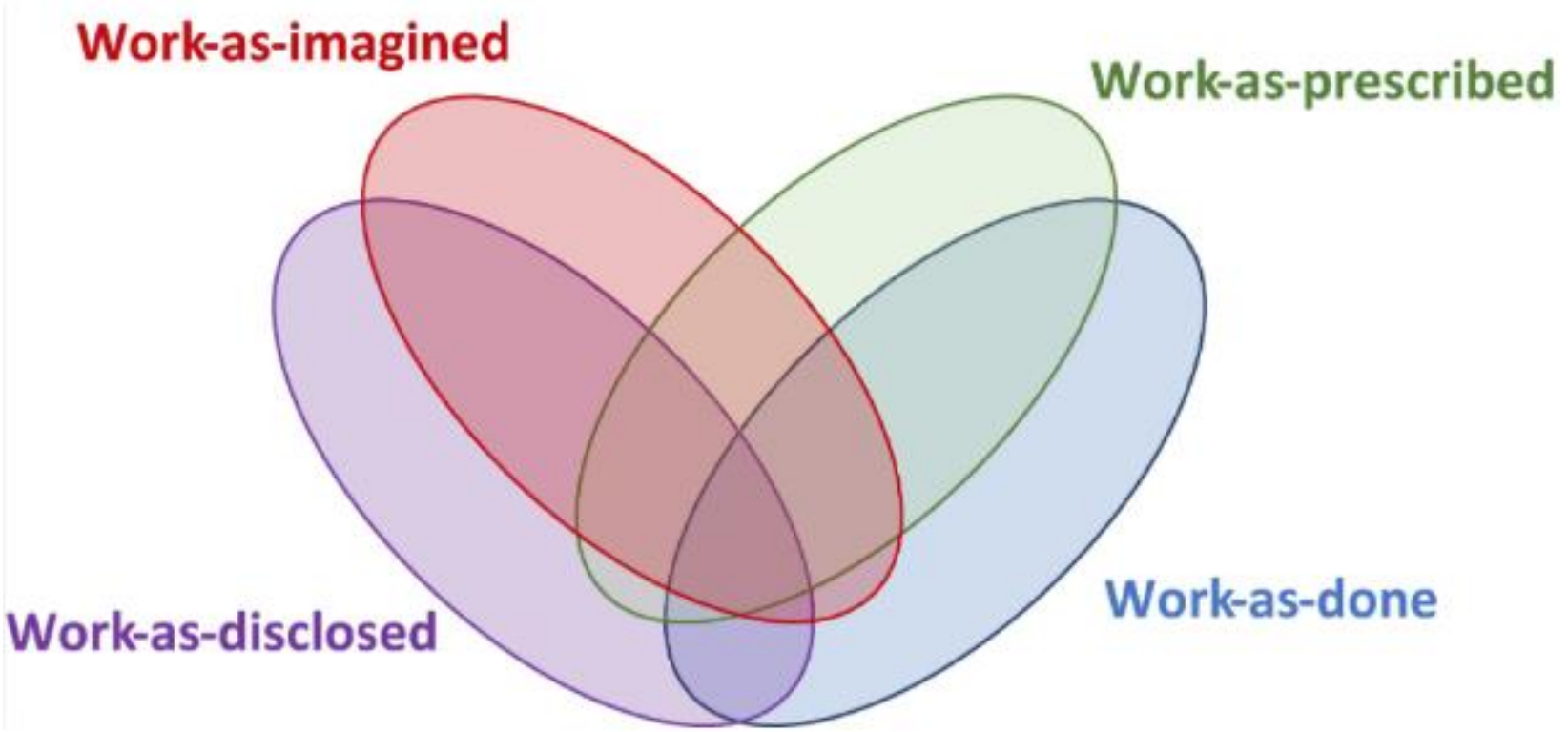

**Consultations with staff :** The key objective of this task is to identify the barriers and facilitators of escalation behaviours experienced by staff AND help establish buy-in for the project.

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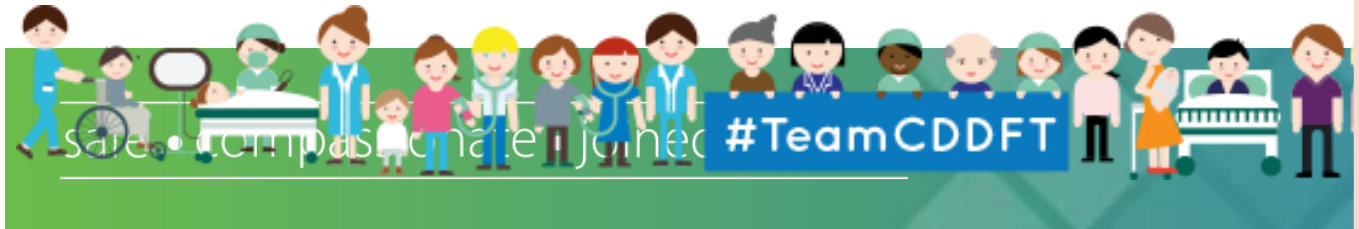
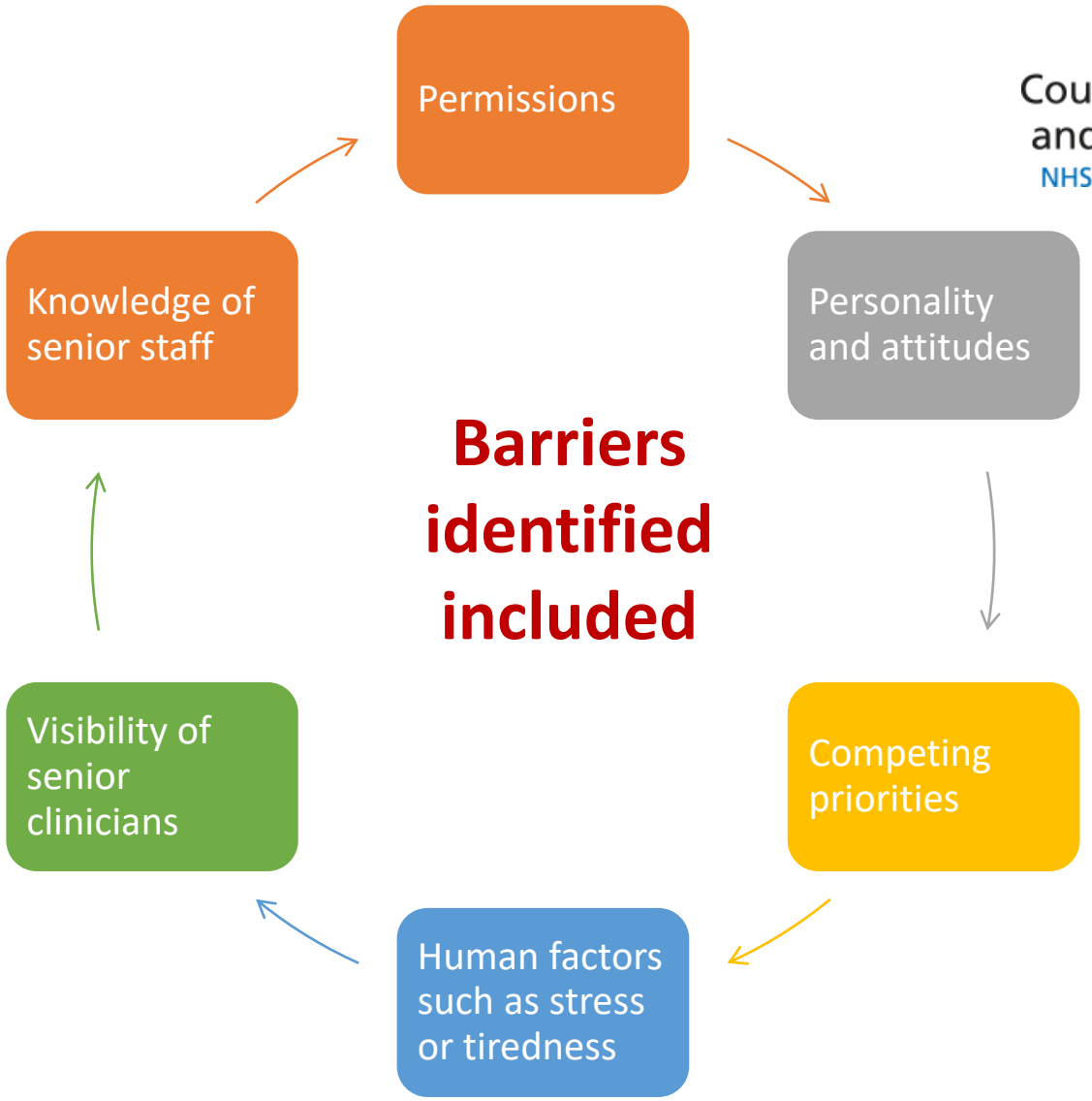
An anonymous questionnaire was sent to staff to seek vies around their understanding of escalation, barriers they face and what they consider is the key to effective escalation

The questions were asked to staff in a focus group format during fetal wellbeing mandatory training and individually via one-to-one informal discussions

We included staff representing different professional groups (midwives, obstetricians) as well as staff of varying seniority (band 5 midwife, junior registrars, labour ward coordinator, consultant etc).



- **Response rate poor: 16%**
- **We recognise many of these issues involve cultural changes and will take time to overcome**
- **We found that in general staff were aware of the requirements of clinical escalation and what makes this effective. However multiple barriers were identified which can challenge successful escalation in everyday clinical practice**



# What do you think is the secret to effective escalation?

Mentimeter

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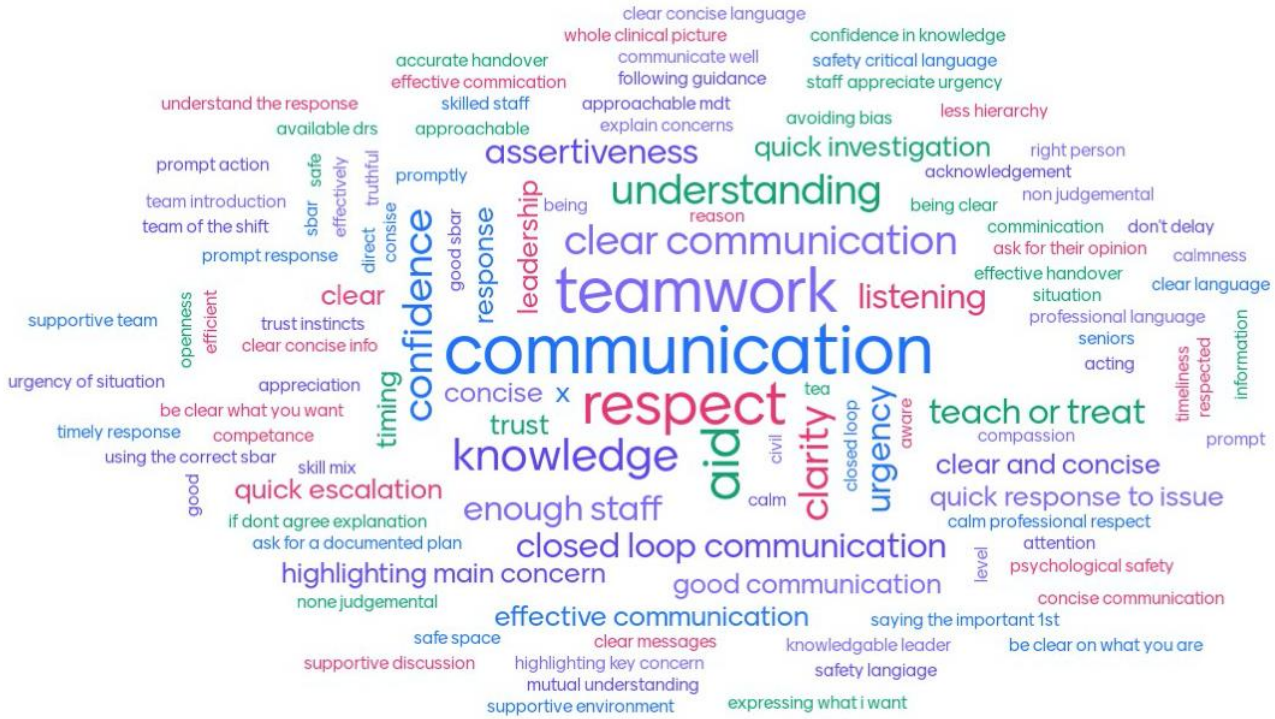
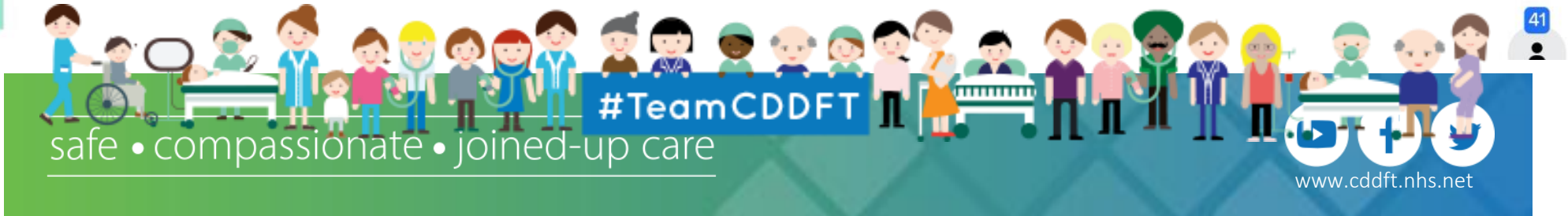
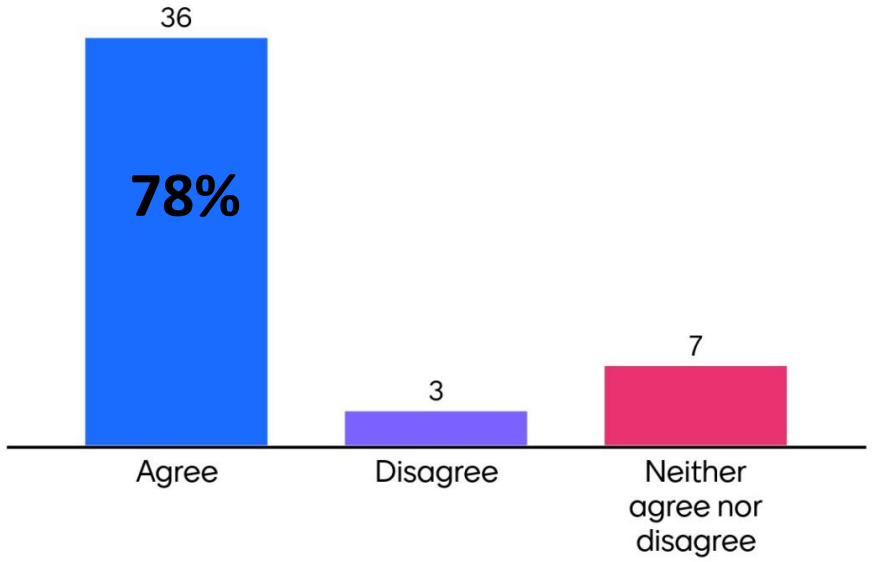
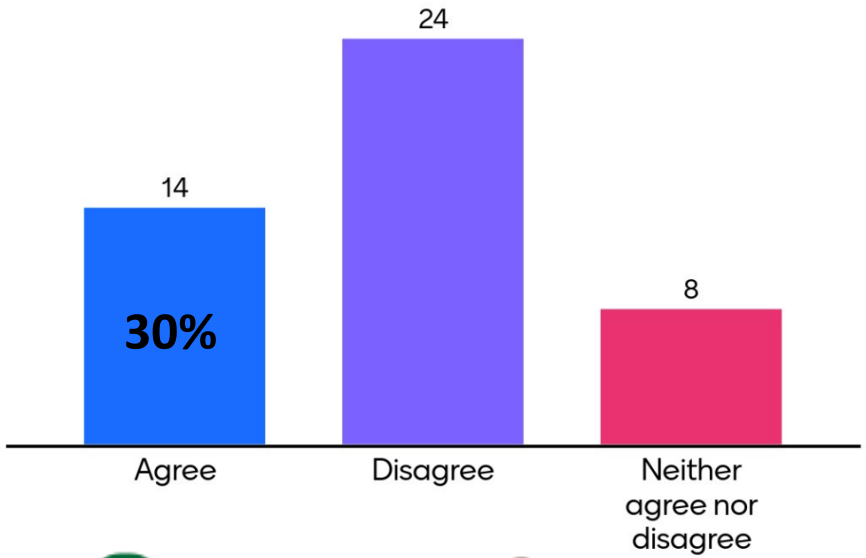


# When escalating concerns, I am usually clear on what the situation is and what response is required




# I always get the response I want when I escalate concerns



# CDDFT Maternity: You said, we did

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**You said**

‘We need to enable clear confident communication by not belittling midwives who are inexperienced, unsure or simply not sure and need a 2nd opinion’

**We did**

*Feedback received from the Friends and Family Test*

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# CDDFT Maternity: You said, we did

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‘On each shift ensure staff are aware of what rank Drs are; their name and who the midwife in charge is when there is more than 1 band 7 on shift’

‘As a midwife in a Team it helps to do an introduction or to have a short huddle if escalated part through shift’

TEAM OF THE SHIFT

TEAM WORK, CIVILITY, PSYCHOLOGICAL SAFETY

Promoting excellence in team working

## You said

## We did

*Feedback received from the Friends and Family Test*

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# CDDFT Maternity: You said, we did

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## You said

If I ask for a review of a CTG it would be helpful if the Dr came instead of just fobbing me off

## We did

*Feedback received from the Friends and Family Test*

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**Consultations with women -** The key objective of this task is to identify the barriers and facilitators of escalation behaviours experienced by women and families when escalating their concerns during labour.

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Women and families are at the heart of our work, we want to also ensure we can **capture the barriers women may have encountered when escalating their concerns during labour**.

Discussion were held with local MVP to support us with surveying women's experiences

# Next step: Helping CDDFT to build the right culture, behaviours and conditions that enables effective clinical escalation

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- Through local and national data it is apparent that we see common themes of poor communication, failed escalation, or ineffective teamwork contributing to failures in care
- This is particularly so when individuals, teams, or the whole system are fatigued or under stress, often due to a high workload.
- At times of immense pressure, we often see a rise in incivility, which in turn has the potential to impact adversely on patient safety.
- The interventions are therefore designed to always promote excellence in communication, teamwork, and escalation, by providing standardised frameworks for all staff to use.
- Based on our findings we decided to implement all element's of the toolkit simultaneously

# Implementation

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Put the agreed interventions into place following a MDT communication strategy

Deliver any training

Baseline questionnaire with MDT prior to roll out

Repeat 3 months after implementation

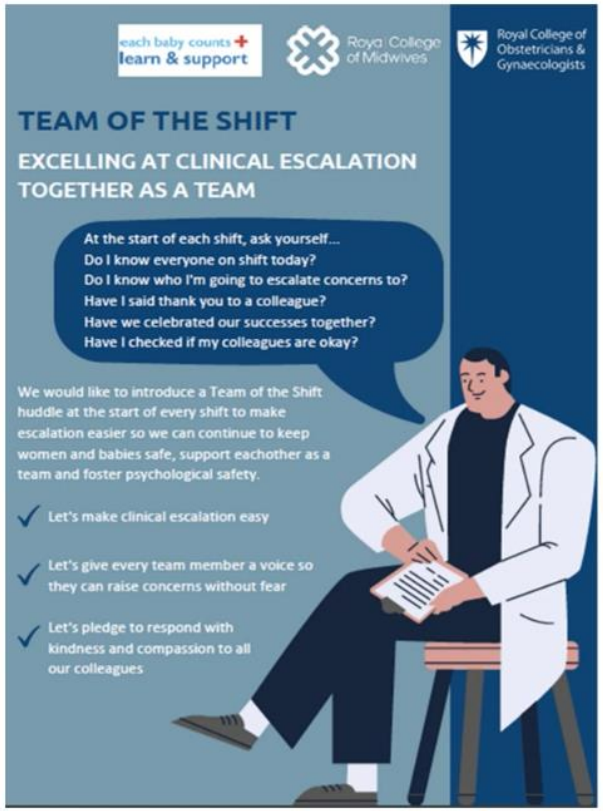
Ongoing evaluation

# How did we do it?

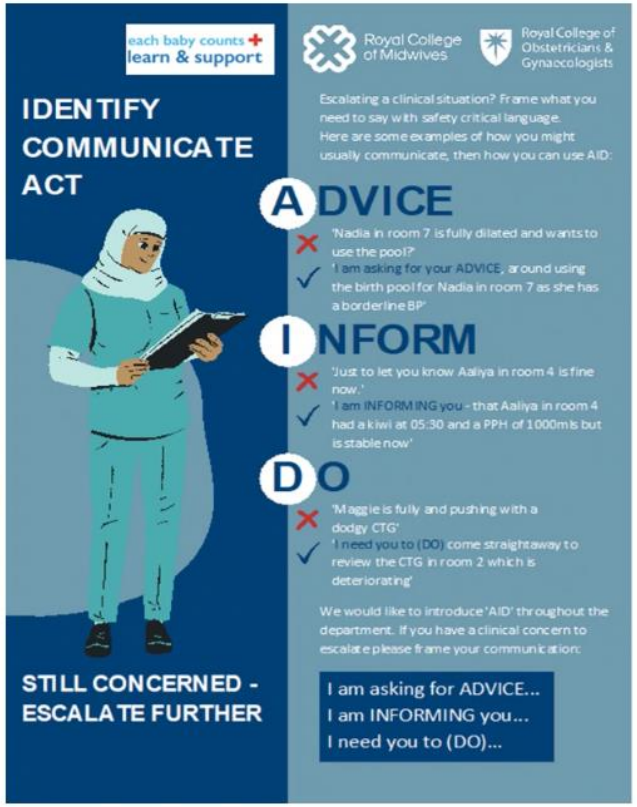
- Band 7 meetings
- Community Team meetings
- SAGE (monthly governance day)

**Placing the laminated posters from the toolkit visibly around the unit and encouraging staff to ask about what is being implemented**

## Identify

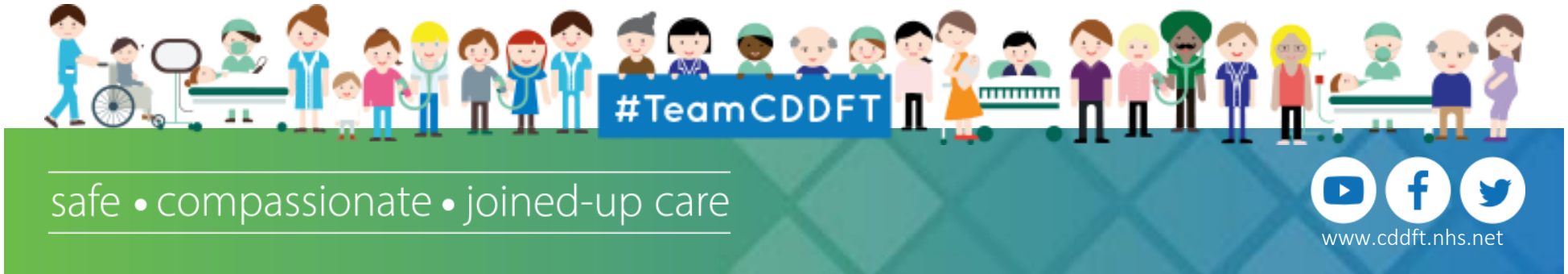



## Communicate




## Act

https://www.rcog.org.uk/about-us/the-rcog-centre-for-quality-improvement-and-clinical-audit/each-baby-counts-learn-support/escalation-toolkit **Resources including training videos**



# Handover

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***Check in:***
***How are you feeling today?***
*Sheep 2 (Relief!!)*

***What would you like to achieve today?***
*Understand EPR*

***What would you like to achieve in the next month?***
*Suturing*

TEAM CDDFT
Excelling in escalation

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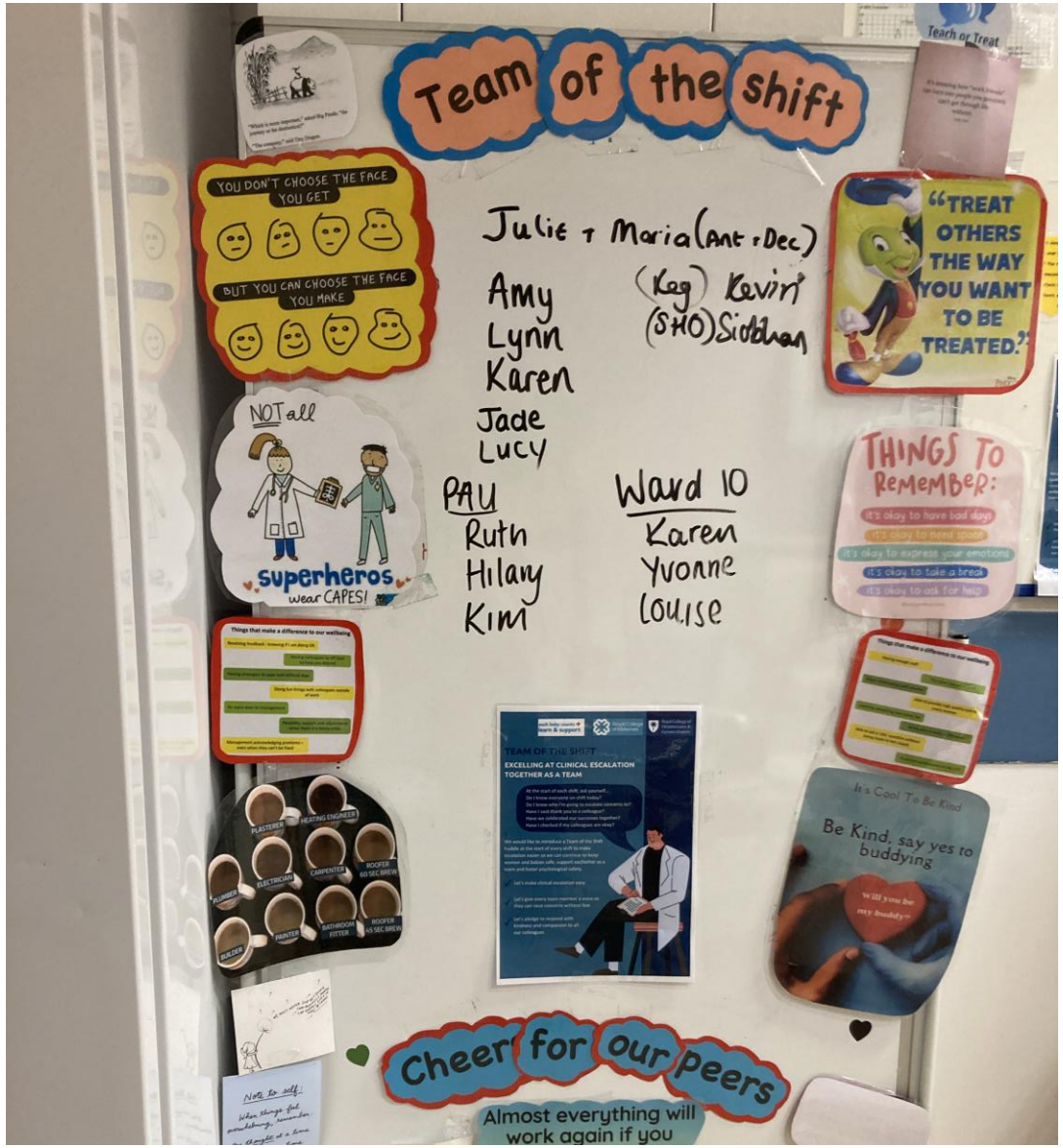
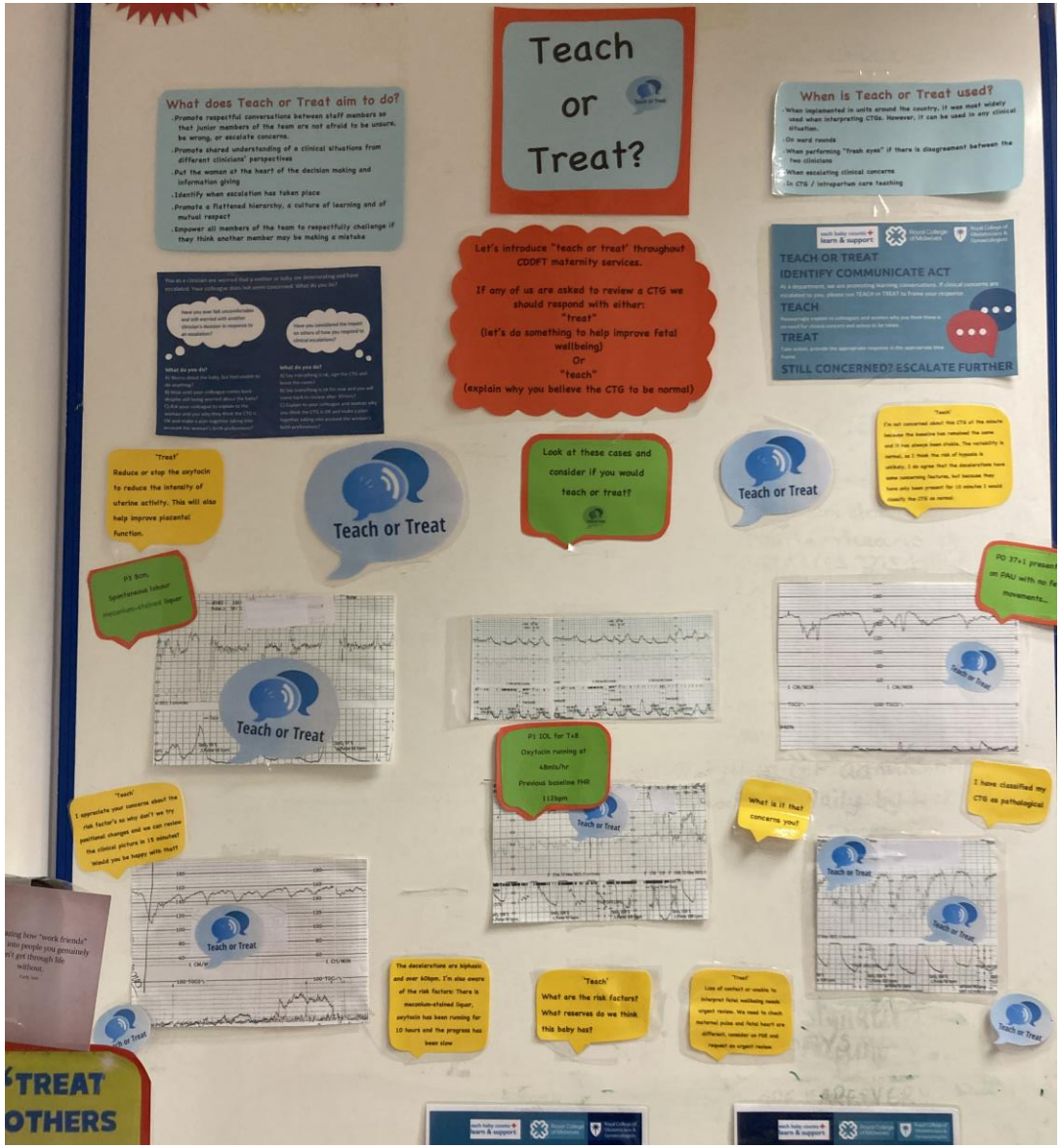
# Hot Topic Boards



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- In the majority of cases, teams work together, communicate well and escalate effectively to achieve positive outcomes and birth experiences for women and babies.
- It is important to both recognise and celebrate the incredible work CDDFT  maternity teams perform every single day.

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# Role Modelling

- Used during case review meetings, C-SHOP and during everyday interactions
- Demonstrating examples most useful technique
- Starting to see ‘Teach or Treat’ conversation occurring in documentation, unexpected benefit!

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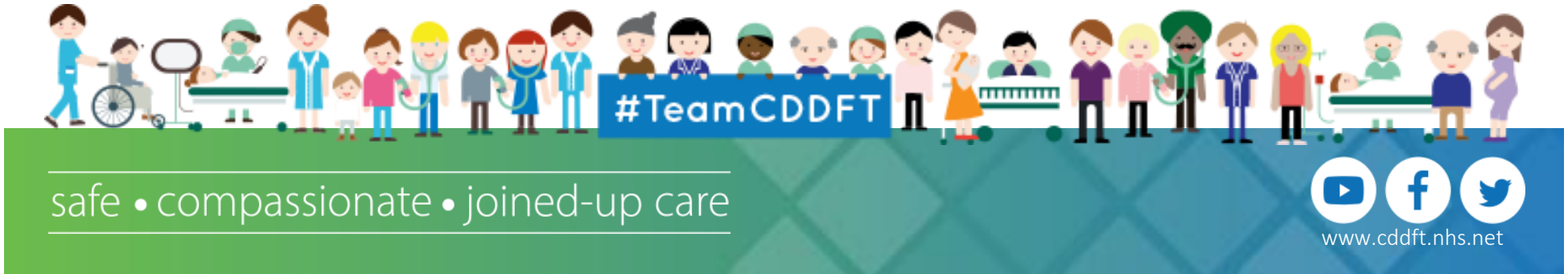
- Informal and ‘corridor’ conversations with clinical staff
- Allowed us to raise awareness and disseminate information about the tools
- Explain benefits of having effective escalations made to them
- Allowed greater buy in and ideas for implementation and sustainment

Tea Trolley Training



# Embed through teaching

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Think about the person you are escalating too?

each baby counts + learn & support

**Escalation BINGO**

Mark off the favourite phrases used today ☺

| | | | | |
|---|---|---|---|---|
| "I have a dodgy CTG" | "My woman has a bit of a temperature" | "Please can I ask your Advice?" | "The blood pressure in my room is a bit high" | "Just to let you know" |
| "Can you come to my room?" | "I've got a fetal tachy" | "My woman is trickling a bit" | "Can I just tell you about my lady" | "Please can you come to my room and Do the suturing" |
| "I'd like to Inform you about" | "My lady has been pushing for an hour" | "The STV is a bit pants" | "There are 3 women in Triage" | "My wo full |
| "I'm a bit worried" | "Can I just run this past you?" | "She's not quite right" | "I'm not happy with my CTG" | "Let th kno |

Escalation Language & Documentation

- How do you document escalations?

AID in Reverse

"Consultant aware"

vs

*"Escalated to ..... re concern ....."*

*Requested review in X time frame .....Response was ....."*

If it is unclear what response the person escalating is looking for

- **"Are you asking me for Advice?"**
- **"Are you Informing me?",**
- **"Do you need me to DO something / what would you like me to DO?"**

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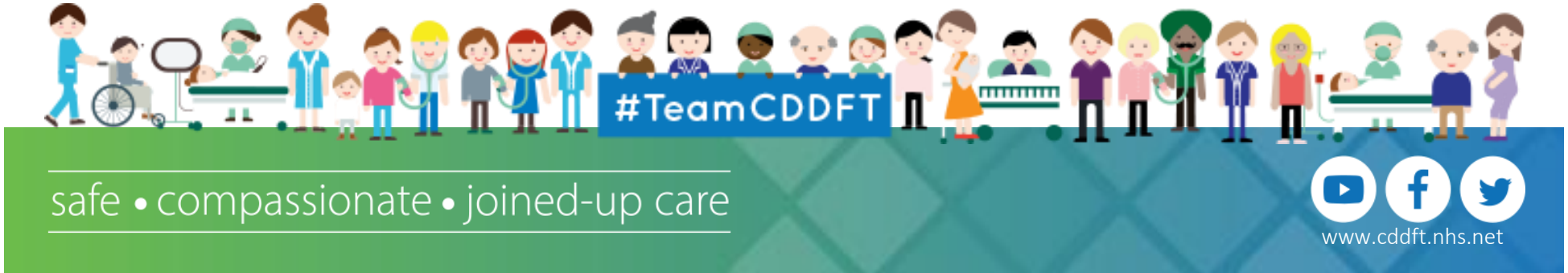
# Have our quality improvement activities made any difference to the escalation of fetal wellbeing concerns?



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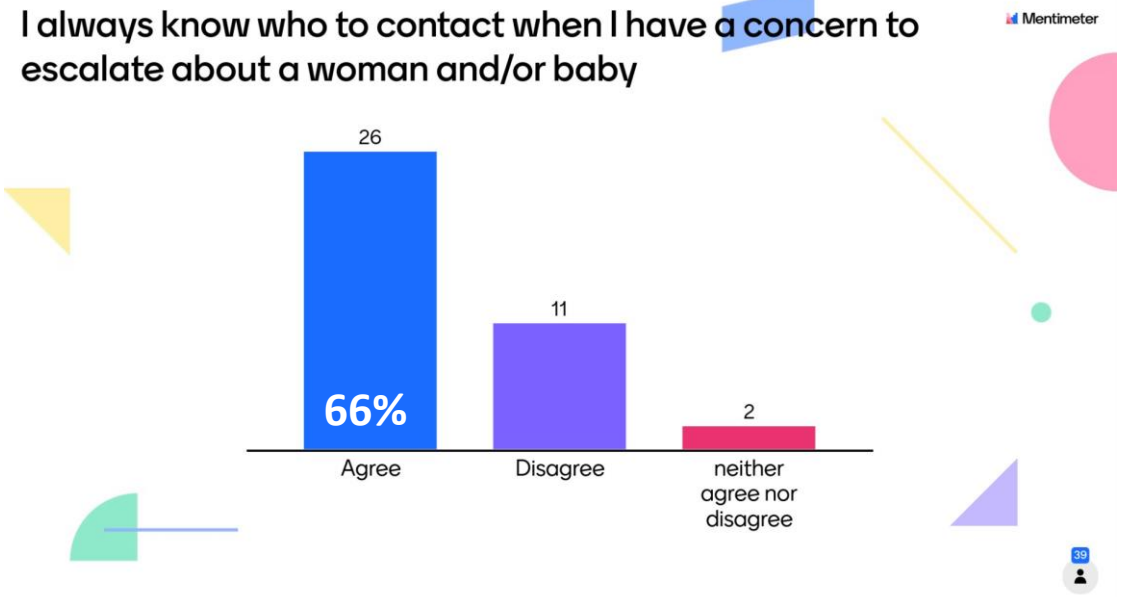
## I always know who to contact when I have a concern to escalate about a woman and/or baby

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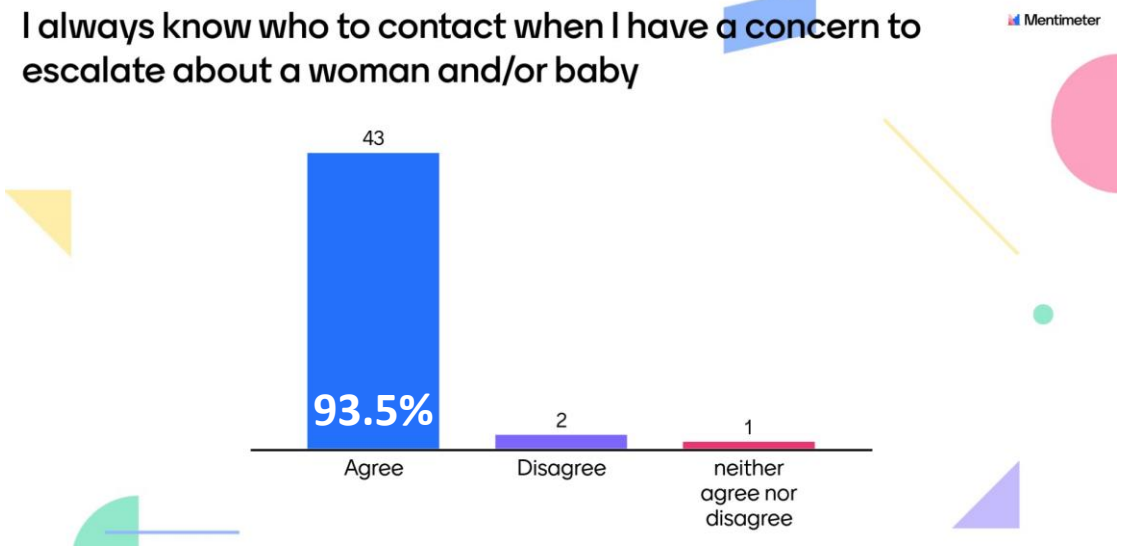
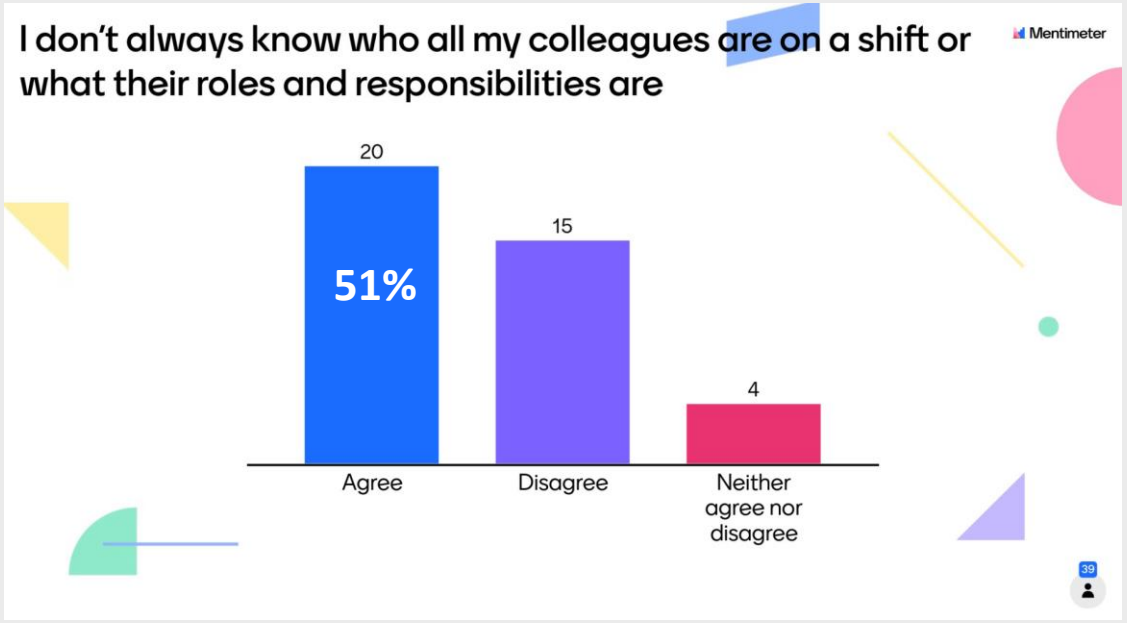
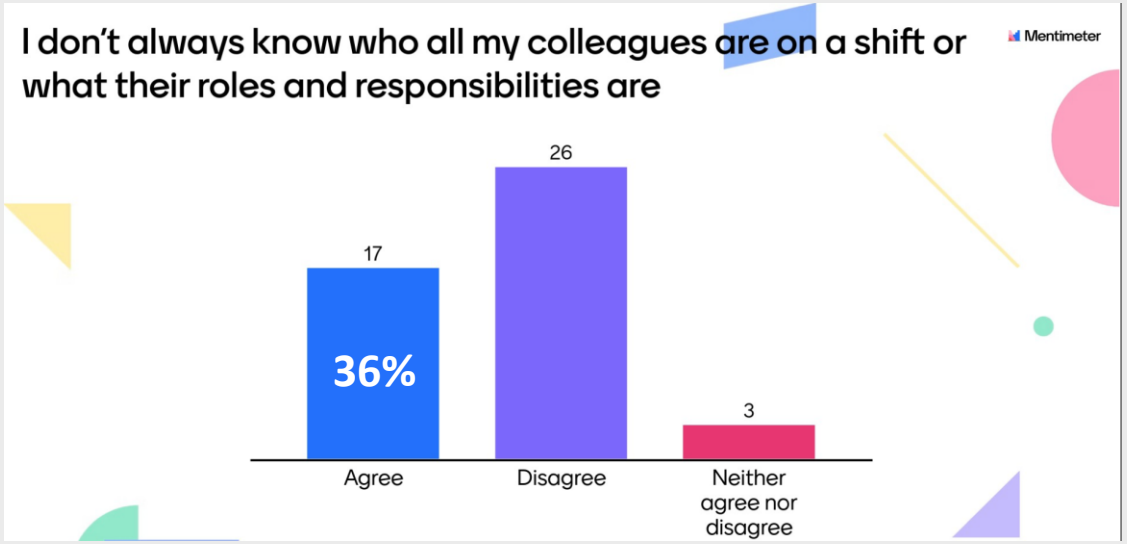
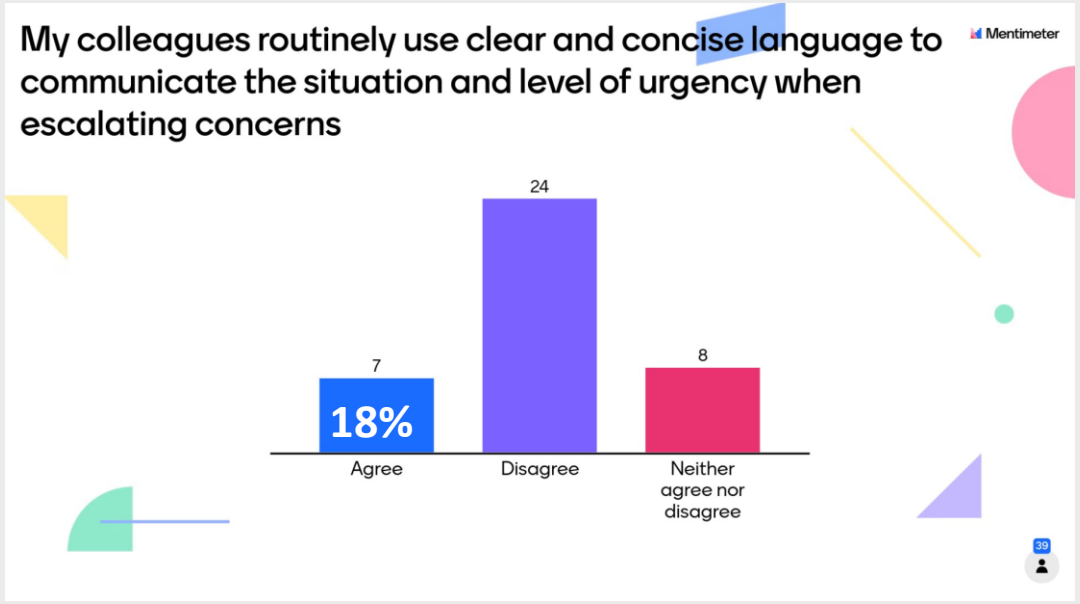
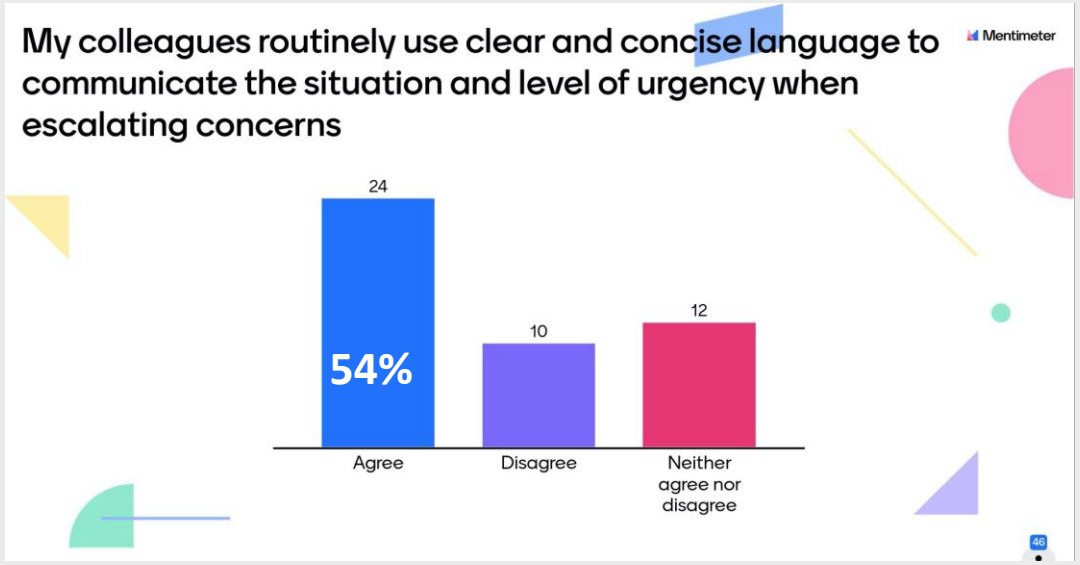
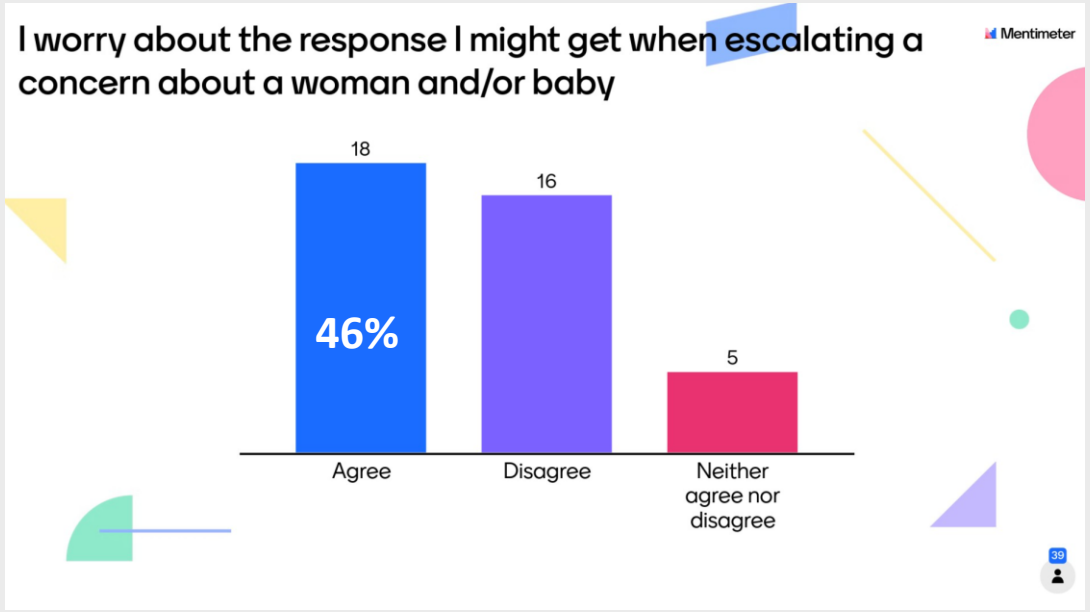


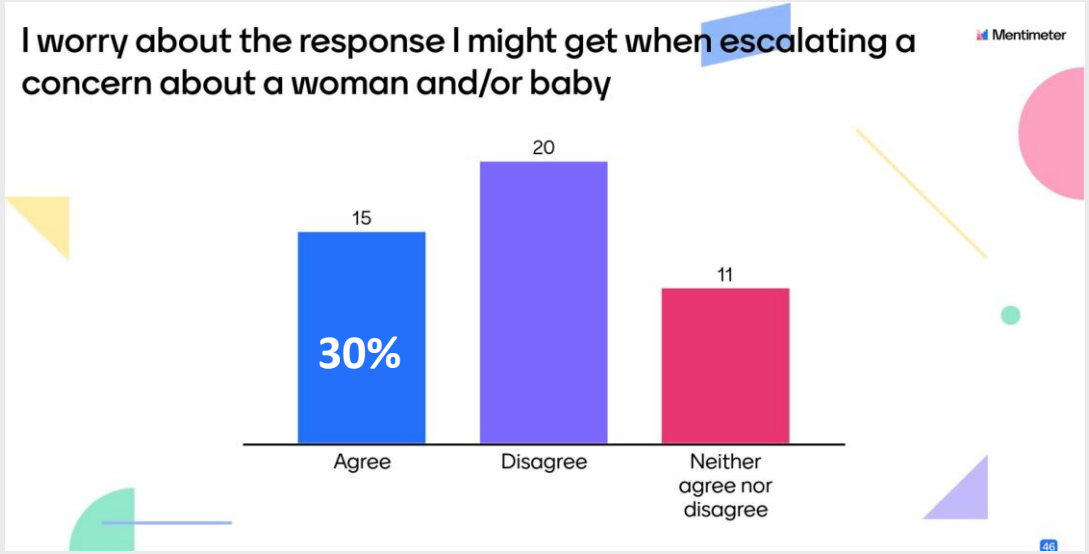

I don't always know who all my colleagues are on a shift or what their roles and responsibilities are
Mentimeter
20
51%
15
4
Agree
Disagree
Neither agree nor disagree
39

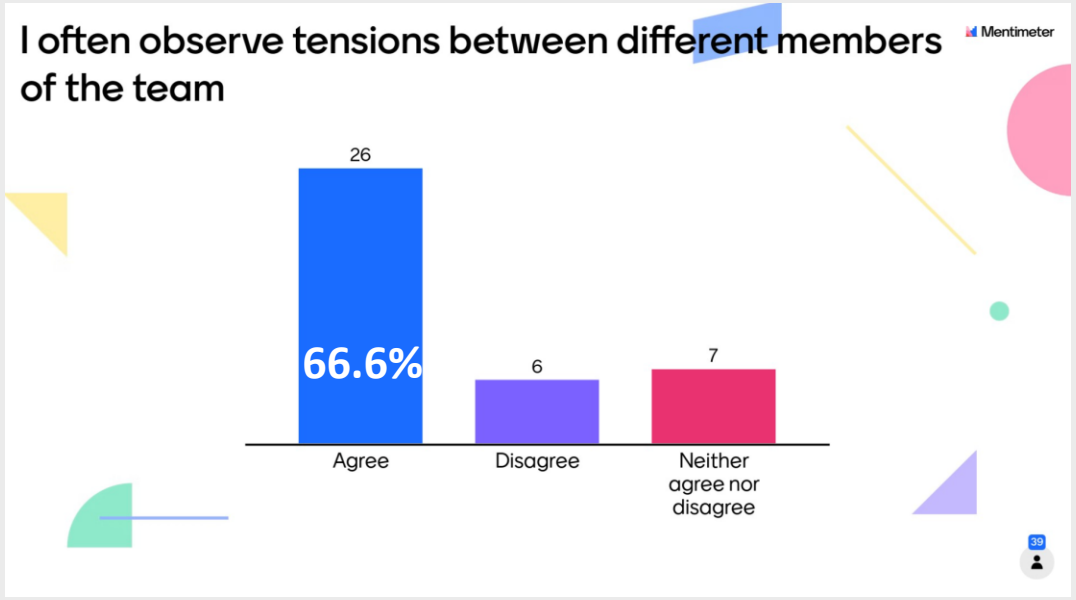

I don't always know who all my colleagues are on a shift or what their roles and responsibilities are
Mentimeter
26
17
36%
3
Agree
Disagree
Neither agree nor disagree

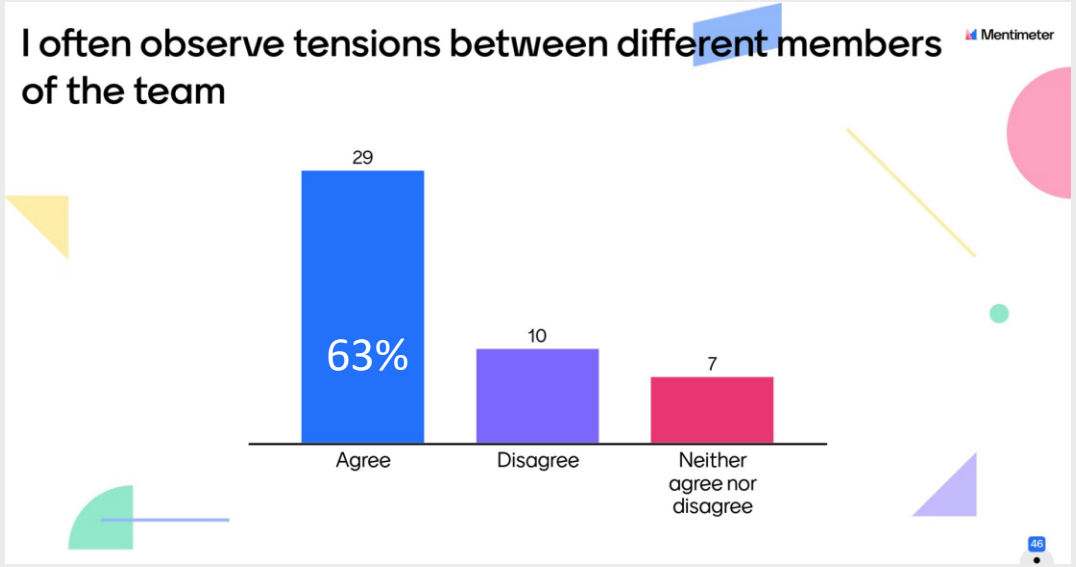

My colleagues routinely use clear and concise language to communicate the situation and level of urgency when escalating concerns
Mentimeter
24
7
18%
8
Agree
Disagree
Neither agree nor disagree
39


My colleagues routinely use clear and concise language to communicate the situation and level of urgency when escalating concerns
Mentimeter
24
54%
10
12
Agree
Disagree
Neither agree nor disagree
46


I worry about the response I might get when escalating a concern about a woman and/or baby
Mentimeter
18
16
5
46%
Agree
Disagree
Neither agree nor disagree
39


I worry about the response I might get when escalating a concern about a woman and/or baby
Mentimeter
15
20
11
30%
Agree
Disagree
Neither agree nor disagree
46


I often observe tensions between different members of the team
Mentimeter
26
66.6%
6
7
Agree
Disagree
Neither agree nor disagree
39


I often observe tensions between different members of the team
Mentimeter
29
63%
10
7
Agree
Disagree
Neither agree nor disagree
46

# Overcoming challenges

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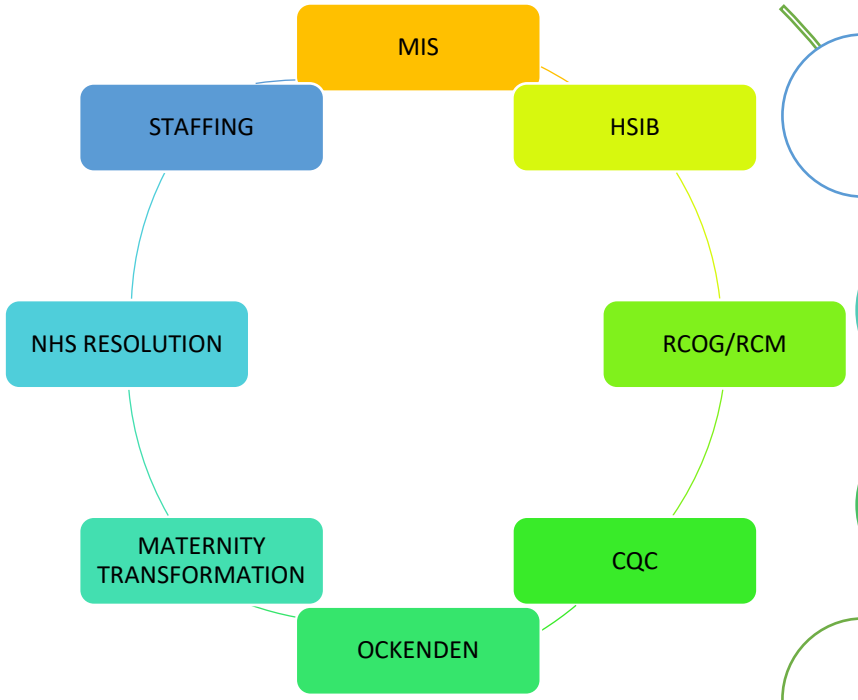
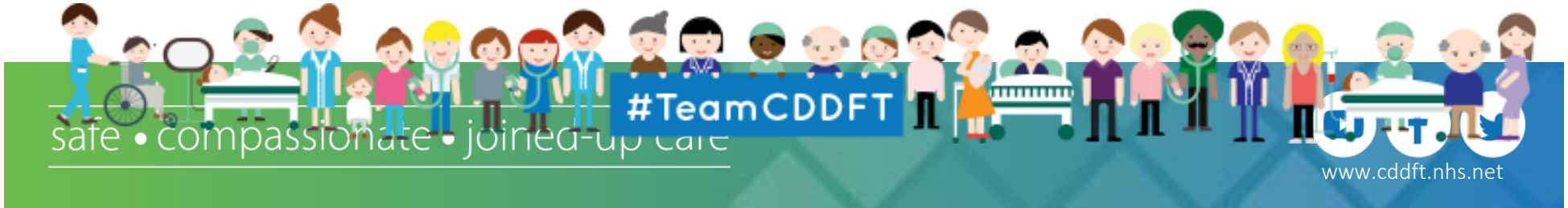



Change fatigue: workload, maternity transformation

Low morale: opportunity for questions, feedback and updates
Practical wisdom and lived experience

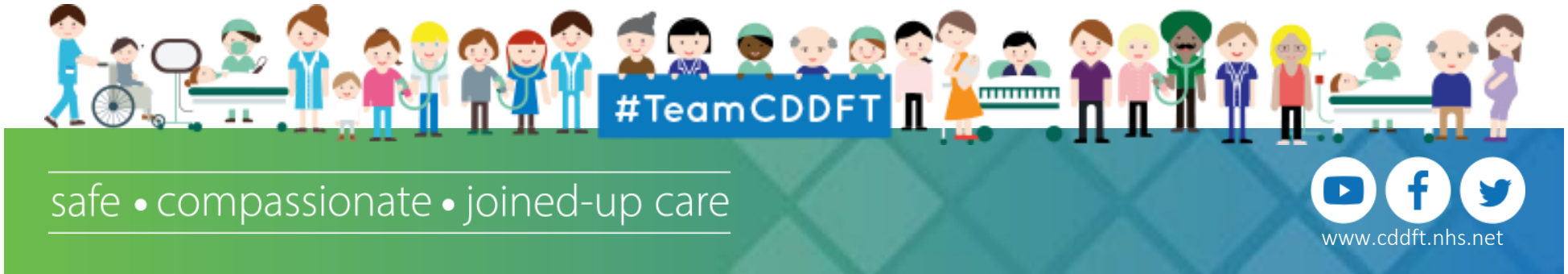
Laggards: some staff groups more hesitant than others

Cynicism: acknowledge rather than avoid
Listen and respond

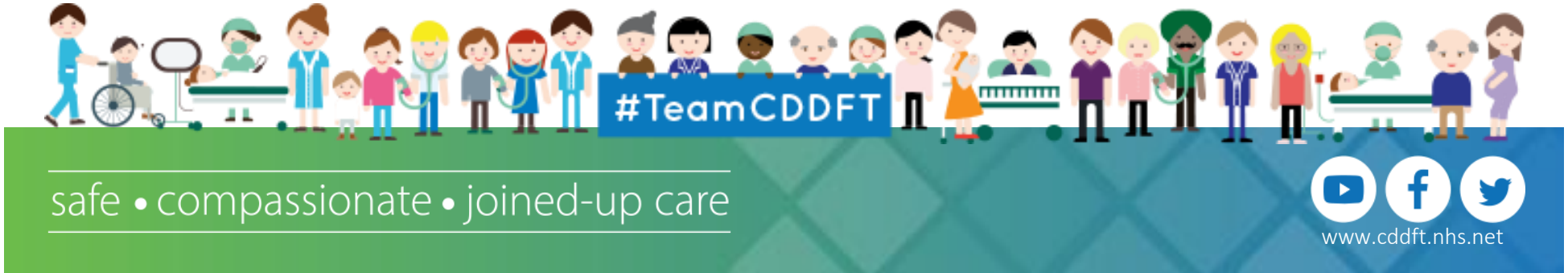


# What next?

- Continue to role model, incorporate in case reviews and embed
- Incorporate into PROMPT and Mandatory Training for next training year
- Repeat survey
- Roll out to other areas of Trust



- Network within North-East and North Cumbria to support the development of an implementation plan
- Develop a learning system to share and learn together
- Support and scale up improvement activities
- Resources and signposting



- Photographs taken of the entire team and placed daily on the handover board, identifying which member of staff is undertaking which role on the shift

- Merchandise, such as pens and pocket sized prompt cards which some areas have produced and distributed for the AID and Treat or Teach tools. The cards have the element information on the front with helpful professional phrases that would support improved escalation communications on the back.

**Essential action: Staff must be able to escalate concerns if necessary**

**All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals. (Ockenden, 2022)**

Prompt Cards

Standard Process Description:

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| Title: | Clinical Escalation and Conflict of Opinion | | | |
|---|---|---|---|---|
| Who Will Adopt This Process: | | | Date: | |
| OBJECTIVES | | | | |
| SCOPE | | | | |
| TARGET GROUP | | | | |
| Who Must Adopt This Process: | | | Completion Time: | |
| GOAL: | | | | |
| STEP | OPERATOR (person responsible) | TASK DESCRIPTION | TOOLS/SUPPLIES REQUIRED Fill in as needed to explain use of a specific tool or supply | TIME (to complete each step) |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

# Secrets to success..

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## EAST

- Easy, attractive, social and timely
- Make the right thing, the easy thing to do

## PEOPLE

- Understand who is affected
- Communication and training
- Evaluation, feedback, embedding and sharing

## PREPARE and SUSTAIN

- Understand the issue within your Trust
- Illustrate the need to change
- Communication and training
- Listen and review

# With Thanks to

RCOG & RCM for developing the fantastic AID, Teach or Treat and Team of the Shift resources

All the CDDFT Maternity staff who have embraced these tools to make care safer for women and babies in CDDFT

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#TeamCDDFT
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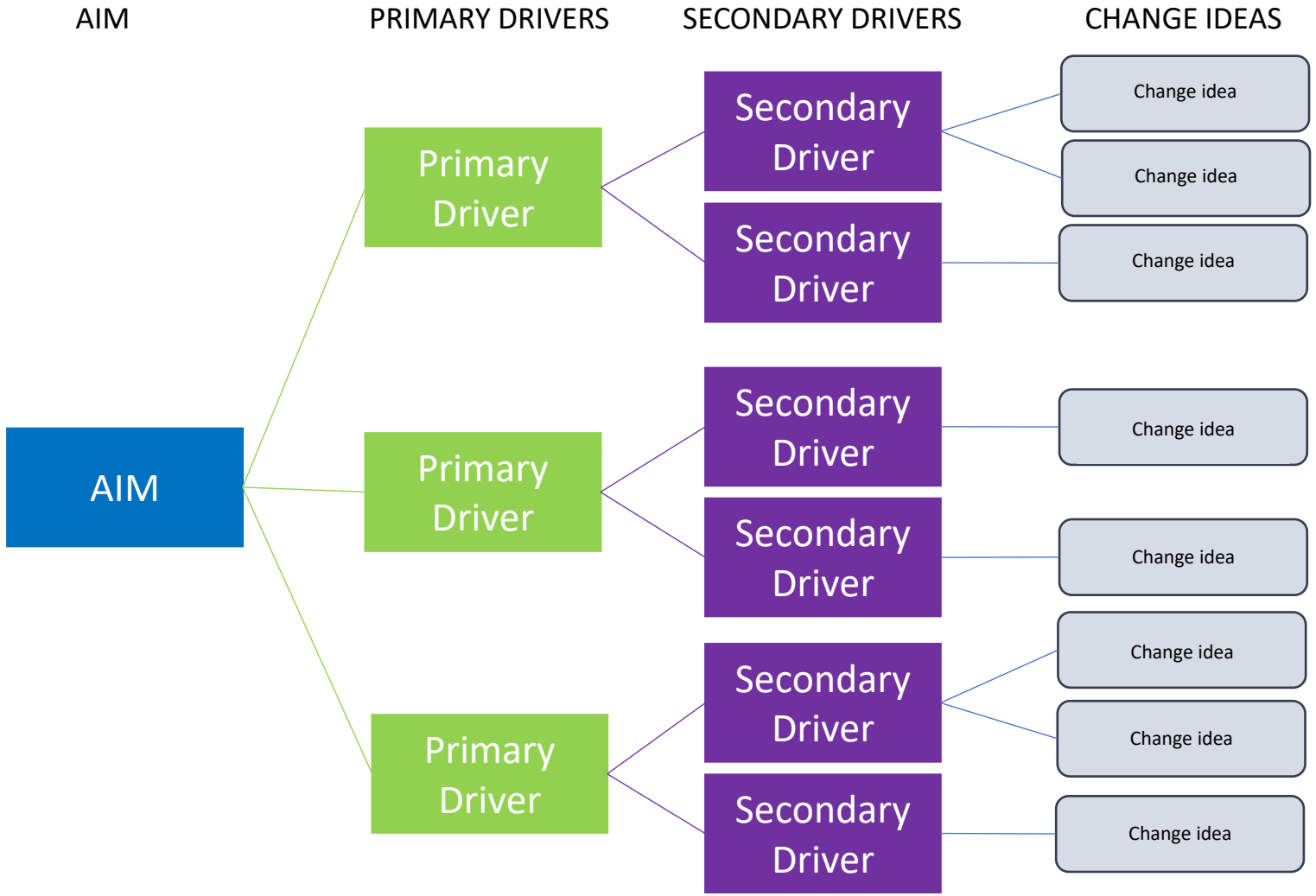
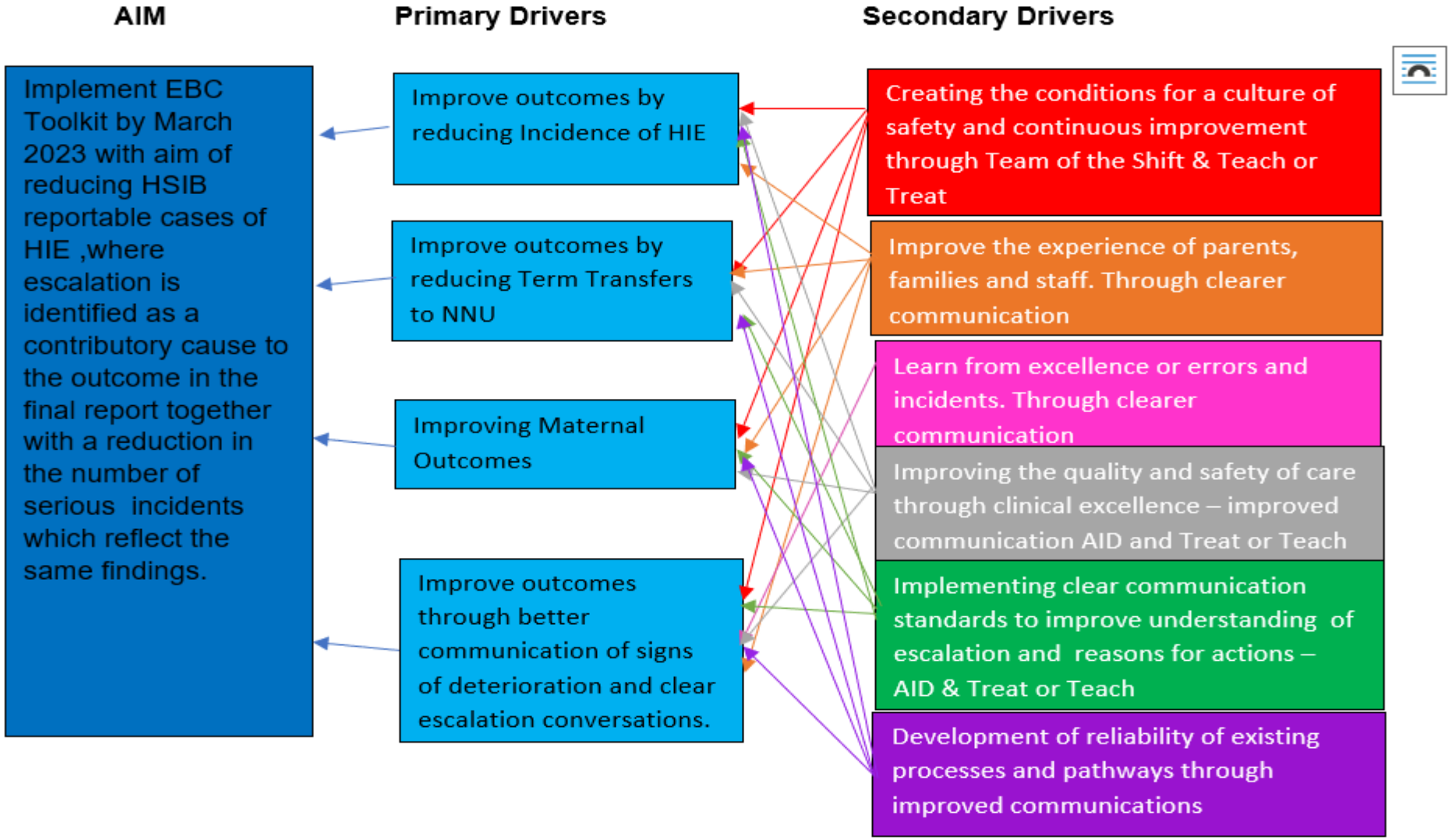
# Driver Diagram Template




AIM
Primary Drivers
Secondary Drivers
Implement EBC Toolkit by March 2023 with aim of reducing HSIB reportable cases of HIE ,where escalation is identified as a contributory cause to the outcome in the final report together with a reduction in the number of serious incidents which reflect the same findings.
Improve outcomes by reducing Incidence of HIE
Improve outcomes by reducing Term Transfers to NNU
Improving Maternal Outcomes
Improve outcomes through better communication of signs of deterioration and clear escalation conversations.
Creating the conditions for a culture of safety and continuous improvement through Team of the Shift & Teach or Treat
Improve the experience of parents, families and staff. Through clearer communication
Learn from excellence or errors and incidents. Through clearer communication
Improving the quality and safety of care through clinical excellence – improved communication AID and Treat or Teach
Implementing clear communication standards to improve understanding of escalation and reasons for actions – AID & Treat or Teach
Development of reliability of existing processes and pathways through improved communications

# Communication strategy

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- We needed a roadmap to communicate so everyone understood the what, the who and the how

- To communicate a consistent message

- To create an opportunity for feedback

# Locally - What is the problem?

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The primary aim of the diagnostic phase is to create a deep understanding of the practices we want to change, alongside the barriers and facilitators.

This allows us to tailor our interventions and ensure key barriers are addressed in order to maximise the chances of success.

We could go straight ahead and implement the EBC L&S escalation toolkit – but without understanding local issues the changes we made may not result in improvement.

It is important to **define who needs to do what differently in order to see any meaningful changes in practice**

Using a Quality Improvement (QI) framework will supported us to make the right changes to make sustainable improvements.

We used the model for improvement as a framework for implementation of the EBC L&S escalation toolkit.

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