National Patient Safety
Improvement Programmes

NHS England

Maternity and Neonatal

P.I.E.R - A Pathway for Deterioration

Is deterioration an issue?
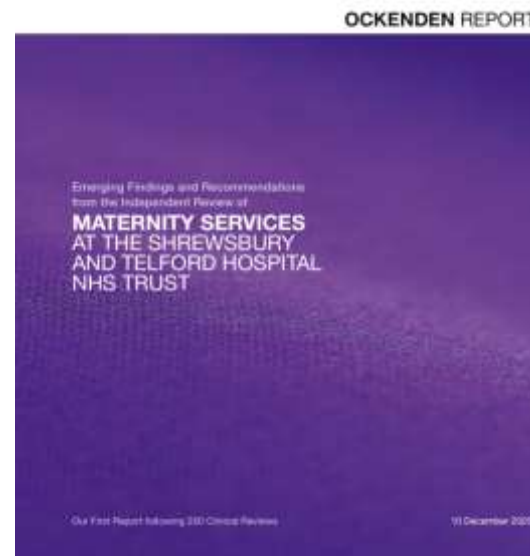
Is deterioration an issue?

- Failure to identify, escalate and respond appropriately

- Miscommunication and a lack of standardised processes

- Failures to recognise, manage and communicate risks

- Care provided to pregnant women and babies occurs in a wide range of clinical settings
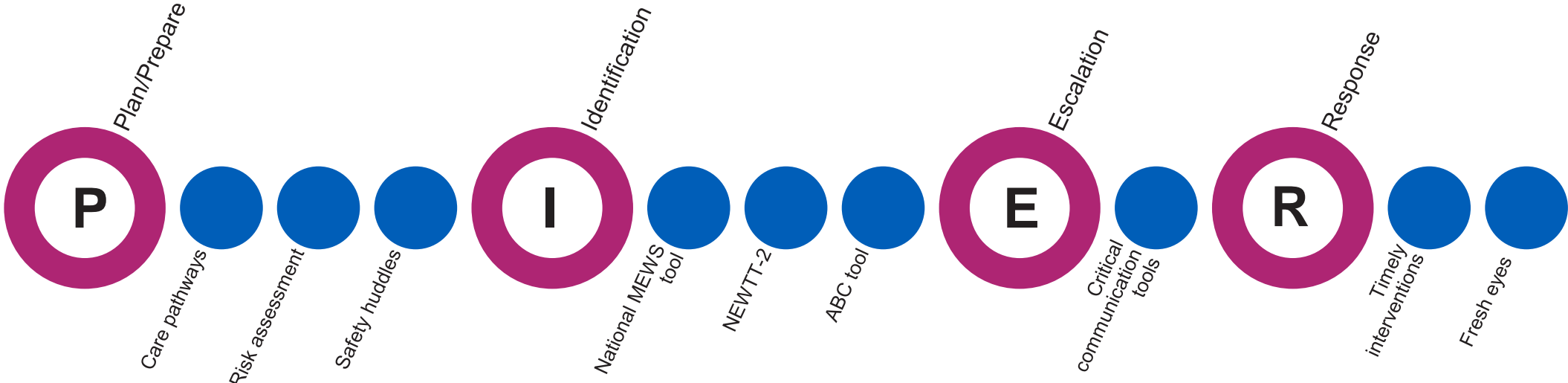
Why does deterioration continue to be an issue?

- We often try to fix the 'wrong' thing

- We have failed to fully acknowledge the impact of culture

- There has been no national standard tool/pathway

How are we approaching deterioration?

How will we approach deterioration?

P **Plan / Prepare / Prevent:** developing systems and processes that support the design of a reliable and safe care pathway that includes the continuous assessment of risks, appropriate interventions that will help monitor or reduce individual risk, improved access to services, and ensuring women and families are provided with consistent information as to their available options, ensuring care is personalised and responsive to their choices and needs.
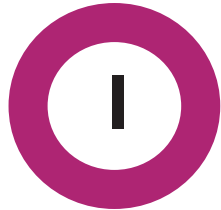
I **Identification:** the expeditious recognition of deterioration through the reliable monitoring, identification and assessment of all mothers and babies' conditions in all environments.

E **Escalation:** using standardised protocols and the reliable escalation and communication of deterioration using a 'common language' recognised across the NHS with high quality, structured communication.

R **Response:** the timely response and review by senior clinicians and reliable activation of clinical interventions including acute intervention and ongoing monitoring.

How will we approach deterioration?

NHS

E   **Escalation**: using standardised protocols and the reliable escalation and communication of deterioration using a 'common language' recognised across the NHS with high quality, structured communication.

R   **Response**: the timely response and review by senior clinicians and reliable activation of clinical interventions including acute intervention and ongoing monitoring.

- Graduated escalation and response
- Promotes collaborative decision making
- Safety critical language
- Underpinned by effective local team cultures and psychological safety
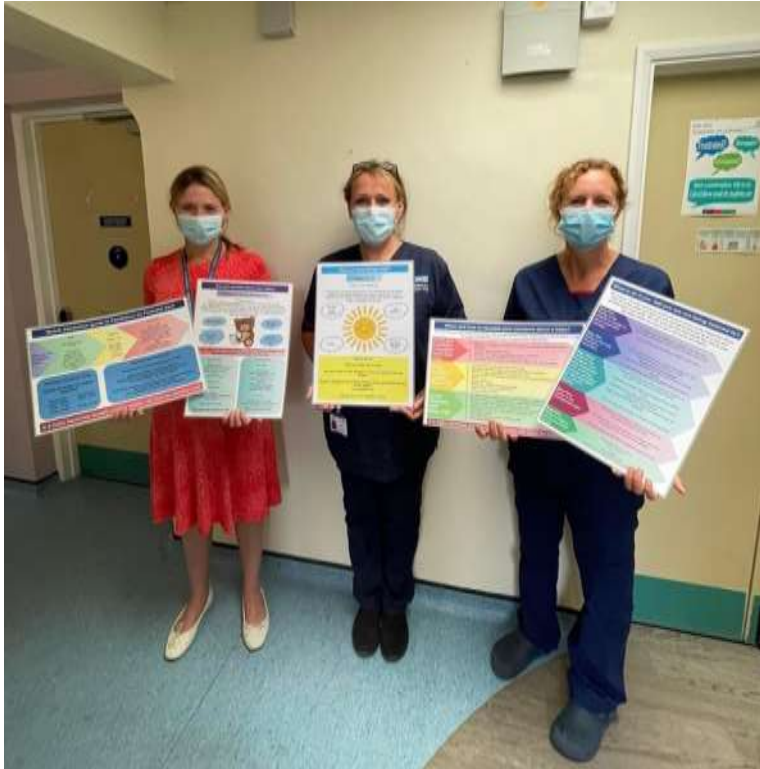
How can we optimise escalation & response?

We don't talk about communication: why technology alone cannot save clinically deteriorating patients

Milisa Manojlovich [1], Sarah L Krein [2,3]

- Urgency

- Relationship quality (Trust)

- Patient acuity/workload

- Hierarchy

- Language ('hint & hope')

How can we optimise escalation & response?

Anna Batchelor @AnnaBatchelor · Sep 3
NEWS scoring identifies a problem but human factors of hierarchy, communication and just damned ego are still recognised as reasons patients are missed. This is heartbreaking. I'm so sorry this happened @meropemills

- Do you understand the barriers to effective escalation in your own teams?

- Do you facilitate/block effective escalation?

- Are the workarounds you use or know of create universal safe care?

- Do you feel able to challenge the behaviours that inhibit safe care?

Thank you

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