Royal College of Midwives

Royal College of Obstetricians & Gynaecologists

National Patient Safety Improvement Programmes

Maternity and Neonatal

# each baby counts +
# learn & support

each baby counts + learn & support

***Escalation Tool Kit Aim:***

*"Help maternity units to build the right culture, behaviours and conditions that enable effective clinical escalation".*

***Why?***

*Effective clinical escalation facilitates the use of the national tools designed to identify deterioration in maternity.*

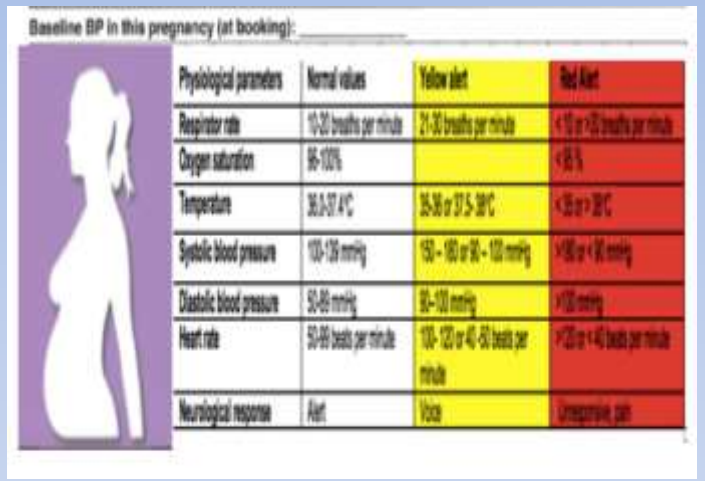
National Patient Safety Improvement Programmes

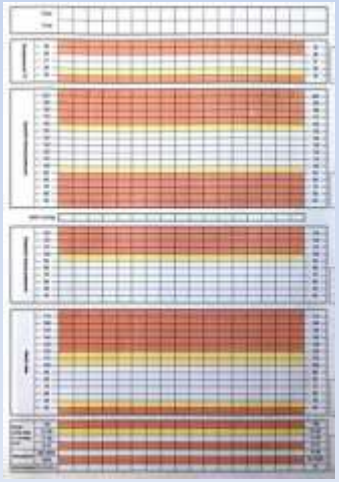
Maternity and Neonatal

each baby counts + learn & support

# How Do We Identify Deterioration in Maternity?

- MEOWS score
- CTG Categorisation
- NEWTT
- Changes in fetal movements
- Women / birthing people tell us they're worried
- That funny feeling when you just know something isn't right…..



| Lancashire Teaching NHS Hospital Trust | Reassuring | Non-reassuring | Abnormal |
|---|---|---|---|
| Baseline bpm | 110-160 | 100-109<br>161-180 | <100<br>>180<br>Sinusoidal pattern ≥10 minutes |
| Variability bpm | ≥5 | <5 for 40-90 minutes | <5 for 90 minutes |
| Decelerations | None<br>occasional or fleeting | †Typical variable deceleration with over 50% of contractions for over 90 minutes<br>A single prolonged deceleration up to 3 minutes | †Either<br>Atypical variable decelerations with over 50% of contractions (for over 30 minutes)<br>OR<br>Late decelerations (for over 30 minutes)<br>A single prolonged deceleration for more than 3 minutes |
| Accelerations | Present | | |
| Opinion | Normal | Suspicious | Pathological |

# Escalate and then what??

- Are people available to respond?
- How long does it take to respond?
- Do they agree with your concerns/ assessment?
- Are they distracted?
- Do they respond in the way you expect?

- *Can you challenge their response*?

# Each Baby Counts Report 2019

Focused on the theme of clinical escalation as a recurrent critical contributory factor in the cases referred to them.

***"a complex process that requires a combination of clinical, behavioural and logistic steps in order to correctly identify and deliver urgent care"***

Royal College of Midwives

# each baby counts + learn & support

Royal College of Obstetricians & Gynaecologists

- A collaborative project by the RCM and RCOG developed with funding from DHSC.
- A network of midwives and obstetricians from across England to co-design and test ways to improve clinical escalation in their 16 maternity units.
- Use the findings to create a toolkit of resources for all maternity units to be able to embed the conditions that enables effective clinical escalation.

Royal College of Midwives

# each baby counts + learn & support

Royal College of Obstetricians & Gynaecologists

## Framework

- **Identify → Communicate → Act**

## Diagnostics

- Staff feedback  Local HSIB  Observation

## Core Team

- RCOG, RCM, Patient Safety Expert and a Behavioural Psychologist

# IDENTIFY COMMUNICATE ACT

Promoting excellence in teamwork.

- Prior to clinical handover identify all the staff on shift: name, job role etc
- Identify those who will be escalated to
- Foster a sense of teamwork, mutual respect, and create a shared mental model of safety for escalation.

Make clinical escalation precise and concise using safety critical language to communicate concerns

**Begin escalation with**:

**"**I need **Advice"**
**"**I need to **Inform"**
**"**I need you to **Do"**

Promoting respectful learning conversations between colleagues. Respond kindly, quickly and appropriately using

**TEACH** *"Tell me what you think and why, I'll do the same so we can discuss"*
**or**
**TREAT** *"Let's act on the clinical escalation"*

# Changes reported by staff in units who have implemented these interventions.

## TOTS

- Easy to implement.
- Creates psychological safety “learning to make time to introduce people to one another and talk about escalation… creates safer shifts”.
- Makes escalation more efficient
- Identifies individual needs within the team.
- Introductions were noted as particularly helpful to avoid confusion and improve safety on the unit.

## AID

- Escalation made more precise and direct
- Standardized conversations (safety critical language)
- Especially helpful when receiving multiple escalations
- Staff more confident when escalating to consultants
- Most improvement in communication between Band 7 coordinators and consultants

## Teach or Treat

- Staff feel more empowered, confident & psychologically safe to ask questions
- Promoted learning environments
- Rationales behind decision-making explained
- Women find it reassuring and respectful
- Framework for concise communication

# Toolkit: RCOG Website

Visit this page to download a copy of this video

**Each Baby Counts + Learn & Support** evolved from recommendations made by our original Each Baby Counts programme.

We want the UK to become known as the safest place in the world to give birth.

each baby counts + learn & support

# IDENTIFY COMMUNICATE ACT

## STILL CONCERNED - ESCALATE FURTHER

Royal College of Midwives

Royal College of Obstetricians & Gynaecologists

Escalating a clinical situation? Frame what you need to say with safety critical language.
Here are some examples of how you might usually communicate, then how you can use AID:

## ADVICE

✗ 'Nadia in room 7 is fully dilated and wants to use the pool?'

✓ 'I am asking for your ADVICE, around using the birth pool for Nadia in room 7 as she has a borderline BP'

## INFORM

✗ 'Just to let you know Aaliya in room 4 is fine now.'

✓ 'I am INFORMING you - that Aaliya in room 4 had a kiwi at 05:30 and a PPH of 1000mls but is stable now'

## DO

✗ 'Maggie is fully and pushing with a dodgy CTG'

✓ 'I need you to (DO) come straightaway to review the CTG in room 2 which is deteriorating'

We would like to introduce 'AID' throughout the department. If you have a clinical concern to escalate please frame your communication:

I am asking for ADVICE...
I am INFORMING you...
I need you to (DO)...

# Training

Teach or Treat is a communication strategy which encourages a discussion about the clinical situation being escalated: initiating a kind, quick and respectful response.

each baby counts + learn & support

National Patient Safety Improvement Programmes

Maternity and Neonatal

- Regional engagement from all maternity units to implement the three clinical escalation interventions from EBC L&S toolkit.
- Allocation of Midwifery & Obstetric clinical leads locally.
- Support to work with your leads to facilitate local implementation plan.