



# Co-design of an intervention to enable patients and their relatives to escalate acute deterioration in adult ward settings: a case study approach

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# Background

- Patient deterioration is not always identified early enough in clinical ward settings (McGaughey et al, 2017)
- Increasing evidence that patients/relatives can identify acute deterioration but various barriers/facilitators exist to being heard (McKinney et al, 2021)
- Limited research evidence of co-design or patient, family and healthcare perspectives with existing family-initiated escalation of care interventions (Bucknall et al, 2021)

## Martha Mills



**Martha's mother, Merope, told the BBC that her family were not listened to by senior doctors on several occasions**

## Aoife Johnston



The Irish Times  
<https://www.irishtimes.com/crime-law/courts/2024/04/22/aoife-johnston...>

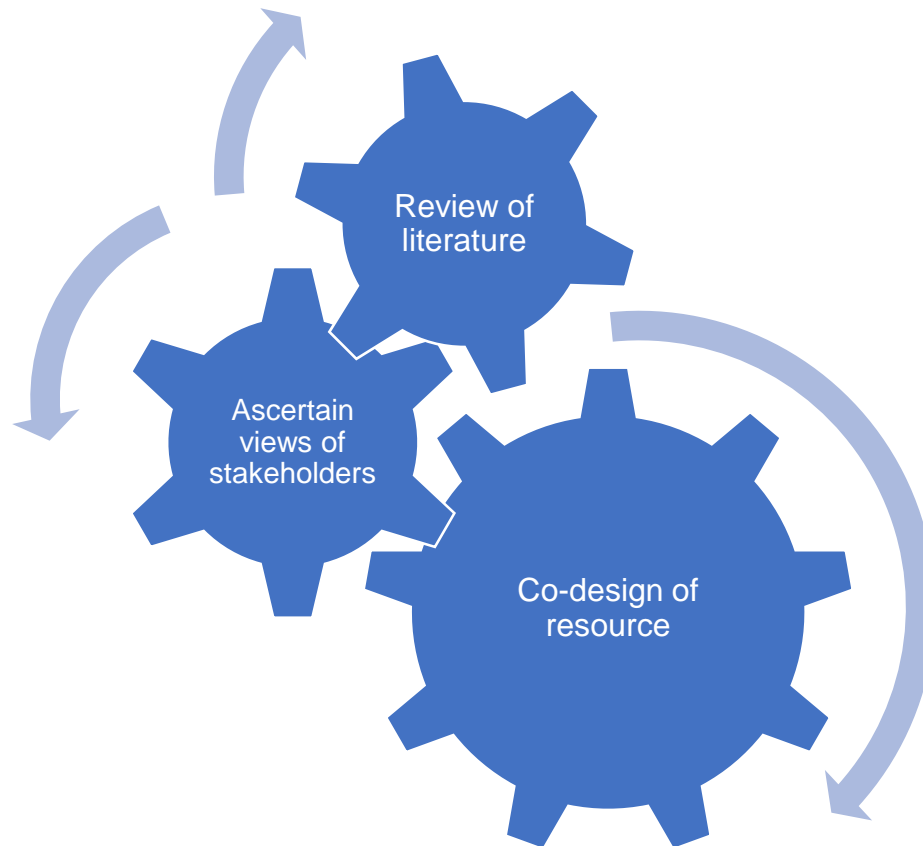
**Aoife Johnston inquest: 'We watched our daughter die | The Irish ...**

The parents of a 16-year-old girl who died at University Hospital Limerick following a failure in her care tried to reassure her that she was in the best place only for them to watch her die...

**Her father James wept as he told the inquest that he begged staff to help his daughter.**

# Study Design

Aim: To co-design an All-Ireland resource that will enable patients and relatives to call for help if they become concerned about deterioration in adult hospital wards

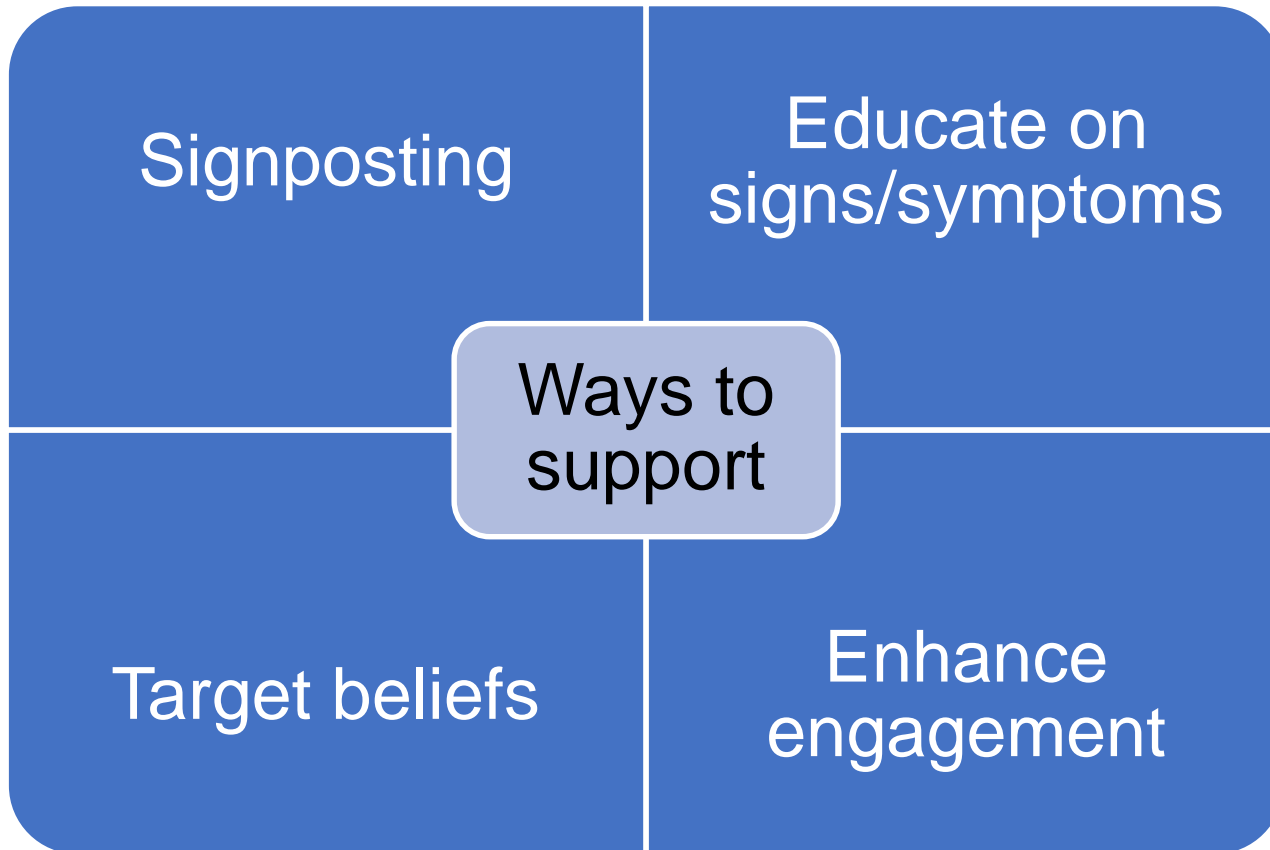


- **Design** – Collective case study using co-design approach
- **Setting** – 2 acute wards in NI and ROI hospital
- **Participants** – Patients[12] relatives[11] healthcare professionals[32]
- **Co-design approach-**
  - individual/focus group interviews with patients, family, staff
  - prototype & implementation plan developed using co-design workshops with the Steering Group members
  - online prototype feedback interviews with patients /family /staff
- **Ethics** – Approval March 2019
- **Analysis** – Thematic analysis (Braun and Clarke,2006), NVivo 11

# Stakeholder interviews

<i>Themes</i>	<i>Sub-themes</i>
<b>Experiences of deterioration</b>	Knowing the patient Being heard
<b>Challenges in calling for help</b>	Knowledge/skill deficits Personal and role conflict factors Resource/organisational deficits
<b>Ways to support</b>	Signposting Enhancing engagement
<b>Benefits and burdens of involvement</b>	Ownership and empowerment Safety and control Resource/organisational impact

# Ways to support

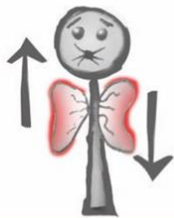


# Patients/Relatives – Worried about a **sudden** change in your condition, or that something is not quite right? **HELP US, HEAR YOU**

## Some signs of getting sicker may include.....



New or worse confusion or slurring of speech



Breathing is faster, slower, noisier than usual



Feeling very hot, shivery or cold and clammy



Sudden or increased pain despite medication



Dramatic change in energy or weaker/sleepier than usual



Feeling dizzy or light-headed

## How to seek help

1

- Talk to your **nurse or doctor** on the ward

2

- If you are still very concerned, ask to speak to the **nurse in charge**

3

- If you remain very concerned and think urgent attention/support is required, **call the xxxxxx on xxxxxx** who will review and help

**You know yourself or your relative best.**

**If there is a sudden change in condition or something is "just not right" please tell us.**

**You are a valuable part of the team.**

**We are never too busy to listen.**



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Níós Fearr  
& Fíorbairt

Building a  
Better Health  
Service



Health and  
Social Care



Public Health  
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Research and Development





# Feedback on developed resource

## Comprehension

- Clear, concise
- Pictograms highly valued
- Applicable to own experiences

## Values

- Validates
- Empowers

## Engagement

- Requires organisational/ policy makers' support
- Engagement mechanisms/ processes outlined

## Performance

- Outcome and evaluation strategies

# Conclusion

- Research further cements need to enable patients/ relatives to more readily call for help when concerned about deterioration
- “Help us hear you” escalation of care intervention was co-designed with patients/family/staff to support calling for help
- Prototype feedback, implementation plan & cost analysis facilitate pilot in Ireland
- Similar funded pilot projects in England (NHS England, 2024) across 143 sites
- International / National collaborative research to further inform implementation, refinement and evaluation of intervention

# Thank you...

*To the -*



**Programme for Health Service Improvement,  
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*And to the –*  
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Relatives  
and healthcare staff for their invaluable contributions.**

*And to the Steering Group members -*

**Dr Miriam Bell**

**Ms Denise Boulter**

**Ms Avilene Casey**

**Mr Derek Cribbin**

**Ms Heather Jackson**

**Ms Aoife Kirwan**

**Dr Mandy Odell**

**Ms Gabrielle O’Neill**

**Ms Christine Sheehan**

**Ms Margaret Smith**

**Dr Una St Ledger**

**Ms Catherine Veschambre**



# References

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