Regional Implementation of Strategies to Improve Clinical Escalation in Intrapartum Care: A Mixed Methods Evaluation

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BACKGROUND

- Multiple national maternity safety reports have highlighted concerns contributing to avoidable harm to women and babies during labour. These include problems with multi-disciplinary team working, culture and communication, particularly when **escalating clinical concerns**. In 2019, the DHSC commissioned the RCOG and RCM to deliver 'Each Baby Counts Learn & Support' to create solutions to the recurrent problems identified in safety reports.
- Frontline midwives and obstetricians from 16 maternity units across England designed a **Clinical Escalation Toolkit**[1]. Underpinned by behavioural science, three strategies were developed, tested and launched nationally:

Team of the Shift

Brief, standardised, pre- clinical handover team huddle at the start of every shift. Helps build psychological safety, clear lines of escalation, looking after each other

Advice – Inform- Do (AID)

Concise, safety critical language for effective escalation (precedes SBAR).

"I need advice"

"I need to inform you"

"I need you to do…"

Teach or Treat

Responding kindly, quickly and appropriately to escalated concerns.
Teach: "Tell me what you think and why, I'll do the same and we can discuss"

Treat: "Let's make a plan together"

AIMS

In November 2022, the NHSE Midlands Perinatal Service requested implementation of the clinical escalation toolkit in all 21 provider sites in the region. Each site nominated a midwife and obstetrician to lead implementation in their respective units. This study aimed to evaluate the **implementation and impact** of the clinical evaluation toolkit on a regional level.

METHODS

- Mixed methods evaluation involving:

1. Interviews with implementation site leads:
   - Pre implementation: 23 participants from 19/21 sites
   - 9-12 months post: 24 participants from 20/21 sites
2. Surveys with maternity staff from the respective units
   - Pre implementation: 490 responses across 18 units
   - 9-12 months post: 420 responses across 20 units
3. 27 Interviews with maternity staff across 7 sites after 9-12 months

INITIAL FINDINGS

Surveys

Baseline survey highlighted a clear need for the clinical escalation toolkit where:

- 56% staff reported always/often observing tensions between team members
- 37% staff were unfamiliar with their team members & their roles on a shift
- 28% staff were always/often worried about response they might get to escalation

Key changes from baseline to follow-up analysed using un-matched t-tests:

Increased number of appropriate responses to escalations (OR 0.13, 95% CI 0.02-0.24, p<0.05)

Increased staff confidence to escalate concerns (OR 0.19, 95% CI 0.08-0.30, p<0.01)

Increased feelings of being listened to and respected amongst staff (OR 0.15, 95% CI 0.03-0.27, p<0.05)

Further matched analysis currently being undertaken

Interviews

Positive impacts reported on **communication, psychological safety and confidence** especially for junior staff. *"It's all about promoting the safety…better community, clearer communication, the appropriate response, the actions taken, that's absolutely key in the values that we have of giving the best care to our women and babies and families, and the safest…"* Midwife, site 10

Factors for successful implementation included:

- MDT led with protected time to drive implementation
- Senior leadership buy-in & support
- Formal & informal training eg PROMPT, tea trolley rounds
- Incorporating toolkit into guidelines & existing practices eg 'fresh eyes'
- Role modelling positive escalation & response behaviours at all levels
- Multiple ways to share information & constant reminders eg posters, pens, cards

Barriers to implementation and embedding toolkit strategies included a lack of **obstetric buy-in**, lack of **protected time** to drive implementation, lack of engagement **resources**, **competing priorities** and **staffing** shortages.

CONCLUSION

This evaluation provides valuable insights on maximising implementation of the clinical escalation toolkit for intrapartum teams nationally. Importantly, it highlights the support and resources required for teams driving implementation, including time and joint midwifery and obstetric leadership support.

[1]*Royal College of Obstetricians and Gynaecologists, 2022. Clinical Escalation Toolkit. Available at https://www.rcog.org.uk/about-us/quality-improvement-clinical-audit-and-research-projects/each-baby-counts-learn-support/*

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This is a summary of independent research funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) West Midlands. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.