

Ryan's Rule: Statewide patient, family and carer escalation

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Background

- Queensland's health care system provides universal access for 4.5 million people living over 1.8 million km² (over 7 times the land mass of the UK)
- The vast majority of care delivered in Queensland Health hospitals and health services is very safe and effective. In 2012 life expectancy for Queensland females was 84 years and for Queensland males it was 79.5 years.
- Harm from clinical incidents will never be completely eliminated; our goal is to minimise preventable patient harm.
- Patient safety is an approach to understanding what causes patients to be harmed in health care and implementing solutions aimed at strengthening the layers of defence that prevent harm.

Layers of Defence

1. Early Warning and Response System (EWARS) Tools
2. Ryan's Rule – a patient, family and carer escalation process

Background

- Ryan Saunders died in a Queensland Health facility 2007
- Coroner found his death to be in “all likelihood preventable”
- Commitment to Saunders family to name the patient, family and carer escalation process to honour Ryan



Development

- Liaison with Saunders family
- Literature Review
- Liaison with NSW and ACT
- Focus group
- Statewide Recognising and Responding to Clinical Deterioration (*RRCD*) Steering Committee with involvement of all HHSs
- Consumer testing (*n=120*)
- Health Contact Centre-13HEALTH and Smart Services Queensland (*SSQ*)
- Integrated Communications Unit
- Pre-implementation piloting

Resource development

- Consumers
 - Brochure
 - Posters

- Staff
 - Education
 - Model guidelines
 - Information sheet
 - Web banners, spotlight

Process

- 3 step process
- Single state-wide phone number
- “Warm” transfer of call
- Email notification to Patient Safety Unit and facility
- Evaluation online

Ryan's Rule

Follows these steps to raise your concerns.

Step 1

Talk to a nurse or doctor about your concerns.

If you are not satisfied with the response.

Step 2

Talk to the nurse in charge of the shift.

If you are not satisfied with the response.

Step 3

Phone 13 HEALTH (13 43 25 84) or ask a nurse and they will call on your behalf.

Request a Ryan's Rule Clinical Review and provide the following information:

- hospital name
- patient's name
- ward, bed number (if known)
- contact phone number.

A Ryan's Rule nurse or doctor will review the patient and assist.

Facility requirements

- Identify 3 positions to take call- available 24/ 7
- Educate at least 80% of staff
- Governance
 - Accountable committee
 - Approved internal procedure and documentation
- Pass testing of system

**Hospital and Health Services, Queensland Health
by Recognised Public Hospitals
and Primary Health Centres**



- Implemented statewide
- 164 facilities
- 16 HHSs



Queensland Government		(Affix identification label here)	
Ryan's Rule Clinical Review Evaluation		URN:	
Facility: _____		Family name:	
Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		Given name(s):	
Address: _____		Date of birth:	
• Evaluation is to be submitted online via MARS http://mars.health.qld.gov.au/mars/default.htm within 3 business days of the Ryan's Rule Call • Questions 15-21: Local nominated evaluation staff member to complete by asking the person who made the Ryan's Rule phone call			
Ryan's Rule Clinical Review Evaluation			
1. When was the Ryan's Rule call received?	Date of call: / /	Time of call:	:
2. Patient location	Ward:	Bed number:	
3. Caller's details	Name:	Phone:	
4. Relationship of caller to patient	<input type="checkbox"/> Patient <input type="checkbox"/> Family member <input type="checkbox"/> Carer <input type="checkbox"/> Other _____		
5. Type of ward the patient was admitted to at the time the Ryan's Rule Phone Call was made (complete a and b)	a <input type="checkbox"/> Adult <input type="checkbox"/> Paediatric <input type="checkbox"/> Neonate OR <input type="checkbox"/> Non-inpatient (Go to Q.21) b <input type="checkbox"/> Emergency <input type="checkbox"/> General <input type="checkbox"/> Maternity <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Orthopaedic <input type="checkbox"/> Cardiology <input type="checkbox"/> Surgical <input type="checkbox"/> HDU / ICU <input type="checkbox"/> Cardiology <input type="checkbox"/> Palliative care <input type="checkbox"/> Dementia <input type="checkbox"/> Oncology <input type="checkbox"/> Palliative care <input type="checkbox"/> Primary Health Care Centre <input type="checkbox"/> Renal <input type="checkbox"/> Special care nursery <input type="checkbox"/> Sub-acute / Rehab <input type="checkbox"/> Other: _____		
6. Name and position of the person who took the Ryan's Rule call from 13HEALTH	Name:	Position:	
7. When was the Ryan's Rule clinical review (i.e. when the patient was reviewed)?	Date of review: / /	Time of review:	:
8. Did the patient meet the criteria of the local Early Warning Tool for clinical review at the time of the call?	<input type="checkbox"/> Yes - score: _____ <input type="checkbox"/> No		
9. Please indicate the result of the Ryan's Rule clinical review?	<input type="checkbox"/> Clinical intervention, remained on ward <input type="checkbox"/> Retrieval to another facility <input type="checkbox"/> Transferred to ICU / HDU / CCU <input type="checkbox"/> No clinical intervention, remained on ward <input type="checkbox"/> Transferred to another ward <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer to another facility		
10. Reason given by caller for placing a Ryan's Rule call			
11. Select the reason for the call (based on the color a reason given for placing the Ryan's Rule call)	<input type="checkbox"/> Pain management <input type="checkbox"/> Seeking results of tests <input type="checkbox"/> Lack of knowledge or understanding of the plan of care <input type="checkbox"/> Concern or disagreement about treatment or care plan and feeling their concerns are not being heard <input type="checkbox"/> A noticeable, although perhaps subtle, change in patient's condition <input type="checkbox"/> Requesting a review of a mental health assessment <input type="checkbox"/> Questioning suitability of discharge <input type="checkbox"/> Complaint unrelated to clinical care		
12. Summary by clinical reviewer			

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Queensland Government		(Affix identification label here)	
Ryan's Rule Clinical Review Evaluation		URN:	
Facility: _____		Family name:	
Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		Given name(s):	
Address: _____		Date of birth:	
Ryan's Rule Clinical Review Evaluation			
12. Summary by clinical reviewer (continued)			
13. Clinical reviewer details Name: _____ Signature: _____ Date: / /			
14. Was this a clinical incident? <input type="checkbox"/> Yes - Please number: _____ <input type="checkbox"/> No			
Questions 15-21: Local nominated evaluation staff member to complete by asking the person who made the Ryan's Rule phone call.			
15. Were your needs as the 'caller' adequately addressed during the Ryan's Rule clinical review? <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Undecided <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Nil			
16. Were your needs as the 'patient' adequately addressed during the Ryan's Rule clinical review? <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Undecided <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Nil <small>(NB: patient to be asked in the first instance. If patient is unable to answer the caller may be asked)</small> Response from: <input type="checkbox"/> Patient <input type="checkbox"/> Caller <input type="checkbox"/> Other family member / carer: _____			
17. Would you feel comfortable calling another Ryan's Rule clinical review? <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Undecided <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Nil			
18. Please detail the reason if feedback has not been obtained. <input type="checkbox"/> Declined to answer <input type="checkbox"/> Unable to contact <input type="checkbox"/> Other (specify below): _____			
19. How did you find out about Ryan's Rule? <input type="checkbox"/> Publication <input type="checkbox"/> Nursing / Clinical staff <input type="checkbox"/> Other: _____			
20. Was the matter escalated prior to calling Ryan's Rule? <input type="checkbox"/> Yes (Go to Q.23) <input type="checkbox"/> No (Go to Q.22)			
21. To whom was it escalated and how was the matter managed? _____			
22. Additional feedback: _____			
23. Evaluator's details Name: _____ Signature: _____ Date: / /			

Reason for call

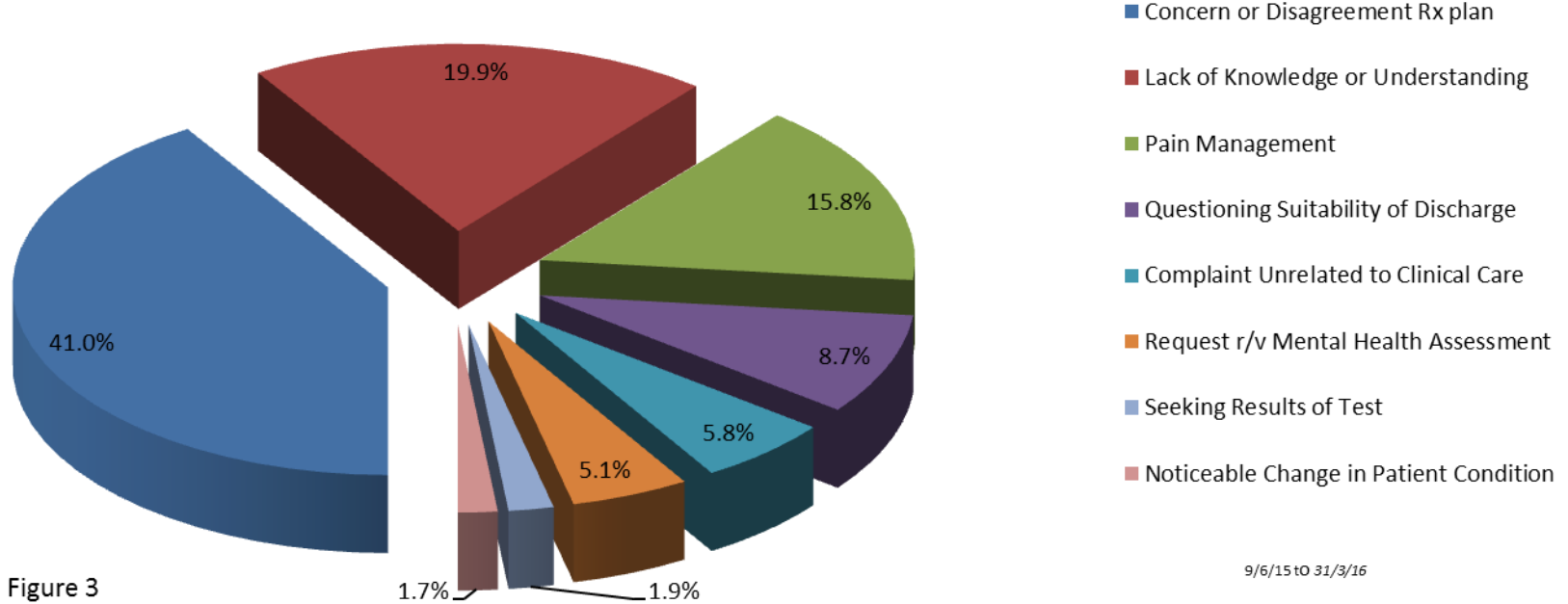


Figure 3

9/6/15 to 31/3/16

Ryan's Rule feedback

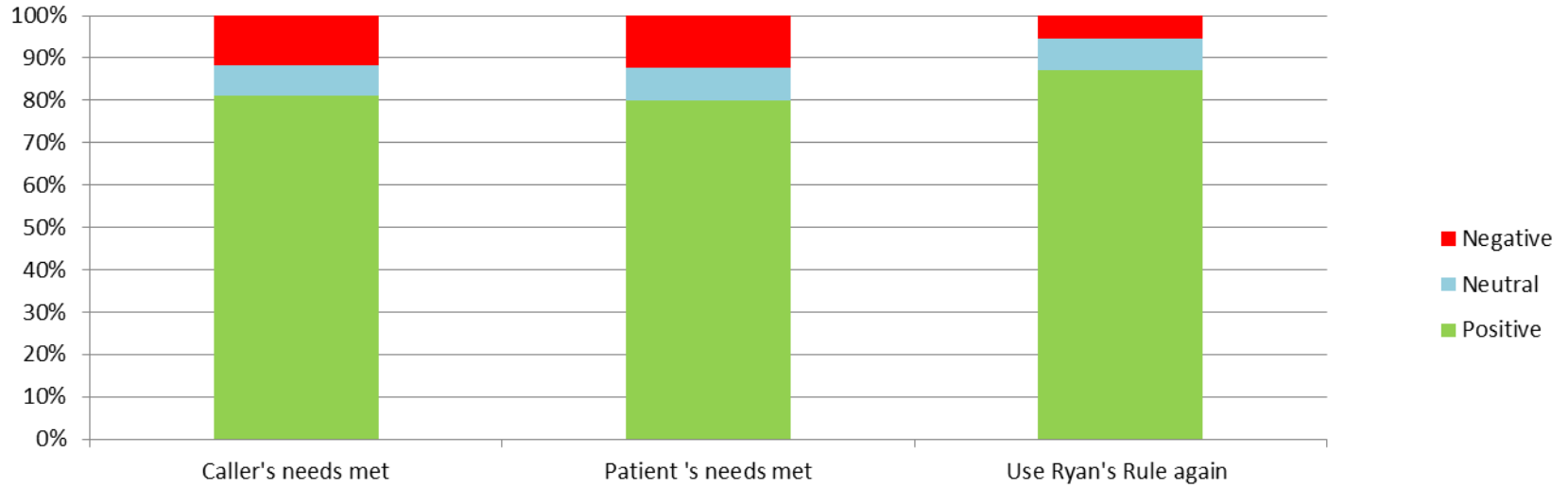



Figure 4

Acknowledgements

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Questions

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