



NEWS RELEASE

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Study Finds Clinicians Support Consumers as First Reporters of Early Patient Deterioration in Hospital

(OAKBROOK TERRACE, Illinois, March 28, 2024) – Detection of early patient deterioration in the hospital can lead to timely intervention and improved outcomes. Patients themselves, as well as family members and bedside visitors familiar with the patient’s condition can play a critical role in detecting patient deterioration.

A [new study](#) in the April 2024 issue of *The Joint Commission Journal on Quality and Patient Safety* (JQPS), investigates clinicians’ views on consumer reporting (by patients, family members or visitors) of early patient deterioration through an established hospital consumer-initiated escalation-of-care (CIEoC) system. Two activation pathways (direct and indirect) are available for consumers to report patient deterioration and alert the rapid response system (RRS) for early emergency medical treatment in the CIEoC system:

- Direct activation provides consumers with access to the RRS to report/seek treatment for deteriorating patients.
- Indirect activation guides consumers to report their concerns to healthcare staff who decide when to call the RRS.

A research team based at Flinders University, co-funded by the Government of South Australia’s Southern Adelaide Local Health Network and Flinders University, undertook the study. The researchers administered a paper survey containing six open-ended questions to new graduate-level to senior-level nurses and physicians at Flinders Medical Centre, Bedford Park, Australia, and Noarlunga Hospital, Noarlunga Centre, Australia. They analyzed the data with a matrix-style framework and six steps of thematic analysis.

A total of 244 clinicians (198 nurses and 46 physicians) provided their views on the CIEoC system. Six major themes and subthemes emerged, including:

1. Clinicians support consumer reporting and feel consumers are ideally positioned to recognize early deterioration and raise concerns about it.
2. Management support is required for the consumer escalation process to be effective.
3. Some clinicians feel consumers who raise non-urgent concerns delay care to others and increase workload. While other clinicians report a decrease in workload through earlier reporting of deterioration.
4. Educating consumers and staff on escalation protocol is a requirement for success.
5. There is a need to build consumer confidence to speak up.
6. There is a need to address barriers to consumer escalation.

Clinicians' use of interactive communication skills to encourage consumer participation in the CIEoC system was highlighted. To that end, updating clinicians annually on consumer participation in the escalation of care through multidisciplinary education, simulation scenarios and education videos was recommended. The clinicians also indicated a range of educational materials on the escalation-of-care process to boost consumer knowledge and confidence, particularly amongst consumers with different communication capabilities.

Also featured in the April issue are:

- [Implementation of a Continuous Patient Monitoring System in the Hospital Setting: A Qualitative Study](#) (Brigham and Women's Hospital, Boston)
- [Implementing Multiple Digital Technologies in Health Care: Seeing the Unintended Consequences for Patient Safety](#) (editorial)
- [Standardizing Patient Safety Event Reporting between Care Delivered or Purchased by the Veterans Health Administration](#) (Veterans Health Administration)
- [National Survey of Patient Safety Experiences in Hospital Medicine During the COVID-19 Pandemic](#) (national survey of Society of Hospital Medicine members)
- [Harnessing In Situ Simulation to Identify Human Errors and Latent Safety Threats in Adult Tracheostomy Care](#) (Albert Einstein College of Medicine, New York City)
- [Evaluation of Objective Appropriateness Criteria for Daily Labs in General Medicine Inpatients](#) (Kirk Kerkorian School of Medicine at University of Nevada, Las Vegas)

As part of the 50th anniversary of JQPS, a special collection of articles featuring past publications on antibiotic stewardship also are in the April issue, along with these new articles:

- [Leveraging Health Systems to Expand and Enhance Antibiotic Stewardship in Outpatient Settings](#) (commentary)
- [Advancing Antibiotic Stewardship: Interviews with Dr. Arjun Srinivasan and Dr. Payal Patel](#) (interview)

For more information, please visit the [JQPS website](#).

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Note for editors

The article is "[Opinions of Nurses and Physicians on a Patient-, Family-, and Visitor-Activated Rapid Response System in Use Across Two Hospital Settings](#)," by Lindy King, PhD; Stanislav Minyaev, BN (Hons); Hugh Grantham, MBBS; and Robyn A Clark, PhD. The article appears in *The Joint Commission Journal on Quality and Patient Safety* (JQPS), volume 50, number 4 (April 2024), published by Elsevier.

The Joint Commission Journal on Quality and Patient Safety

The Joint Commission Journal on Quality and Patient Safety (JQPS) is a peer-reviewed journal providing healthcare

program or project reports, reports of new methodologies or the new application of methodologies, research studies, and commentaries on issues and practices are all considered.