



Nurses experience of activating a rapid response system in general rural hospital wards



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The aim of the research project was to develop an understanding of the positive or negative perceptions which influence nurses in their decision to activate a Rapid Response System (RRS) when patients experience clinical deterioration.

A hermeneutic phenomenology study, where nurses employed on general rural hospital wards invited to attend one of three focus groups. Participants of the focus groups were asked to describe their experiences of activating a RRS and reflect on the emotions the experience evoked. Audio recordings of the meetings were transcribed and analysed to identify core categories and properties of those categories. The findings were reviewed by an independent reviewer to confirm the identified themes.

The results found nurses used words such as worried, scared, anxious and frustrated to describe activating a RRS. The themes identified were:

- Communication breakdown around lack of observation variances and 'Not for resuscitation' orders, which caused confusion and in delays in activating the RRS
- Nursing in isolation, due to negative feedback, causing them to feel as though their judgment was doubted, they were wasting time, or isolated in their concern for patients.
- Time; related to time until help arrived or time taken to call for help
- Positive experiences of activating a RRS aligned with severity of the patient's condition and improved patient outcomes.

While all nurses reported activating the RRS, as required by policy and as part of doing the right thing for patients, less experienced nurses described reluctance, and nurses employed for longer periods ignored negative feedback.

The results highlighted that the decision making process of when to activate a RRS is influenced by previous experiences. Nurses reported a number of factors which prevented spontaneous activation of the RRS, resulting in time delays from recognition of a patient with clinical deterioration to activation of the RRS. Results support action to improve embedding the local track and trigger system and education of responders to provide positive feedback to the nurses who activate the RRS.

For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'

Dot is a Registered Nurse with over thirty years intensive care nursing, the majority of her experience has been gained in rural healthcare facilities. During the implementation phase of the 'Between the Flags' program she recognised a deficit of research around the use of rapid response systems by rural nurses.

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