

BACKGROUND

Martha's Rule (M.R.) components 1 and 2 revolve around daily feedback from patients on their wellbeing and empowering staff to request patients to be reviewed if they are concerned about deterioration.

In line with these components, the pilot M.R. project manager (PM), initiated engagement with staff groups to collect staff feedback around existing processes and to identify potential tests of change and collaborated with a small cohort of patients in a pilot ward to develop and test daily Patient Wellness Questionnaires (PWQs)

SOLUTION

Selection of a pilot ward to test PWQs and collect feedback from a small cohort of 20 patients prior to wider rollout of PWQs.

Planned engagement day in a central area of the hospital to communicate with patients, carers and staff at all levels with a view to developing PWQs content and collect feedback and insights.

Rollout of staff questionnaire through a M.R. Task & Finish group, to capture feedback and identify areas for change/improvement. Will circulate to MR T&F.

Mapping of an escalation route to collect baseline data around to assess responses to calls and inform future tests of change.

CHALLENGES

- Staff commitment and understanding of PWQs and their application
- Variable consistency of PWQs use in pilot ward
- Trust Comms reluctance to spread communication around M.R. prior to national comms guidelines directive
- Staff perception of M.R. as 'second opinion'.
- Site uncertainty around M.R. pilot past March 2025.

LEARNING

- Increased engagement with staff groups but scope for improvement
- Importance of improved consistency of using PWQs in pilot ward
- Evidence of M.R type escalation calls via Alertive system but need more datapoints prior to launching M.R. escalation for staff.
- Data collection from use of non-live of M.R. dedicated task type to inform uptake
- Staff feedback around M.R. ongoing. Plan to analyse responses to assess further areas for tests of change and improvement.

CONCLUSION

Based on existing feedback from staff and pilot ward patients, there is a need to reframe M.R as a 'second pair of eyes' that builds on existing escalation pathways and empowers staff to make escalation calls, in line with M.R. components. There is good engagement from executive staff around M.R. but the progression will benefit from wider engagement from all staff groups to obtain feedback around PWQs and its roll out in other areas e.g. outpatients.