Guidance for Escalation of Clinical Concerns

Title	Guidance for Escalation of Clinical Concerns
Version	1.0
Document Type	Guideline
Author	Newcastle Upon Tyne Hospitals, Women's Services
Approval date	April 2023
Review date	2026
Document owner	Obstetric Governance Group, Women's Services

Guidance for Escalation of Clinical Concerns

This guidance applies to situations where staff members require support to escalate their clinical concerns regarding a woman's care including in case of disagreement between healthcare professionals.

1 Exclusions

- The guidance does not address instances where the healthcare professionals are in agreement, but the woman disagrees with the recommendations.
- Similarly, this policy does not address clinical concerns that arise from wider acuity concerns.

2 Midwifery, Medical and Administrative line-manager structures

See Appendix 1. for midwifery, medical and administrative line-manager structures.

3 Escalation of a clinical concern

Escalation of a clinical concern is required when either of the following circumstances are met:

a. **There is a clinical concern that may benefit from or cannot be resolved without additional professional expertise.** For example:

   - Midwife to Midwife: A more experienced midwife is asked to confirm uncertain findings on a vaginal examination.
   - Midwife to Medical staff: Following a prolonged second stage an assisted delivery is felt to be necessary.
   - Same Speciality Medical to Medical staff: Following medical assessment a rotational forceps delivery is indicated and senior medical direct supervision is required.
   - Different Speciality Medical to Medical staff: The assessment of the patient requires expertise from the multidisciplinary team.

b. **Where escalation of a clinical concern results in a conflict of informed clinical opinion.**

   - A working definition of 'informed clinical opinion' is the clinical judgement made by a healthcare worker offered within their scope of practice based upon all the available evidence in conjunction with best practice and the woman's views. It follows that the opinion offered by each staff member should be as informed as possible at all stages of the following pathways.

- It is emphasised that the woman’s views are of paramount importance at all stages and are critical to arriving at an informed clinical opinion.

3.1 Pathway for escalation where there is a conflict of clinical opinion

This section is summarised within the Conflict of Clinical Opinion Flow Chart (Appendix 2.)

- In the event of a conflict of clinical opinion a more senior informed view should always be sought.
- This responsibility for seeking support rests upon all involved and is not the sole responsibility of the original staff member who raised the clinical concern.
- The next more senior staff member is chosen from **each** of the line management staff group(s) involved. These senior staff members should ensure they have enough information to make an *informed* clinical decision.
- If a consensus cannot be reached at this next level, then further escalation continues from **each** of the line management staff group(s) (where possible) until the necessary consensus is reached.
- Once a senior consensus is reached the decision should be shared between all who were involved in the chain of decision making for that woman’s care.
- It should be clear that it is inappropriate to escalate a clinical disagreement between medical and midwifery staff groups by simply escalating within the medical group alone or the midwifery group alone.

3.1.1 Possible scenarios:

Midwife to Midwife conflict of clinical opinion: Resolution determined by further opinion from the next level of seniority based upon midwifery line management structure.

Medical to Medical (Obstetric/Gynae/Neonates) conflict of clinical opinion: Resolution determined by further opinion from the next level of seniority based upon medical line management structure.

Midwifery to medical / Medical to midwifery conflict of clinical opinion: Resolution determined by consensus at the next level of seniority from **both** the midwifery and medical line management structure.

Example:

There is a significant clinical management disagreement between the attending medical and midwifery staff. Both staff members should first seek to reach a consensus. If this is not possible then **both** staff members are responsible for escalation to a more senior member within **both** line management structures. An attempt is then made for agreement at this next senior level on **both** sides. If

this cannot be agreed, then escalation continues until the necessary consensus is reached.

3.1.2 SBAR Tool for the documentation and escalation of concerns.

- Throughout the SBAR (Situation, Background, Assessment and Recommendation) tool is the format recommended for handover of information and recording of discussions.

- The SBAR format is suitable for verbal and written handover and is supported throughout the Badgernet electronic patient record.

3.1.3 RCOG/RCM escalation toolkit

This has been developed by the RCOG/RCM to:

- Reduce delays in escalation by improving the response escalation and action taken.

- Standardise the use of safety critical language.
- Reduce feelings of hierarchy, creating a supportive environment that empowers staff of all levels to speak up when they identify deterioration or a potential mistake.

- Promote a culture of respect, kindness and civility amongst staff members, normalising positive feedback and saying thank you to each other.

- Improve the ways in which we listen to women.
  RCOG Each Baby Counts+ Learn & Support Escalation toolkit webpage: https://www.rcog.org.uk/about-us/quality-improvement-clinical-audit-and-research- projects/each-baby-counts-learn-support/escalation-toolkit/

3.1.4 Resolution where an agreement cannot be reached.

In the unlikely event that a clinical conflict cannot be resolved despite involvement of the most senior support (Clinical Director/ on call Assistant Medical Director / Head of Midwifery) then they will seek appropriate advice out with the Directorate.

3.1.5 Support for staff who have had a disagreement

- The midwifery and obstetric professions are based on collaborative relationships with both colleagues and patients. It requires clinicians to work closely with others with varying backgrounds or cultures. Individuals can hold diverse values, potentially affecting these relationships, which may result in a difference of opinion.

- At all stages it is expected that differences of professional opinion are respected and heard within an informed debate always conducted in a

professional manner.

- Support for staff should always be considered and would be individualised based upon the circumstances. Possible support resources are medical: Educational Supervisor or College Tutor debrief., use of reflective practice, peer group support. Midwifery support from Matrons, Head of Midwifery and PMA our team of Professional Midwifery Advocates.

- A judgement is required as to the most appropriate timing for the support to allow adequate time, privacy, and pastoral care to take place in the best environment.

3.2 Pathway for escalation of clinical concerns without conflict of clinical opinion.

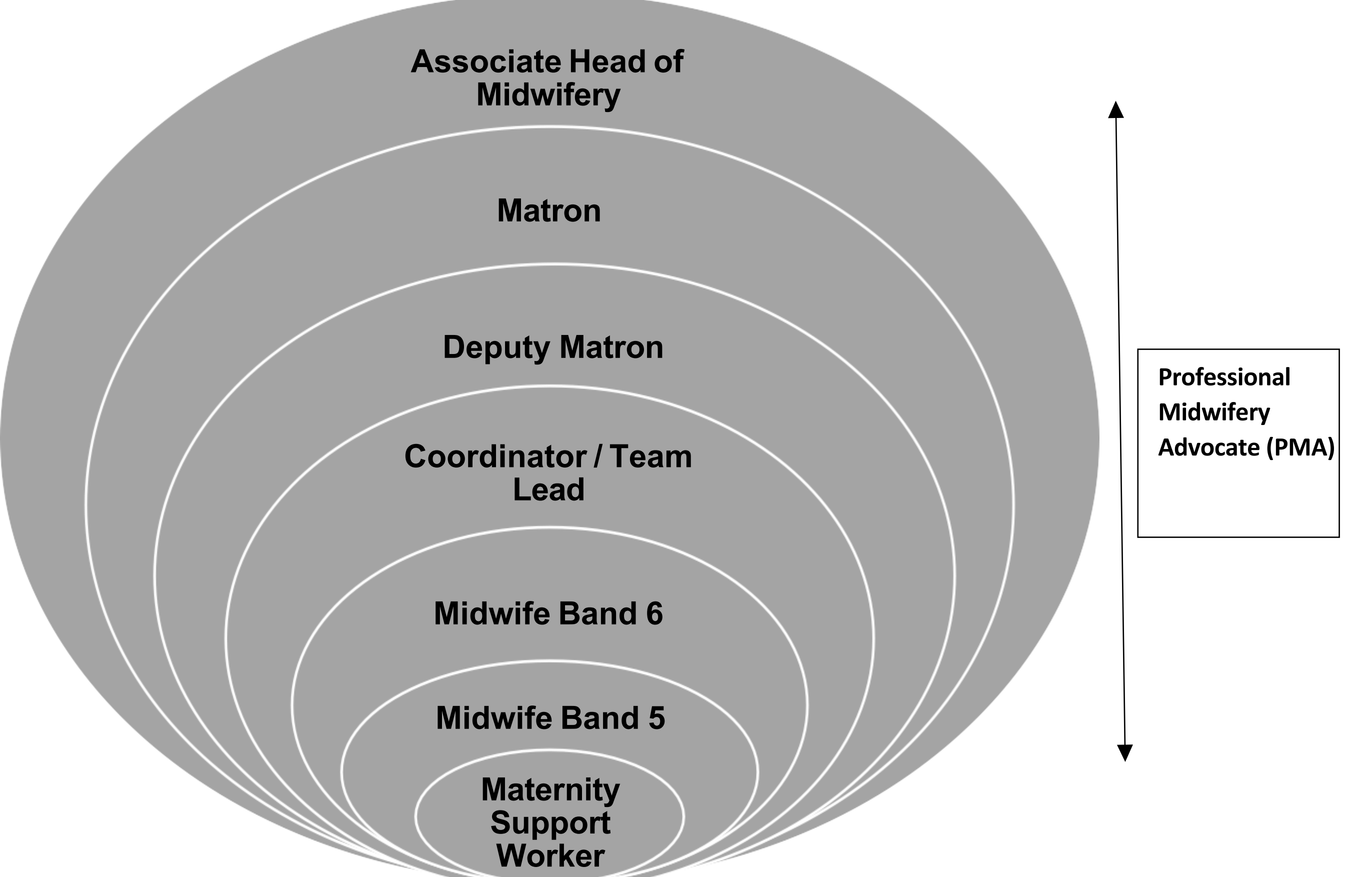
- All staff are encouraged to escalate clinical concerns that may benefit from or cannot be resolved without additional professional expertise. Support in this manner is to be encouraged at all levels. The process for this is straightforward – the attending healthcare worker is best placed to select the most appropriate person to provide a further informed clinical opinion. Whilst this is often the next most senior person within their line-management structure, it can be any more senior staff member within that chain. Furthermore, depending on the circumstances, the most appropriate person for escalation may be of a similar seniority but is one who brings a more clinically informed perspective to support the decision making.

- Further escalation continues until the necessary expertise is reached.

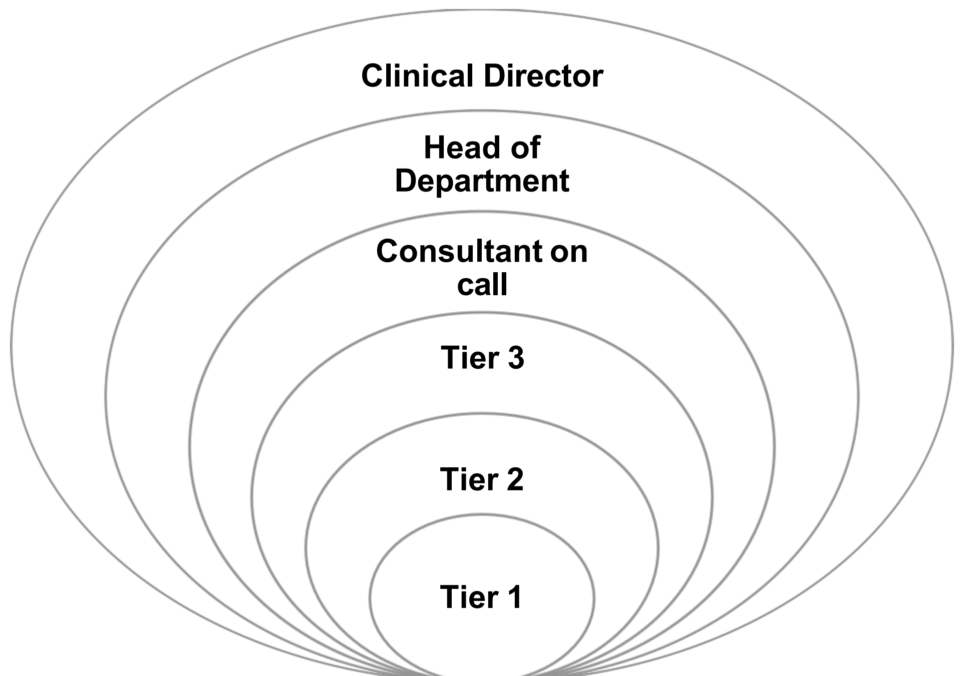
- Having achieved the necessary expertise for a second informed clinical opinion there will either be agreement on the clinical actions to take or a conflict of clinical opinion.
- If there is a conflict of clinical opinion, it is usually beneficial that the difference of opinion is openly discussed between the staff members. If a resolution cannot then be reached or if a staff member does not feel able to have this discussion, then more senior input is required as detailed below.

Appendix 1.

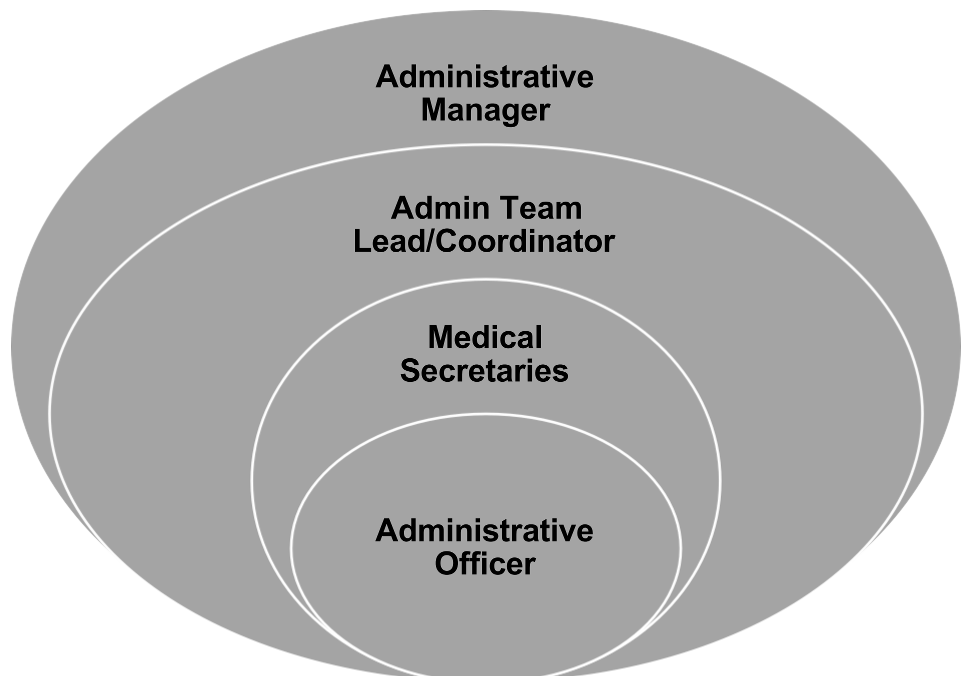
a. Midwifery line management structure



b. Medical line management structure



c. Administrative line management structure



Appendix 2. Flowchart to support the resolution of clinical conflict

Conflict of clinical opinion where staff have been unable to reach a consensus

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Seek a more senior informed view
Responsibility for seeking support rests upon all involved and is not the sole responsibility of the original staff member who raised the clinical concern

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The next more senior staff member is chosen from **each** of the line management staff group(s) involved. These senior staff members should ensure they have enough information to make an *informed* clinical decision.

Medical/Medical
e.g. ST3/ST3

↓

Consultant

Midwife/Midwife
e.g. Band 5/Band 5

↓

Coordinator

Midwife/Medical
e.g. Band 5/ST2

↓

- **Both** staff members are responsible for escalation to a more senior member within **both** line management structures.
- **DO NOT** escalate a clinical disagreement between medical and midwifery staff groups simply escalating within the medical group alone or the midwifery group alone.

Agreement at this next senior level on **both** sides.

No agreement - escalation continues as below

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e.g. Band 6/ST3-7

↓

e.g. Co-ordinator/Consultant

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Once a senior consensus is reached the decision should be shared between all who were involved in the chain of decision making for that woman's care

Appendix 3. RCOG/RCM Escalation toolkit (3 infographics)

a. Teach or Treat

TEACH OR TREAT

IDENTIFY COMMUNICATE ACT

As a department, we are promoting learning conversations. If clinical concerns are escalated to you, please use TEACH or TREAT to frame your response.

TEACH

Reassuringly explain to colleagues and women why you think there is no need for clinical concern and action to be taken.

TREAT

Take action, provide the appropriate response in the appropriate time frame.

STILL CONCERNED? ESCALATE FURTHER

You as a clinician are worried that a mother or baby are deteriorating and have escalated. Your colleague does not seem concerned. What do you do?

Have you ever felt uncomfortable and still worried with another clinician's decision in response to an escalation?

What do you do?

A) Worry about the baby, but feel unable to do anything?

B) Wait until your colleague comes back despite still being worried about the baby?

C) Ask your colleague to explain to the woman and you why they think the CTG is OK and make a plan together taking into account the woman's birth preferences?

Have you considered the impact on others of how you respond to clinical escalations?

What do you do?

A) Say everything is ok, sign the CTG and leave the room?

B) Say everything is ok for now and you will come back to review after 30mins?

C) Explain to your colleague and woman why you think the CTG is OK and make a plan together taking into account the woman's birth preferences?

b. Advice, inform, Do (AID)

each baby counts + learn & support

Royal College of Midwives

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IDENTIFY
COMMUNICATE
ACT

Escalating a clinical situation? Frame what you need to say with safety critical language. Here are some examples of how you might usually communicate, then how you can use AID:

ADVICE

✗ 'Nadia in room 7 is fully dilated and wants to use the pool?'

✓ 'I am asking for your ADVICE, around using the birth pool for Nadia in room 7 as she has a borderline BP'

INFORM

✗ 'Just to let you know Aaliya in room 4 is fine now.'

✓ 'I am INFORMING you - that Aaliya in room 4 had a kiwi at 05:30 and a PPH of 1000mls but is stable now'

DO

✗ 'Maggie is fully and pushing with a dodgy CTG'

✓ 'I need you to (DO) come straightaway to review the CTG in room 2 which is deteriorating'

We would like to introduce 'AID' throughout the department. If you have a clinical concern to escalate please frame your communication:

I am asking for ADVICE...
I am INFORMING you...
I need you to (DO)...

STILL CONCERNED - ESCALATE FURTHER

c. Team of the Shift

each baby counts learn & support

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TEAM OF THE SHIFT

EXCELLING AT CLINICAL ESCALATION TOGETHER AS A TEAM

At the start of each shift, ask yourself...
Do I know everyone on shift today?
Do I know who I'm going to escalate concerns to?
Have I said thank you to a colleague?
Have we celebrated our successes together?
Have I checked if my colleagues are okay?

We would like to introduce a Team of the Shift huddle at the start of every shift to make escalation easier so we can continue to keep women and babies safe, support eachother as a team and foster psychological safety.

- ✓ Let's make clinical escalation easy
- ✓ Let's give every team member a voice so they can raise concerns without fear
- ✓ Let's pledge to respond with kindness and compassion to all our colleagues