



martha's rule

detecting deterioration

Training put together with input from regional Trusts:

Berkshire Healthcare

Buckinghamshire Healthcare

Frimley Health

Oxford University Hospitals

Royal Berkshire



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Oxford & Thames Valley

Why do I need to know this?

Martha's Rule is being implemented nationally in all acute hospitals and piloted in some mental health and community hospitals.

- Patients, relatives and friends may use Martha's Rule and ask you about it
- Colleagues (both clinical and non-clinical) may also ask you about Martha's Rule
- As staff you can use Martha's Rule
- This can improve patient safety
- It links to existing our responses to deterioration

Session objectives

By the end of this, you should:

Understand:

- Who Martha Mills was and the background to Martha's Rule
- What soft signs of deterioration are
- Why patients, relatives and staff might be reluctant to escalate concerns about deterioration

Be able to explain:

- The Trust's local process for escalation using Martha's Rule
- What Martha's Rule is and what it isn't and when to use it

- Martha Mills died in 2021 after developing sepsis in hospital, where she had been admitted with a pancreatic injury after falling off her bike.
- Martha's family's concerns about her deteriorating condition were not responded to, and in 2023 a coroner ruled that Martha, aged 13, would probably have survived had she been moved to intensive care earlier.



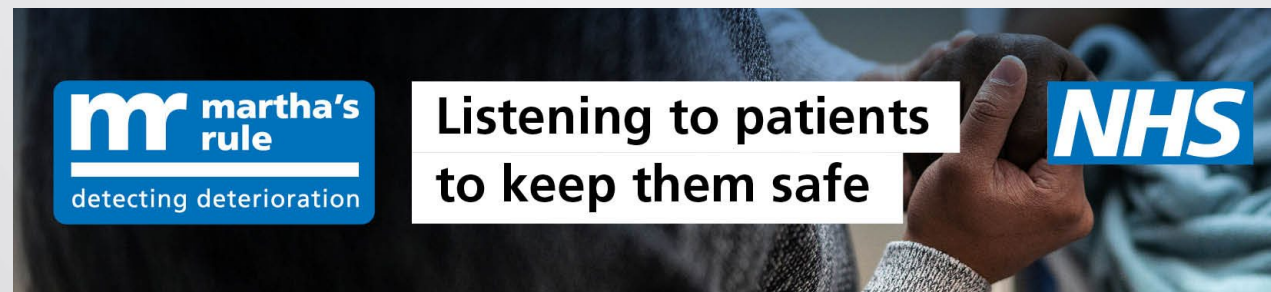
What is Martha's Rule?

The 3 components of Martha's Rule are as follows:

- Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.
- All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.
- This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital.

What is not covered by Martha's Rule?

- It is not a second opinion
- It is not a complaints process
 - General concerns about care should be raised with the ward medical/nursing team, or escalated to PALS
- It is not a separate escalation process
 - This should **complement** the Trust's existing escalation policy, e.g. through NEWS2 scores
 - Where possible, medical and nursing teams should provide initial response to deterioration and any clinical emergencies



How does Martha's Rule help?

- Recognising that patients themselves and those who know the patient best, are often best placed to notice changes that could be an early sign of **deterioration**
- Actively encourages patients, their families and carers to tell staff if they are **worried a health condition is getting worse**.
- They may notice **small changes** that could be **early warning signs of deterioration** before they show up in routine measurements.



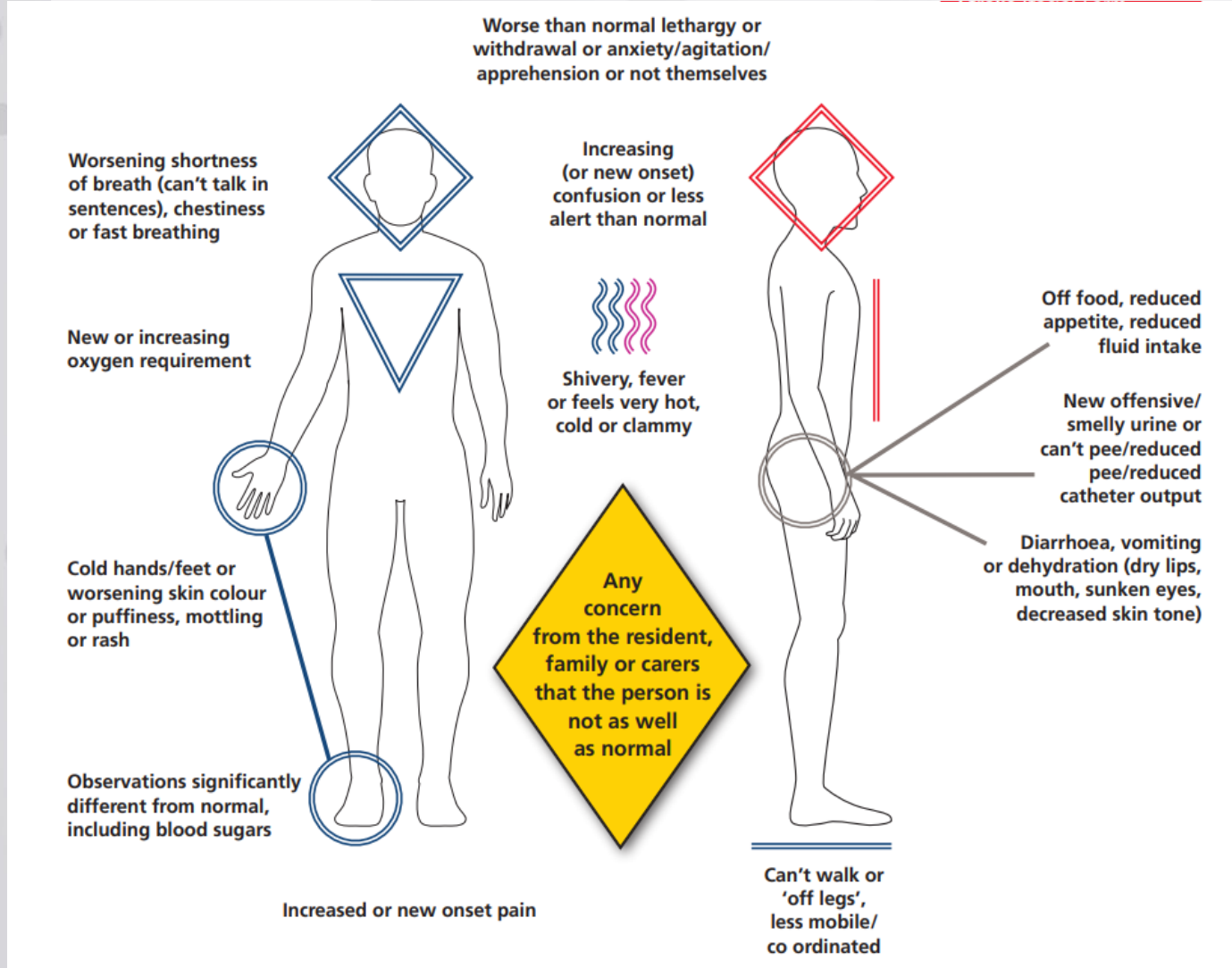
Patient Wellness Questionnaire

The 1st component of Martha's Rule is:

Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.

- Most clinicians will already ask this as part of clinical assessment and care provision
 - The main change is having a more structured way of doing this and recording the response
 - Patients may recognise changes in themselves (relating to deterioration) before changes in NEWS2
- Many hospitals use a patient wellness questionnaire to record this information
- This can be another route for patients to voice concern over their health

Soft Signs of Deterioration



- Think what is normal for this person
- Is anything different now?

Illustration from RESTORE2™
(initially designed for use in care homes)

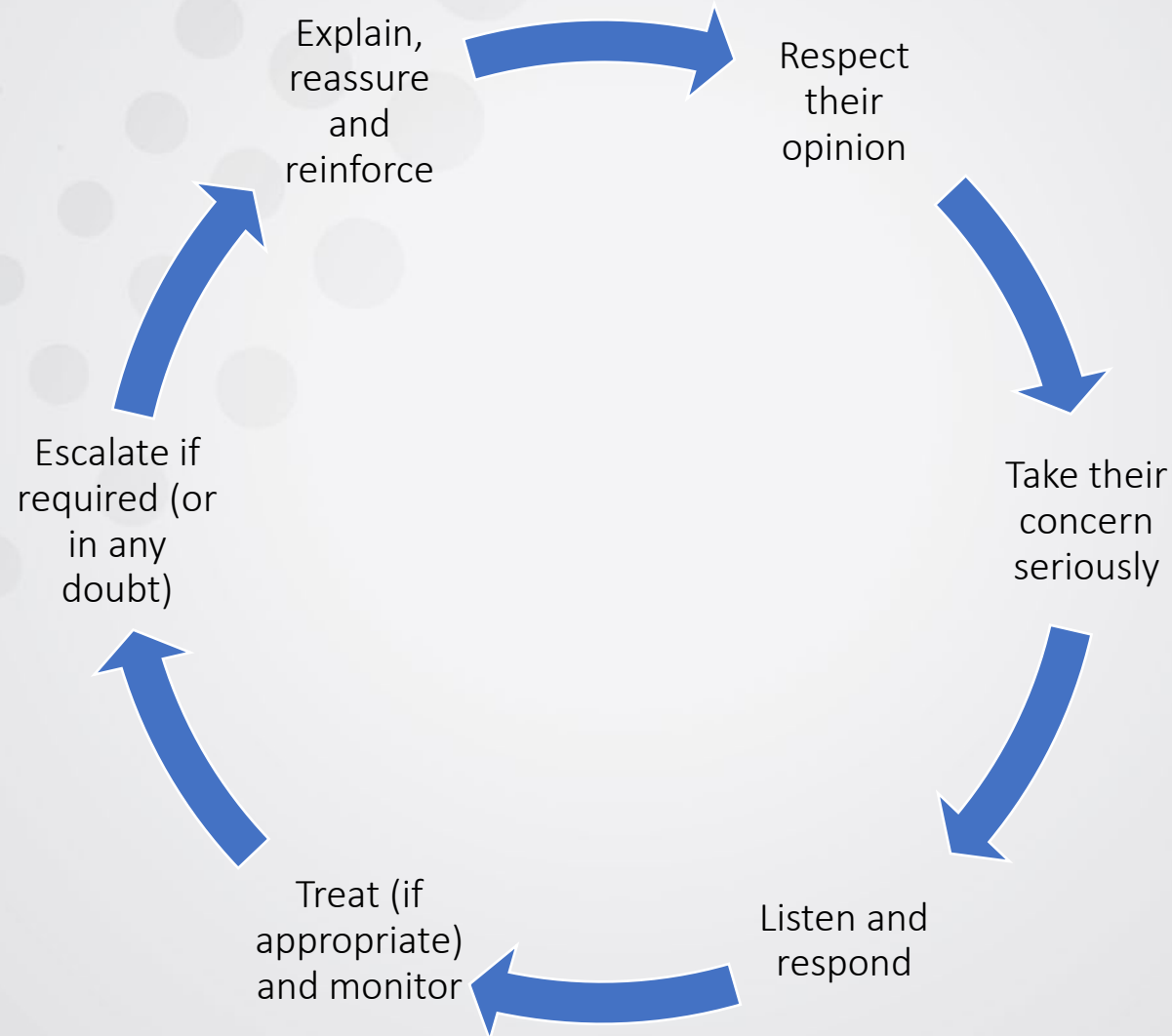
What stops patients and relatives escalating concerns?

- Worried that staff are too busy
- It might be seen as them complaining
- They worry that they might get staff in trouble
- They think that staff 'know best'
- They don't know how to describe their concerns
- They lack confidence to approach staff, especially those they don't know very well
- Culture and language barriers stop them

What stops staff escalating concerns?

- Worried that senior members of the team are too busy
- It might be seen as them disagreeing with decisions made by senior clinicians
- They lack confidence to approach senior staff, especially those they don't know very well
- Lack of psychological safety
- Culture and language barriers stop them

Remember, if someone does escalate a concern, they are likely to have overcome lots of internal and organisational barriers to do this.



What should staff do?

- ✓ **ASK regularly**

Check with patients and families at least daily about how they're feeling and if their condition has changed.

- ✓ **LISTEN carefully**

Value the insights of patients, families and colleagues about deterioration.

- ✓ **ACT promptly**

Use our 24/7 rapid review service if your concerns about a patient aren't being adequately addressed through usual channels.

In this Trust call [INSERT CONTACT NUMBER] and ask for [INSERT NAME OF SERVICE]

Why & when might Martha's Rule be used?

A daughter notices subtle changes in their mother's condition:

A patient admitted for pneumonia, while seemingly stable to the ward staff, may be exhibiting subtle but worrying changes in behaviour and increasing confusion, noticed by a family member who knows them best.

Martha's Rule in action:

The family, having first spoken with the ward team and feeling their concerns are not being adequately addressed, could initiate a Martha's Rule review, through calling a direct referral number.

Potential outcome:

An independent clinical team, with experience in managing deteriorating patients, would conduct an assessment, potentially identifying crucial issues missed by the initial team and leading to a life-saving intervention like a change in medication or even transfer to intensive care.

Why & when might Martha's Rule be used?

A nurse is concerned about a patient's deterioration but feels unable to escalate concerns through standard channels:

A nurse observes a patient who is struggling to breathe or showing signs of a worsening infection, but for various reasons, feels hesitant or believes their concerns are not being heard by the treating team.

Martha's Rule in action:

The nurse can utilize Martha's Rule to request a rapid review, acting as an additional safety net for the patient.

Potential outcome:

This empowers nurses to act on their concerns and ensure patients receive timely intervention, potentially preventing a critical deterioration.

Why & when might Martha's Rule be used?

A patient feels their concerns about their own health are being dismissed:

A patient feels their pain is worsening or they are not recovering as expected after surgery, and despite speaking to the ward staff, feels their concerns are not being taken seriously.

Martha's Rule in action:

The patient can directly use the Martha's Rule contact number to request an independent assessment of their condition.

Potential outcome:

This ensures the patient's voice is heard and their concerns are reviewed by a specialized team, fostering a more patient-centered approach to care.

Real-world example 1

Situation

- A ward nurse was concerned about a patient who had not passed urine all day.
- They had contacted a patient's medical team several times over the day, but no-one had been able to review. Now evening.

Background

- Long-term patient on rehabilitation orthopaedic ward

Assessment

- Reviewed by another team - patient found to be dehydrated with Acute Kidney Injury

Response

- IV fluid challenge and ongoing fluid maintenance prescribed – patient responded to treatment

Real-world example 2

Situation

- Martha's Rule activation from a patient's daughter on orthopaedic ward. Concerned that father was more confused than usual.

Background

- Long term patient (20 days) Admitted with acetabulum #
- Known Alzheimer's and psychotic depression

Assessment

- Initial - Patient agitated – unclear why. Mental illness?
- 1: Patient normally on Risperidone. This had been changed to Quetiapine by ward team. Risperidone should have been discontinued but had not been stopped on the drug chart
- 2: Constipated - abdomen soft and non-tender, bowel sounds present

Response

- Discontinued risperidone. Encouraged oral fluids (SC prescribed if required).
- Discussed with Medicine for Older People team

Real-world example 3

Situation

Nurse activation of Martha's Rule patient reporting feeling very unwell and worse than the day before (using a Patient Wellness Questionnaire). Despite this NEWS of only 1

Background

- ERCP for gallstones. Represented the following day with acute abdomen.

Assessment

Looked unwell. Drowsy and vomiting with acute abdomen. Raised amylase and inflammatory markers

Response

- Surgical and ICU consultant asked to review – CT showed perforation unlikely. Diagnosed as probable acute pancreatitis
- IV fluids; Oxycodone PCA; IV antibiotics; increased monitoring (including by CCOT)

Any questions?

Our trust is implementing Martha's Rule, a vital patient safety initiative that gives patients, their families and healthcare staff, a clear pathway to raise concerns about rapid deterioration.



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LISTEN carefully. Value the insights of patients, families and colleagues about deterioration.



ACT promptly. Use our 24/7 rapid review service if your concerns about a patient aren't being adequately addressed through usual channels.

