A mixed methods study into recognition and communication of the deteriorating patient.

**Aim of Study**

- Does the CRASH course alter the healthcare support workers perception of recognising the sick patient?
- Does the CRASH course improve their communication of abnormal patient observations?
- What is the experience of the healthcare support worker, staff nurses and senior charge nurses of the recognition and communication of the sick patient following the HCSW attending the CRASH course?

**Background**

The CRASH Course is a 1-day course designed for healthcare support workers aimed at raising awareness of the deteriorating patient and improving both recognition and communication of these patients to the healthcare team. Following the recent implementation of the CRASH course within this NHS organisation, the aim of this research study is to assess the impact the CRASH course has on the HCSW and their attitudes and perception of their role in the recognition and communication of the deteriorating patient.

**Methodology and Methods**

A mixed methods approach utilising both Semantic differential questionnaires and 1:1 exploratory interviews. One hundred candidates who attended the course completed pre and post questionnaires. Fifteen staff participated in 1:1 interviews (5 HCSW, 5 RGN and 5 Senior Charge Nurses).

**Results: Questionnaires:**

Pre course, the total scores for communication questionnaire ranged from -4 to +37 with a score range of 41 points. The score changed post course to range from 0 to +45 with a score range of 45 points. The difference in these scores is evident in figure 1 which represents the range of the total scores for the candidates. There is clearly a positive change in perception and attitude. The mean score pre course for communication was +14.48, this score increased to +27.37 post course (p<0.005)

Pre course, the total scores for recognition ranged from -3 to +33 with a range of 37 points. This increased post course to range from -1 to +45 with a range of 46 points. The difference in these scores is displayed in figure 2 which represents the range of the total scores for the candidates. There is clearly a positive change in perception and attitude. The mean score pre course for recognition was +13.89 and this increased to +27.76 post course (p<0.005)

**Results: Interviews:**

The themes which evolved from the 1:1 interviews are illustrated in figure 3. The candidates all demonstrated an enthusiasm for learning and developing their role in the recognition and communication of the deteriorating patient. They were keen to return to their workplace and implement the newly acquired skills; however they did have concerns regarding potential barriers in the clinical areas. These barriers were identified by all groups of staff interviewed (figure 4). The themes identified reluctance by some RGN and some SCN to promote more open communication between staff groups and also a reluctance to facilitate a change to routine and allow the prioritisation of patient safety. Upon discussion, patient safety was of paramount importance but the practice relayed by the HCSW participants did not reflect this.

**Discussion**

Attendance at the CRASH Course appears to increase the HCSW perception of their role in the recognition of the deteriorating patient

Attendance at the CRASH Course appears to increase the HCSW perception of their role in the communication of the sick patient.

HCSW demonstrated an enthusiasm for learning and developing their role in the recognition and communication of the deteriorating patient

**Recommendations:**

There needs to be a greater understanding of the skills at a clinical level that the HCSW has following the CRASH course and also a critical look at daily working practice to allow the true prioritisation of patient safety as a matter of normal practice within clinical areas.

**Limitations:**

This study involved x3 District General Hospital but they were all part of the one NHS organisation.