

Martha's Rule in a Paediatric ED: A pre- and post-implementation Survey

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Abstract

Aim

Martha's Rule is a patient safety initiative introduced in the NHS which provides patients and families with a way to seek an urgent review if they or their loved one's condition deteriorates. This study aimed to capture staff opinions regarding the effect of the policy on staff workload and department flow.

Methods

Pre- and post-implementation questionnaires were circulated to CED senior staff members by e-mail.

Results

In the pre-implementation questionnaire (17 responses, 50% response rate), all senior staff surveyed believed the change would increase clinician workload and 88% believed it would negatively impact patient flow. At 6-months post-implementation, 87% of senior staff surveyed (15 responses, 44% response rate) believed that the change had not increased clinician workload or negatively impacted patient flow.

Discussion/Conclusion

These early results suggest that perceived worries about the impact of implementation of Martha's rule on workload and patient flow in the CED setting may not be seen in practice.

Introduction

NHS England describes Martha's Rule as a "major patient safety initiative for inpatient hospital care providing patients and families with a way to seek an urgent review if they or

their loved one's condition deteriorates, and they are concerned this is not being responded to"¹. The initiative is named after a 13-year-old girl, Martha Mills, who died from sepsis in 2021 after her family's concerns were not addressed and it aims to give patients and their relatives the right to seek a second opinion to ensure concerns are not missed¹. A similar policy, "Ryan's Rule", has been in place in throughout public hospitals in Queensland, Australia since 2015².

Bristol Royal Hospital for Children (BRHC) was selected as one of 143 hospitals to roll out Martha's Rule in its first year of implementation³. Staff experience is one of many important factors that should be measured to evaluate its impact on services³. The BRHC Children's Emergency Department (ED) is a busy, tertiary department and major trauma centre for the South West of England. In advance of the implementation of Martha's Rule, concerns were raised by staff about how patient care, flow, staff time, and department function overall might be affected.

As part of the introduction of the policy in the BRHC, posters were displayed in prominent positions in the hospital (including in the ED and ED waiting room) which informed patients and guardians of the options to escalate their concerns should they/their child deteriorate. Options included initial options to escalate concerns to clinical staff (including the doctor or nurse in charge) and the option for patients or guardians to, independent of their clinical team, obtain a critical care outreach review by calling the critical care outreach team via a telephone number displayed on the poster. Furthermore, staff received training to inform patients and guardians that should they remain concerned regarding a clinical deterioration following standard escalation within the department (e.g. senior clinician review), to inform patients/guardians of the option to call independently for a critical care outreach review.

Methods

A pre-intervention questionnaire was circulated to all consultants and Band 6 and 7 nurses (Equivalent to Clinical Nurse Manager 2 and 3 grades) working within the CED prior to the implementation of the change in policy. It focused on how staff perceived the change would affect patient care, staff workload, and patient flow with the CED. It also asked staff to estimate the number of critical care reviews they expected would occur per month based on the implementation of Martha's Rule. A post-intervention questionnaire was circulated to the same group of staff 6 months after the policy was implemented. It focused on how staff perceived the change had affected patient care, staff workload, and patient flow with the CED.

Comparison between pre- and post-questionnaire Likert scale responses were analysed using a Mann-Whitney U test.

Data regarding the number of critical care reviews preformed based on Martha's Rule were captured from in-hospital audit of all critical care reviews.

The rule was implemented in the hospital in January 2025 with pre-implementation questionnaires circulated in October 2024 and post-implementation questionnaires circulated in July 2025. Both questionnaires were sent by e-mail with a single reminder email sent 2 weeks after the initial questionnaire.

Results

The questionnaire was circulated to 34 staff members on each occasion. The pre-implementation questionnaire was completed by 9 consultants and 8 senior nurses (response rate 50%), with the post-implementation questionnaire completed by 8 consultants and 7 senior nurses (response rate 44%).

Pre- and post-implementation opinions on the effect on nurse in-charge and consultant workload and departmental flow are described in Figure 1.

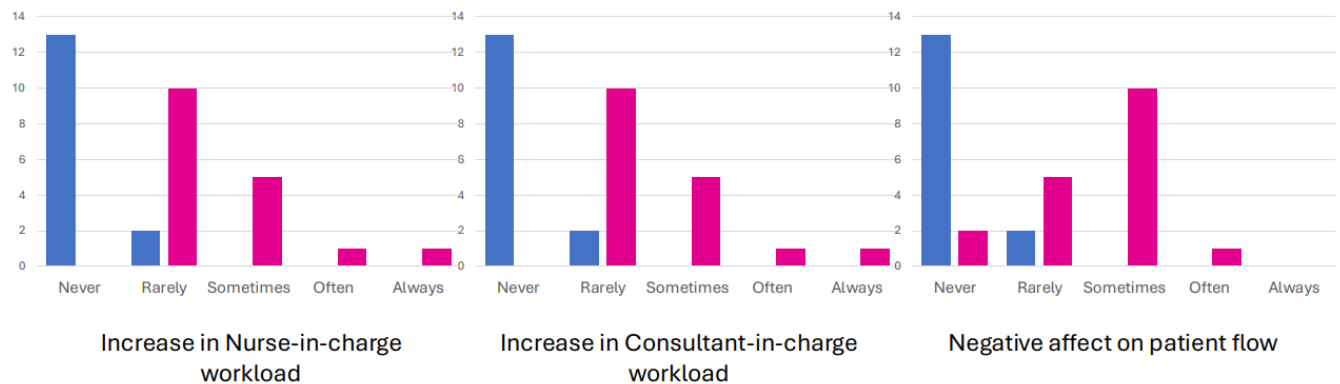


Figure 1. Opinion on how the change will affect (pink) and has affected (blue) flow and workload within the CED.

Statistically, significant differences between pre- and post- implementation responses were noted in terms of nurse in-charge workload (z-score 4.42, $p < 0.01$); consultant in-charge workload (z-score 4.42, $p < 0.01$); and negative affect on patient flow (z-score 4.06, $p < 0.01$).

In the pre-implementation questionnaire, the median estimated number of parent-initiated critical care reviews in the department was 2 per month (Inter-quartile range 1-5). In the first 6 months of implementation of the rule, no parent-initiated critical care review had occurred within the CED.

Discussion

The pre-implementation questionnaire reveals that all senior staff members believed that the implementation of Martha's Rule would (at least rarely) increase nurse in-charge and consultant in-charge workload. The post-implementation questionnaire identifies that 87% of staff do not feel the implementation of the rule in practice has affected nurse in-charge or consultant in-charge workload. This highlights that reasonable staff concerns prior to the implementation of Martha's Rule in our CED have been found not to materialise in the initial 6 months of the rule's implementation.

The results are limited by the fact that they relate to the first 6 months after the rules implementation only, and that it is possible that lack of awareness of the rule by patients/guardians has limited its use and thus not effected the metrics measured and there is the potential this will change with time. An increase in the use of Ryan's Rule has been seen over time since it was implemented in Queensland⁴.

Furthermore, the sample size is small and that there is the potential for non-response bias given the response rate.

However, the results do suggest that perceived or pre-conceived worries about Marth's Rule being burdensome for staff or impeding flow and or function in the CED may not be seen in practice. A bigger sample and more data analysis following a longer period of implementation will be helpful in monitoring this initiative.

Declarations of Conflicts of Interest:

None declared.

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