

# Ryan's Rule

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Improvement | Transparency | Patient Safety | Clinician Leadership | Innovation

**We'd like to acknowledge that we are meeting on the traditional lands of the Turrubal and Jagera people and pay our respects to elders past, present and emerging.**

# Overview of presentation

- Brief background
- Outline the clinical governance structures for designing and implementing a statewide patient escalation process.
- Case Study – How Ryan's Rule operates at Gold Coast University Hospital
- Statewide results of Ryan's Rule clinical reviews from 2019 - 2023.
- Lessons learnt over the last decade

Ryan's Rule is a statewide escalation of care process developed to empower patients to request an independent clinical review if they are concerned that their health condition is getting worse, and they're not satisfied with the response they have received from their treating clinicians.

Ryan's Rule acts as a statewide 24/7 clinical safety-net for patients that don't feel heard when they raise concerns about their health condition getting worse.



It was named after a 3-year-old little boy called Ryan's Saunders who died in a Queensland Hospital in 2007 after his parent's raised concerns, and these concerns were not acted on in time.

## Hospital and Health Services, Queensland Health by Recognised Public Hospitals and Primary Health Centres

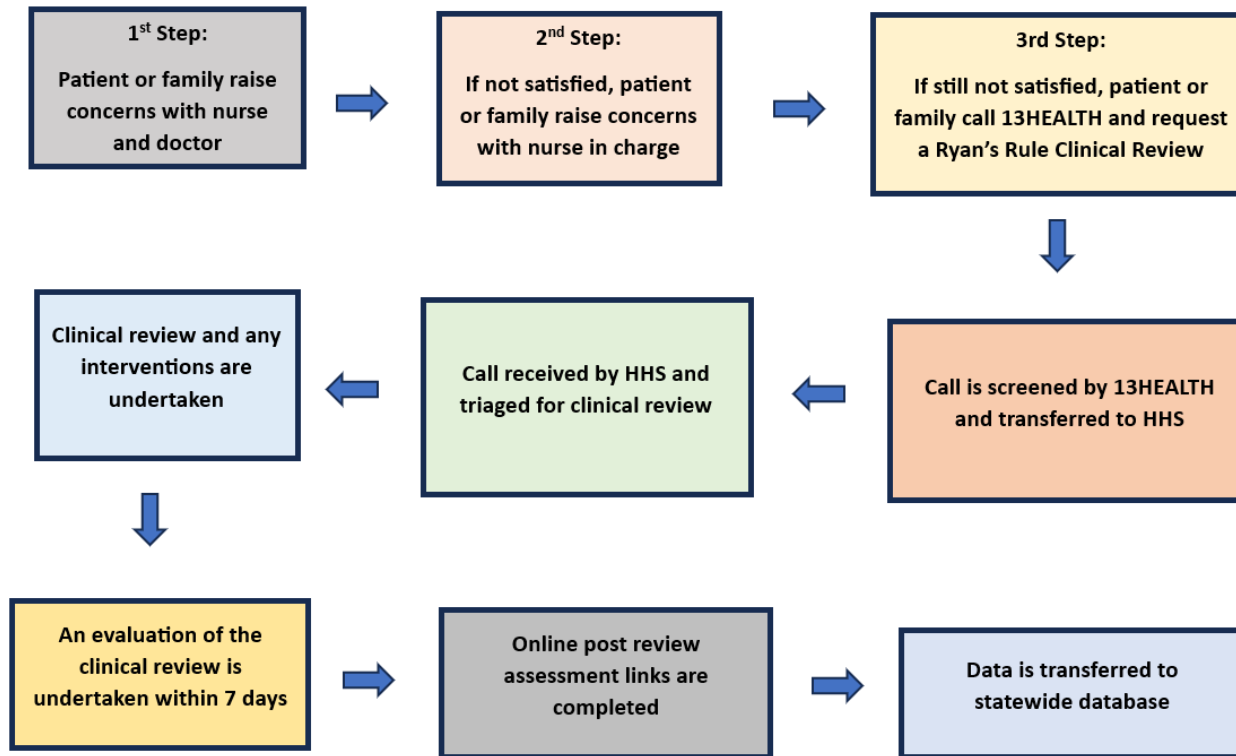


sponsored by: Statistical Reporting and Coordination, Statistical Services Branch, 2 March 2021  
update: Hospital and Health Services by recognised public hospitals and primary health centres as at October 2020

# Queensland Health Landscape

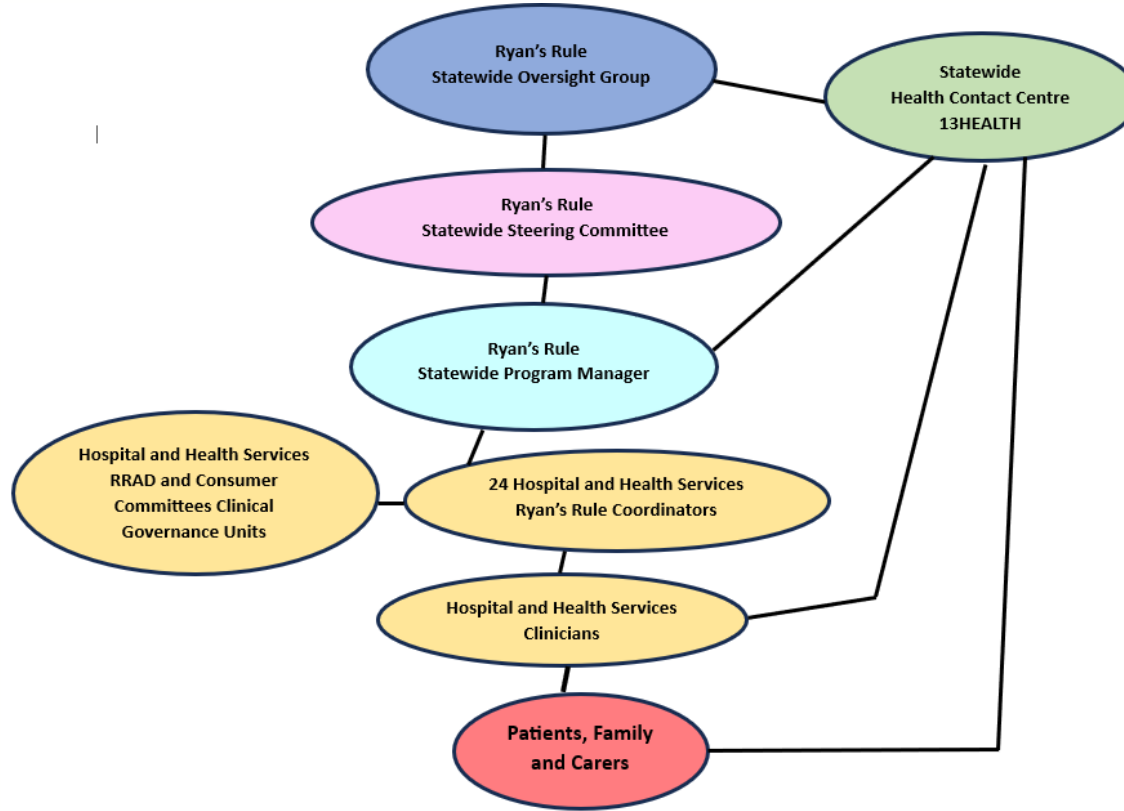
- Serves a population of  $\approx 5.6$  million over a land mass of  $\approx 1.7$  million km<sup>2</sup>
- Divided into 16 Hospital and Health Services with 119 Hospitals operating with 14 081 inpatient beds (31.05.2024) and 66 Primary Health Care Centres.
- Staffed by 39 143 nurses, 15 156 allied health professionals and 11 337 medical officers who delivered 1 679 067 episodes of care in 2023.
- It's a large, diverse and decentralised health system.

## Ryan's Rule Process





# Clinical Governance Framework



# RYAN'S RULE TIMELINE

## 2007-2011

2007 Death of Ryan Saunders  
2009 HQCC Report & Recommendations  
2011 Coronial Inquest Report  
Queensland Health commits to Ryan's Rule



## 2013

Ryan's Rule Guidelines launched  
Consumer testing of resources  
Smart Service Qld contracted  
Website launched  
Staff education  
Go Live 2 Dec @ Hospital One



## 2016-2018

Independent consumer research  
Review of the brochure  
Implemented CRM system  
Dashboards for independent facility monitoring  
Translation of resources  
Evaluation and publication



## 2012

Co-development of Ryan's Rule  
NSQHS Standard 9 released  
16 HHSs established in QLD



## 2014-2015

Progressive roll out to 167 facilities  
Ongoing monitoring and evaluation



## 2019-2024

Increase facilities -180  
First Nations Brochures  
Ryan's Rule information for people with Disability video released  
Ryan's Rule Satellite Hospitals  
ED Waiting Area Trial



Standard 8: Recognising and responding to acute deterioration

# Ryan's Rule

Gold Coast Health  
(GCH)



# Overview

- Gold Coast Health who we are
- Clinical Response Unit
- Ryan's Rule the process
- What the data says
- Promotion of Ryan's Rule
- Short Notice Assessment



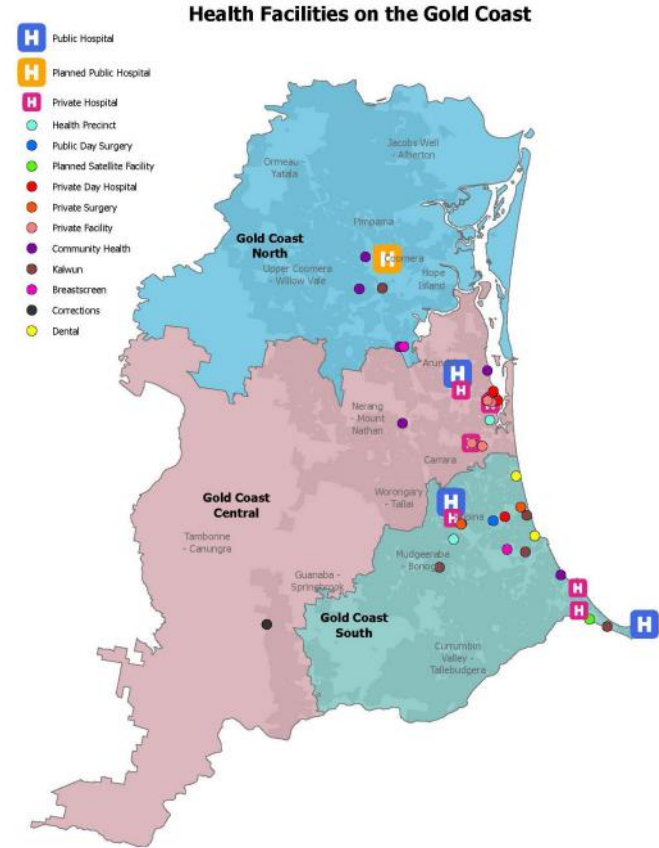
**Gold Coast Health**  
always care



Slide 12

# Gold Coast Health

- 665,000 people live on Gold Coast and Northern NSW
- 12 million visitors a year per annum
- GCH largest employer
- Emergency Department presentations 203,958
- Patient admissions 187,956
- Operations performed 32,634
- Procedures 81,408





# Ryan's Rule story



Standard 8: Recognising and responding to acute deterioration

# Clinical Response Unit

- 24-hour model
- Nurse Unit Manager
- Clinical Team Co-Ordinator's (CTC'S)
- Clinical Director
- Clinical Leads (6-month rotation)
- Junior Medical Practitioners (12-week rotation)
- Review of deteriorating patients
  - Code Blue: medical emergencies
  - Code Black: behavioral emergencies
  - **Ryan's Rule**



CTC's and Doctors celebrating Socks for Docs

# Ryan's Rule Process

## Ryan's Rule Steps

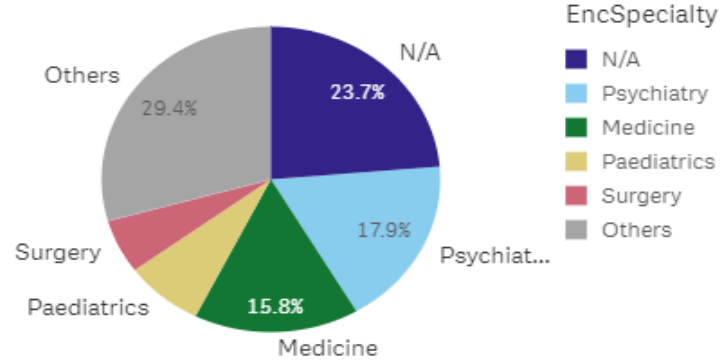


- The CTC team is notified by 1300 Health by phone
- CTC receives call ensures patient does not require medical emergency response
- CTC reviews the patient. Liaises with the Nursing/Medical /Allied Health staff to find solution
- Ensures an agreed upon course of action
- Notifies treating team and nursing team outcome
- Escalates for a further independent review (if needed)
- Executive on call (if needed)
- Ryan's Rule activations are presented at Safety Quality meetings
- Clinical Governance completes follow up call to assess satisfaction with outcome

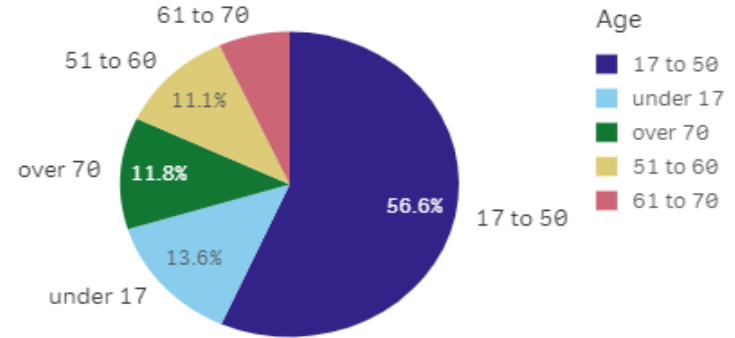


# Speciality and Age

Specialty



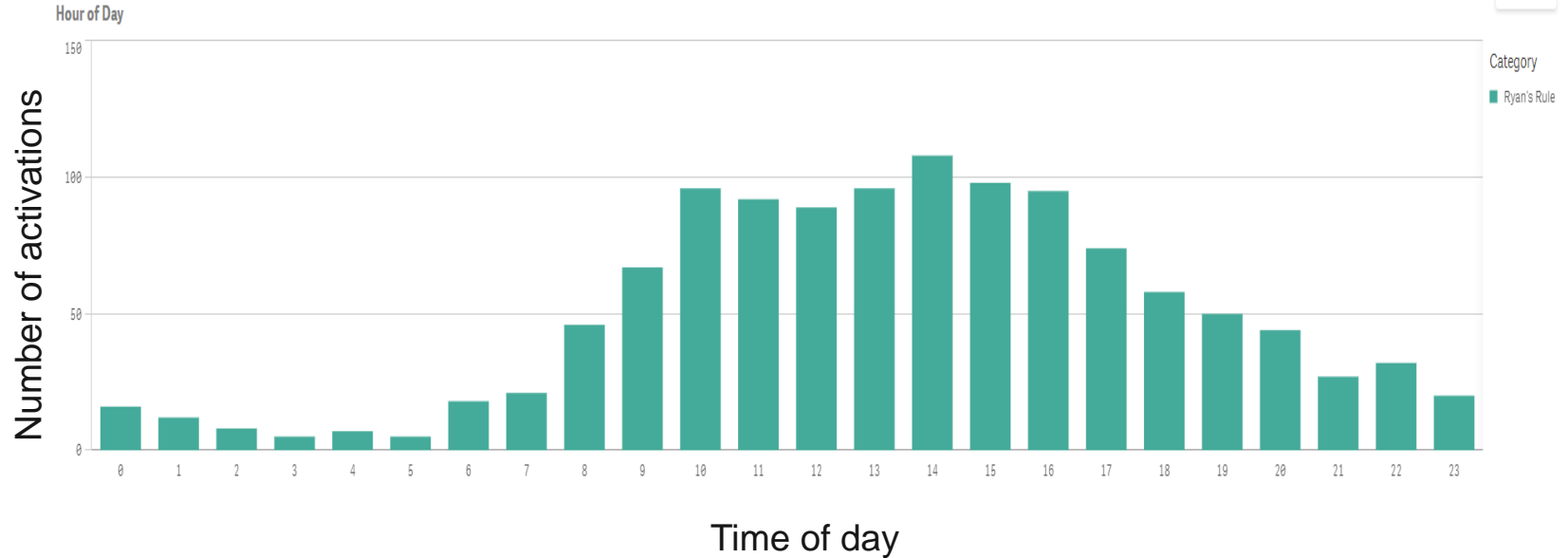
Age



Average hh:mm  
01:26

Qlik Clinical Deterioration Dashboard data 1 January 2023 to 31 December 2023

# Activation by Time of Day



Qlik Clinical Deterioration Dashboard data 1 January 2023 to 31 December 2023

# Ryan's Rule Activations

Table 1

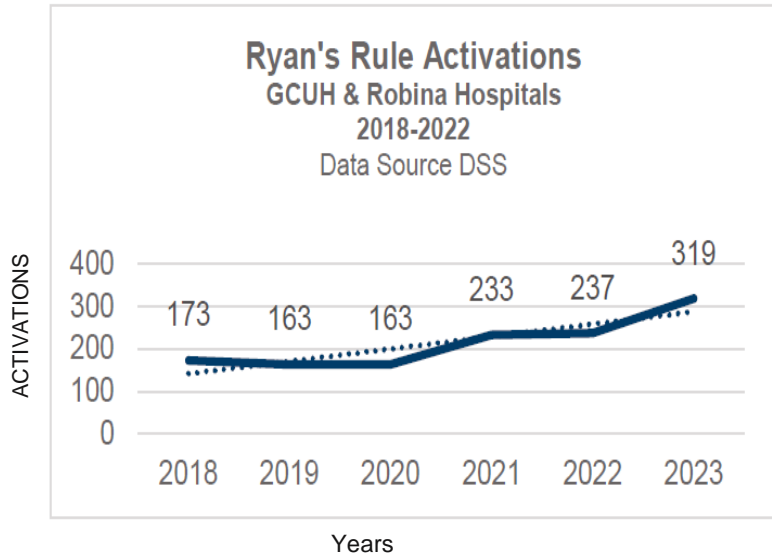


Table 2: Ryan's Rule activations 2022-2023

| Facility | 2022 | 2023 | % increase |
|----------|------|------|------------|
| GCUH     | 186  | 214  | 15%        |
| Robina   | 51   | 105  | 106%       |
| Total    | 237  | 319  | 35%        |

Data source: Decision Support System as of 1 January 2023 to 31 December 2023

# Reasons for Ryan's Rule

| GCUH  |            |
|---|------------|
| <b>Ryan's Rule Evaluation Assessment Count</b>      | <b>167</b> |
| Concern or Disagreement                             | 79         |
| Feeling their concerns are not being heard          | 62         |
| Pain Management                                     | 52         |
| Patient getting worse or not doing as well          | 45         |
| Lack of Knowledge or Understanding                  | 38         |
| Questioning suitability of discharge                | 35         |
| Request second opinion                              | 16         |
| Complaint unrelated to clinical care                | 15         |
| Patient showing behaviour that is not normal        | 8          |
| Requesting a review of the mental health assessment | 7          |

| Robina Hospital                                     |           |
|---|-----------|
| <b>Ryan's Rule Evaluation Assessment Count</b>      | <b>99</b> |
| Feeling their concerns are not being heard          | 49        |
| Concern or Disagreement                             | 38        |
| Questioning suitability of discharge                | 31        |
| Pain Management                                     | 23        |
| Lack of Knowledge or Understanding                  | 18        |
| Complaint unrelated to clinical care                | 16        |
| Request second opinion                              | 15        |
| Patient getting worse or not doing as well          | 13        |
| Requesting a review of the mental health assessment | 5         |
| Patient showing behaviour that is not normal        | 2         |

# Ryan's Rule Outcomes

| GCUH   |            |
|--|------------|
| <b>Evaluation Assessment Count</b>   | <b>167</b> |
| Transfer to ICU  | 0          |
| Transfer to HDU  | 0          |
| Transfer to CCU  | 0          |
| Change to fluid orders   | 1          |
| Transferred to another facility  | 1          |
| Urgent escalation of care  | 2          |
| Transferred to another ward  | 3          |
| Extended admission/delayed discharge   | 7          |
| Discharged   | 11         |
| Referred to another health professional or service                               | 14         |
| Further investigations (includes pathology, radiology, interventional procedure) | 15         |
| Change to medication   | 20         |
| Other  | 20         |
| Communication issue resolved   | 39         |
| Referred to local complaints process   | 42         |
| Referred to mental health review tribunal  | 42         |
| No change to planned care  | 72         |

| Robina Hospital  |           |
|--|-----------|
| <b>Evaluation Assessment Count</b>   | <b>99</b> |
| Transfer to ICU  | 0         |
| Transfer to HDU  | 0         |
| Transfer to CCU  | 0         |
| Change to fluid orders   | 0         |
| Transferred to another ward  | 0         |
| Transferred to another facility  | 1         |
| Extended admission/delayed discharge   | 1         |
| Urgent escalation of care  | 3         |
| Discharged   | 3         |
| Change to medication   | 5         |
| Further investigations (includes pathology, radiology, interventional procedure) | 6         |
| Communication issue resolved   | 7         |
| Referred to another health professional or service                               | 12        |
| Other  | 13        |
| Referred to local complaints process   | 17        |
| Referred to mental health review tribunal  | 17        |
| No change to planned care  | 58        |

Data source: Decision Support System as of 1 January 2023 to 31 December 2023

# Promotions

Staff trained at  
orientation  
posters  
brochures  
QR codes  
screensavers  
safety scrums

## This hospital supports Ryan's Rule.

Requesting a Ryan's Rule Clinical Review will not impact on the care delivered.

### Who can use Ryan's Rule?

- All patients
- Families
- Guardians
- Carers.

### What to expect when you raise Step 1

After you raise your concern with your nurse or doctor, they will attempt to address the problem and resolve the issue.

### What to expect when you raise Step 2

If you are still concerned after the interventions at Step 1, let the nurse in charge of the shift know, and they will personally review you. If they can't solve the problem, they will escalate your concern to your treating medical officer.

Please let the nurse in charge know if you are still not satisfied after achieving Step 2 so we can do anything else to address the issue before requesting a Ryan's Rule Clinical review in Step 3.

**This is not a General Complaint Process.**  
Please advise staff if you have a general complaint and they will assist you with the correct process.  
[www.qld.gov.au/health/contacts/complaints](http://www.qld.gov.au/health/contacts/complaints)



## Ryan's Rule Steps

### Step 1:

Your health condition has worsened and you are worried. Talk to a nurse or doctor.

### Step 2:

If after Step 1 you are still worried, ask to speak to the nurse in charge.

### Step 3:

After doing Steps 1 and 2, you are not satisfied and you are feeling no better, call 13 HEALTH on 13 43 25 84 and ask for a Ryan's Rule Review.

13Health will ask you for the information below:

- Hospital name
- Patient's name
- Your contact phone number.

13HEALTH will ensure that you have completed Steps 1 and 2 and then transfer your call to a senior clinician to arrange a timely review.

**Warning:** Disregard and leave that anyone who is not a staff member or a doctor or nurse.

## Ryan's Rule

A 3-step process for patients, families and carers to initiate an escalation of care response.



Ryan's Rule is especially important to people with disability. Ensure you are familiar with the 3-step process.



## Ryan's Rule Process

Do you feel you or your loved one's condition has worsened, and you are now more worried?

**We need to know.**

### Step 1:

Your health condition has worsened and you are worried. Talk to a nurse or doctor.

### Step 2:

If after Step 1 you are still worried, ask to speak to the nurse in charge.

### Step 3:

After doing Steps 1 and 2, you are not satisfied and you are feeling no better, call 13 HEALTH on 13 43 25 84 and ask for a Ryan's Rule Review.

This is not a General Complaint Process.

Please advise staff if you have a general complaint and they will assist you with the correct process.  
[www.qld.gov.au/health/contacts/complaints](http://www.qld.gov.au/health/contacts/complaints)

To learn more, go to: [www.health.qld.gov.au/ryans-rule](http://www.health.qld.gov.au/ryans-rule)



For a brief video on Ryan's Rule, scan this QR code



*Gold Coast Health at recent  
Short Notice Assessment  
The surveyors noted the  
“Ryan’s Rule management  
as outstanding example “by  
an HHS*



## Statewide Ryan's Rule Data

| Year      | Number of calls |
|-----------|-----------------|
| 2013-2015 | 677             |
| 2016      | 654             |
| 2017      | 840             |
| 2018      | 1014            |
| 2019      | 1271            |
| 2020      | 1272            |
| 2021      | 1599            |
| 2022      | 1994            |
| 2023      | 2355            |
| 2024*     | 2301            |
| Total     | 13 977          |

- Total call volume = 13 977 calls over 130 months (just under 11 years )
- Over the duration of the program calls have averaged ~107 per month. Facilities using the system have increased from 167 in 2015 to 180 in 2024.
- Annual call volumes have almost quadrupled since 2016
- In 2023, there were 1 679 067 episodes of care across the state, which averages at 1 Ryan's Rule call for every 719 episodes of care.

\* 1 January to 30 September 2024



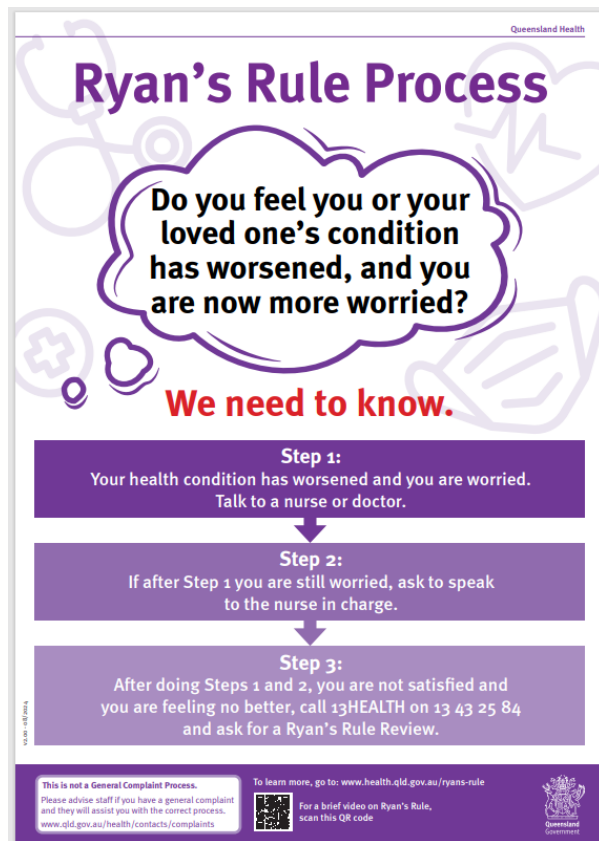
## Results of Ryan's Rule Clinical Review 2019 - 2023

|  |      |        |
|--|------|--------|
| Change to Fluid Orders                             | 56   | 0.75%  |
| Change to Medication                               | 796  | 10.71% |
| Communication issue resolved                       | 1075 | 14.47% |
| Discharged   | 420  | 5.65%  |
| Extended admission / Delayed discharge             | 343  | 4.62%  |
| Further Investigations / interventional procedure  | 702  | 9.45%  |
| No Change to Planned Care                          | 3855 | 51.88% |
| Other  | 1141 | 15.36% |
| Referred to Another Health Professional of Service | 711  | 9.57%  |
| Referred to Local Complaints Process               | 449  | 6.04%  |
| Referred to Mental Health Review Tribunal          | 23   | 0.31%  |
| Transferred to Another facility                    | 169  | 2.27%  |
| Transferred to Another ward                        | 158  | 2.13%  |
| Transferred to ICU                                 | 13   | 0.17%  |
| Transferred to CCU                                 | 7    | 0.09%  |
| Transferred to HDU                                 | 9    | 0.12%  |
| Urgent Escalation of Care                          | 199  | 2.68%  |

**Multiple clinical interventions have resulted from Ryan's Rule clinical reviews, though over half of the clinical reviews in this period resulted in no change to the patient's planned care.**

**The majority of patients reported that their needs had been addressed when responding to the phone feedback survey, but 22% of patients reported that their needs were not met.**

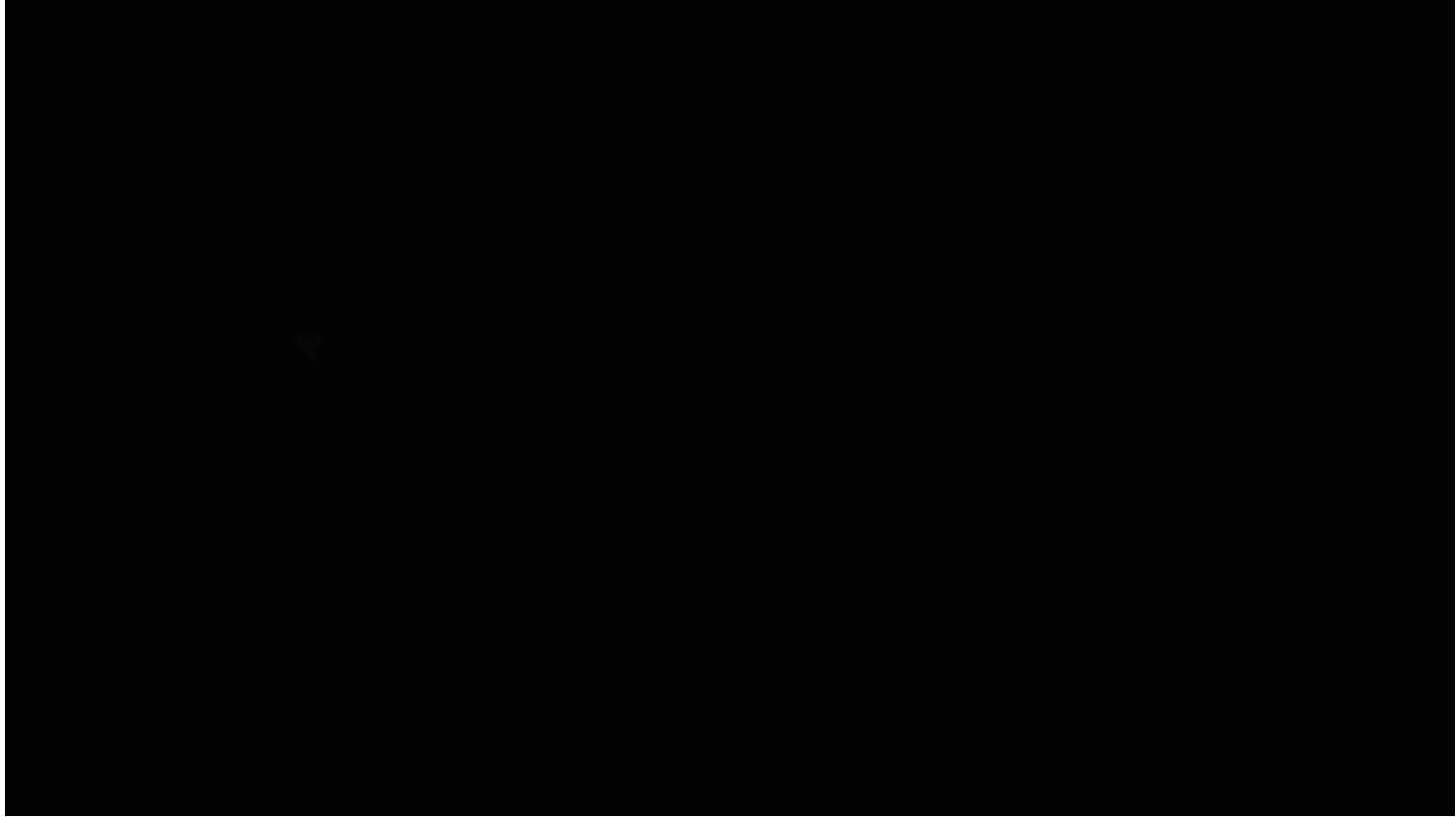
## What are the major lessons we have learnt?



It's rare that patients and families attempt to use Ryan's Rule for purposes other than for what it was designed. As a system, if we place trust in patients and their families, they rarely take advantage of it.

- A patient's sense of concern that their health condition is getting worse does not always align with their clinician's perception of clinical deterioration.
- More emphasis is needed to resolve patient concerns at steps 1 and 2 - need for enhanced communication between teams and patients.
- Ryan's Rule empowers patients and families to escalate care and can prevent adverse patient outcomes.

## How does Ryan's Rule work?

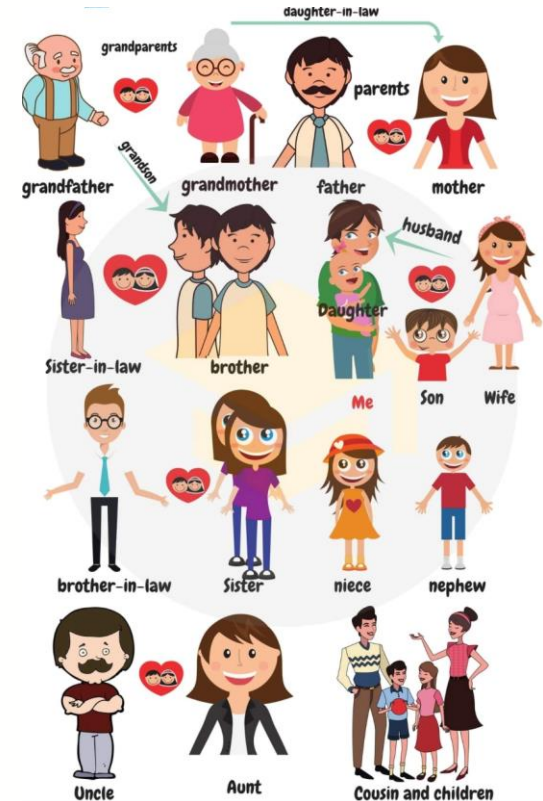


<https://player.vimeo.com/video/589174827>

The following slides are surplus to the presentation but may assist in answering questions, if needed.

# Who makes the calls?

| Relationship to Patient | Percentage |
|-------------------------|------------|
| Family Member           | 50%        |
| Patient                 | 38%        |
| Others                  | 8%         |
| Staff member            | 2%         |



# How many people call?

| Year | Number of calls | Percentage increase | Average number of calls per day | Patients identifying as Aboriginal and or Torres Strait Islander |
|------|-----------------|---------------------|---------------------------------|--|
| 2019 | 1271            | 0                   | 3.48                            | 13%  |
| 2020 | 1272            | 0                   | 3.48                            | 14%  |
| 2021 | 1599            | 26%                 | 4.38                            | 12%  |
| 2022 | 1994            | 25%                 | 5.46                            | 12%  |
| 2023 | 2355            | 18%                 | 6.45                            | 8%   |

Patients identifying as Aboriginal and Torres Strait Islander were 7% of episodes of care in 2023.

Overall, there was an 85% increase in calls over 5 years, but the call rate per episode of care is still very low when compared to the number of episodes of care.

**In 2023, there was on average 1 Ryan's Rule call for every 719 episodes of care.**

Potential factors contributing to increase in call rates over time:

- Greater public awareness over time related to regular media exposure
- Improving health literacy
- Rising consumer expectations
- Stressed system – increased demand

# What are the calls about?

Concern that the patient is getting worse or not getting better as expected. Some common themes:

- unmanaged pain
- uncertainty regarding treatment plan
- challenging discharge
- challenging involuntary admission
- not responding to treatment
- delayed surgery
- suspected worsening infection
- Demonstrating behaviour that is unusual for the patient

A woman in early labour requested a Ryan's Rule review stating, "they're not listening to me" and she felt she was "going to have a heart attack".

On clinical review, her blood pressure was 190/115 mmHg and had been elevated for several hours without an escalation of care.

The woman received appropriate care and there was a good outcome for her and her newborn baby.

Analysis revealed the clinicians had assumed her hypertension was related to anxiety and they failed to place an emergency call despite the observations meeting the emergency call criteria on multiple occasions.

## Who gets reviewed ?

| Patients Age | Percentage |
|--------------|------------|
| < 18         | 11%        |
| 18-59        | 65%        |
| ≥ 60         | 24%        |

37% of patients reviewed are aged between 18 and 39 years of age.

58% of all patients reviewed are female, and 42% are male



## What clinical settings are the adult calls coming from?

| Ward Type | Ward Type          | Count | Percentage |
|-----------|--------------------|-------|------------|
| Adult     | Cardiology         | 102   | 1.57%      |
|           | Dementia           | 9     | 0.14%      |
|           | Emergency          | 1155  | 17.78%     |
|           | General            | 259   | 3.99%      |
|           | HDU / ICU          | 80    | 1.23%      |
|           | Maternity          | 171   | 2.63%      |
|           | Medical            | 1682  | 25.89%     |
|           | Oncology           | 76    | 1.17%      |
|           | Orthopaedic        | 299   | 4.60%      |
|           | Other              | 292   | 4.50%      |
|           | Palliative care    | 30    | 0.46%      |
|           | Psychiatric        | 1152  | 17.73%     |
|           | Renal              | 39    | 0.60%      |
|           | Sub-acute / Rehab  | 144   | 2.22%      |
|           | Surgical           | 1006  | 15.49%     |
|           | Total By Ward Type | 6496  | 87.43%     |

## What clinical settings are the paediatric calls coming from?

| Ward Type  | Ward Type            | Count | Percentage |
|------------|----------------------|-------|------------|
| Paediatric | Cardiology           | 10    | 1.23%      |
|            | Emergency            | 179   | 22.07%     |
|            | General              | 180   | 22.19%     |
|            | HDU / ICU            | 17    | 2.10%      |
|            | Medical              | 159   | 19.61%     |
|            | Oncology             | 2     | 0.25%      |
|            | Orthopaedic          | 36    | 4.44%      |
|            | Other                | 63    | 7.77%      |
|            | Psychiatric          | 74    | 9.12%      |
|            | Special care nursery | 1     | 0.12%      |
|            | Sub-acute / Rehab    | 4     | 0.49%      |
|            | Surgical             | 86    | 10.60%     |
|            | Total By Ward Type   | 811   | 10.92%     |

## What clinical settings are the neonatal calls coming from?

| Ward Type | Ward Type            | Count | Percentage |
|-----------|----------------------|-------|------------|
| Neonate   | HDU / ICU            | 7     | 22.58%     |
|           | Maternity            | 2     | 6.45%      |
|           | Medical              | 1     | 3.23%      |
|           | Other                | 2     | 6.45%      |
|           | Special care nursery | 18    | 58.06%     |
|           | Surgical             | 1     | 3.23%      |
|           | Total By Ward Type   | 31    | 0.42%      |

## Case Studies

The family initiated a Ryan's Rule with concerns the patient was going to be discharged without a definitive diagnosis. The family also had concerns about how they would cope at home with the patient's change in status. The treating team met with the family and discussed the concerns raised. It was identified that the patient's wife was struggling with her husband's deteriorating condition and acceptance that he was approaching end of life. The unit social worker was engaged with the family's consent to provide support for end of life care. The family provided positive feedback about the process and the outcome of their call.

A Ryan's Rule call was placed by the daughter of a 90-year-old lady in hospital. Her mother was in extreme pain, was confused and was being forced to mobilise after a fall. The daughter felt the medical team was "passing the buck". On review by the Ryan's Rule clinician the lady had imaging that identified a previously undiagnosed fracture of the femur. Her analgesia was altered to provide more effective pain control and treatment for the fracture. The daughter provided very positive feedback.

## Testimony from a participating healthcare facility

Ryan's Rule gives back to the patient, family and carers the authority and power to ask about their health care and the approval from the system at a statewide level and also at the local hospital health service level. The Ryan's Rule process demonstrates understanding for health consumers and empowers patients and their family or carers who feel that a clinical condition is not improving, to seek support through an independent clinical review to reassess their clinical status while they are still an inpatient. This leads to potential efficiencies in the system by addressing clinical deterioration in a timely manner, thus minimising patient distress and suffering as well as leading to shorter lengths of hospital stays and minimising readmissions. Moreover, this will lead to economic savings for the health system.