

**Martha’s rule: Phase 1**

The 3 proposed components of Martha’s Rule are:

1. All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team, which they can contact should they have concerns about a patient.

2. All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital and more widely if they are worried about the patient’s condition. This is Martha’s Rule.

**3. The NHS must implement a structured approach to obtain information relating to a patient’s condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist trusts.**

This document provides guidance on how NHS Trusts can address component 3.



**Implementing Martha’s rule: Phase 1, component 3**

* Build into routine processes (e.g., observations, ward round)
* Train and incentivise staff to ask these questions -make it easy and intuitive (e.g., include the questions as part of
e-obs recording)
* Record information and make it visible and useful to all staff
* Provide feedback - so staff know how well they are doing and if this is making a difference
* Adapt for patient population e.g., for children or adults with dementia – faces rather than a numerical rating scale could be used. For those who do not speak English, translate or have spoken versions
* Consider how to involve relatives e.g., at visiting times
* Decide how often patient’s condition will be assessed e.g. at every observation, daily
* Decide what score will trigger which action and how they will be used alongside NEWs scores (e.g., a score of 16 triggers review of qualified nurse, a score of 20 triggers review of doctor, score of 25 triggers review from critical care outreach team)
* Choose an evidence-based method for assessing patient's condition e.g., Patient Wellness Score\*
* Question 1: How are you feeling? Very poor (5), poor (4), fair (3), good (2), very good (1)
* Question 2: How are you feeling compared with the last time you were asked? Much worse (5), worse (4), no change (3), better (2), and much better (1).
* Question 1 X Question 2 = Total Patient Wellness score \* Albutt, A., O’Hara, J., Conner, M. and Lawton, R., 2021. Can routinely collected, patient-reported wellness predict National Early Warning Scores? A multilevel modeling approach. *Journal of Patient Safety*, *17*(8), p.548.

**Support use locally**

**Adapt to local circumstances**

**Choose assessment method**