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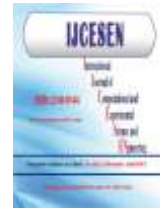

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Research Article

Nurses' Role in Preventing Delays in Escalation of Care in Hospitalized Patients

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Abstract:

The nurse serves as the pivotal frontline defender against delays in escalating care for hospitalized patients, acting through a multifaceted role that integrates continuous surveillance, astute clinical judgment, and assertive advocacy. By employing structured assessment tools like Early Warning Scores alongside expert intuition, nurses are uniquely positioned to detect subtle signs of clinical deterioration early. They then bridge the critical communication gap to physicians by utilizing standardized frameworks like SBAR (Situation, Background, Assessment, Recommendation), ensuring concerns are conveyed clearly and urgently. Beyond communication, nurses must persistently advocate for their patients, navigating hierarchical barriers and systemic challenges to ensure an appropriate response. This role is further enhanced by

SBAR Communication

educating and empowering patients and families to voice concerns, thereby creating an additional safety net. Ultimately, the nurse's effectiveness in preventing escalation delays is a fundamental determinant of patient safety, directly impacting outcomes such as unplanned ICU admissions, cardiac arrests, and mortality, underscoring the need for supportive staffing, a culture of psychological safety, and ongoing interprofessional collaboration.

1. Introduction

The modern hospital is a complex, high-stakes ecosystem where patient outcomes are determined by a delicate interplay of medical knowledge, technological intervention, and, most critically, timely human judgment. At the heart of this ecosystem lies a fundamental clinical imperative: the recognition of patient deterioration and the subsequent swift, effective escalation of care to prevent adverse events, including unplanned intensive care unit (ICU) admissions, cardiac arrests, and mortality. "Failure to rescue," a term denoting the inability to save a hospitalized patient whose condition is deteriorating from a complication of their underlying illness or medical care, remains a significant quality and safety indicator for healthcare systems worldwide [1]. A critical precursor to failure to rescue is the delay in escalation of care—the lapse in time between the detection of early warning signs and the initiation of appropriate diagnostic or therapeutic interventions by a clinician with advanced expertise and resources [2].These delays are seldom the result of a single catastrophic error but are more frequently the product of a cascade of subtle, systemic failures. They may stem from gaps in continuous monitoring, cognitive biases in clinical assessment, breakdowns in interdisciplinary communication, hierarchical barriers that stifle concerns from frontline staff, or simply the overwhelming demands on healthcare providers in under-resourced environments [3]. The consequences are severe. Studies have consistently linked delays in responding to physiological decline with increased morbidity, longer hospital stays, higher costs, and preventable deaths [4]. In an era focused on patient safety and value-based care, mitigating these delays is not merely an operational goal but an ethical mandate.Within this challenging landscape, the registered nurse emerges not as a passive participant but as the essential, indefatigable sentinel at the patient's bedside. Nurses constitute the largest segment of the healthcare workforce and provide the only constant, 24-hour surveillance for hospitalized patients. Their role transcends task completion; it is fundamentally one of integration, interpretation, and advocacy. They are the synthesizers of disparate data points—vital signs, subtle behavioral changes, patient-reported symptoms, and laboratory trends—transforming raw information into a coherent clinical narrative [5]. This unique position grants nurses an unparalleled, holistic view of the patient's trajectory, making them the most likely providers to first detect the early, often insidious, signs of clinical decline.

The process of escalation is a multi-stage pathway beginning with recognition, moving through reporting and communication, and culminating in an appropriate response. Nurses are the linchpins at every juncture. Their ability to recognize deterioration is honed through education, experience, and increasingly, the structured use of track-and-trigger systems like Early Warning Scores (EWS) or Modified Early Warning Scores (MEWS). However, recognition alone is insufficient. The nurse must then effectively communicate their concerns to physicians or advanced practice providers, a step fraught with potential barriers. The classic "doctor-nurse game," where subtle hints replace direct communication, has given way to more structured models like SBAR (Situation, Background, Assessment, Recommendation), but power dynamics, fear of reprisal for "calling unnecessarily," and interprofessional misunderstandings can still impede clear dialogue [6].Furthermore, escalation is not merely a transactional alert; it is an act of advocacy. The nurse must often navigate institutional hierarchies, advocate for their clinical judgment when it may be initially questioned, and persist until an adequate response is assured. This requires not only clinical competence but also moral courage, communication skills, and a deep-seated sense of professional responsibility [7]. The organizational culture in which nurses operate—specifically, the presence of a true culture of safety that empowers speaking up and values nurse intuition—is a profound determinant of whether timely escalation occurs. A culture that labels nurses as "alarmist" or dismisses their concerns creates a chilling effect, silencing the very early warnings needed to prevent disaster [8].

2. Surveillance, Assessment, and Early Recognition of Deterioration

The first and most fundamental step in preventing escalation delays is the accurate and timely

recognition that a patient's condition is deviating from its expected course. This responsibility rests almost exclusively on the nursing team, whose presence at the bedside is continuous. Nurse-led surveillance is a dynamic, cognitive process far more sophisticated than simple data collection. It involves a purposeful and ongoing acquisition, interpretation, and synthesis of patient data to inform clinical decisions about the need for intervention. This process integrates "hard" physiological data from monitors and assessments with "soft" intuitive data gleaned from knowing the patient—their baseline behavior, their typical responses, and their subjective expressions of unease.

The advent of track-and-trigger systems (TTS), such as the Modified Early Warning Score (MEWS) or the National Early Warning Score (NEWS), has provided a crucial tool to standardize and objectify this recognition process. These systems assign numerical values to key physiological parameters (e.g., heart rate, blood pressure, respiratory rate, temperature, level of consciousness), generating an aggregate score that correlates with the risk of deterioration. Nurses calculate these scores during routine vital sign assessments, and a score exceeding a predefined threshold triggers a mandated escalation protocol [9]. The implementation of such systems has been widely shown to improve the detection of patients at risk, reduce cardiac arrests and unplanned ICU admissions, and provide a common language for communicating acuity [10]. By translating subtle changes into an objective number, these tools empower nurses, particularly less experienced ones, to validate their concerns and initiate escalation protocols with greater confidence.

However, an over-reliance on scoring systems carries its own risks. Deterioration is not always neatly quantified. A patient may have a normal MEWS score yet exhibit profound agitation, subtle changes in skin color or tone, a vague sense of "not being right" as reported by the patient or family, or a gradual decline in urinary output that precedes a vital sign change. This is where the nurse's clinical judgment—often termed "intuition" or "recognition-primed decision-making"—becomes irreplaceable. This judgment is a form of expert knowledge, developed through experience and pattern recognition, that allows nurses to sense impending crisis even in the absence of overt numerical triggers [11]. Studies have documented instances where a nurse's "gut feeling" or concern about a patient, articulated as "something is wrong," preceded catastrophic deterioration by hours, highlighting the critical value of this unquantifiable aspect of assessment [12]. Therefore, effective surveillance is a dual process: the systematic application of objective tools like EWS combined with the nuanced, holistic clinical judgment of an engaged professional. Preventing delays requires healthcare systems to value and act upon both forms of recognition equally.

3. The Critical Bridge: Effective Communication and Interprofessional Collaboration

Recognizing deterioration is a necessary but insufficient action. The identified concern must be transmitted accurately, urgently, and persuasively to a clinician or team with the authority to intervene. This communication bridge between nursing and medicine (or other responding teams) is where many escalation processes falter. Breakdowns in communication are consistently cited as a leading root cause of sentinel events and delays in care [13]. The nurse's role here is that of a translator and a connector, transforming clinical observations into a compelling call to action.

To mitigate these breakdowns, structured communication frameworks have been widely adopted. The SBAR (Situation, Background, Assessment, Recommendation) technique is the most prominent. It provides a concise, organized format for nurses to present information: the immediate **Situation** (who they are, which patient, and the urgent problem), the relevant **Background**(admitting diagnosis, key history, recent events), their **Assessment** (current vitals, physical exam findings, EWS score, and their clinical impression), and a clear **Recommendation** (what they believe is needed—e.g., "I need you to see the patient now," or "I request an order for a chest x-ray and arterial blood gas") [14]. SBAR reduces ambiguity, ensures critical information is not omitted, and focuses the conversation on problem-solving. Its use has been associated with improved perceptions of communication effectiveness and safety culture among both nurses and physicians [15].

Beyond structure, the style and context of communication are paramount. Nurses must often communicate across a traditional hierarchical gradient. Fear of speaking up, concerns about being perceived as incompetent or bothersome, and previous experiences of dismissive responses can lead to "communication silencing" [16]. This is where the concept of **assertive communication**becomes a professional imperative. Assertiveness in this context is not aggression; it is the calm, confident, and persistent articulation of concern using facts and focused on patient safety. Techniques such as the "Two-Challenge Rule" (stating a concern at least twice if it is not

acknowledged) and "CUS" words ("I am **C**oncerned, I am **U**ncomfortable, this is a **S**afety issue") provide nurses with verbal tools to escalate their own communication when faced with resistance [17].

Ultimately, effective escalation communication is fostered by strong interprofessional collaboration. Environments that promote mutual respect, flatten hierarchies, and encourage open dialogue see better outcomes. Interdisciplinary rounds, where nurses present their patients directly to the full team, and the use of first names or agreed-upon communication protocols, help build the relational foundations that make difficult conversations easier [18]. When physicians actively listen to and solicit nurses' assessments, and when nurses feel their input is valued, the pathway for escalation becomes a shared conduit for safety rather than a potential battlefield.

4. The Moral Imperative: Advocacy, Persistence, and Navigating Barriers

At its core, the act of escalating care is an act of patient advocacy. When a nurse discerns a threat to a patient's well-being, their professional duty compels them to act as the patient's agent, ensuring that the concern receives the attention it merits from the healthcare system. This advocacy role requires a blend of clinical knowledge, communication skill, and, most importantly, moral courage—the willingness to speak and act for what is right despite potential personal or professional risk [19]. The nurse often serves as the last line of defense against diagnostic or treatment error, inertia, or system failure.

This advocacy must frequently be persistent. A single page or conversation may not yield the desired response. Barriers to effective escalation are numerous and can be categorized as clinician-related, system-related, or cultural. Clinician-related barriers include the responding provider being unavailable, overly busy, dismissive of the nurse's concern, or disagreeing with the assessment. In such cases, the nurse must know and utilize the **chain of command or clinical escalation policy**. This involves clearly documenting the concern and the initial response, and then taking the issue to the next level of authority (e.g., from a resident to an attending physician, from a hospitalist to the medical director or rapid response team) [20]. Persistence is not insubordination; it is a structured, professional safeguard embedded in patient safety protocols.

System-related barriers include inadequate staffing, high nurse-to-patient ratios, and excessive workload. A nurse who is responsible for too many acutely ill patients may physically lack the time to thoroughly assess each one, calculate EWS scores meticulously, or engage in prolonged communication to advocate for a single patient [21]. Similarly, fragmented care models where patients are covered by multiple hospitalists or teams can create confusion about whom to call. Organizational policies must address these systemic constraints by ensuring safe staffing levels, supporting nurse autonomy within escalation protocols, and providing clear, unambiguous guidelines on whom to contact for help [22].

The most pervasive barrier is often cultural. A unit or institutional culture that does not explicitly value psychological safety—where staff feel safe to speak up about concerns without fear of humiliation, retaliation, or being ignored—will inevitably experience more delays [23]. When nurses hear messages like "don't bother the doctor" or witness colleagues being chastised for "overreacting," they learn to second-guess their judgment and hesitate. Conversely, a **culture of safety** is characterized by leadership that models respectful response, celebrates "good catches," and investigates delays without blame, focusing on system improvement rather than individual reprimand [24]. In such a culture, the nurse's advocacy is not just tolerated but welcomed as a vital component of team performance.

5. Empowering the Patient and Family: The Nurse as Educator and Partner

An often-underutilized strategy in preventing escalation delays is the proactive engagement of patients and their families as partners in surveillance. Educated and empowered patients and families can provide crucial additional layers of monitoring, especially for subtle changes that may occur between nursing rounds. They know the patient's normal demeanor and can often detect early, non-specific signs of decline that might not yet register on a monitor or standard assessment [25].

The nurse plays the pivotal role in facilitating this partnership. This involves health literacy-informed education upon admission, explaining not just the diagnosis and plan, but also the specific "red flag" signs and symptoms the patient and family should watch for. For example, a nurse might teach a post-operative patient's family member to be alert for increased confusion, shortness of breath, or pain that is unrelieved by medication. Furthermore, nurses must explicitly empower families to speak up. This can be formalized through programs like **Condition Help (Code HELP)** or **Family-Initiated Rapid Response Teams**, which provide a

direct, non-confrontational mechanism for families to summon urgent clinical assistance if they feel their concerns are not being addressed by the primary team [26]. While implementation varies, the core principle is powerful: it formally recognizes the family as part of the care team and provides a safety net when other communication channels fail.

The nurse is also the key interpreter and mediator when families raise concerns. Rather than viewing family anxiety as a nuisance, the skilled nurse listens actively, assesses the validity of the concern, and either provides reassuring education or, crucially, acts upon the information by escalating it appropriately. By building trust and demonstrating that patient and family input is valued, nurses foster a collaborative environment where vital information flows freely, significantly enhancing the surveillance net around the patient [27].

6. Leveraging Technology and Continuous Quality Improvement

Technology offers powerful tools to augment, but not replace, the nurse's role in early detection and escalation. **Electronic Health Records (EHRs)** can be configured to automatically calculate EWS scores from entered vital signs, flagging abnormal results directly on the dashboard and sending automated alerts to nurses and, in some systems, to the primary team or rapid response team [28]. **Continuous monitoring** technology, such as wearable devices that track pulse oximetry, respiratory rate, and heart rate, is moving beyond the ICU into general wards, providing a real-time data stream that can predict deterioration before it becomes clinically obvious [29]. **Clinical decision support systems (CDSS)** integrated into the EHR can provide nurses with prompts based on best-practice protocols when certain assessment criteria are met, guiding their next steps.

However, technology introduces new challenges. **Alarm fatigue**—the desensitization caused by a high volume of non-actionable alarms—is a serious threat. If a monitoring system generates constant false alerts, nurses may begin to ignore or delay responding to all alerts, including critical ones [30]. Therefore, technology must be designed and implemented thoughtfully, with nurse input, to ensure it supports clinical workflow rather than disrupts it, and its alerts must be intelligently configured to maximize specificity.

Finally, the nurse's role extends into **continuous quality improvement (CQI)**. Nurses are the richest source of data on why delays happen. Participating in root cause analyses (RCAs) of failure-to-rescue cases or near-misses, reviewing rapid response team call data, and providing feedback on escalation protocols are essential activities [31]. By documenting and analyzing barriers—whether they were related to communication, equipment, staffing, or policy—nurse-led CQI initiatives can drive meaningful changes in practice, education, and system design. This closes the loop, transforming frontline experience into systemic resilience.

7. Education, Competence, and Professional Development

The ability to perform this complex, high-stakes role effectively is not innate; it is built through deliberate education, training, and ongoing professional development. Pre-licensure nursing education must move beyond teaching vital sign measurement to inculcating the principles of situational awareness, systematic assessment using EWS, and assertive communication techniques like SBAR from the very beginning [32]. Simulation-based training is particularly powerful in this domain. High-fidelity scenarios that mimic a deteriorating patient allow students and practicing nurses to hone their skills in real-time recognition, prioritization, communication under pressure, and use of escalation policies in a risk-free environment [33]. Repeated simulation builds not only competence but also the confidence necessary to act decisively in real clinical situations.

For practicing nurses, ongoing competency validation and continuing education are crucial. Annual training on escalation policies, communication tools, and the use of new monitoring technology should be mandatory [34]. Furthermore, fostering **clinical reasoning** skills through case study discussions, morbidity and mortality conferences with a systems-focused lens, and mentorship programs where novice nurses are paired with experienced preceptors can deepen the capacity for expert judgment [35]. Institutions must invest in their nursing staff, viewing this education not as a cost but as a fundamental investment in patient safety infrastructure.

8. Conclusion

The prevention of delays in the escalation of care for hospitalized patients is a multifaceted challenge that sits at the intersection of clinical acuity, human factors, communication science, and organizational ethics. As this comprehensive analysis demonstrates, the registered nurse is the indispensable, central figure in meeting this challenge. From the continuous, holistic surveillance at the bedside to the assertive

communication across professional boundaries; from the moral courage required for persistent advocacy to the educational partnership with patients and families; and from the savvy use of technology to the reflective contribution to quality improvement, the nurse's role is complex, dynamic, and absolutely critical.

Optimizing this role requires a dual commitment. First, from the nursing profession itself, to continually refine its science, uphold its advocacy ethic, and develop the communication and clinical judgment competencies demanded by this sentinel function. Second, and equally vital, is the commitment from healthcare organizations and the broader interprofessional team. This commitment must be manifested in tangible support: safe staffing models that allow for meaningful patient engagement, unwavering cultural support for psychological safety and speaking up, investment in training and technology that genuinely augments nursing practice, and the genuine, demonstrated respect for the nurse's clinical judgment as a vital data point in patient care.

When these elements align, the nurse is empowered to function as the highly effective, proactive sentinel they are trained to be. The result is a more responsive, resilient system where deterioration is identified early, concerns are communicated clearly and acted upon swiftly, and patients are shielded from the preventable harm of delayed intervention. In safeguarding the pathway of escalation, nurses do more than follow a protocol; they fulfill the most profound promise of their profession: to be the vigilant protector of the vulnerable patient entrusted to their care. The strength of this guardianship is a definitive measure of a healthcare system's true commitment to safety and quality.

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- **Ethical approval:** The conducted research is not related to either human or animal use.
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