

Recognition and Management of a Patient who is Clinically Deteriorating

Document Number PD2010_026

Publication date 10-May-2010

Functional Sub group Clinical/ Patient Services - Medical Treatment
Clinical/ Patient Services - Surgical
Clinical/ Patient Services - Nursing and Midwifery

Summary This document describes the standards and principles to be implemented by NSW Public Health Organisations to improve the recognition, immediate response to and management of patients who are clinically deteriorating.

Author Branch Clinical Safety, Quality and Governance

Branch contact Dr Paul Curtis 9391 9944

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, Public Health Units, Public Hospitals

Audience All staff

Distributed to Public Health System, Government Medical Officers, NSW Ambulance Service, NSW Department of Health, Private Hospitals and Day Procedure Centres

Review date 10-May-2015

Policy Manual Patient Matters

File No. H09/46218

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

RECOGNITION AND MANAGEMENT OF PATIENTS WHO ARE CLINICALLY DETERIORATING

PURPOSE

This document describes the standards and principles to be implemented by NSW Public Health Organisations (as defined by this Policy Directive) to improve the recognition, response to and management of patients who are clinically deteriorating. This Policy Statement and Policy Standard will be reviewed within twelve months to incorporate relevant research findings.

MANDATORY REQUIREMENTS

All Public Health Organisations must:

- Have a governance structure to ensure systems are in place to support all components of the Between the Flags Program.
- Introduce and implement all NSW Health **Standard Observation Charts**, where approved by the Director-General, incorporating the calling criteria for Clinical Review and Rapid Response (*Note there are some research sites that have an interim adult chart approved by the Director-General¹*).
- Implement and formalise a local Clinical Emergency Response System (including Clinical Review and Rapid Response) for prompt review and treatment of patients who are clinically deteriorating with referral to higher levels of care where necessary.

This formalised system:

- clearly defines the lines of accountability for obtaining assistance;
- operates 24 hours per day, 7 days per week;
- ensures the provision of core emergency equipment;
- encompasses all inpatients and
- is known and understood by all clinical staff.

NOTE: Initial urgent resuscitation may include the NSW Ambulance Service and the consequent referral systems may also include formal liaison and assistance from the Aeromedical and Medical Retrieval Services, Royal Flying Doctor Service or Newborn and Paediatric Emergency Transport Service as required.

- Ensure that all front line clinical staff complete all components of Between the Flags education for recognition and management of the patient who is clinically deteriorating including awareness training and the mandated DETECT e-learning and practical sessions.
- Ensure that clinicians required to conduct Clinical Reviews are prioritised for completion of the mandated Between the Flags education programs (Awareness training, DETECT e-learning, face to face practical session).
- Collect and provide data to support unit/facility performance indicators for reporting to clinical units and the NSW Department of Health.

IMPLEMENTATION

ROLES AND RESPONSIBILITIES

NSW Department of Health:

- Provide the mandatory requirements, standards and tools to support implementation.
- Evaluate implementation of policy by Public Health Organisations.
- Revise, update and approve NSW Health standard observation charts in conjunction with the Clinical Excellence Commission as required.

¹ Based on advice from the CEC the Director-General has approved a small number of adult observation charts for research purposes until 30 September 2010. Observation charts approved through this process will be replaced by a revised NSW Health Standard Adult General Observation Chart, which will incorporate changes based on evaluation of these and the NSW Health Standard General Observation charts.

Clinical Excellence Commission:

- Work with clinical staff and Executive Sponsors to support rapid implementation across NSW.
- Provide Between the Flags project management support.
- Review effectiveness and clinical outcomes of the Program and recommend changes as required through the relevant CEC Committee structures.
- To advise the Department on issues affecting implementation.

Chief Executives, Health Service Executives, Managers:

- Assign responsibility, personnel and resources to implement this policy.
- Provide line managers with support to mandate this policy in their areas.
- Ensure that local protocols are in place in each facility to support implementation.
- Report compliance with this policy to the NSW Department of Health as required.

Directors of Clinical Governance:

- With other Executive members ensure successful implementation of this policy within the Public Health Organisation.
- Consistent with Root Cause Analysis (RCA) processes, ensure all Severity Assessment Scale (SAC) 1 incidents involving a deterioration in a patient's condition and/or unexpected death are reviewed for compliance with this Policy Directive.
- Ensure Between the Flags performance indicators are monitored and made available to relevant staff within facilities and clinical units so that they can use this to inform improvement to systems.

Directors of Clinical Operations:

- With other Executive members ensure successful implementation of this policy within the Public Health Organisation.
- Ensure successful implementation of a Clinical Emergency Response System.
- Ensure that clinical and educational staff are supported to undertake Between the Flags education.
- Ensure availability of required equipment as outlined in this policy with review of all equipment and drugs for resuscitation.

Patient's Attending Medical Team:

- Ensure review of any altered calling criteria is undertaken every 72 hours.
- Ensure medical management plans are reviewed regularly for all patients. Plans for acute care patients should be reviewed at least twice per week.
- Participate in the Clinical Emergency Response System for the facility as required by local protocol.
- Attend the patient within 30 minutes when required to undertake a Clinical Review.
Note: Based on local protocols a Clinical Review may also be undertaken in some smaller facilities by a Registered Nurse (preferably specifically trained eg First Line Emergency Care - FLEC) or an appropriately trained paramedic (as agreed with Ambulance Service NSW).
- **Never** leave the patient without a documented management plan following Clinical Review.
- Escalate to a Rapid Response call if concerned, if unable to reverse clinical deterioration in a patient, if a patient's observations deteriorate to the Red Zone or if a Clinical Review is not attended within 30 minutes.

Rapid Response Team:

- Ensure all members of Rapid Response Teams complete all components of the Between the Flags Education Program.
- Ensure good documentation on any Rapid Response call with strong liaison with the patient's Attending Medical Team to ensure continuity of patient care.

All staff and visiting practitioners:

- Comply with this policy.

Implementation for roles and responsibilities specific to NSW Ambulance, Directors of Workforce and Organisational Development, Hospital/Facility Managers are outlined in the Standard – Section 2.

REVISION HISTORY

Version	Approved by	Amendment notes
May 2010 (PD2010_026)	Director-General	New policy

ATTACHMENTS

1. Recognition and Management of Patients who are Clinically Deteriorating – Policy Standard

**Recognition and Management of Patients who are
Clinically Deteriorating**

NSWHEALTH
STANDARD

Issue date: May 2010

PD2010_026

TABLE OF CONTENTS

1. BACKGROUND	1
2. IMPLEMENTATION	1
Roles and Responsibilities	1
3. KEY DEFINITIONS	2
4. CLINICAL EMERGENCY RESPONSE SYSTEM.....	4
4.1 Clinical Review	4
4.1.1 Clinical Review Process.....	4
4.1.2 Patient Transfer Process	5
4.2 Rapid Response.....	5
4.2.1 Rapid Response Process.....	5
5. NSW HEALTH STANDARD OBSERVATION CHARTS	6
5.1 Observations	6
5.1.1 Frequency of Observations	7
5.1.2 Variations to the Frequency of Observations.....	7
5.2 Altering Clinical Calling Criteria.....	7
5.3 Equipment and Support.....	8
6. EDUCATION	8
7. GOVERNANCE	9
8. EVALUATION AND KEY PERFORMANCE INDICATORS.....	9
8.1 Indicators to be collected	9
9. APPENDIX 1 - REFERENCE DOCUMENTS.....	9
10. APPENDIX 2 - IMPLEMENTATION PLANNER – BETWEEN THE FLAGS PROGRAM.....	10

1. BACKGROUND

Evidence derived from the NSW Patient Safety and Clinical Quality Program has demonstrated the need to improve the early recognition and appropriate management of patients when their condition either progressively or suddenly deteriorates. Failure to recognise and appropriately manage these patients is a contributing factor in many adverse events in hospitals and health care organisations around the world.

NSW health services have identified the need for improvement in this area and there is widespread support among clinicians for a comprehensive safety system that will reduce the frequency of these adverse events.

The Between the Flags Program has been developed to address the patient safety risks associated with the failure to detect deterioration in a patient's condition. The Program has been designed by the Clinical Excellence Commission (CEC) in consultation with clinical experts and is based on investigation of adverse events involving a failure to identify and respond to patients who are clinically deteriorating and research initiated in NSW and published in the international literature. This program is being adopted across NSW Health to assist in significantly improving patient safety.

The five key elements of the Program are:

1. Governance structures to support implementation at State, Area, facility and clinical unit level.
2. Standard observation charts with standard criteria for Clinical Review and Rapid Response.
3. A local Clinical Emergency Response System (CERS) in every facility.
4. Education of clinical staff, including DETECT education to assist clinicians in responding (**D**etecting deterioration, **E**valuation, **T**reatment, **E**scalation and **C**ommunicating in Teams).
5. Indicators for measuring the performance of the Between the Flags Program.

2. IMPLEMENTATION

Roles and Responsibilities

NSW Ambulance Service:

- Support Public Health Organisations with implementation of the Between the Flags Program.
- Where required, work with Public Health Organisations in development of local Clinical Emergency Response Systems.
- Where appropriate, incorporate the core principles of the Between the Flags Program and Clinical Handover into Ambulance Clinical practice.

Directors of Workforce and Organisational Development:

- Ensure learning and development services coordinate and support, in line with their organisational structures, education to all relevant staff to meet the standards for the Between the Flags education program.

Hospital/Facility Managers:

- Implement approved NSW Health Standard Observation charts.
- Ensure that all relevant clinical staff receive initial awareness training to support implementation of all aspects of the Between the Flags Program, and that a record is kept of those who have completed training.

- Implement a Clinical Emergency Response System including training, rostering and staffing.
- Ensure that all relevant clinical staff attend DETECT (Detecting deterioration, Evaluation, Treatment, Escalation and Communicating in Teams) education, and that a record is kept of those who have completed training.
- Ensure that all staff who are members of Rapid Response Teams have skills in advanced life support as defined in local protocols with a record kept of any relevant training undertaken. Where the case mix of the Public Health Organisation includes paediatric/neonatal inpatients and the Rapid Response Team is required to provide a response for these patients, at least one member of the Rapid Response Team responding to a paediatric/neonatal patient must have skills in basic paediatric/neonatal life support as defined in local protocols and Hospital/Facility managers should ensure that this Team can access speciality paediatric/neonatal expertise.
- Ensure that local protocols are available and well known to support implementation. In smaller facilities local protocols relating to telephone orders and call in for GP/Visiting Practitioners should be reviewed for consistency with this Policy Directive.
- Ensure that core emergency equipment as outlined in this policy is available, consistent with the Clinical Emergency Response System.
- Ensure data collection and auditing procedures are undertaken as required and that reports related to performance of units/departments are locally monitored, actioned and widely promulgated.

The Implementation Planner – Between the Flags (see Appendix 2) and implementation toolkit are tools which Public Health Organisations may wish to use to assist in the implementation of this policy.

3. KEY DEFINITIONS

Attending Medical Officer and Team	The Attending Medical Officer (AMO) is the senior medical practitioner who has primary responsibility for the patient during admission. This medical officer is a consultant who may be a visiting medical officer or a staff specialist. The AMO may lead a team that includes related medical staff and this team plays a critical role in the Clinical Review of the patient.
Awareness Education	Illustrates the key features of the Standard Observation charts and provides all staff and students with sound knowledge of Clinical Emergency Response Systems.
Between the Flags Program	A program designed by the Clinical Excellence Commission (CEC) in consultation with clinical experts, comprising 5 elements to improve the recognition and management of patients who are clinically deteriorating. Between the Flags refers to the symbols of safety employed by the Surf-Lifesaving Association. These symbols have been adopted, with permission, to represent the Between the Flags Program in NSW Health.
Calling Criteria	The range of clinical criteria that determine patient requirements for Clinical Review or Rapid Response.
Clinical Emergency Response System (CERS)	A formalised system for obtaining urgent assistance when a patient is clinically deteriorating. The CERS includes the immediate facility based response as well as the formalised referral and escalation protocols within Public Health Organisations, NSW Ambulance Service, Aeromedical, Medical Retrieval Services (AMRS) and Newborn and Paediatric Emergency Transport Service.
Clinical Review	This is a patient review generally undertaken by the attending medical team. A Clinical Review is required within 30 minutes if the patient's observations fall into the Yellow Zone on the NSW Health Standard Observation Chart. Prompt and effective clinical review is an essential element in managing patients who are clinically deteriorating and should be undertaken or supervised by experienced staff. Depending on local

	protocol, the review may be undertaken by a medical officer on call or an appropriately experienced Registered Nurse (RN), preferably First Line Emergency Care (FLEC) accredited or with post graduate qualifications in emergency/critical care nursing or other relevant qualifications.
Clinical Staff	Clinical staff are all staff who provide direct patient care
DETECT Education	An education program, specifically designed for front line clinical staff to improve detecting and managing any patients who are clinically deteriorating. The acronym stands for: D etecting Deterioration, E valuation, T reatment, E scalation and C ommunicating in T eams
Facility	Hospital, Multipurpose service (MPS)
ISBAR	Acronym for the following structured communication tool: I – Introduction <ul style="list-style-type: none"> • Introduce yourself and your role in the patient's care • State the unit you are calling from when speaking over the phone S – Situation <ul style="list-style-type: none"> • Specify the patient's name, diagnosis and current condition or situation • Explain what has happened to trigger the conversation B – Background <ul style="list-style-type: none"> • State the admission date of the patient, his or her diagnosis, and pertinent medical history • Give a brief synopsis of what has been done so far (e.g. lab tests) A – Assessment <ul style="list-style-type: none"> • Give a summary of the patient's condition or situation • Note clearly the trend in patient observations • Explain what you think the problem is or say, "I'm not sure what the problem is, but the patient's condition is deteriorating" • Expand upon your statement with specific signs and symptoms R – Recommendation <ul style="list-style-type: none"> • Explain what you would like to see done (e.g. lab tests, treatments, or "I need you to see the patient now") • State any new treatments or changes ordered (e.g. monitoring and frequency or when to re-notify the physician if there is no improvement in the patient).
Must	Indicates a mandatory action requiring compliance
Public Health Organisation	For the purpose of this policy a Public Health Organisation is: <ul style="list-style-type: none"> • An area health service • A statutory health corporation that provides inpatient services, or • An affiliated health organisation in respect of its recognised establishments that provide inpatient services.
Rapid Response Team (RRT)	A multidisciplinary team of healthcare professionals who have been trained and assessed to hold an advanced level of competence in resuscitation and stabilisation of patients. Members of the Rapid Response Team should be trained and accredited in Advanced Life Support. The Rapid Response Team must be called if a patient's observations fall into the 'Red Zone' of NSW Health Standard Observation charts. Each team must have a designated team leader and all clinical staff in a facility must know how to activate this response.
RRT Education	Training for Rapid Response Team clinicians to enhance their skills in advanced life support and management of a patient who is clinically deteriorating.
Rapid Response Team Leader	There is a nominated team leader of the Rapid Response Team who: <ul style="list-style-type: none"> • Directs appropriate clinical care for the patient, within their scope of practice, and communicates clearly with all team members

(RRTL)	<ul style="list-style-type: none"> Oversees and coordinates the Rapid Response process including escalating patient care, as required Activates the local transfer or retrieval, as required Ensures relevant documentation in the patient's healthcare record Ensures Rapid Response call data is entered in the patient health care record and, where required, for key performance indicators.
Red Zone	Represents the criteria for which a Rapid Response is required
Should	Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.
Standard Observation Charts	Observation Charts approved by the Director General for statewide implementation e.g. the Standard Adult General Observation Chart.
Track and Trigger Tool	<p>A tool such as an observation chart where clinical observations are recorded. The tool incorporates features that highlight when changes in a patient's observations require the defined review procedure to occur. The NSW Health Standard Observation charts incorporates colour shaded zones to indicate when a Clinical Review and Rapid Response team call is to occur.</p> <p>The track feature allows observations to be trended over time. The trigger feature identifies a change in clinical condition requiring review and/or change in management or frequency of observation.</p>
Yellow Zone	Represents criteria for which a Clinical Review is required

4. CLINICAL EMERGENCY RESPONSE SYSTEM

A Clinical Emergency Response System (CERS) is a system to ensure that the required skill knowledge and equipment are brought to the patient as needed. All facilities will have a Clinical Emergency Response System that includes a clearly defined escalation process for a patient who is clinically deteriorating, including, where necessary, transfer to other levels of care within the facility or to another facility.

The Clinical Emergency Response System includes Clinical Review, Rapid Response and transfer to other levels of care.

4.1 Clinical Review

All facilities will have a formalised local protocol for Clinical Review that includes:

- A defined escalation process, accessible and known by all clinicians, for a patient who is clinically deteriorating. This must include clear instruction on who will respond to a Clinical Review, how they will be contacted 24 hours a day and the process for transfer to other levels of care within the facility or in another facility.
- Clinical Review calling criteria (as defined in the Standard Observation Charts) and escalation process clearly displayed in clinical units.
- Equipment to support advanced resuscitation².

4.1.1 Clinical Review Process

- Primary responsibility for the clinical care of a patient rests with the Attending Medical Officer (AMO). The AMO leads their medical team who are accountable for providing the Clinical Review required in response to a patient's observations falling within the relevant zone (e.g. Yellow Zone on the Standard Adult General Observation chart).

² Consider any separate requirements for paediatric equipment where children are cared for at the PHO

- Prompt and effective Clinical Review is an essential element in managing patients who are clinically deteriorating and should be undertaken or supervised by experienced staff. The Attending Medical Officer must be notified of any Clinical Reviews on their patients, any subsequent treatment instigated and all outcomes of treatment as soon as possible.
- When requesting a Clinical Review a structured communication tool (e.g. ISBAR) must be used.
- Where required, results of the Clinical Review call should also be entered into any relevant NSW Health database for capturing key performance indicators.
- The patient's family should be informed when a Clinical Review has been activated.
- Patients must not be transferred between clinical units, to home or other care facility when their observations indicate the need for a Clinical Review (unless as part of the escalation of care process).

4.1.2 Patient Transfer Process

- If following Clinical Review patient transfer is required this should occur in consultation with the Attending Medical Officer, Patient Flow Manager and/or Nurse or Midwife in Charge.
- NSW Health Policy - Clinical Handover - Standard Key Principles PD2009_060 should be used in handover of patients to other levels of care.
- Health services should clearly define the responsibilities of each clinical unit for transfer/retrieval and acceptance of patients who require advanced or specific interventions, procedures or management.

4.2 Rapid Response

All facilities must have a formalised protocol for Rapid Response that includes:

- A defined process, accessible and known by all clinicians, for a patient who requires a Rapid Response. This must include clear instruction on who will respond to a Rapid Response, how they will be contacted 24 hours a day and the process for transfer to other levels of care within the facility or in another facility.
- Rapid Response calling criteria (as defined in the Standard Observation Charts) and escalation process clearly displayed in clinical units.
- Equipment to support institution of advanced resuscitation³.

4.2.1 Rapid Response Process

- Rapid Response must be initiated if patients' observations fall within the relevant zone (Red Zone on the Standard Observation Chart) or they meet any of the other calling criteria for a Rapid Response applicable to the patient.
- The Rapid Response Team (RRT) attends immediately to assess the patient; treat the underlying cause of clinical deterioration and/or provide interventions to resuscitate the patient.
- All staff must know and understand the Rapid Response system in their facility and how to call for this response.
- The RRT should have a designated team leader who has advanced resuscitation and clinical skills and has ideally completed all the components of the Between the Flags

³ Consider any separate requirements for paediatric equipment where children are cared for at the PHO

Education Program⁴. In small or rural facilities this person may be a designated Registered Nurse with First Line Emergency Care training (or other relevant qualifications) or a paramedic (as agreed with the Ambulance Service of NSW).

- The RRT Leader is responsible for ensuring the outcome of the Rapid Response and resultant management plan is entered into the patient's health care record consistent with relevant NSW Health policy regarding health care records.
- Where required, results of the Rapid Response call should also be entered into any relevant NSW Health database for capturing key performance indicator. The patient's family should be informed when a Rapid Response has been activated. The AMO must be advised of RRT call and outcomes for the patient as soon as possible.
- If following the RRT call patient transfer is required, the Attending Medical Officer, Patient Flow Manager and/or Nurse or Midwife in Charge must be advised as soon as possible.

5. NSW HEALTH STANDARD OBSERVATION CHARTS

All Public Health Organisations must introduce and implement the NSW Health Standard Observation Charts approved for use in NSW Health by the Director-General.

Based on evidence, the NSW Health Standard Observation charts incorporate the most sensitive indicators for a patient who is clinically deteriorating. Additional criteria for initiating a Clinical Review or Rapid Response Call are listed on these charts to assist in early recognition and action. For example in the Standard Adult General Observation chart:

- The Yellow Zones represent criteria for which a Clinical Review is required.
- The Red Zones represent the criteria for which an urgent Rapid Response Call is required.

The NSW Health standard charts incorporate a 'track and trigger' format to highlight the signs of a patient who is clinically deteriorating, and the required action when the criteria are met.

Where a NSW Health Standard Observation Chart is approved by the Director General the chart must be used for all relevant patients.

As an example, the Standard Adult General Observation Chart must be used for adults in all areas that currently use an adult general observation chart. Generally these are not used in critical care areas such as Intensive Care Units and Operating Suites or in speciality areas such as Emergency and Maternity where more specialised charts may be required.

The standard general observation charts may not be appropriate when a patient has been diagnosed as actively dying or in the terminal phase where other end of life pathways may be more suitable.

5.1 Observations

Frequency of observations must be prescribed and documented in the patient care plan and healthcare record. Appropriate consideration should be given to clinically significant events that occur during an episode of care, which may require more frequent observations than the minimum frequency defined in [section 5.1.1](#) below.

⁴ If it can be demonstrated that a clinician has already undertaken advance clinical and resuscitation skills training equivalent to content and learning outcomes of the relevant module of DETECT then the clinician may be exempt from the requirement to undertake this level of DETECT training.

5.1.1 Frequency of Observations

- Observation of vital signs are to include respiratory rate, blood pressure, pulse and temperature as a minimum and are to be recorded on the chart in black ink consistent with NSW Health policies on health care records.
- Observations are to be recorded directly on the chart at the time the observations are taken.
- The **Minimum** frequency of observations is three (3) times per day, at eight hourly intervals unless otherwise ordered and documented on the chart and in the patient's healthcare record. Aged care clients who reside in NSW Public Health Organisations such as Multi Purpose Services or co located residential aged care facilities are excluded except during periods of acute illness requiring treatment where a medical management plan is developed.
- Observations must be conducted prior to and after:
 - Transfer from one unit or procedural area to another
 - Transfer from Emergency/High Dependency/ICU to General clinical units.
- Unless there are documented changes such as not for cardio-pulmonary resuscitation (CPR); "no CPR order"; Advance Care Plan/Directive or altered calling criteria, observations falling into the coloured zones are to trigger an escalation of care consistent with the Clinical Review and Rapid Response protocols in each facility.
- Palliative Care clients who are being treated in NSW Public Health Facilities or co located Palliative Care facilities may be excluded (see 5.1.2 below), except during periods of acute illness requiring treatment, where a medical management plan is developed.

5.1.2 Variations to the Frequency of Observations

Variations to the frequency of observations are to be made based on each patient's individual health care needs.

- Decreasing the frequency of observations from the minimum required may only be approved by a medical officer following consultation with the Attending Medical Officer and must be documented on the Standard Observation Charts and in the patient's healthcare record.
- Where an approved Clinical Pathway sets out a schedule for varying the frequency of observations, a medical officer (following consultation with the Attending Medical Officer) may document this as "consistent with clinical pathway for [insert title of pathway]" in the relevant section of the Standard Observation Charts. Varying observation frequency in this manner may only occur provided that this does not reduce frequency further than a minimum of three (3) times per day, at eight hourly intervals. Approved end of life care pathways may adopt alternative observation sets and frequencies
- The frequency of observations may be increased by nursing or other clinical staff based on clinical judgment of the patient's condition.

5.2 Altering Clinical Calling Criteria

Calling criteria can be altered for a Clinical Review and must be clearly documented by a medical officer, in consultation with the Attending Medical Officer, in the designated place for *optional altered clinical calling criteria* on the chart.

Calling criteria can also be altered for a Rapid Response but must be clearly documented by the Attending Medical Officer in the designated place for *optional altered clinical calling criteria* on the chart.

The thresholds for the Calling Criteria for a Clinical Review or Rapid Response may be altered up or down, based on an individual's health care requirements. For example, the threshold for

the calling criterion for systolic blood pressure may be altered downwards to alert to re-bleeding of a cerebral aneurysm or may be altered upwards to better reflect the patient's usual observation patterns.

- Any alteration to the clinical calling criteria must be signed by a medical officer.
- Where a medical officer is not available to sign an alteration in calling criteria then a phone order may be accepted utilising the same guidelines as medication phone orders with the phone order countersigned within 24 hours.
- Altered clinical calling criteria should be formally reviewed every 72 hours (or every 48 hours for paediatric patients) by the Attending Medical Team.
- Special treatment plans which alter calling criteria such as not for cardio-pulmonary resuscitation (CPR) or "no CPR order" or an Advance Care Plan/Directive must also be documented in the patient's healthcare record.

5.3 Equipment and Support

All facilities will have equipment to support advanced resuscitation. Each facility must have an agreed, age appropriate, minimum emergency equipment and drug listing developed with reference to current best practice that is approved and reviewed by the appropriate Public Health Organisation resuscitation or other Quality Committee structure.

Hospitals must have access to the following equipment in patient care areas and non-patient care areas frequented by the public:

- Barrier devices for expired air resuscitation (sizes depending on the age profiles of the hospital's patients).
- A controllable supply of oxygen.
- A high pressure suction source.
- Disposable gloves.

6. EDUCATION

All facilities must have in place an education program that is based on the Between the Flags Education Program that facilitates the training of staff to recognise and appropriately manage patients who are clinically deteriorating.

The Between the Flags Education Program will include aspects of clinical assessment of the patient, the facility escalation protocol and appropriate care to provide while waiting for assistance.

The three components of the Between the Flags Education Program are:

- Awareness Training: all clinical staff and students should be aware of the Between the Flags Program. They should also be able to recognise a patient who is clinically deteriorating, identify the key features of the standard observation charts and explain how to apply the principles of Clinical Emergency Response Systems
- DETECT: is aimed at enhancing clinical assessment and management skills for early intervention for adult patients who are clinically deteriorating. ALL clinicians providing direct patient care should develop the theoretical and practical knowledge to recognise and provide appropriate care for patients who are clinically deteriorating and incorporate appropriate communication, escalation and handover processes into their practice.

The DETECT education program comprises:

- The DETECT e-learning resource.
- A face-to-face practical session.

- Advanced clinical and resuscitation skills: The Rapid Response Team are required to have advanced clinical and resuscitation skills, for example Advanced Life Support. These clinicians provide an immediate response to a Rapid Response call⁵.
- All Public Health Organisations must establish systems to ensure regular educational updates for existing staff and the training of new staff.

7. GOVERNANCE

All Public Health Organisations must have a clearly defined governance structure for local oversight of the Between the Flags Program.

Each Public Health Organisation must identify and nominate:

Area Level

- Area Executive Sponsor
- Area Clinical Champion
- Health Service Quality Committee or a sub committee of that committee overseeing implementation
- Appropriate Committee(s) to oversee education of staff.

Facility Level

- Facility Executive Sponsor
- Facility Clinical Champion.

8. EVALUATION AND KEY PERFORMANCE INDICATORS

All Public Health Organisations must collect and monitor data to assess performance. The results of data analysis should be provided in a timely manner to clinical units and through the Public Health Organisation to the NSW Department of Health.

8.1 Indicators to be collected

- Separate advice on indicators and methods for collection will be provided to Public Health Organisations by the Department of Health.

9. APPENDIX 1 - REFERENCE DOCUMENTS

- CEC, *Between the Flags Project*. The Way Forward, October 2008.
<http://www.cec.health.nsw.gov.au/programs/between-the-flags.html>
- CEC, *Between the Flags Project* Interim Report: A state-wide initiative of the CEC/GMCT/NSW Department of Health to enhance the recognition and management of the deteriorating patient, November 2008.
<http://www.cec.health.nsw.gov.au/programs/between-the-flags.html#publications1>
- NSW Health Policy - *Clinical Handover -Standard Key Principles* PD2009_060.
http://www.health.nsw.gov.au/policies/pd/2009/PD2009_060.html
- NSW Health Guideline- *CPR Decisions Relating to No-Cardiopulmonary Resuscitation Discussions* GL2008_018
http://www.health.nsw.gov.au/policies/gl/2008/GL2008_018.html
- NSW Health Guidelines- *End-of-Life Care and Decision-Making* GL2005_057
http://www.health.nsw.gov.au/policies/gl/2005/GL2005_057.html

⁵ If it can be demonstrated that a clinician has already undertaken advanced clinical and resuscitation skills training equivalent to content and learning outcomes of the relevant module of DETECT then the clinician may be exempt from the requirement to undertake this level of DETECT training.

10. APPENDIX 2 - IMPLEMENTATION PLANNER – BETWEEN THE FLAGS PROGRAM

ACTION PLANNER FOR: Chief Executives, Health Service Executives, Managers, Directors of Clinical Governance				DATE:			
Responsibility and personnel to implement Recognition and Management of a Patient in Clinical Deterioration Policy not assigned				Comments/Actions:			
Support to line managers to mandate Recognition and Management of a Patient in Clinical Deterioration Policy in their areas not provided				Comments/Actions:			
Rapid Response / Clinical Review processes not in place in all facilities				Comments/Actions:			
IMPLEMENTATION STANDARD							
	Current compliance status (✓)			Actions Required	Assigned to	Target Completion Date	
	Not Started	Partially Completed	Completed				
Assign responsibility and personnel to implement Recognition and Management of a Patient who is Clinically Deteriorating Policy							
Referral and Liaison Networks are formalised, prior to implementation of Recognition and Management of a Patient who is Clinically Deteriorating Policy							
Managers and department heads provides clinicians, patients and visitors adequate information regarding implementation of Recognition and Management of a Patient who is Clinically Deteriorating Policy, and what is expected of them.							
Support provided to line managers to mandate Recognition and Management of a Patient who is Clinically Deteriorating Policy in their areas							
Managers and Department Heads ensure that resuscitation equipment meets requirements							
Managers and Department heads take appropriate action including performance review when necessary							
COMPLIANCE STANDARD							
A register of staff that have completed Between the Flags Awareness education is maintained.							
Each Unit/Department has a documented plan for front line clinical staff to attend all relevant components of DETECT training, within the mandated timeframe.							
NSW Health approved Standard Observation Charts are in use in all required Care Areas							
Staff not complying with Recognition and Management of a Patient who is Clinically Deteriorating Policy are managed in accordance with NSW Health policy directives for staff performance management							
Rapid Response / Clinical Review process is operational in all facilities							
KPI Data Collection is completed and reported back to the originating Unit/ Department.							
LEADERSHIP STANDARD							
100% compliance with this policy is achieved facility-wide							
<i>NB: This implementation planner is a tool that Area Health Services may wish to use to monitor the implementation of this policy</i>							