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National Consensus Statement Endorsed by Health Administrators



On 22 April 2010, Australian Health Ministers endorsed the *National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration*, as the national approach for recognising and responding to clinical deterioration in Australian acute care facilities.

The National Consensus Statement was developed following wide consultation and sets out the agreed practice for recognising and responding to clinical

deterioration. Developed as a generic document to apply to all acute care facilities in Australia, the Statement also provides sufficient flexibility to be applied in range of different situations.

The Statement has been informed by existing guidelines and evidence, including work undertaken by jurisdictional programs such as the Between the Flags program in NSW and the Compass program in the ACT.

Eight elements are included in the statement. Four relate to clinical processes that need to be locally delivered based on the circumstances of the facility in which care is provided. Four relate to the structural and organisational prerequisites that are essential for recognition and response systems to operate effectively. The elements in the Consensus Statement are:

- A. Clinical processes
 - Measurement and documentation of observations
 - Escalation of care
 - Rapid response systems
 - Clinical communication
- B. Organisational prerequisites
 - Organisational supports
 - Education
 - Evaluation, audit and feedback
 - Technological systems and solutions

In line with Health Ministers' decision, facilities will need to have systems in place to address all elements in the Statement. The Statement should guide health services in developing their own recognition and response systems in a way that is tailored to their patient population and the resources and personnel available, whilst being in line with relevant jurisdictional or other programs. The Consensus Statement has been developed for:

- clinicians and managers responsible for the development, implementation and review of recognition and response systems in individual facilities or groups of facilities.
- planners, program managers and policy makers responsible for the development of jurisdictional or other strategic programs dealing with recognition and response to clinical deterioration.

The Statement is available on the Commission's website at www.safetyandquality.gov.au.

Additionally, the Commission is developing an Implementation and Action Guide to support effective implementation and use of the National Consensus Statement. The Guide will provide further information on how acute care facilities can put in place systems that address the elements in the Statement and that best fit their setting and capacity.

The Implementation Guide will provide information by way of tools, worked best practice examples and case studies and will also be developed as a web-based interactive resource to allow users to easily interact with material.

In writing the Guide, we want to hear from you. Do you have examples of policies, procedures, clinical pathways, audit tools or presentations and training tools that would help other clinicians improve systems for recognising and responding to clinical deterioration? Please email any ideas and examples to Kerrie O'Leary at kerrie.o'leary@health.gov.au or alternatively you can contact Kerrie on (02) 9263 3630.

Improving the Recognition and Response to Deteriorating Paediatric Patients: Your Chance to Ask the Experts

The Commission hosted a second workshop about systems for recognising and responding to deteriorating paediatric patients on 30 April 2010 in Melbourne.

This workshop provided a forum where researchers and clinicians with an interest in issues regarding the identification and management of deteriorating paediatric patients could hear about the progress of various projects being undertaken in the different jurisdictions. This included the development of the Children's Early Warning Tool (CEWT)

in Queensland and the expansion of the COMPASS (ACT), PACE (NSW SESIAHS) and Between the Flags (NSW) programs to paediatric patients.

Presentations included:

- Deteriorating Patient Project in the ACT – Dr Tony Lafferty and Ms Heather McKay
- The Children's Early Warning Tool – Dr Kevin McCaffery
- Achievements and Challenges of the Deteriorating Paediatric Patient – Ms Jo Leaver and Dr Jonny Taitz
- Implementation of the NSW Health Between the Flags Program – Ms Chrissy Ceely

The presentations are available from the Commission's website for download.



Victorian Intensive Care Unit Liaison Nurse Framework

The Victorian Department of Health has recently released a consultation paper on the role of the ICU liaison nurse. The paper, [A framework for the intensive care unit liaison nurse in Victorian health services](#), has been developed to assist health services plan, organize and foster the intensive care unit liaison role at the local level. It provides guidance for health services to flexibly develop the liaison nurse role by:

- Articulating a role statement
- Listing the core functions
- Outlining the structure and clinical governance features of the role

In discussing the activities undertaken by the ICU liaison nurse, the framework addresses support for acutely ill patients on the general wards, which link to the care and management of the deteriorating patient and the work of the ACSQHC Recognising and Responding to Clinical Deterioration Program.

6th International Symposium: Rapid Response Systems and Medical Emergency Teams by Nicola Dunbar, Program Manager

In May I travelled to Pittsburgh in the USA to attend the only international conference that is specifically focussed on recognising and responding to clinical deterioration. About 200 delegates attended, with representation from the North America, Europe, Asia and Africa.

Australia had a strong presence in the program with presentations from Dr Ken Hillman from the University of NSW, Dr Daryl Jones from the Austin Hospital, Dr Bill Shearer from Southern Health in Melbourne and Dr James Tibballs from the Royal Children's Hospital in Melbourne. I presented the results of the human factors research project on observation charts on behalf of the team from the University of Queensland. There was considerable interest in this project.

The conference was a busy two days, with three concurrent sessions, so I did not see everything. Some of the issues that were discussed included:

- the importance of involving families and carers in recognising and responding to clinical deterioration
- that there remains a lack of consensus about whether there is a "best" type of track and trigger system, and what the clinical thresholds that signify clinical deterioration should be
- how social sciences will help optimise the performance of recognition and response systems
- end of life care as an issue to be considered when recognising and responding to patients whose condition is deteriorating
- the role of continuous monitoring of ward patients in reducing preventable adverse events
- the importance of measurement of outcomes.

One of the overarching themes was the need for more research in this area, and for the projects and activities that are underway need to be written up and published. Some of the presentations from the conference are available from:

http://rapidresponsesystems.org/Pittsburgh2010/2010pdfs/2010talks_pdf.html

The next international conference will be held in Cancun Mexico in May 2011.

Human Factors and Observation Charts

Observation charts are an important tool for recognising abnormalities in vital signs that may signal when a patient's condition is deteriorating. As part of the Recognising and Responding to Clinical Deterioration program, the Commission is working to improve the design of observation charts.

There has been little research in this area and decisions that are made about observation charts tend to be made according to tradition or consensus. As part of this initiative the Commission has worked with Queensland Health and the University of Queensland to bring some science to this field – particularly through the application of human factors principles to the design of observation charts.

A research project has been conducted that compared a range of existing patient observation charts in order to identify which existing charts are best in terms of recording observation and identifying abnormalities. This project has been completed and an overview of methodology and the results on the outcomes of this research are now available on the Commission's website at http://www.safetyandquality.gov.au/internet/safety/publicing.nsf/Content/RaRtCD_EBA-GOC.

Activities conducted as part of the project include a heuristic analysis of 25 observation charts, a survey of clinicians about observation charts, and a comparison of performance of a small number of charts, including the Adult Deterioration Detection System (ADDS) chart, in a simulation centre. The simulation evaluation was performed with two groups of participants: novices in the use of observation charts (university students) and experts (clinicians from within Queensland Health). The research found that the design of the observation charts had a significant impact on the speed and accuracy of participants in identifying abnormal physiological parameters on the observation charts. Charts that were considered to be "well-designed" according to human

factors principles performed better than poorly designed charts.

One of the main outputs of the research project was the development of the ADDS chart, which incorporated good design features present in existing observation charts as identified during the heuristic analysis phase of the project.

Based on the results of the project some general guidance has been prepared about improving the design of paper-based charts. This information is available for use and it is recommended that it be reviewed prior to making any modifications to current charts, adapting the ADDS chart for local use or adopting the ADDS chart. This information and a report on the development of the ADDS chart is also available on the Commission's website.

The Commission is now extending its work on observation charts as part of this program. This work is based on "observation and response charts." These charts include:

- the essential design characteristics identified from human factors research
- a graph for recording physiological observations over time
- the capacity to record information on the physiological parameters that are associated with the occurrence of deterioration
- thresholds for each physiological parameter or combination of parameters that indicate abnormality
- actions required when thresholds are reached or deterioration is identified clinically

The Commission will be undertaking further simulation experiments with these observation and response charts in 2010-2011, and testing their performance in a clinical environment. The charts will then be piloted in a range of hospitals across Australia. For more information about this initiative please contact Nicola Dunbar at nicola.dunbar@safetyandquality.gov.au.

DIRECTIONS Seminar held on 22 April 2010



Over 180 nurses and midwives from Southern Adelaide Health Service attended a free one day seminar "Recognition of the Deteriorating Patient" at Flinders Medical Centre. This new initiative in nursing education was the first of its kind in South Australia and was convened by Debbie Bain, Jayne Harris, Wendy Hall and Wendy Livingstone, Nurse Education Facilitators from the Centre for Nursing & Midwifery Education & Research (CNMER) with the administrative support of Kerryl Tattoli.

A recently held conference conducted by the ACSQHC identified ongoing problems in the early recognition of patient deterioration that are experienced by health care facilities throughout Australia. While there have been many proposed solutions to the

problem, all initiatives highlight the need for education of nursing & midwifery staff in patient assessment skills focused to detect early deterioration.

The aim of this seminar was to revisit basic patient assessment skills within the framework of early recognition of the deteriorating patient, increase nurse and midwife confidence in recognising clinical indicators of deterioration and ensuring care is received in a timely manner. The seminar was well supported by sponsorship from SAHS, CNMER and FNERF. Industry support was received from ACSQHC, nursestuff.com.au, ego Pharmaceuticals, SA Tourism, Schweppes, Haighs and Ramsey Books.

Response was overwhelming with registration closing early. Topics covered overview of the MET, taking vital signs, respiratory assessment, cardiac assessment, and neurological assessment. Feedback has been positive and reflects the real need for nurses & midwives to get back to the basics, reconnect with changes in contemporary practice and examine the evidence related to current patient assessment.

The seminar is due to be repeated on the 23 September and expression of interest are NOW OPEN at www.cnmer.net.

What's coming up - 2010

Solutions for Safe Care National Conference November 2010

The Commission invites participation in the 2nd national conference, ***Recognising and Responding to Clinical Deterioration***.

Date: 8-9 November 2010

Venue: Stamford Grand Hotel, Adelaide

Conference aims: To showcase current approaches and practical solutions to the problem of properly recognizing and responding to patients who deteriorate in hospital. The conference will provide participants with an opportunity to:

- hear from experts about current approaches and directions to recognizing and responding to clinical deterioration.
- learn about practical solutions for improving the recognition and response to clinical deterioration.
- discuss with colleagues the issues, barriers and enablers to implementing systems and programs to improve the recognition and response to clinical deterioration.

Audience:

- critical care, emergency and general wards
- rapid response, medical emergency and ICU liaison
- risk, quality and patient safety
- hospital management.

For further information visit

<http://www.safetyandquality.com.au> or email info@cataystevents.com.au.

Call for Abstracts

Authors are invited to submit abstracts for workshops, oral or poster presentations on original work for the conference.

Topic areas that may be covered include, but are not limited to:

- Improving systems for recognising patients whose condition is deteriorating
- Improving systems for responding to patients whose condition is deteriorating
- Organisational systems needed to improve the recognition of and response to clinical deterioration.
- Clinical and other issues associated with improving the recognition of and response to clinical deterioration.

Abstract submission deadline is **30 July 2010** and notification of acceptance will be made by 27 August 2010.

To submit oral, poster and workshop abstracts please visit <http://www.safetyandquality.com.au> for templates. Abstracts should be saved in MS Word format and emailed to the event organiser at info@cataystevents.com.au.

COMPASS[®] Open Day - Monday August 30, 2010 0900-1630

The ACT Early Recognition of the Deteriorating Patient Program will open their doors for full day program at The Canberra Hospital. The day will include:

- COMPASS education session
- Tour of ward areas to see the program in use
- Change management tips
- Audits/evaluations
- Lunch/morning tea included

Cost \$30. For more information contact use on compass@act.gov.au or 02 6244 3885.



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