

recognising & responding to clinical deterioration

ACTION GUIDE



AUSTRALIAN SAFETY
AND QUALITY GOALS
FOR HEALTH CARE

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What are the goals?

The Australian Safety and Quality Goals for Health Care set out some important safety and quality challenges for Australia that would benefit from a coordinated national approach to improvement over the next five years. They are relevant across all parts of the health care system and aim to focus attention on a small number of key safety and quality challenges which:

- have a significant impact on the health and wellbeing of individuals, or on the healthcare system as a whole
- can be improved through implementation of evidence-based interventions and strategies
- are amenable to national action and collaboration.

➤ GOAL 1 SAFETY OF CARE:

That people receive their health care without experiencing harm.

➤ PRIORITY AREA 1.3 RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION:

Reduce harm to people from failures to recognise and respond to clinical deterioration through implementation of effective recognition and response systems.

What is the problem that needs to be addressed?

Serious adverse events such as cardiac arrest and unplanned intensive care admission can occur as the result of unrecognised or under-treated clinical deterioration. One in 20 people in hospital show signs of deterioration that are serious enough to warrant clinical intervention. However, there is evidence that these warning signs are not always identified, and if they are, they are not always acted on appropriately. Clinical deterioration to the extent that an emergency response is needed, and delays in this response, are associated with a significantly increased risk of death in hospital.

Why should this issue be a national goal?

Early recognition of clinical deterioration, followed by prompt and effective action, can minimise adverse outcomes such as cardiac arrest, and decrease the

number of interventions required to stabilise patients whose condition deteriorates in hospital. There are well researched strategies and actions to improve the recognition of and response to clinical deterioration. Coordination, focus of effort, and collaboration between stakeholders through the framework of a national goal on recognising and responding to clinical deterioration can contribute to significant change within the next five years.

What is the purpose of this document?

This action guide aims to provide detail on **Priority area 1.3: Recognising and responding to clinical deterioration**, including describing key outcomes that contribute towards meeting the Goal and possible actions that individuals and organisations across the health system could undertake to contribute to these changes. The actions described in this document are provided as guidance only; they are not exhaustive and are generally not mandatory. Where indicated, some actions relate to components of the National Safety and Quality Health Service Standards (NSQHSS). However, they should not be considered as an alternative to actions identified within the NSQHSS.

One key outcome has been identified in this priority area based on the criteria above, as well as feedback and input from a range of stakeholders.

- **Outcome 1.3.1: Recognition and response systems are in place in acute healthcare facilities, and fewer people experience harm as a result of deterioration in their physical condition not being identified or acted on appropriately**

A systematic approach that focuses on the needs of patients across the complex systems of health care is needed to ensure that patients whose condition deteriorates in hospital receive appropriate and timely care.

It is anticipated that additional outcomes for this priority area will be developed that will encompass the use of systematic approaches to the recognition of and response to clinical deterioration for different conditions and in different settings. These may include sepsis, acute delirium, and deterioration of a patient's mental state.

“One in 20 people in hospital show signs of deterioration that are serious enough to warrant clinical intervention.”

Who is this guide for?

This action guide can be used as a guide for consumers, healthcare providers, healthcare organisations and other individuals and organisations to make improvements and reduce harm. However, many other changes and actions can be implemented to contribute to these outcomes outside the ones suggested in this guide. Individuals and organisations should consider their current programs, policies, priorities, structure, and governance arrangements, as well as the characteristics, needs, and preferences of their populations when changing systems, processes, and practice.

Examples of organisations and individuals who can make improvements in safety and quality

CATEGORY	EXAMPLES OF ORGANISATIONS AND INDIVIDUALS THAT MAY BE INCLUDED IN THIS CATEGORY
Consumers	Advocates, carers, consumers, families, friends, patients, and support people
Healthcare providers	Aboriginal health workers, allied health workers, ambulance officers, community health professionals, general practitioners, medical and nurse specialists, nurses, paramedics, pharmacists, and prescribers
Organisations that provide healthcare services or support services at a local level	Allied healthcare services, day surgeries, community healthcare services, community pharmacies, Local Hospital Networks, Medicare Locals, primary healthcare services, public and private hospitals
Government organisations, regulators and bodies that advise on or set health policy	Australian Health Practitioner Regulation Agency, Commonwealth government, Health Workforce Australia, Independent Hospital Pricing Authority, National Health Performance Authority, National Lead Clinicians Group, National Medicare Local Network, National Prescribing Service, State and Territory governments
Education and training organisations	Colleges, private training organisations, training and further education organisations, universities, and other registered training providers
Other organisations	Accreditation agencies, colleges, consumer organisations, non-government organisations, support groups, university and other research groups

Note: These examples are not intended as a comprehensive list of all individuals and organisations within these categories.

GOAL 1: SAFETY OF CARE

PRIORITY AREA 1.3: RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION

OUTCOME 1.3.1	Recognition and response systems are in place in acute healthcare facilities Fewer people experience harm as a result of deterioration in their physical condition not being identified or acted on appropriately
WHAT WOULD SUCCESS LOOK LIKE AFTER FIVE YEARS?	<p>Recognition and response systems are in place and operating effectively in acute healthcare facilities.</p> <p>There is a measurable reduction in harm associated with failure to recognise and respond to clinical deterioration.</p>
HOW WILL WE KNOW THAT SUCCESS HAS BEEN ACHIEVED?	<p>By monitoring:</p> <ul style="list-style-type: none"> • rates of in-hospital cardiac arrest • hospital mortality rates • accreditation against National Safety and Quality Health Service Standards (Standard 9: Recognising and responding to clinical deterioration in acute health care). <p>Work will need to be undertaken to develop measures and data collection systems regarding the use of recognition and response systems and the occurrence of failures to recognise and respond appropriately to clinical deterioration.</p>
WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?	
POSSIBLE ACTIONS BY CONSUMERS	<p>Speak to healthcare providers when concerns exist about a patient's condition, about what needs to be done in a critical situation, or if there is a concern that a patient is not receiving the care that they need.</p>
POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS	<p>Follow agreed practices for measuring and documenting observations.</p> <p>Use track and trigger systems and escalate care until satisfied with the response.</p> <p>Use the rapid response system correctly, and provide appropriate care while waiting for the rapid response team to arrive.</p> <p>Follow agreed communication processes and protocols when communicating with other healthcare providers about patients whose condition is deteriorating.</p> <p>Talk to consumers about how they can raise concerns about clinical deterioration.</p> <p>When deterioration occurs, talk with the patient, family, and carer, and ensure that a patient's wishes (such as those in an advance care directive) are taken into account regarding the treatment provided.</p> <p>Participate in education programs about recognition and response systems and ensure competency in providing appropriate care to patients who are deteriorating, particularly for rapid response providers.</p> <p>Participate in data collection, quality improvement, and evaluation processes about recognition and response systems.</p>
POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL	<p>Develop, implement and regularly review the effectiveness of governance arrangements for recognition and response systems, and ensure that policies, procedures, and protocols are consistent with the requirements of the <i>National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration</i> (NSQHSS 9.1).</p> <p>Collect information about recognition and response systems, provide feedback to the clinical workforce and track outcomes and changes in performance over time (NSQHSS 9.2).</p>

“Recognition and response systems are in place and operating effectively in acute healthcare facilities.”

<p>POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL</p>	<p>Implement mechanisms for recording physiological observations that incorporate triggers to escalate care when deterioration occurs (NSQHSS 9.3).</p> <p>Develop and implement mechanisms to escalate care, and call for emergency assistance when there are concerns that a patient's condition is deteriorating (NSQHSS 9.4).</p> <p>Ensure that the circumstances and outcomes of calls for emergency assistance are regularly reviewed (NSQHSS 9.5.2).</p> <p>Ensure that the clinical workforce is trained and proficient in basic life support (NSQHSS 9.6.1).</p> <p>Ensure that there is a system in place to guarantee access at all times to at least one clinician, either on-site or in close proximity, who can practise advanced life support (NSQHSS 9.6.2).</p> <p>Provide patients, families, and carers with information about the importance of communicating concerns about deterioration, and about the local recognition and response systems (NSQHSS 9.7).</p> <p>Put in place systems to support patients and carers to document clear advance care directives and/or treatment limiting orders (NSQHSS 1.18.4).</p> <p>Ensure that information about advance care directives and treatment-limiting orders is in the patient clinical record, where appropriate (NSQHSS 9.8).</p> <p>Put in place systems so that patients, families, and carers can initiate an escalation of care response (NSQHSS 9.9).</p>
<p>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</p>	<p>Acknowledge that failures to recognise and respond to clinical deterioration are an important safety and quality issue that requires a systematic approach to address.</p> <p>Embed the elements in the <i>National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration</i> into safety and quality policies, frameworks, standards, and reporting structures.</p> <p>Include process and outcome indicators regarding recognition and response systems into routine data collection processes.</p> <p>Provide information, education, tools, and resources for healthcare organisations and providers about recognising and responding to clinical deterioration.</p>
<p>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</p>	<p>Include the skills and knowledge needed for appropriately recognising and responding to clinical deterioration in education and training curricula at undergraduate and postgraduate levels, and as part of continuing professional development.</p> <p>Produce graduates with the knowledge and skills to effectively identify clinical deterioration and provide basic life support to patients whose condition is deteriorating until emergency assistance is available, in a team environment.</p>
<p>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</p>	<p>Identify systems and processes that support the effective use of recognition and response systems.</p> <p>Explore opportunities to improve the identification of early signs of clinical deterioration, including the potential to identify patients at risk of deterioration.</p> <p>Explore approaches to reduce risks associated with failures to recognise and respond to clinical deterioration at transitions of care.</p>
<p>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</p>	<p>Lead national coordination and promotion of the importance of taking a systematic approach to improving recognition and response systems.</p> <p>Work with stakeholders to examine how recognition and response systems need to be tailored for specific clinical settings (such as maternity and mental health).</p> <p>Provide information, resources and tools that can be used to improve recognition and response systems.</p> <p>Liaise with education and training providers to incorporate recognising and responding to clinical deterioration into educational curricula.</p> <p>Facilitate national agreement about indicators that can be used for reporting of performance of recognition and response systems.</p>

APPENDIX: DEFINITIONS

PRIORITY AREA 1.3: RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION

Consumers:

When referring to consumers the Commission is referring to patients, consumers, families, carers, and other support people.

Emergency assistance:

Clinical advice or assistance provided when a patient's condition has deteriorated severely. This assistance is provided as part of the rapid response system, and is additional to the care provided by the attending medical officer or team.

Rapid response system:

The system for providing emergency assistance to patients whose condition is deteriorating. The system includes the clinical team or individual providing emergency assistance and may include on-site or off-site personnel.

Recognition and response systems:

Formal systems that help the workforce to promptly and reliably recognise patients who are clinically deteriorating, and appropriately respond to stabilise the patient.



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