

Documentation of core physiological observations

IDENTIFYING AND DEFINITIONAL ATTRIBUTES

SHORT NAME:	Documentation of core physiological observations
DESCRIPTION:	The proportion of patients audited that have complete sets of core physiological observations documented as part of their last set of recorded observations.
TYPE OF QUALITY MEASURE:	Process measure
RATIONALE:	There is an increasing body of work demonstrating the association between abnormal physiological observations and the occurrence of clinical deterioration leading to critical illness and serious adverse outcomes. Facilities need to ensure that acute care areas are measuring the core physiological observations required to identify clinical deterioration
DEFINITIONS:	<p>Admitted patient: any patient for whom the hospital accepts responsibility for the provision of inpatient care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same day or overnight care or treatment.</p> <p>Complete set of core physiological observations: a set of documented observations that includes respiratory rate, heart rate, blood pressure, temperature, oxygen saturation, level of consciousness.</p> <p>Last observation set: set of observations conducted most recently before the audit and documented on the patient's observation chart or other record.</p> <p>Monitoring plan: a document that outlines the physiological observations to be measured and the frequency of this measurement</p>

COLLECTION AND USAGE ATTRIBUTES

POPULATION:	Admitted patients who require core physiological observations to be measured according to their monitoring plan
COMPUTATION:	<p>Percentage of last observation sets with complete sets of core physiological observations documented</p> $\frac{\text{Numerator}}{\text{Denominator}} \times 100$
NUMERATOR:	Number of last observation sets audited with complete sets of core physiological observations documented
DENOMINATOR:	Total number of last observation sets audited

COMMENTS

COMMENTS:	<p>A high percentage of last observation sets with complete sets of core physiological observations documented is desirable</p> <p>Data collection for this quality measure may be combined with data collection for 'Compliance with monitoring plans or policies.' There is an audit tool available on the Commission's website for this purpose</p> <p>It may be useful to audit a variety of clinical areas at different times of day to examine whether there are differences in practices</p> <p>In incomplete sets of observations, collecting data about which observation is missing can assist with targeting education sessions to improve compliance</p> <p>Collecting data for this quality measure will require review of the patient's observation chart or other records where observations are documented</p>
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REFERENCES

REFERENCE DOCUMENTS:

Australian Commission on Safety and Quality in Health Care. National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration. Sydney. ACSQHC, 2010

Australian Institute of Health and Welfare Index. (Accessed 5 August 2011, at <http://meteor.aihw.gov.au/content/index.phtml/itemId/327206>.)

Cretikos M, Chen J, Hillman K, Bellomo R, Finfer S, Flabouris A. The objective medical emergency team activation criteria: A case-control study. *Resuscitation* 2007;73:62-72

Hillman, K. Bristow, P. Chey, T. Daffurn, K. Jacques, T. Norman, L. Bishop, G. and Simmons, G. Antecedents to hospital deaths. *Internal Medicine Journal* 2001;31:343-348

Jacques T, Harrison GA, McLaws M-L, Kilborn G. Signs of critical conditions and emergency responses (SOCCER): A model for predicting adverse events in the inpatient setting. *Resuscitation* 2006;69(2):175-183

Mitchell I. Patients at risk and the observation chart. *Innovation workshop: Development and use of observation charts to identify patients at risk*. Sydney, 2008