FACT SHEET

Implementing recognition and response systems in day procedure services

Regardless of size or location, all acute healthcare facilities need to have systems in place to ensure that patients who clinically deteriorate receive a timely and appropriate treatment response. Day procedure services face particular challenges when implementing a recognition and response system. This fact sheet provides specific information and implementation strategies for such services. More comprehensive information about implementing recognition and response systems can be found in the Guide to Implementation of the *National Consensus Statement: Recognising and Responding to Clinical Deterioration* which is available for download from the Commission's web site.

Case Study: Implementing an observation and response chart at Eye Tech Day Surgeries

Eye Tech Day Surgeries recently implemented a track and trigger adult observation and response chart. The Commission's single parameter adult observation chart (ORC) with two response categories was modifed to make it suitable for use in day surgery services. The triggers for escalation on the chart reflect the core physiological observations identified in the National Consensus Statement.

Two hour-long education sessions were provided to all nursing staff to orientate them to the new chart. Training included a presentation about the purpose of the chart, a question and answer session about its use, and table top scenarios demonstrating how to document observations and escalate care using the track and trigger system. Individual anaesthetists are oriented to the ORC and the escalation process prior to commencing their operating lists. Annual updates will be incorporated into compulsory CRISIS DAY education sessions.

Feedback from the anaesthetists will be listed as an agenda item for the Anaesthetic and Resuscitation Meeting. Ongoing audits will be carried out to look at the use of the chart and the escalation system. Feedback and audit results will be used to formulate further education sessions and to drive the quality improvement program as well as being fed back to meetings at all levels of the organisation, including to the Consumer Focus Group.

Sally Field, the registered nurse who led the implementation of the charts, reports that staff have seen definite benefits in making the change to the new ORC. Previously pre-operative observations had been recorded in a different section of the medical record. Now that these observations are in graph form from first admission, any deviation is easily tracked and quickly acted upon. Staff also see merit in the modification section where doctors can note what observation range is acceptable for individual patients.

The observation and response chart modified for use by day procedure services is available for download from the Commission's web site:

www.safetyandquality.gov.au

Escalation policies and processes

Day procedure services with limited equipment and resources may need to identify and act on clinical deterioration very early because there can be delays associated with referral, review and transfer processes. Escalation policies should clearly outline when, how and to whom to escalate care. When planning these policies, day procedure services should consider what resources are available locally and what level of care can safely be provided. It is important to determine when care should be escalated to external providers. Some day surgery services may like to incorporate additional post operative assessments–such as the modified Aldrete score, the React score, or the Post Anaesthesia Discharge Score–as triggers for escalation.

Services should develop a process for customising escalation protocols by making modifications to the 'normal' range of observations that will be tolerated for particular patients. These patients may have 'normal' observations that fall into the abnormal ranges (for example young healthy women with a 'normal' systolic blood pressure of 90). Processes for doing this may vary depending on workflow. In some services it may be possible to make modifications during pre-assessment clinic appointments, in others it may be necessary to make these modifications on the day of surgery.

Day procedure services should have formal, documented processes in place for:

- escalation within the facility (e.g. to the on-call anaesthetist and/or the patient's surgeon)
- escalation to an external medical provider (e.g. to the local inpatient hospital)
- coordinating patient transfer (e.g. reaching agreement with the local ambulance service).

See overleaf for an example of an escalation process that might be used in a day procedure service.

In addition to the escalation policy, every day procedure service should have a formal, documented emergency transfer agreement with an inpatient hospital. This document should also include the physiological parameters that trigger transfer.

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An example of an escalation process in a day procedure service

Level of physiological abnormality	Response actions
Moderate	• Immediate senior nurse review • Treat pain or distress • Anaesthetic review within 30 minutes (if concerned that the patient is bleeding then also contact the surgeon) • Increase frequency of observations to minimum half hourly until the patient has been reviewed • If you are worried about the patient or there is no improvement after initial intervention, then discuss with inpatient hospital as per emergency transfer agreement
High	• Rapid response call (anaesthetist and surgeon to be informed as soon as possible if they are not already part of the rapid response team) • Commence basic life support as indicated • Mandatory discussion with inpatient hospital as per emergency transfer agreement • Documented transfer form as per emergency transfer agreement

Emergency skills

Advanced life support providers may only use their emergency skills a few times a year so it is important that competency is maintained according to the requirements of advanced life support training providers. It is also important to ensure that the clinician calling for help is adequately skilled and resourced to provide basic life support interventions while awaiting the rapid response provider.

It is important to undertake training which includes site and procedure specific skills and knowledge. For example, all staff should know how and where to access emergency equipment. The management of specific emergencies may also be particularly relevant in some services, for example managing malignant hyperthermia may be particularly important if inhalant anaesthetics or suxemethonium are in routine use.

Governance, evaluation and quality improvement

Governance responsibilities for the recognition and response system can be embedded into the functions of existing governance groups. The function and performance of the recognition and response system should be listed as a standing agenda item for groups such as Boards of Management, Medical Advisory Committees, Management Review Committees and Consumer Review Committees.

Governance responsibilities include ensuring that:

- Policies and procedures for the detection and management of patient deterioration are developed and documented, implemented and evaluated
- Evaluation and data collection systems are in place to identify if the recognition and response system is performing as planned
- Systems are in place to ensure that near misses or clinical incidents (such as prolonged admissions, transfers to inpatient facilities, cardiac arrests and patient deaths) are reported, investigated and analysed
- The health workforce receive training to ensure that they can fulfil their part in the recognition and response system (for example, adult and paediatric basic and advanced life support training)
- The necessary resources are in place to support the function of the recognition and response system (for example, emergency equipment)
- Improvement strategies are developed, implemented and evaluated in response to performance data.

Further information

Further information about implementing recognition and response systems can be found in the Australian Commission on Safety and Quality in Health Care publication *A Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (2011).

This can be downloaded from: www.safetyandquality.gov.au

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