

## Failed escalation with mortality

### IDENTIFYING AND DEFINITIONAL ATTRIBUTES

<b>SHORT NAME:</b>	Failed escalation with mortality
<b>DESCRIPTION:</b>	The rate of patients who died in hospital without a treatment-limiting decision in place and who had documented triggers for an escalation of care that were not acted on
<b>TYPE OF QUALITY MEASURE:</b>	Outcome measure
<b>RATIONALE:</b>	If patients die without limitations on treatment and with documented triggers for escalation of care that were not acted on, the recognition and response system may be operating sub-optimally. Facilities need to ensure that escalation protocols are operating as planned to reduce the risk of adverse outcomes for patients.
<b>DEFINITIONS:</b>	<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>Separation: the process by which an episode of care for an admitted patient ceases. This may be formal or statistical</p> <p>Treatment-limiting decision: decisions that involve the reduction, withdrawal, or withholding of life-sustaining treatment. These may include 'no cardiopulmonary resuscitation', 'not for resuscitation' and 'do not resuscitate' orders</p> <p>Escalation protocol: protocol that sets out the organisational response required for different levels of abnormal physiological measurements or other observed deterioration</p> <p>Triggers: abnormalities in physiological measurements, aggregated scores or other clinical observations that require an escalation of care according to the escalation protocol</p>

### COLLECTION AND USAGE ATTRIBUTES

<b>POPULATION:</b>	Admitted patients who died in hospital without a treatment-limiting decision in place
<b>COMPUTATION:</b>	<p>Number of patients who died in hospital without a treatment-limiting decision in place, where there were documented triggers that should have prompted an escalation of care in the 24 hours prior to death that were not acted on per 1000 hospital separations for the time period audited</p> $\frac{\text{Numerator}}{\text{Denominator}} \times 1000$
<b>NUMERATOR:</b>	Number of patients who died in hospital without a documented treatment-limiting decision in place, where there were documented triggers that should have prompted an escalation of care in the 24 hours prior to death that were not acted on
<b>DENOMINATOR:</b>	Number of patient separations in the time period audited

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### COMMENTS

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A low rate of failed escalation with mortality is desirable

Patients who were declared dead on arrival at the hospital should be excluded

Populations that have different rapid response system processes should be reviewed separately. These populations may include general adult and paediatric patients. If specific escalation protocols apply in other settings (such as maternity), these should also be reviewed separately

Collecting data for this quality measure will require access to routine hospital data regarding separations and in-hospital deaths. It will also require information from the patient's healthcare record regarding the presence of treatment-limiting decisions and triggers for escalation

### REFERENCES

#### REFERENCE DOCUMENTS:

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