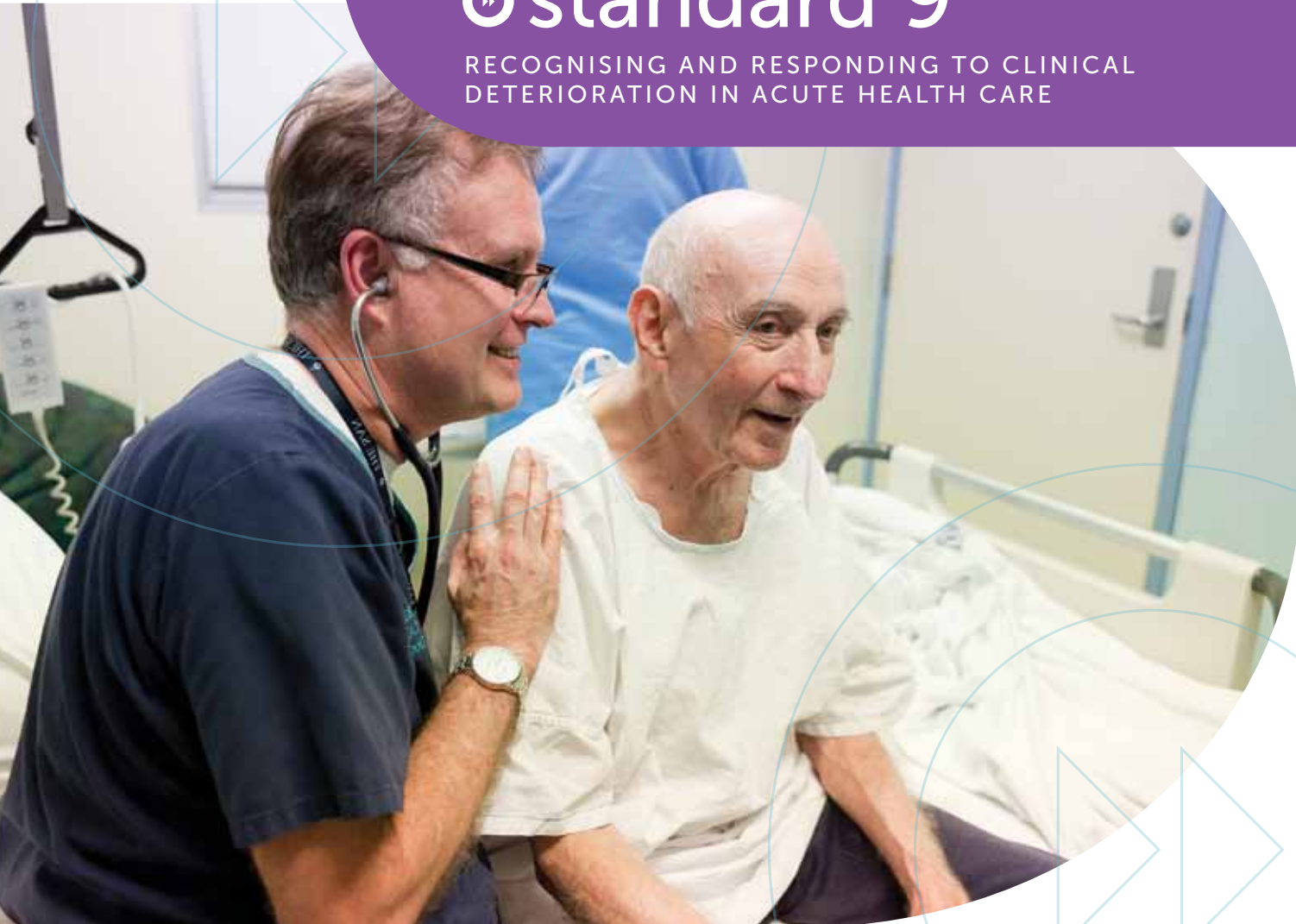


quick-start guide to  
implementing national safety  
and quality health service

# » standard 9

RECOGNISING AND RESPONDING TO CLINICAL  
DETERIORATION IN ACUTE HEALTH CARE



**Quick-start Guide to  
Implementing National Safety and Quality Health Service Standard 9:  
Recognising and Responding to Clinical Deterioration in Acute Health Care**

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# introduction

## the national safety and quality health service standards

The ten *National Safety and Quality Health Service Standards*<sup>1</sup> (the Standards) were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in consultation and collaboration with jurisdictions, technical experts and a wide range of stakeholders, including health professionals and patients.

The primary aims of the Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met, and a quality improvement mechanism that allows health services to realise aspirational or developmental goals.

The Standards are integral to the process of accreditation as they determine how, and against what, an organisation's performance will be assessed. Health service organisations can use the Standards as part of their internal quality assurance mechanisms or as part of an external accreditation process.

The Standards address areas in which there are:

- a large number of patients involved
- known gaps between the current situation and best practice outcomes
- existing improvement strategies that are evidence-based and achievable.

A guide to assist health services to interpret the Standards is available on the Commission's web site.

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

## core and developmental actions

The Standards apply to a wide variety of health services. Because of the variable size, structure and complexity of health service delivery models, a degree of flexibility is required in the application of the Standards.

To achieve this flexibility, each action within a Standard is designated as either:

- core, which are critical for safety and quality;
- or
- developmental, which are aspirational targets.

Core actions are considered fundamental to safe practice. Developmental actions identify areas where health services can focus activities or investments that improve patient safety and quality. Throughout this guide, actions that are developmental for hospitals are clearly marked.

## overarching standards

It is important to read and understand *Standard 1: Governance for Safety and Quality in Health Service Organisations* and *Standard 2: Partnering with Consumers*, as these set the overarching requirements for effective implementation of the remaining eight Standards. The criteria that demonstrate achievement of Standards 1 and 2 are outlined on the following page.<sup>1</sup>

## standard 1—governance for safety and quality in health service organisations

Standard 1 outlines five broad criteria to achieve the creation of an integrated governance system to maintain and improve the reliability and quality of patient care, and improve patient outcomes.

### 1. GOVERNANCE AND QUALITY IMPROVEMENT SYSTEMS

There are integrated systems of governance to actively manage patient safety and quality risks.

### 2. CLINICAL PRACTICE

Care provided by the clinical workforce is guided by best current practice.

### 3. PERFORMANCE AND SKILLS MANAGEMENT

Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high-quality healthcare.

### 4. INCIDENT AND COMPLAINTS MANAGEMENT

Patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.

### 5. PATIENT RIGHTS AND ENGAGEMENT

Patient rights are respected and their engagement in their care is supported.

## standard 2—partnering with consumers

Three broad criteria are outlined in Standard 2 to ensure that consumers and healthcare organisations work in active partnership to develop services that are responsive to patient, carer and consumer input and needs. These are:

### 1. CONSUMER PARTNERSHIP IN SERVICE PLANNING

Governance structures are in place to form partnerships with consumers and/or carers.

### 2. CONSUMER PARTNERSHIP IN DESIGNING CARE

Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.

### 3. CONSUMER PARTNERSHIP IN SERVICE MEASUREMENT AND EVALUATION

Consumers and/or carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

# » standard 9

## RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION IN ACUTE HEALTH CARE

Standard 9 addresses the problem of failures to provide appropriate and timely care to patients, in acute healthcare facilities, whose condition is deteriorating. *The National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (the consensus statement) was developed by the Commission and has been endorsed by Australian Health Ministers as the national approach for recognising and responding to clinical deterioration in Australia.<sup>2</sup> Standard 9 builds on the consensus statement to drive implementation in acute care facilities.

Standard 9 requires acute healthcare facilities to establish and maintain systems for recognising and responding to clinical deterioration. The intention of the Standard is to ensure that a patient's deterioration is recognised promptly, and appropriate action is taken. This Standard applies to all patients in acute healthcare facilities including adults, adolescents, children and babies, and to all types of patients including medical, surgical, maternity and mental health patients. Acute healthcare facilities range from large tertiary referral centres to small district and community hospitals. This Standard does not apply to deterioration of a patient's mental state.

Actions required to achieve each criterion are detailed in the Standard. This quick-start guide has been developed to help people complete each action and achieve the criteria in the Standard. This document is based on the comprehensive *Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* that has been developed by the Commission. The relevant sections of this implementation guide are listed at the end of each action in this quick-start guide. The implementation guide, and other resources and tools, are all available on the Commission's web site. Links to other useful resources are listed in the appendix to this guide.

### criteria to achieve standard 9:

#### 1. ESTABLISHING RECOGNITION AND RESPONSE SYSTEMS

Organisation-wide systems consistent with the National Consensus Statement are used to support and promote recognition of, and response to, patients whose condition deteriorates in an acute healthcare facility.

#### 2. RECOGNISING CLINICAL DETERIORATION AND ESCALATING CARE

Patients whose condition is deteriorating are recognised and appropriate action is taken to escalate care.

#### 3. RESPONDING TO CLINICAL DETERIORATION

Appropriate and timely care is provided to patients whose condition is deteriorating.

#### 4. COMMUNICATING WITH PATIENTS AND CARERS

Patients, families and carers are informed of recognition and response systems and can contribute to the processes of escalating care.

## common terms used in this quick-start guide

**Advance care directive:** instructions that consent to, or refuse, the future use of specified medical treatments (also known as healthcare directive, advance plan or other similar terms).

**Audit:** a systematic review of clinical care against a predetermined set of criteria.

**Clinical governance:** a framework for ensuring 'organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.'<sup>1</sup>

**Escalation policy:** a document outlining the principles and processes for escalating care for patients whose condition is deteriorating.

**Escalation protocol:** a document that describes the actions required for different levels of abnormal physiological measurements or other observed deterioration. The escalation protocol contains details of a facility's chosen track and trigger system and is linked to the escalation policy.

**Evaluation:** a systematic analysis of the merit, worth or significance of an object, system or program.<sup>3</sup>

**Human factors:** 'The environmental, organisational, and job factors of humans interacting with systems, as well as the physiological and psychological characteristics which influence behaviour at work.'<sup>4</sup>

**Monitoring plan:** a plan outlining the minimum observation and assessment requirements for a patient in an acute care setting. May be an individualised plan documented in the patient record or a standardised policy or pathway applying to a group of patients. This includes the frequency (times per day) and duration (number of days) of physiological observation monitoring.

**Observations:** the core physiological observations required to identify clinical deterioration (blood pressure, heart rate, level of consciousness, oxygen saturation, respiratory rate and temperature).

**Rapid response provider:** the clinical team or individual responsible for providing emergency assistance to patients whose condition is deteriorating.

**Rapid response system:** the system for providing emergency assistance to patients whose condition is deteriorating.

**Track and trigger systems:** systems designed to provide clinicians with an objective decision-making process for recognising and responding to altered physiological observations.<sup>5</sup>

**Treatment-limiting decisions:** orders, instructions or decisions that involve the reduction, withdrawal or with-holding of specified medical treatments.

**Triggers:** abnormalities in physiological observation measurements, aggregated scores or other clinical assessments that require an escalation of care according to the escalation protocol.

Recognition and response systems aim to ensure that all patients who deteriorate receive a timely and appropriate treatment response. A range of health professionals share the responsibility for establishing and maintaining recognition and response systems. These include health service boards, executives and owners, health service managers, clinicians, educators, and people with responsibility for policy and quality improvement. The system should be developed considering local circumstances. Consideration needs to be given to the individual roles and resources of each facility—and each clinical area within a facility—during the implementation process. Facilities may need additional resources such as equipment, personnel, education and training to ensure patients receive appropriate and timely care.

Whether systems are developed on a statewide or local basis, facilities may need to establish local project teams to oversee, plan and coordinate implementation and evaluation of recognition and response systems. Project teams should include representation from across the range of health professionals responsible for recognition and response systems. In addition, involving patients, families and carers as partners in these processes brings benefits in terms of improved services and higher satisfaction.<sup>6</sup>

### the eight essential elements for effective recognition and response systems include:

#### 1. MEASUREMENT AND DOCUMENTATION OF OBSERVATIONS

- measuring and documenting core physiological observations with appropriate frequency and for the appropriate duration of the patient's admission
- documenting a monitoring plan for each patient
- using observation charts designed using human factors principles that incorporate a track and trigger system

#### 2. ESCALATION OF CARE

- providing an escalation policy tailored to the role and characteristics of the facility
- an escalation protocol that provides a graded response to abnormal physiological observations and including it in the escalation policy
- considering advance care directives and treatment-limiting decisions when escalating care
- providing a process to enable patients, families and carers to escalate care

#### 3. RAPID RESPONSE SYSTEMS

- providing a rapid response system capable of delivering timely, specialised emergency assistance to patients whose condition is deteriorating
- ensuring rapid response systems operate in partnership with, and as an extension of, the healthcare team



#### 4. CLINICAL COMMUNICATION

- developing agreed communication processes (written and verbal) to support recognition and response systems
- developing systems for communicating with patients, families and carers about possible deterioration

#### 5. ORGANISATIONAL SUPPORTS

- providing a clinical governance framework to support systems for recognising and responding to clinical deterioration

#### 6. EDUCATION

- providing education to the clinical and nonclinical workforce to support recognition and response systems

#### 7. EVALUATION, AUDIT AND FEEDBACK

- developing evaluation, audit and feedback processes for recognition and response systems

#### 8. TECHNOLOGICAL SYSTEMS AND SOLUTIONS

- considering the use of technological systems and solutions to improve recognition and response systems.

Robust clinical governance frameworks and processes for evaluation, audit and feedback are also important for the establishment of recognition and response systems. Each healthcare facility in Australia is responsible for ensuring that its systems for recognising and responding to clinical deterioration are operational and effective. Including recognition and response systems in clinical governance frameworks allows a coordinated and systematic approach to evaluation, education, policy development and system improvements.

Evaluation helps identify and drive system improvements; prioritise the allocation of resources; identify educational needs; and develop future policy.<sup>7-9</sup> Evaluation of new systems is important to establish their efficacy and determine the changes needed to optimise performance.<sup>2</sup> Ongoing monitoring of recognition and response systems is also necessary to track changes over time, to ensure that systems continue to operate effectively, and to identify areas for improvement.<sup>2</sup> Data obtained from evaluating recognition and response systems should be fed back to the clinical workforce. This may help to inform health professionals of areas that need improvement, and motivate them to change practice and participate in improvement activities.<sup>10-12</sup> These feedback processes also contribute to a culture of transparency and accountability.

An important part of evaluating systems for recognising and responding to clinical deterioration is engaging frontline health professionals to obtain information on any barriers to utilising the system. Similarly, evaluating patient, family and carer perspectives and experiences provides valuable information on the personal aspects of care, identifies areas requiring improvement, and may provide solutions to system problems.<sup>9,13</sup>

# critterion 1

ORGANISATION-WIDE SYSTEMS CONSISTENT WITH THE NATIONAL CONSENSUS STATEMENT ARE USED TO SUPPORT AND PROMOTE RECOGNITION OF, AND RESPONSE TO, PATIENTS WHOSE CONDITION DETERIORATES IN AN ACUTE HEALTHCARE FACILITY

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
<p>9.1 Developing, implementing and regularly reviewing the effectiveness of governance arrangements and the policies, procedures and/or protocols that are consistent with the requirements of the National Consensus Statement</p>	<p>9.1.1 Governance arrangements are in place to support the development, implementation, and maintenance of organisation-wide recognition and response systems</p>	<p>Health service executives are responsible for ensuring that recognition and response systems are developed, implemented and operating as planned within a facility. A facility's clinical governance framework provides the mechanism for this.</p> <p>Health service executives need to identify suitable advisory committees or individuals and form clinical governance frameworks that allow recognition and response systems to be developed, monitored and continuously improved.</p> <p>A useful strategy for ensuring advisory clinical governance frameworks are in place is to map key requirements for the governance of recognition and response systems against existing committees or individuals with clinical governance responsibilities. If no suitable advisory clinical governance framework can be identified, facilities may need to establish new structures or redefine roles and responsibilities within existing governance frameworks. This mapping will ensure that all components of recognition and response systems are included in the clinical governance framework.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 5: Organisational supports</i></p> <p>Task 1: Provide a clinical governance framework to support systems for recognising and responding to clinical deterioration (p 236)</p>
	<p>9.1.2 Policies, procedures and/or protocols for the organisation are implemented in areas such as:</p> <ul style="list-style-type: none"> <li>• measurement and documentation of observations</li> <li>• escalation of care</li> <li>• establishment of a rapid response system</li> <li>• communication about clinical deterioration</li> </ul>	<p>One of the key roles of clinical governance frameworks for recognition and response systems is the development, implementation, evaluation and revision of policies. These policies should meet current legislative requirements, be based on clinical evidence (where available), and outline the expected operation and performance of recognition and response systems.</p> <p>Policies to support recognition and response systems should capture:<sup>2</sup></p> <ul style="list-style-type: none"> <li>• governance arrangements</li> <li>• specific roles and responsibilities</li> <li>• communication processes</li> <li>• resources for the rapid response system, such as staff and equipment</li> <li>• training requirements</li> <li>• evaluation, audit and feedback processes</li> <li>• arrangements with external organisations that may be part of the rapid response system.</li> </ul> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 1: Measurement and documentation of observations</i></p> <p>Task 1: Measure and document core physiological observations with appropriate frequency and duration (p 30)</p> <p>Task 2: Document a monitoring plan for each patient (p 41)</p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 1: Develop an escalation policy that is tailored to the role and characteristics of the facility (p 86)</p> <p>Task 2: Develop an escalation protocol that provides a graded response to abnormal physiological observations and include in the escalation policy (p 94)</p>

# critterion 1 ▶ CONTINUED

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
		<p><i>Essential element 3: Rapid response systems</i></p> <p>Task 1: Provide a rapid response system capable of delivering timely, specialised emergency assistance to patients whose condition is deteriorating (p 150)</p> <p>Task 2: Ensure rapid response systems operate in partnership with, and as an extension of, the healthcare team (p 163)</p> <p><i>Essential element 4: Clinical communication</i></p> <p>Task 1: Develop agreed communication processes (written and verbal) to support recognition and response systems (p 194)</p> <p>Task 2: Develop systems for communicating with patients, families and carers about possible deterioration (p 208)</p>
<p>9.2 Collecting information about the recognition and response systems, providing feedback to the clinical workforce, and tracking outcomes and changes in performance over time</p>	<p>9.2.1 Feedback is actively sought from the clinical workforce on the responsiveness of the recognition and response systems</p>	<p>An important part of evaluating systems for recognising and responding to clinical deterioration is engaging frontline staff to obtain information on any barriers to utilising the system.</p> <p>Surveys and focus group interviews provide information about awareness and perceptions of recognition and response systems and levels of knowledge about how they operate. They can also assist in identification of barriers to change and strategies for improvement.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 3: Rapid response systems</i></p> <p>Task 2: Ensure rapid response systems operate in partnership with, and as an extension of, the healthcare team (p 163)</p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 292)</p>
	<p>9.2.2 Deaths or cardiac arrests for a patient without an agreed treatment-limiting order (such as not for resuscitation or do not resuscitate) are reviewed to identify the use of the recognition and response systems, and any failures in these systems</p>	<p>Systematically reviewing the records of patients who suffer cardiopulmonary arrest or die unexpectedly in acute facilities can enable the identification of system problems such as delays in accessing the rapid response team, or issues with documentation and communication.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 292)</p> <p><i>Appendix B: Quality measures</i> (p 341)</p>

# critterion 1 ▶ CONTINUED

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
<p>9.2 Collecting information about the recognition and response systems, providing feedback to the clinical workforce, and tracking outcomes and changes in performance over time</p>	<p>9.2.3 Data collected about recognition and response systems are provided to the clinical workforce as soon as practicable</p>	<p>Data obtained from evaluating recognition and response systems should be fed back to the healthcare workforce. This may help to inform health professionals of areas that need improvement, and motivate them to change practice and participate in improvement activities.<sup>10-12</sup> The feedback process also contributes to a culture of transparency and accountability.</p> <p>Feedback processes that facilities may like to consider include:</p> <ul style="list-style-type: none"> <li>• displaying data on quality boards, in safety bulletins or newsletters</li> <li>• reporting evaluation results during staff meetings, morbidity and mortality meetings, and other staff forums</li> <li>• providing feedback to clinicians who were responsible for patients for whom rapid response calls were received</li> <li>• incorporating evaluation data into education and training programs for recognising and responding to clinical deterioration.</li> </ul> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 3: Rapid response systems</i></p> <p>Task 2: Ensure rapid response systems operate in partnership with, and as an extension of, the healthcare team (p 163)</p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 292)</p>
<p>9.2 Collecting information about the recognition and response systems, providing feedback to the clinical workforce, and tracking outcomes and changes in performance over time</p>	<p>9.2.4 Action is taken to improve the responsiveness and effectiveness of the recognition and response systems</p>	<p>It has been consistently demonstrated that escalation and rapid response systems require intensive, recurring education to operate effectively.<sup>14-16</sup> All clinicians need continuing education to help them identify the observations and assessments needed to detect clinical deterioration, the physiology associated with abnormalities, and the importance of timely intervention.</p> <p>Facilities may need to undertake qualitative and quantitative data analysis for recognition and response systems to identify barriers to their effective use and to develop strategies to improve them.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 3: Rapid response systems</i></p> <p>Task 2: Ensure rapid response systems operate in partnership with, and as an extension of, the healthcare team (p 163)</p> <p><i>Essential element 5: Organisational supports</i></p> <p>Task 1: Provide a clinical governance framework to support systems for recognising and responding to clinical deterioration (p 236)</p> <p><i>Essential element 6: Education</i></p> <p>Task 1: Provide education to the clinical and nonclinical workforce to support recognition and response systems (p 264)</p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 292)</p>

# » criterion 2

## RECOGNISING CLINICAL DETERIORATION AND ESCALATING CARE

Measurement of physiological observations plays a significant role in detecting clinical deterioration. Abnormal observations may occur at any time during a patient's admission to an acute care facility. Multiple studies and adverse events have shown that patients in acute care settings often go for prolonged periods without having appropriate physiological observations measured.<sup>15</sup> When this occurs it can mean that clinical deterioration may not be recognised, and treatment may be delayed.

Frequency of observation measurements often varies, due to differences in an individual clinician's judgement, poor communication among teams, varying views on the importance of observations and a lack of guidelines to inform practice.<sup>15,17-19</sup> It is therefore necessary to develop systems to ensure that physiological observations are being measured and documented at the appropriate frequency and duration for all patients in acute care facilities.

Observation charts document, monitor and communicate changes in physiological observations, and play a key role in recognising and responding to clinical deterioration. Poorly designed observation charts reduce clinicians' ability to recognise abnormal physiological observations and understand the significance of altered physiological observations. Human factors research demonstrates that charts identified as having a better design tend to yield fewer errors and shorter decision times in simulation experiments.<sup>20-21</sup>





Understanding when and how to respond to abnormal physiological measurements is a complex process.

It requires knowledge of:

- what measurements indicate abnormality for a patient
- appropriate treatment for the abnormality
- which clinicians have the skills to provide this treatment
- who is available to provide this treatment, considering the time of day or day of the week
- how to contact the appropriate clinicians
- the appropriate timeframe for clinicians to respond
- alternative or backup options for obtaining a response.

Track and trigger systems help with this process by specifying different levels of abnormal physiological parameters, or combinations of parameters that indicate abnormality, and outlining the response or action required when abnormality thresholds are reached or deterioration is identified.<sup>2</sup> A graded response to abnormal physiological parameters aims to provide clinical care and treatments to patients during the early stages of clinical deterioration, before the onset of critical illness and serious adverse events.

An appropriate and timely response to clinical deterioration relies on clinicians' knowledge of the treatment patients need, and the availability and location of services to provide the treatment. Clinical deterioration can mean that new care and new treatments are needed, which may not be available in the clinical area or facility that the patient is currently in.

Patients may experience delays in receiving the care they need if clinicians are unsure of:

- the types of clinical conditions a facility has the capacity to manage
- where to locate the services needed to provide care (internal and external)
- how to access each service.

Information such as this should be included in the facility's escalation protocol and policy.

## critterion 2

### PATIENTS WHOSE CONDITION IS DETERIORATING ARE RECOGNISED AND APPROPRIATE ACTION IS TAKEN TO ESCALATE CARE

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
<p>9.3 Implementing mechanism(s) for recording physiological observations that incorporates triggers to escalate care when deterioration occurs</p>	<p><i>This is a developmental action</i></p> <p>9.3.1 When using a general observation chart, ensure that it:</p> <ul style="list-style-type: none"> <li>is designed according to human factors principles</li> <li>includes the capacity to record information about respiratory rate, oxygen saturation, heart rate, blood pressure, temperature and level of consciousness graphically over time</li> <li>includes thresholds for each physiological parameter or combination of parameters that indicate abnormality</li> <li>specifies the physiological abnormalities and other factors that trigger the escalation of care</li> <li>includes actions required when care is escalated</li> </ul> <p>9.3.2 Mechanisms for recording physiological observations are regularly audited to determine the proportion of patients that have complete sets of observations recorded in agreement with their monitoring plan</p>	<p>Some states and territories and private hospital groups have developed and implemented observation charts for use in their facilities.</p> <p>Where facilities need to develop their own chart, the Commission strongly recommends using one of the four observation and response charts that it makes available, that have been developed according to human factors principles.</p> <p>The Commission's observation and response charts include the core physiological observations that are required for the detection of physiological deterioration, and thresholds for each parameter that can be altered to suit the clinical context of different facilities.</p> <p>If neither an agreed state-wide nor Commission designed chart is in use, facilities must be able to demonstrate how their observation chart meets the human factors design principles outlined in the <i>Developer's Guide for Observation and Response Charts</i>. This is available for download from the Commission's web site: <a href="http://www.safetyandquality.gov.au">www.safetyandquality.gov.au</a></p> <p>Thresholds in a track and trigger system are a single physiological parameter, observation or assessment, or a group of parameters, that trigger an escalation of care and a clinical response. The thresholds need to consider the treatment and monitoring needs of the patient, the level of physiological abnormality each threshold represents, and locally available resources.</p> <p>Developing trigger thresholds and associated responses is a complex process. Facilities developing their own thresholds will need to identify the range or threshold for each parameter, and develop responses considering the:</p> <ul style="list-style-type: none"> <li>treatments and timeframe required to respond to trigger thresholds</li> <li>appropriate skill level of the responder to safely manage the clinical deterioration</li> <li>resources available to safely manage the clinical deterioration and possible treatment.</li> </ul> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 1: Measurement and documentation of observations</i></p> <p>Task 1: Measure and document core physiological observations with appropriate frequency and duration (p 30)</p> <p>Task 3: Use observation charts designed using human factors principles that incorporate a track and trigger system (p 50)</p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 2: Develop an escalation protocol that provides a graded response to abnormal physiological observations and include in the escalation policy (p 94)</p> <p>Audits may occur as part of a facility-wide audit program or through quality improvement activities in individual clinical areas. Two types of audit may be useful. Observational audit can provide information about clinicians' practices regarding the techniques of physiological observation measurement. Documentation audit measures compliance with policy regarding minimum frequency and duration of core physiological observations.</p> <p>Audits should be based on the area's observation policy or policies, and should evaluate whether:</p> <ul style="list-style-type: none"> <li>core physiological observations are being measured accurately</li> <li>they are measured according to the minimum frequency and duration specified in the monitoring plan.</li> </ul>

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
<p>9.3 Implementing mechanism(s) for recording physiological observations that incorporates triggers to escalate care when deterioration occurs</p>	<p>9.3.2 Mechanisms for recording physiological observations are regularly audited to determine the proportion of patients that have complete sets of observations recorded in agreement with their monitoring plan</p>	<p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 1: Measurement and documentation of observations</i></p> <p>Task 1: Measure and document core physiological observations with appropriate frequency and duration (p 30)</p> <p>Task 2: Document a monitoring plan for each patient (p 41)</p> <p><i>Appendix B: Quality measures</i></p> <ul style="list-style-type: none"> <li>• Documentation of core physiological observations (p 342)</li> <li>• Compliance with monitoring plans or policies (p 344)</li> </ul>
	<p>9.3.3 Action is taken to increase the proportion of patients with complete sets of recorded observations, as specified in the patient's monitoring plan</p>	<p>Feed back on audit results and education on the significance of physiological observations and measurement practices should be priorities for every area. This should include information on:</p> <ul style="list-style-type: none"> <li>• core physiological observations and their role in identifying clinical deterioration</li> <li>• the need for policies on monitoring practices and escalation of care</li> <li>• the specific policy requirements relating to each clinical area.</li> </ul> <p>It is important to ensure that adequate resources are available for clinicians to undertake the appropriate observations with the appropriate frequency. This includes both adequate numbers of appropriately skilled staff and adequate equipment.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 1: Measurement and documentation of observations</i></p> <p>Task 1: Measure and document core physiological observations with appropriate frequency and duration (p 30)</p> <p><i>Essential element 5: Organisational supports</i></p> <p>Task 1: Provide a clinical governance framework to support systems for recognising and responding to clinical deterioration (p 236)</p> <p><i>Essential element 6: Education</i></p> <p>Task 1: Provide education to the clinical and nonclinical workforce to support recognition and response systems (p 264)</p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 292)</p>
<p>9.4 Developing and implementing mechanisms to escalate care and call for emergency assistance where there are concerns that a patient's condition is deteriorating</p>	<p>9.4.1 Mechanisms are in place to escalate care and call for emergency assistance</p>	<p>Escalation policies need to be developed with consideration of the size and role of each facility, its location and available resources. They should also specify when a patient's care should be escalated to another facility. Most tertiary hospitals can provide access to specialist services and higher levels of care, such as high-dependency and intensive care units. However, rural and metropolitan hospitals are likely to need systems to escalate care to external service providers. Delays in treatment can occur in the absence of clear criteria for escalating care.</p> <p>Trigger thresholds and mechanisms for provision of appropriate clinical responses should be developed together, considering the different patient groups and the various responses from each clinical area. A mapping exercise may help develop trigger thresholds and responses, along with reviewing thresholds from existing systems. A tool for this purpose is available from the Commission's web site.</p>



THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
		<p>When severe clinical deterioration occurs, it is important to ensure that appropriate emergency assistance or advice is available before an adverse event, such as a cardiac arrest, occurs.<sup>2</sup> Rapid response systems provide this emergency response, and have been shown to reduce in-hospital cardiac arrests, unplanned intensive care unit admissions, morbidity and mortality.<sup>19,22-27</sup></p> <p>Patients may show signs of clinical deterioration other than the observations and assessments commonly included in track and trigger systems. A trigger to escalate care based only on a clinician’s concern should therefore be included.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 1: Measurement and documentation of observations</i></p> <p>Task 3: Use observation charts designed using human factors principles that incorporate a track and trigger system (p 50)</p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 1: Develop an escalation policy tailored to the role and characteristics of the facility (p 86)</p> <p>Task 2: Develop an escalation protocol that provides a graded response to abnormal physiological observations and include in the escalation policy (p 94)</p> <p><i>Essential element 3: Rapid response systems</i></p> <p>Task 1: Provide a rapid response system capable of delivering timely, specialised emergency assistance to patients whose condition is deteriorating (p 150)</p>
	<p>9.4.2 Use of escalation processes, including failure to act on triggers for seeking emergency assistance, are regularly audited</p>	<p>Escalation responses should be evaluated to ensure that response times, equipment, clinicians with specific skills, and other resources are appropriate for each level of abnormality.</p> <p>Evaluation may also include collecting and reviewing information from complaints, unplanned admissions to intensive care, cardiac arrest calls and unexpected deaths.</p> <p>Health professionals should enquire:</p> <ul style="list-style-type: none"> <li>• how successfully the triggers identify the presence or absence of clinical deterioration</li> <li>• how appropriately the responses manage the level of abnormality</li> <li>• if the escalation protocol is used correctly</li> <li>• if the escalation protocol operates as planned (i.e. are there any practical difficulties).</li> </ul> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 293)</p> <p><i>Appendix B: Quality measures</i></p> <ul style="list-style-type: none"> <li>• Escalation of care (p 346)</li> <li>• Failed escalation with mortality (p 348)</li> <li>• Rapid response system activation (p 350)</li> <li>• Unexpected cardiopulmonary arrest (p 352)</li> <li>• In-hospital deaths (p 354)</li> <li>• Unexpected in-hospital deaths (p 355)</li> </ul>

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
<p>9.4 Developing and implementing mechanisms to escalate care and call for emergency assistance where there are concerns that a patient's condition is deteriorating</p>	<p>9.4.3 Action is taken to maximise the appropriate use of escalation processes</p>	<p>Clinicians (including those who are casual, new, and permanent) need education and training to understand the escalation protocol and their individual roles and responsibilities. This should include education on:</p> <ul style="list-style-type: none"> <li>• the levels of abnormality</li> <li>• trigger thresholds and the 'clinician concern' criterion</li> <li>• processes for escalating care until satisfied</li> <li>• the care that each clinician is expected to provide</li> <li>• professional behaviours in successfully operating escalation protocols.</li> </ul>
	<p>9.4.3 Action is taken to maximise the appropriate use of escalation processes</p>	<p>Escalation protocols can be complex, involving multiple steps and a variety of different communication pathways. A flow diagram summarising this process provides clinicians with a quick reference tool that can be kept in clinical areas to support correct use of the escalation protocol.</p> <p>When reviewing the effectiveness of trigger thresholds, it is important to consider if the recognition and response system is accurately and consistently identifying patients who are deteriorating.</p> <p>Trigger thresholds and responses may need to be refined over time, based on evaluation results and changes in resources.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 1: Develop an escalation policy that is tailored to the role and characteristics of the facility (p 86)</p> <p>Task 2: Develop an escalation protocol that provides a graded response to abnormal physiological observations and include in the escalation policy (p 94)</p> <p><i>Essential element 3: Rapid response systems</i></p> <p>Task 1: Provide a rapid response system capable of delivering timely, specialised emergency assistance to patients whose condition is deteriorating (p 150)</p> <p>Task 2: Ensure rapid response systems operate in partnership with, and as an extension of, the healthcare team (p 163)</p> <p><i>Essential element 5: Organisational supports</i></p> <p>Task 1: Provide a clinical governance framework to support systems for recognising and responding to clinical deterioration (p 236)</p> <p><i>Essential element 6: Education</i></p> <p>Task 1: Provide education to the clinical and nonclinical workforce to support recognition and response systems (p 264)</p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 292)</p>

# » criterion 3

## RESPONDING TO CLINICAL DETERIORATION

In addition to ensuring that observation monitoring, track and trigger, and escalation systems are in place and working well, it is crucial to ensure that appropriate emergency assistance or advice is provided for patients who are deteriorating. Rapid response systems form part of a facility's graded escalation response, and should therefore be developed as part of the overall escalation policy. The purpose of rapid response systems is to ensure that all patients who deteriorate receive a timely and appropriate response.

Health professionals may find it useful to review existing rapid response systems to identify one that suits the size, role, resources and staffing mix of their own facility. Several models for the provision of rapid emergency assistance to deteriorating patients are used in Australia and internationally. These include medical emergency teams, rapid response teams, critical care outreach teams and intensive care liaison nurses.

Additional resources may be needed to ensure that the chosen system is effective. Regardless of the type of system implemented, facilities need to ensure that rapid response systems provide access to a clinician who can provide advanced life support.

Once a rapid response system has been chosen, facilities should identify and outline the roles and responsibilities of the care providers, considering their scope of practice, and include this information in the facility's policy, and education and training programs.

As a minimum, the outline of the roles and responsibilities of rapid response providers should identify who:

- is responsible for ensuring that the equipment for providing emergency assistance will reach the patient
- is responsible for directing and coordinating the multiple activities and treatments needed when providing emergency assistance
- is responsible for communicating the outcome of the call to the healthcare team
- has authority to make transfer decisions and access other clinicians as required
- is responsible for making treatment-limiting decisions, and how to contact this person
- is responsible for documenting the care provided
- is responsible for contacting and discussing clinical deterioration with the patient, family and carers.



It is also important for facilities to identify the roles and responsibilities of ward nurses and the attending medical officer or team when developing rapid response systems. Important roles and responsibilities of ward nurses, attending medical officers and teams to be included in escalation policies or similar documents may include:<sup>2</sup>

- remaining with the patient and starting further assessments, basic life support and other therapies while waiting for the rapid response team to arrive
- providing a structured handover of information on the clinical condition of the patient and reasons for activating the system to the clinicians providing emergency assistance
- ensuring the attending medical officer or team attends, where possible, to assist and to learn from the rapid response team.

Information on roles and responsibilities should be incorporated into education programs and orientation sessions for rapid response systems.

# critterion 3

## APPROPRIATE AND TIMELY CARE IS PROVIDED TO PATIENTS WHOSE CONDITION IS DETERIORATING

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
<p>9.5 Using the system in place to ensure that specialised and timely care is available to patients whose condition is deteriorating</p>	<p>9.5.1 Criteria for triggering a call for emergency assistance are included in the escalation policies, procedures and/or protocols</p>	<p>Protocols and policies for escalation of care should be developed and should clearly describe the mechanisms that are in place for escalating care for all patients at all times. Both the clinical and nonclinical workforce need to know how to call for emergency assistance and should receive ongoing training regarding the recognition and response system.</p> <p>Rapid response systems form part of a facility's escalation protocol. Details of how the system operates should also be included in the facility's escalation policy. This information should include the:</p> <ul style="list-style-type: none"> <li>• triggers for emergency assistance</li> <li>• method for activating the rapid response system</li> <li>• responses, including who should attend and in what time frame</li> <li>• roles and responsibilities of each clinician</li> <li>• evaluation and governance arrangements.</li> </ul> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 1: Develop an escalation policy that is tailored to the role and characteristics of the facility (p 86)</p> <p>Task 2: Develop an escalation protocol that provides a graded response to abnormal physiological observations and include in the escalation policy (p 94)</p> <p><i>Essential element 3: Rapid response systems</i></p> <p>Task 1: Provide a rapid response system capable of delivering timely, specialised emergency assistance to patients whose condition is deteriorating (p 150)</p> <p><i>Essential element 5: Organisational supports</i></p> <p>Task 1: Provide a clinical governance framework to support systems for recognising and responding to clinical deterioration (p 236)</p>
	<p>9.5.2 The circumstances and outcome of calls for emergency assistance are regularly reviewed</p>	<p>Many studies have identified that rapid response systems are often underused by staff, delaying patients' access to emergency assistance.<sup>28</sup> Therefore, evaluation should include process measures (i.e. is the system performing as expected or desired?) and outcome measures (i.e. did the system have an impact on patient outcomes?).<sup>29</sup></p> <p>Process measures may include:</p> <ul style="list-style-type: none"> <li>• appropriateness of the trigger thresholds for activating the rapid response system</li> <li>• reasons for triggering activation (this may identify use of the system for purposes other than what it is designed for)</li> <li>• failures or delays in activating the rapid response system (e.g. number of cardiac arrests and unplanned transfers to higher levels of care where the system should have been activated, but was either not activated or activation was delayed)</li> <li>• time from activation of the rapid response system to response (this will be particularly useful during early implementation of the system)</li> <li>• transfer times from ward to higher-level care</li> <li>• team performance and clinician satisfaction with the rapid response system</li> <li>• daily variations in calls to the rapid response system (e.g. time of day and day of the week that calls are made).</li> </ul>

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
		<p>Outcome measures may include:</p> <ul style="list-style-type: none"> <li>• number of rapid response system calls</li> <li>• adverse events and clinical incidents or near misses</li> <li>• number of rapid response system calls to patients within 24 hours of admission</li> <li>• cardiac arrest rates</li> <li>• unexpected in-hospital cardiac arrest and mortality rates</li> <li>• number of unplanned transfers to higher-level care</li> <li>• number of intensive care unit readmissions</li> <li>• number of repeat rapid response system calls for the same patient.</li> </ul> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 3: Rapid response systems</i></p> <p>Task 1: Provide a rapid response system capable of delivering timely, specialised emergency assistance to patients whose condition is deteriorating (p 151)</p> <p>Task 2: Ensure rapid response systems operate in partnership with, and as an extension of, the healthcare team (p 164)</p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 293)</p> <p><i>Appendix B: Quality measures</i></p> <ul style="list-style-type: none"> <li>• Escalation of care (p 346)</li> <li>• Failed escalation with mortality (p 348)</li> <li>• Rapid response system activation (p 350)</li> <li>• Unexpected cardiopulmonary arrest (p 352)</li> <li>• In-hospital deaths (p 354)</li> <li>• Unexpected in-hospital deaths (p 355)</li> </ul>
<p>9.6 Having a clinical workforce that is able to respond appropriately when a patient's condition is deteriorating</p>	<p>9.6.1 The clinical workforce is trained and proficient in basic life support</p>	<p>All clinicians must be capable of implementing basic life support measures while awaiting emergency assistance. Poor-quality resuscitation has been reported both in and out of hospital.<sup>30-32</sup> If internal training is not available there are many external training agencies who offer certification in basic life support skills.</p> <p>Improving non-technical skills such as leadership, teamwork, task management and structured communication is also recommended to help improve patient care and the performance of resuscitation providers.<sup>32</sup> Simulation training can assist in improving both technical and non-technical skills, which may help to improve patient survival and reduce potential for error.<sup>30</sup></p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 6: Education</i></p> <p>Task 1: Provide education to the clinical and nonclinical workforce to support recognition and response systems (p 264)</p>

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
<p>9.6 Having a clinical workforce that is able to respond appropriately when a patient's condition is deteriorating</p>	<p>9.6.2 A system is in place for ensuring access at all times to at least one clinician, either on-site or in close proximity, who can practise advanced life support</p>	<p>Facilities need to ensure that rapid response systems give access to a clinician who can provide advanced life support. All facilities will need to develop and maintain rosters or systems to enable access to this clinician at all times. The clinician should be either on-site or in close proximity to the acute care facility. Where clinicians with advanced life support skills are located off-site, response times need to be rapid so that patient safety and care is not compromised. This may require early contact of the clinician during episodes of patient deterioration, or if response times are prolonged, the capacity to have the clinician on-site.</p> <p>Additional nurses and doctors may require training in advanced life support in order to ensure rapid response systems can provide this level of care 24 hours per day and during periods of staff absences. Facilities may need to consider accessing external training programs if training in advanced life support skills cannot be provided locally. Advanced life support competency must be maintained with regular updates.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 3: Rapid response systems</i></p> <p>Task 1: Provide a rapid response system capable of delivering timely, specialised emergency assistance to patients whose condition is deteriorating (p 150)</p> <p><i>Essential element 6: Education</i></p> <p>Task 1: Provide education to the clinical and nonclinical workforce to support recognition and response systems (p 264)</p>

In Australia and internationally, investigations into adverse events have shown that appropriate treatment has been delayed even when families have identified and reported concerns about clinical deterioration to the healthcare team.<sup>33-34</sup> Patients and families may also identify signs of clinical deterioration—including in other patients—but not have immediate access to the healthcare team, which delays treatment.

Families and carers are ideally placed to identify signs of clinical deterioration because:

- the patient is well known to them, allowing subtle changes or signs of clinical deterioration to be identified by them before being identified by the healthcare team
- they spend time with the patient, providing additional surveillance to that provided by the healthcare team.

Clinicians should be educated about the skills that patients, families and carers display in identifying signs of clinical deterioration. Case studies are powerful tools for illustrating this skill and should be used in education programs about recognition and response to clinical deterioration. To support the development of partnerships between patients and clinicians, the Commission also recommends involving patients and families as teachers, rather than solely as cases to be studied.<sup>35</sup>

Escalation policies and protocols should enable patients, families and carers to trigger escalation of care in a similar way to escalation protocols triggered by health professionals. When patients and families identify deterioration, have concerns, or if there is confusion about what is happening with care, they are able to trigger a call that brings members of the healthcare team to the patient's bedside. The healthcare team can then assess the situation, provide emergency assistance and resolve any concerns. This concept is relatively new in Australia. However, many hospitals in the United States have implemented processes to ensure that patients and families can escalate care when they recognise clinical deterioration.<sup>36-37</sup>

### **providing a process for patients, families or carers to escalate care provides an additional layer of safety, and recognises the role of patients, families and carers as part of the wider healthcare team**

Advance care directives provide patients with a way to communicate their end-of-life wishes to families, carers and healthcare teams. Facilities should encourage the development and documentation of advance care directives, as this ensures patients' preferences are identified and reduces the likelihood of communication breakdown and inappropriate healthcare treatment.

Escalation policies should include processes to identify patients who have advance care directives or who have made treatment-limiting decisions when they present to the facility. This is particularly important for emergency departments, where treatments for clinical deterioration often begin, and where there is likely to be access to family to obtain information about a patient's treatment preferences. Once a patient's advance care or treatment-limiting directive has been identified, an individualised escalation protocol can be developed.

Establishing processes for identifying advance care and treatment-limiting directives may require changes to admission procedures and education for the clinical and nonclinical workforce on individual roles and responsibilities. Clinical governance systems for recognition and response systems play a key role in developing these processes.

# criterion 4

PATIENTS, FAMILIES AND CARERS ARE INFORMED OF RECOGNITION AND RESPONSE SYSTEMS AND CAN CONTRIBUTE TO THE PROCESSES OF ESCALATING CARE

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
<p>9.7 Ensuring patients, families and carers are informed about, and are supported so that they can participate in, recognition and response systems and processes</p>	<p><i>This is a developmental action</i></p> <p>9.7.1 Information is provided to patients, families and carers in a format that is understood and meaningful. The information should include:</p> <ul style="list-style-type: none"> <li>the importance of communicating concerns and signs/symptoms of deterioration, which are relevant to the patient's condition, to the clinical workforce</li> <li>local systems for responding to clinical deterioration, including how they can raise concerns about potential deterioration</li> </ul>	<p>Clinical areas should identify opportunities to improve communication between clinical staff and patients, families and carers about possible deterioration. This proactive and patient-centred approach to care may help confirm physical assessment findings or obtain additional information about a patient's clinical presentation or problem. Opportunities for communication may include:</p> <ul style="list-style-type: none"> <li>on presentation to an acute care area</li> <li>at regularly scheduled intervals throughout a patient's hospital admission</li> <li>daily, during healthcare team rounds</li> <li>at bedside handover</li> <li>at any time, by establishing agreed communication processes for patients, families or carers to escalate care.</li> </ul> <p>Facilities should develop resources on agreed communication processes and provide them to patients, families and carers. Resources may include brochures and posters, or information broadcast on internal hospital media systems.</p> <p>Information should include:</p> <ul style="list-style-type: none"> <li>the important role that patients, families and carers play in providing information to the healthcare team</li> <li>when agreed communication processes occur (times, locations)</li> <li>which clinicians participate in these processes</li> <li>alternative methods for communicating concerns to the healthcare team</li> <li>ways of providing feedback on these communication processes.</li> </ul> <p>Patients, families and carers should be involved in developing information and resources about communication processes.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 4: Clinical communication</i></p> <p>Task 2: Develop systems for communicating with patients, families and carers about possible deterioration (p 209)</p>
<p>9.8 Ensuring that information about advance care plans and treatment-limiting orders is in the patient clinical record, where appropriate</p>	<p><i>This is a developmental action</i></p> <p>9.8.1 A system is in place for preparing and/or receiving advance care plans in partnership with patients, families and carers</p>	<p>Facilities should encourage the development and documentation of advance care directives, as this ensures patient's preferences are identified and reduces the likelihood of communication breakdown and inappropriate healthcare treatments.</p> <p>Tools and processes for documenting advance care directives should be developed according to the facility's usual clinical governance processes. Many states and territories have legislation and policy governing the development and documentation of advance care directives, which should be referred to as part of the development process.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 3: Consider advance care directives and treatment-limiting decisions when escalating care (p 109)</p> <p><i>Essential element 4: Clinical communication</i></p> <p>Task 2: Develop systems for communicating with patients, families and carers about possible deterioration (p 208)</p>



# critterion 4 ▶ CONTINUED

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
	<p><i>This is a developmental action</i></p> <p>9.8.2 Advance care plans and other treatment-limiting orders are documented in the patient clinical record</p>	<p>Facilities need tools for documenting treatment-limiting decisions and individualised escalation protocols to ensure that patients receive appropriate treatments and responses if clinical deterioration occurs. Protocols should be documented in healthcare records using a tool specially designed to capture this information. This information should be updated with changes in a patient's condition or preferences.</p> <p>Tools should include any state or territory legislation or policy requirements for documentation of treatment-limiting plans, which may include:<sup>38</sup></p> <ul style="list-style-type: none"> <li>• proof that treatment options were discussed</li> <li>• the people involved in the discussion</li> <li>• the patient's wishes (if known)</li> <li>• the specific goals of therapy</li> <li>• any agreed treatment limitations</li> <li>• any modified triggers needed to escalate care</li> <li>• appropriate treatments to be provided, considering possible causes of deterioration (reversible and non-reversible)</li> <li>• the clinicians or healthcare teams to contact when thresholds are reached</li> <li>• the frequency of physiological observations and other assessments</li> <li>• a review date for treatment-limiting plans (if appropriate).</li> </ul> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 3: Consider advance care directives and treatment-limiting decisions when escalating care (p 109)</p> <p><i>Essential element 4: Clinical communication</i></p> <p>Task 1: Develop agreed communication processes (written and verbal) to support recognition and response systems (p 194)</p>
<p>9.9 Enabling patients, families and carers to initiate an escalation of care response</p>	<p><i>This is a developmental action</i></p> <p>9.9.1 Mechanisms are in place for a patient, family member or carer to initiate an escalation of care response</p>	<p>Facilities need to decide on the triggers for patients, families and carers to escalate care. As a minimum, this should allow escalation to occur:</p> <ul style="list-style-type: none"> <li>• if there is a belief that a patient is not receiving the medical attention they feel is necessary</li> <li>• if there is concern with what is happening</li> <li>• when there is confusion over what needs to be done in a critical situation.<sup>33</sup></li> </ul> <p>The system may be activated by a number of different mechanisms. However, it is important that patients, families and carers do not need to request information or assistance to obtain help. Methods for activating the system may include calling an emergency number from the patient's bedside telephone or any internal hospital telephone, or by using the emergency call button or similar mechanism located in the clinical area. In some cases, a designated phone that is only used for patient and family escalation calls has been established.<sup>39</sup></p> <p>In addition, facilities may like to develop other processes that enable patients, families or carers to talk to the attending medical officer or team responsible for the patient.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 4: Provide a process to enable patients, families and carers to escalate care (p 117)</p>

# critterion 4 ▶ CONTINUED

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
<p>9.9 Enabling patients, families and carers to initiate an escalation of care response</p>	<p><i>This is a developmental action</i>            9.9.2 Information about the system for family escalation of care is provided to patients, families and carers</p>	<p>For the system to work effectively, patients, families and carers need information on how to use the escalation process. This information should be provided on admission to the facility and reinforced throughout the patient's stay.</p> <p>Strategies for informing patients, families and carers of escalation processes include:</p> <ul style="list-style-type: none"> <li>• educating all patients and family members about the escalation process on admission, and providing a brochure that outlines how care is escalated</li> <li>• reinforcing the message during daily healthcare team rounds</li> <li>• displaying signs or posters that describe how to escalate care in all patients' rooms</li> <li>• displaying signs or posters in public areas to remind patients and visitors about the process</li> <li>• displaying stickers that show the phone number to call on telephones (if this method is used to call the responders)</li> <li>• broadcasting information about the system on patient television and audio services.</li> </ul> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 4: Provide a process to enable patients, families and carers to escalate care (p 117)</p> <p><i>Essential element 4: Clinical communication</i></p> <p>Task 2: Develop systems for communicating with patients, families and carers about possible deterioration (p 208)</p>
	<p><i>This is a developmental action</i>            9.9.3 The performance and effectiveness of the system for family escalation of care is periodically reviewed</p>	<p>Key points to consider when evaluating systems for patient, family and carer escalation of care include:</p> <ul style="list-style-type: none"> <li>• the level of awareness that patients, families and carers demonstrate about how to use the escalation process</li> <li>• satisfaction of the patient, family and carer with the mechanism for escalation and responses provided</li> <li>• satisfaction of health professionals in relation to the escalation system (process, roles and responsibilities)</li> <li>• the number of times patient, family or carer escalation of care events occur</li> <li>• reasons for triggering escalation of care</li> <li>• patient outcomes following an escalation of care response.</li> </ul> <p>Methods for obtaining this information may include:</p> <ul style="list-style-type: none"> <li>• surveys or semi-structured interviews of patients, families and carers to determine the level of awareness of the escalation system</li> <li>• focus groups</li> <li>• audits of medical records.</li> </ul>

THIS CRITERION WILL BE ACHIEVED BY	ACTIONS REQUIRED	IMPLEMENTATION STRATEGIES
		<p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 4: Provide a process to enable patients, families and carers to escalate care (p 117)</p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 292)</p> <p><i>Appendix B: Quality measures</i></p> <ul style="list-style-type: none"> <li>• Activation of patient, family and carer escalation (p 359)</li> <li>• Awareness of patient, family and carer escalation (p 361)</li> </ul>
	<p><i>This is a developmental action</i></p> <p>9.9.4 Action is taken to improve the system performance for family escalation of care</p>	<p>To enable patient, family and carer escalation systems to improve and develop, health professionals need education about the purpose behind such initiatives, as well as information on their roles and responsibilities when a patient, family or carer triggers escalation of care.</p> <p>Some facilities have developed scripted information for training. These scripts describe how to introduce and explain the escalation system to a patient, family member or carer.</p> <p>Evaluating patient, family and carer escalation processes will help to identify any barriers to using the system, and to ensure that strategies are developed and implemented to promote successful use of the system.</p> <p><b>RELEVANT SECTIONS OF THE GUIDE TO IMPLEMENTATION OF THE NATIONAL CONSENSUS STATEMENT</b></p> <p><i>Essential element 2: Escalation of care</i></p> <p>Task 4: Provide a process to enable patients, families and carers to escalate care (p 117)</p> <p><i>Essential element 4: Clinical communication</i></p> <p>Task 2: Develop systems for communicating with patients, families and carers about possible deterioration (p 208)</p> <p><i>Essential element 5: Organisational supports</i></p> <p>Task 1: Provide a clinical governance framework to support systems for recognising and responding to clinical deterioration (p 236)</p> <p><i>Essential element 6: Education</i></p> <p>Task 1: Provide education to the clinical and nonclinical workforce to support recognition and response systems (p 264)</p> <p><i>Essential element 7: Evaluation, audit and feedback</i></p> <p>Task 1: Develop evaluation, audit and feedback processes for recognition and response systems (p 292)</p>

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# links to resources

## links to resources

### INTERNATIONAL ORGANISATIONS

Agency for Healthcare Research and Quality  
[www.ahrq.gov](http://www.ahrq.gov)

Canadian Patient Safety Institute  
[www.patientsafetyinstitute.ca](http://www.patientsafetyinstitute.ca)

Institute for Healthcare Improvement  
[www.ihl.org](http://www.ihl.org)

National Patient Safety Agency  
[www.npsa.nhs.uk](http://www.npsa.nhs.uk)

National Institute for Health and Clinical Excellence  
[www.nice.org.uk](http://www.nice.org.uk)

Patient Safety First  
[www.patientsafetyfirst.nhs.uk](http://www.patientsafetyfirst.nhs.uk)

Picker Institute  
[www.pickerinstitute.org](http://www.pickerinstitute.org)

### NATIONAL ORGANISATIONS

Australian Commission on Safety and Quality in Healthcare  
[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

Department of Health and Ageing  
[www.health.gov.au](http://www.health.gov.au)

### STATE AND TERRITORY ORGANISATIONS

ACT Health  
[www.health.act.gov.au](http://www.health.act.gov.au)

NSW Department of Health  
[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

NSW Clinical Excellence Commission  
[www.cec.health.nsw.gov.au](http://www.cec.health.nsw.gov.au)

Northern Territory Department of Health and Families  
[www.health.nt.gov.au](http://www.health.nt.gov.au)

Queensland Health  
[www.health.qld.gov.au](http://www.health.qld.gov.au)

Patient Safety and Quality Improvement Service  
[www.health.qld.gov.au/chi/psq/](http://www.health.qld.gov.au/chi/psq/)

SA Health  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

Department of Health and Human Services  
[www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)

Department of Health  
[www.health.vic.gov.au](http://www.health.vic.gov.au)

Victorian Quality Council  
<http://www.health.vic.gov.au/qualitycouncil/index.htm>

Western Australian Department of Health  
[www.health.wa.gov.au](http://www.health.wa.gov.au)

Office of Safety and Quality  
[www.safetyandquality.health.wa.gov.au](http://www.safetyandquality.health.wa.gov.au)

### CHANGE IMPROVEMENT

Australian Resource Centre for Healthcare Innovations  
<http://www.archi.net.au/resources/moc/making-change>

Institute of Healthcare Improvement  
Register at [www.ihl.org](http://www.ihl.org) (free), then log in so that you can access resources on the IHI website

- Change Improvement White Paper
- Engaging Physicians in Quality Improvement

National Health and Medical Research Council, Barriers to Using Evidence  
[www.nhmrc.gov.au/nics/materials-and-resources/materials-and-resources-subject/-subject-barriers-using-evidence](http://www.nhmrc.gov.au/nics/materials-and-resources/materials-and-resources-subject/-subject-barriers-using-evidence)

National Health and Medical Research Council, Implementing Guidelines  
[www.nhmrc.gov.au/nics/materials-and-resources/materials-and-resources-subject/-subject-guideline-implementation](http://www.nhmrc.gov.au/nics/materials-and-resources/materials-and-resources-subject/-subject-guideline-implementation)

### CLINICAL GOVERNANCE

National Health Service (UK), Patient Involvement and Public Accountability: A Report from the NHS Future Forum  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_127544.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127544.pdf)

Queensland Health, clinical governance resources  
[http://www.health.qld.gov.au/cpic/quality\\_strategy/clinical\\_governance.asp](http://www.health.qld.gov.au/cpic/quality_strategy/clinical_governance.asp)

Victorian Healthcare Association, clinical governance resources  
<http://www.vha.org.au/clinicalgovernanceresources.html>  
<http://www.vha.org.au/clinicalgovernance.html>

Victorian Quality Council, clinical governance guides, resources and tools  
[http://www.health.vic.gov.au/qualitycouncil/pub/improve/index.htm#\\_Clinical\\_governance](http://www.health.vic.gov.au/qualitycouncil/pub/improve/index.htm#_Clinical_governance)

[http://www.health.vic.gov.au/qualitycouncil/downloads/clingov\\_clin.pdf](http://www.health.vic.gov.au/qualitycouncil/downloads/clingov_clin.pdf)

[http://www.health.vic.gov.au/qualitycouncil/downloads/clingov\\_exec.pdf](http://www.health.vic.gov.au/qualitycouncil/downloads/clingov_exec.pdf)

### AUDIT AND DATA COLLECTION

Acutely Ill Patients in Hospital Guidelines  
<http://guidance.nice.org.uk/CG50>

Australian Council on Healthcare Standards, Intensive Care Indicators Users Manual  
[www.anzics.com.au/safety-quality/achs-indicators](http://www.anzics.com.au/safety-quality/achs-indicators)

Healthcare Quality Improvement Partnership  
[www.hqip.org.uk/assets/Guidance/Guide-to-Using-Quality-Improvement-Tools-to-Drive-Clinical-Audits](http://www.hqip.org.uk/assets/Guidance/Guide-to-Using-Quality-Improvement-Tools-to-Drive-Clinical-Audits)

International Liaison Committee on Resuscitation, Consensus Statement on Core Rapid Response System Data Collection  
<http://circ.ahajournals.org/content/116/21/2481.full>

# links to resources (cont)

National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration  
[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

Safer Care for the Acutely Ill Patient: Learning from Serious Incidents  
[www.nrls.npsa.nhs.uk/resources/?EntryId45=59828](http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59828)

## TRACK AND TRIGGER OBSERVATION CHARTS

Observation and response charts, Australian Commission on Safety and Quality in Healthcare  
[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

Between the Flags, New South Wales Health  
[http://nswhealth.moodle.com.au/DOH/DETECT/content/00\\_worry/when\\_to\\_worry\\_07.htm](http://nswhealth.moodle.com.au/DOH/DETECT/content/00_worry/when_to_worry_07.htm)

Compass, Australian Capital Territory Health Register at:  
<http://health.act.gov.au/professionals/general-information/compass/registration> (free), then log in so that you can access observation charts for general adult, maternity and paediatric settings.

## HUMAN FACTORS

ACSQHC commissioned report on human factors regarding observation charts  
[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

World Health Organisation, Human Factors in Patient Safety  
[www.who.int/patientsafety/research/methods\\_measures/human\\_factors/human\\_factors\\_review.pdf](http://www.who.int/patientsafety/research/methods_measures/human_factors/human_factors_review.pdf)

## TRACK AND TRIGGER SYSTEMS

Between the Flags, New South Wales  
[www.health.nsw.gov.au/initiatives/btf/index.asp](http://www.health.nsw.gov.au/initiatives/btf/index.asp) [www.cec.health.nsw.gov.au/programs/between-the-flags](http://www.cec.health.nsw.gov.au/programs/between-the-flags)

Compass, Australian Capital Territory Health Register at:  
<http://health.act.gov.au/professionals/general-information/compass/registration> (free), then log in so that you can access information, tools and resources for the Compass program.

Office of Safety and Quality, Western Australia  
[www.safetyandquality.health.wa.gov.au/initiatives/clinical\\_deterioration.cfm](http://www.safetyandquality.health.wa.gov.au/initiatives/clinical_deterioration.cfm)

Institute of Healthcare Improvement Register at [www.ihl.org](http://www.ihl.org) (free), then log in so that you can access resources on the IHI website

- Rapid Response Teams
- Rapid Response Systems

## EDUCATION PROGRAMS

Compass, Australian Capital Territory Health Register at:  
<http://health.act.gov.au/professionals/general-information/compass/registration> (free), then log in so that you can access information about the Compass education program

NSW Between the Flags, DETECT  
<http://nswhealth.moodle.com.au/DOH/DETECT/content/>

## BASIC AND ADVANCED LIFE SUPPORT GUIDELINES

Australian Resuscitation Council  
[www.resus.org.au](http://www.resus.org.au)

International Liaison Committee on Resuscitation  
[www.ilcor.org/en/home](http://www.ilcor.org/en/home)

## ADVANCED LIFE SUPPORT TRAINING

Australian Resuscitation Council  
[www.resus.org.au](http://www.resus.org.au)

Queensland Ambulance Service  
[www.ambulance.qld.gov.au/firstaid/medical.asp](http://www.ambulance.qld.gov.au/firstaid/medical.asp)

The College of Nursing  
[www.nursing.edu.au/Home](http://www.nursing.edu.au/Home)

Australian College of Critical Care Nurses  
[www.acccn.com.au](http://www.acccn.com.au)

Royal Australasian College of Surgeons  
[www.surgeons.org/racs/education--trainees/skills-training](http://www.surgeons.org/racs/education--trainees/skills-training)

Australian and New Zealand College of Anaesthetists  
[www.anzca.edu.au/trainees/courses](http://www.anzca.edu.au/trainees/courses)

Australian College of Rural and Remote Medicine  
[www.acrrm.org.au](http://www.acrrm.org.au)

Advanced Paediatric Life Support  
[www.apls.org.au](http://www.apls.org.au)

## PATIENT AND FAMILY ESCALATION INFORMATION, TOOLS AND RESOURCES

Institute for Family and Patient Centered Care  
[www.ipfcc.org](http://www.ipfcc.org)

Institute of Healthcare Improvement Register at [www.ihl.org](http://www.ihl.org) (free), then log in so that you can access resources on the IHI website

- Resources Related to Family Activated Safety Team (FAST)

Maryland Patient Safety Center, Condition H toolkit  
[www.marylandpatientsafety.org/html/collaboratives/condition\\_h/toolkit/index.html](http://www.marylandpatientsafety.org/html/collaboratives/condition_h/toolkit/index.html)

The Josie King Foundation  
[www.josieking.org](http://www.josieking.org)

The Lewis Blackman story  
[www.lewisblackman.net](http://www.lewisblackman.net)

University of Pittsburgh Medical Center, information regarding Condition H  
<http://www.upmc.com/aboutupmc/qualityinnovation/centerforqualityimprovementandinnovation/pages/conditionh.aspx>

## PATIENT-CENTRED COMMUNICATION

Australian Commission On Safety and Quality in Health Care, Patient-Centred Care: Improving Quality and Safety through Partnerships with Patients and Consumers  
[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

Clinical Excellence Commission, Partnering with Patients program  
[www.cec.health.nsw.gov.au/programs/partnering-with-patients#overview](http://www.cec.health.nsw.gov.au/programs/partnering-with-patients#overview)

# links to resources (cont)

Planetree and Picker Institute, Patient-Centered Care Improvement Guide

[www.patient-centeredcare.org/inside/practical.html#common](http://www.patient-centeredcare.org/inside/practical.html#common)

Joint Commission, Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

[www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf](http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf)

Joint Commission, resources related to effective communication

[www.jointcommission.org/assets/1/6/EffectiveCommunicationResourcesforHCOsrevised.pdf](http://www.jointcommission.org/assets/1/6/EffectiveCommunicationResourcesforHCOsrevised.pdf)

Patient Safety and Quality Improvement Service

[www.health.qld.gov.au/chi/psq/](http://www.health.qld.gov.au/chi/psq/)

## ADVANCE CARE PLANNING

A National Framework for Advance Care Directives in Australia

[www.ahmac.gov.au/cms\\_documents/AdvancedCareDirectives2011.pdf](http://www.ahmac.gov.au/cms_documents/AdvancedCareDirectives2011.pdf)

Respecting Patient Choices program (Australia)

[www.respectingpatientchoices.org.au](http://www.respectingpatientchoices.org.au)

Respecting Choices program (United States of America)

<http://respectingchoices.org>

Palliative Care Australia, advance care planning in aged care

<http://agedcare.palliativecare.org.au/Default.aspx?tabid=1178>

Palliative Care Australia, position statement on advance care planning

<http://www.palliativecare.org.au/Portals/46/PCA%20Advance%20Care%20Planning%20Position%20Statement.pdf>

National Health Service (United Kingdom), advance care planning guidelines

[www.endoflifecareforadults.nhs.uk/publications/advance-care-planning-national-guideline](http://www.endoflifecareforadults.nhs.uk/publications/advance-care-planning-national-guideline)

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