quick-start guide
to the implementation of

essential element 2

ESCALATION OF CARE

national consensus statement:

essential elements for recognising & responding to clinical deterioration

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

recognising + responding TO CLINICAL DETERIORATION

NSQHS STANDARDS

Quick-start Guide to the Implementation of Essential Element 2: Escalation of Care

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contents

introduction

Early recognition of clinical deterioration, followed by prompt and effective action, can minimise adverse outcomes such as cardiac arrest, and decrease the number of interventions required to stabilise patients whose condition deteriorates in hospital.[1]

each essential element describes a number of specific systems and processes of care that need to be in place to successfully recognise and respond to clinical deterioration

The *National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (the consensus statement) describes eight elements that are essential for a prompt and reliable response to clinical deterioration. Each essential element describes a number of specific systems and processes of care that need to be in place to successfully recognise and respond to clinical deterioration. In April 2010, all Australian health ministers endorsed the consensus statement as the national approach for recognising and responding to clinical deterioration in acute care facilities in Australia.

using the consensus statement

The consensus statement guides facilities in developing and implementing recognition and response systems according to their local circumstances. The focus of these systems is to ensure that all patients who deteriorate receive appropriate and timely treatment. Facilities may need additional resources such as equipment, personnel, education and training to ensure patients receive appropriate and timely care.

quick-start guides to implementation

This series of quick-start guides has been developed to help people to rapidly understand and implement the essential elements. Implementing the tasks in these guides will help to ensure that the essential elements are in operation and working effectively.

A comprehensive implementation guide (available on the Commission's web site: www.safetyandquality.gov.au) provides more detailed information, resources and examples.

using the quick-start guides

The quick-start guides are structured around an action framework which is designed to help you answer the five key questions to complete each task for each element.

- Do health professionals agree on the basis for the task, the best way to perform the task, and who is responsible?
- Are the necessary processes and policies in place to complete the task?
- Does the facility have the necessary resources to complete the task?
- Is the clinical and non-clinical workforce educated about the importance of the task?
- Does the facility conduct audits, reviews or evaluations to ensure the task is performed properly?

introduction

The types of actions included within this framework and the barriers these actions address are summarised below.

action framework used in the implementation guide

DECIDE → DEVELOP → RESOURCE → EDUCATE → EVALUATE

Action framework		The barriers they address
DECIDE	actions address ▶▶▶	Lack of agreement
DEVELOP	actions address ▶▶▶	Lack of process/policy
RESOURCE	actions address ▶▶▶	Lack of resources and tools
EDUCATE	actions address ▶▶▶	Lack of knowledge
EVALUATE	actions address ▶▶▶	Lack of monitoring and evaluation

Use the action framework to help you complete a self-assessment of your clinical area or facility and to develop an action plan for implementation. Self-assessment and action planning tools can be downloaded from:

www.safetyandquality.gov.au

essential element 2

ESCALATION OF CARE

the problem

Understanding how to respond to abnormal physiological measurements is a complex process. It can be difficult for health professionals to know when and who to call.

Delays in responses to clinical deterioration are associated with poorer outcomes for patients.

Responses to clinical deterioration can be incorrect or delayed if an escalation protocol is not available.

Patients have experienced delays in treatment, despite families identifying and reporting concerns of clinical deterioration to members of the healthcare team.

goals of this essential element

Each facility and clinical area is aware of the care it can safely provide, including when and how to escalate care locally, or to another facility.

Patients receive appropriate care and/or emergency assistance when abnormal physiological observations and assessments occur.

Patients' needs and wishes are respected when planning care and responding to clinical deterioration.

Patients, families and carers can escalate care.

tasks

There are four key tasks to complete for this essential element.

1. Develop an escalation policy tailored to the role and characteristics of the facility.
2. Develop an escalation protocol that provides a graded response to abnormal physiological observations and include in the escalation policy.
3. Consider advance care plans and treatment-limiting decisions when escalating care.
4. Provide a process to enable patients, families and carers to escalate care.

for each task you will need to:

- identify who has a role in measuring and documenting observations, and what that role is
- use the self-assessment and planning tool (on the Commission's web site) to identify gaps in your systems for measuring and documenting observations and prioritise your changes
- use the results of your self-assessment to complete an action plan for your ward or facility
- use the five step action framework – **Decide, Develop, Resource, Educate, Evaluate** – to guide you through implementation.

essential element 2

ESCALATION OF CARE

common terms used in this essential element

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

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.

Track and trigger systems: systems designed to provide clinicians with an objective decision-making process for recognising and responding to altered physiological observations.

Treatment-limiting decisions: orders, instructions or decisions that involve the reduction, withdrawal or withholding 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.

learning from coronial inquests

Consequences of delayed action

Kieran Watmore was a fit and previously healthy 17-year-old admitted to a regional hospital for treatment of severe tonsillitis. His oxygen saturation was recorded as 88% at 02:00 am but no action was taken. Kieran was declared dead at 07:42 am.

'The deceased should not have died when he did and had robust action been taken at the time of his ongoing deterioration, which commenced at some time after 10:00 pm and was manifest by 02:00 am, he would not have died when he did.' [2]

task 1

DEVELOP AN ESCALATION POLICY TAILORED TO THE ROLE AND CHARACTERISTICS OF THE FACILITY

why this task is important

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. Acute care facilities have different resources and therefore different capacities to safely manage and care for patients with different clinical conditions. 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. Similarly, facilities may not have access to appropriately skilled clinicians to provide the care that specific conditions require.

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
- when to escalate care to another service or facility.

An escalation policy provides this information.

Escalation policies need to consider 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, smaller rural and metropolitan hospitals are likely to need systems to escalate care to external service providers.

how to complete task 1

DECIDE

IDENTIFY CLINICAL SERVICES AND RESOURCES AVAILABLE (INTERNAL AND EXTERNAL)

Each facility, or clinical area within a facility, should undertake a brainstorming exercise to identify the clinical services and resources that are available (internal and external) and decide on the type of care that can be safely provided. This process requires senior executives, managers and clinicians from all professions to consider:

- the types of clinical conditions staff are trained and skilled at managing
- the equipment available to diagnose, monitor and provide ongoing treatment for each clinical condition.

DECIDE ON THE TYPE OF SERVICE EACH CLINICAL AREA OR FACILITY CAN PROVIDE

If necessary, processes must be in place to allow timely transfer of a patient to another facility. This is necessary when clinical areas and facilities do not have clinicians trained and skilled at managing specific types of conditions, or when they do not have the equipment necessary to diagnose, monitor or provide ongoing treatment for specific conditions.

DEVELOP

DEVELOP INFORMATION TO BE INCLUDED IN THE ESCALATION POLICY

The decisions made on the level of service will inform the escalation policy. Information from each clinical area should outline:

- the level of care that can be safely provided
- when care of the patient should be escalated to a higher level of care, either locally or to another facility
- the location of services (internal and external), including times of operation and how to make contact, including the location of diagnostic services and contact details of specialist clinicians.

This information must be reviewed periodically and updated as changes to services occur.

how to complete task 1

RESOURCE

PROVIDE RESOURCES FOR TRANSFERRING PATIENTS TO A HIGHER LEVEL OF CARE LOCALLY, OR TO ANOTHER FACILITY

Facilities need to ensure that resources are available to safely transfer patients to a higher level of care locally, or to other sites. Processes for transfer should be included in the escalation policy to prevent delays and ensure that patients are transferred safely, with suitably skilled clinicians and equipment to manage their condition.

The escalation policy should include information on:

- the types of services available to transfer patients (intra-hospital transfers, inter-hospital transport, ambulance services, specialist critical care retrieval services)
- the level of care each transfer service provides
- when and how to contact the service
- who is required to contact the service.

It is useful to include a flow diagram that summarises the process for identifying which service to use.

EDUCATE

EDUCATE CLINICIANS ON THE ESCALATION POLICY

Clinicians need education on the content of escalation policies to ensure they are understood and used appropriately. Education can be provided during orientation, in morbidity and mortality meetings, during individual peer review, and as part of other programs about deteriorating patients.

EVALUATE

REVIEW DEATHS, ADVERSE EVENTS AND EXTERNAL TRANSFERS

All clinical areas should review deaths, adverse events and unplanned internal and external transfers to higher level care facilities to identify whether the escalation policy has been followed or if improvements are needed. Key questions to ask include:

- Was the escalation policy followed?
- Were there any delays in accessing internal services?
- Were there any delays in accessing external services?

Facilities will need to identify barriers to the use of the escalation policy and access to services, and develop strategies for improvement. Depending on the barriers, improvement strategies may include process redesign, additional resources, further information on availability of clinical services, or education on the correct use of the escalation policy.

task 2

DEVELOP AN ESCALATION PROTOCOL THAT PROVIDES A GRADED RESPONSE TO ABNORMAL PHYSIOLOGICAL OBSERVATIONS AND INCLUDE IN THE ESCALATION POLICY

why this task is important

This task is needed because:

- patients who deteriorate can experience delays in treatment if clinicians are unsure of the levels of physiological abnormality at which care should be escalated
- a graded response to abnormal physiological observations provides treatment to patients earlier, potentially minimising the interventions required to stabilise them
- an escalation protocol clearly outlines when care should be escalated and the required responses and treatments.

Understanding when and how to respond to abnormal physiological measurements is a complex process. It requires knowledge of:

- which 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 time frame for clinicians to respond
- alternative or backup options for obtaining a response.

It can be difficult for clinicians—especially those who are new to a facility—to successfully navigate the system and respond appropriately to varying degrees of abnormal physiological observations or assessments.

Many Australian hospitals use track and trigger systems in escalation protocols that identify only one level of abnormality—the high or emergency level that commonly corresponds to medical emergency team (MET) criteria. However, patients who receive a MET call have a greater risk of dying in hospital than patients who do not.[3] This shows the importance of early intervention. By identifying lower levels of abnormality and including these in escalation protocols, facilities can treat patients whose condition is deteriorating earlier, potentially improving outcomes and minimising the interventions needed to stabilise them.[1]

how to complete task 2

DECIDE

DECIDE ON THE NUMBER OF LEVELS OF ABNORMALITY TO BE USED WITH YOUR CHOSEN TRACK AND TRIGGER SYSTEM

Before developing graded responses to abnormal physiological measurements, health professionals need to determine the type of track and trigger system they will use (single parameter, aggregated scoring or combination system). Information on different types of track and trigger systems is included in the quick-start guide to *Essential element 1: Measurement and documentation of observations.*

Many track and trigger systems with different numbers of levels of abnormality are available. Comparisons between systems are difficult, and the ideal number of levels of abnormality to improve patient outcomes is not known. However, there is evidence that delays in calling for emergency assistance are associated with poorer outcomes[1] and the consensus statement recommends use of a graded response system with two or more levels of abnormality to promote early identification and management of clinical deterioration.[4]

DEVELOP

DEVELOP TRIGGER THRESHOLDS FOR EACH LEVEL OF ABNORMALITY

The types, values and ranges of physiological observations and assessments that are used as trigger thresholds vary considerably. Generally, developing trigger thresholds is the responsibility of the facility's clinical governance system for recognising and responding to clinical deterioration (for further information on clinical governance systems, see the quick-start guide to *Essential element 5: Organisational supports*). Some statewide services, health boards and private hospital groups may set their own values for trigger thresholds. However, if a facility's evaluation demonstrates that thresholds lack the specificity and sensitivity to detect clinical deterioration, health professionals should consult with statewide services and private hospital groups to refine and improve trigger threshold parameters.

Facilities that do not have trigger values set by statewide services and private hospital groups should develop local trigger thresholds, considering the responses required to treat the abnormality and the resources available at each site. Thresholds should be reviewed regularly to optimise specificity and sensitivity.

An escalation mapping tool is available from the Commision's web site to assist with this process.

When developing trigger thresholds, health professionals need to consider the different patient groups their facility caters for. General medical, general surgical, paediatric and obstetric patients, and other specialist clinical areas need different trigger thresholds, as physiological observations and assessments that signify clinical deterioration will vary between these groups.

INCLUDE A TRIGGER TO ESCALATE CARE BASED ONLY ON CONCERN

Patients may show signs of clinical deterioration other than the observations and assessments commonly included in track and trigger systems. Trigger thresholds should therefore also include criteria for clinicians to escalate care based only on the fact that they are worried about the patient's condition.

how to complete task 2

DEVELOP

DEVELOP PROCESSES ENABLING CLINICIANS TO ESCALATE CARE UNTIL THEY ARE SATISFIED

Clinicians have different levels of knowledge, skill and clinical experience. These differences may lead to variations in clinical judgement, proposed treatment plans and capabilities for managing deteriorating patients. Facilities should develop mechanisms to enable clinicians to escalate care until they are satisfied that the patient is receiving the right care in the right timeframe. These mechanisms should allow clinicians to:

- call for emergency assistance at any time, even in the presence of the attending medical officer or other senior clinician; this should be viewed as an opportunity for clinicians to collaborate on the plan of care and provide 'another set of eyes' to assess the patient's clinical condition and contribute to the treatment plan
- contact the patient's attending medical officer or senior hospital executive when clinical issues are unresolved.

Facilities should include these processes in escalation policy and in training programs.

RESOURCE

DEVELOP RESPONSES FOR EACH LEVEL OF ABNORMALITY, CONSIDERING PATIENT NEEDS AND LOCAL RESOURCES

To develop a graded response system, facilities need to consider the appropriate response for each level of abnormality and clinical area, and the locally available resources. Trigger thresholds and responses should be developed together, considering the different patient groups and the various responses from each clinical area. Facilities may like to undertake a mapping exercise to consider the responses that should be associated with each level of abnormality. This exercise should consider patients' needs and the availability of resources at different times of the day and days of the week. A tool for this purpose is available on the Commission's web site.

Responses to each level of abnormality should consider the:

- clinical circumstances associated with each abnormal physiological parameter or combination of parameters, or other triggers
- appropriate actions to take in response to these clinical circumstances
- time required to undertake these actions
- resources available and the resources required to undertake these actions.

Options for responses include:[4]

- increasing the frequency of observations
- appropriate interventions from nurses on the ward
- review by the attending medical officer or team
- calling the rapid response team
- transferring the patient to a higher level of care locally, or to another facility.

how to complete task 2

EDUCATE

EDUCATE CLINICIANS ON THE ESCALATION PROTOCOL

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:

- the levels of abnormality
- trigger thresholds and the 'clinician concern' criterion
- processes for escalating care until satisfied
- the care that each clinician is expected to provide
- professional behaviour in successfully operating escalation systems.

PROVIDE A FLOW DIAGRAM OF THE ESCALATION PROTOCOL AT THE POINT OF CARE

Escalation protocols can be complex, involving multiple steps and a variety of 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.

EVALUATE

EVALUATE THE EFFECTIVENESS OF TRIGGER THRESHOLDS AND RESPONSES

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.

Evaluation may also include collecting and reviewing information from complaints, unplanned admissions to intensive care, cardiac arrest calls and unexpected deaths.

Health professionals should enquire:

- how successfully the triggers identify the presence or absence of clinical deterioration
- if the responders can effectively manage the level of abnormality
- if the escalation protocol is used correctly
- if the escalation protocol operates as planned (i.e. are there any practical difficulties).

Trigger thresholds and responses may need to be refined over time, based on evaluation results and changes in resources. Additional information on evaluating systems for recognising and responding to clinical deterioration is provided in the quick-start guide to *Essential element 7: Evaluation, audit and feedback.*

task 3 CONSIDER ADVANCE CARE DIRECTIVES AND TREATMENT-LIMITING DECISIONS WHEN ESCALATING CARE

why this task is important

Patients may develop plans for their end-of-life care that include an advance care directive, which contains instructions about consent to, or refusal of, specified medical treatments in the future. The plans become effective in situations when a person is no longer able to communicate or make decisions.[5]

Although advance care directives are becoming more common, not all patients will have developed such a plan or discussed their end-of-life preferences with their family or carer before their condition deteriorates. Clinical deterioration may occur unexpectedly, and patients may lose their decision-making capacity before their wishes for the use of life-sustaining treatments are known. In these circumstances, clinicians may need to talk with the patient's family or the person responsible for the patient about end-of-life care and the appropriateness of future escalation responses, should the patient deteriorate further.

Clinicians need to consider advance care preferences and any treatment-limiting decisions (such as 'not for resuscitation' orders or limitations on escalation such as 'not for antibiotics' or 'not for intubation') that patients may have requested or require, when planning and providing escalation of care responses.

how to complete task 3

DECIDE

DECIDE HOW ADVANCE CARE DIRECTIVES WILL BE IDENTIFIED

Escalation policies should include processes to identify patients who have advance care directives 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 directive has been identified, an individualised escalation protocol can be developed.

Establishing processes for identifying advance care directives may require changes to admission procedures. Clinical governance systems for recognition and response systems play a key role in developing these processes (for further information on clinical governance systems, see the quick-start guide to *Essential element 5: Organisational supports*).

Where advance care directives are developed during a patient's admission, facilities need to ensure that this process involves the attending medical officer or team, so that changes to treatments (including modifications to trigger thresholds) can be made and communicated to all clinicians caring for the patient.

DEVELOP

DEVELOP PROCESSES TO INDIVIDUALISE TRIGGER THRESHOLDS AND RESPONSES FOR PATIENTS WHOSE CONDITION OR PREFERENCES LIMIT TREATMENT

Escalation policies should allow individualised escalation protocols for patients whose condition or preferences will limit treatment.

Individualised protocols may be developed before clinical deterioration occurs (e.g. in response to an advance care directive on admission), when a life-limiting diagnosis is made, or if unexpected deterioration makes treatment-limiting decisions necessary.

Individualised protocols should provide information on:

- any modifications to physiological observation thresholds triggering escalation of care
- the clinician or healthcare team to contact if trigger thresholds are reached
- the appropriate treatment options, considering whether the deterioration is reversible or not.

RESOURCE

PROVIDE TOOLS FOR DOCUMENTING ADVANCE CARE DIRECTIVES, TREATMENT-LIMITING DECISIONS AND INDIVIDUALISED ESCALATION PROTOCOLS

Facilities should encourage the documentation of advance care directives, as this ensures a patient's preferences are identified and reduces the likelihood of communication breakdown and inappropriate healthcare treatments.

Tools and processes for documenting advance care directives should be developed according to the facility's usual clinical governance processes (for further information, see the quick-start guide to *Essential element 5: Organisational supports*). Many states have legislation and policy governing the development and documentation of advance care directives, which should be referred to as part of the development process. Links to resources about advance care planning are included at the end of this guide.

how to complete task 3

RESOURCE

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. Individualised 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.

Tools should include any state legislation or policy requirements for documentation of treatment-limiting plans, which may include:[5]

- proof that treatment options were discussed
- the people involved in the discussion
- the patient's wishes (if known)
- the specific goals of therapy
- any agreed treatment limitations
- any modified triggers needed to escalate care
- appropriate treatments to be provided, considering possible causes of deterioration (reversible and irreversible)
- the clinicians or healthcare teams to contact if thresholds are reached
- the frequency of physiological observations and other assessments
- a review date for treatment-limiting plans (if appropriate).

EDUCATE

EDUCATE HEALTH PROFESSIONALS ON ADVANCE CARE DIRECTIVES, TREATMENT-LIMITING DECISIONS AND INDIVIDUALISED ESCALATION PROTOCOLS

Health professionals need education on the legal requirements and processes associated with advance care planning and treatment limitations. As a minimum, this should include information on:

- legal and professional roles and responsibilities
- ethics and advocacy roles
- documentation and communication processes.

Senior clinicians who are experienced in holding discussions with patients and families about advance care planning or limiting treatment should mentor junior clinicians and provide skill-based communication training.

Establishing processes for identifying advance care directives may require education for clinical and non-clinical health professionals on individual roles and responsibilities. Education programs should include processes for developing individualised escalation protocols for patients with treatment limitations.

EVALUATE

EVALUATE ESCALATION POLICIES THAT CONSIDER ADVANCE CARE DIRECTIVES AND TREATMENT-LIMITING DECISIONS

It is important to evaluate the satisfaction of patients, families and carers with escalation policies that consider advance care directives and treatment-limiting decisions. Methods to do this could include patient satisfaction surveys, semistructured interviews, focus groups and monitoring of complaints.

Facilities may also like to evaluate staff perceptions of escalation policies that consider advance care directives and treatment-limiting decisions.

task 4 PROVIDE A PROCESS TO ENABLE PATIENTS, FAMILIES AND CARERS TO ESCALATE CARE

why this task is important

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.[6-7] Patients and families may 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 the family before being identified by the healthcare team
- they spend more time with the patient, providing additional surveillance to that provided by the healthcare team.

Escalation policies and protocols should enable patients, families and carers to trigger escalation of care and obtain a response in a similar way to escalation protocols triggered by health professionals. 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.

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.[8-9] Links to resources and information developed by hospitals in the United States, and new programs in Australia, are available at the end of this guide.

how to complete task 4

DECIDE

DECIDE ON TRIGGERS FOR PATIENT, FAMILY AND CARER ESCALATION OF CARE

Facilities need to decide on the triggers for patients, families and carers to escalate care. As a minimum, this should allow escalation to occur:

- if there is a belief that a patient is not receiving the medical attention they feel is necessary
- if there is concern with what is happening
- when there is confusion over what needs to be done in a critical situation.[6]

DECIDE HOW THE RESPONSE WILL BE ACTIVATED

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 telephone that is only used for patient and family escalation calls has been established.[10]

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.

DEVELOP

DEVELOP PROCESSES FOR INFORMING PATIENTS, FAMILIES AND CARERS OF HOW TO ESCALATE CARE

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.

Strategies for informing patients, families and carers of escalation processes include:

- educating all patients and family members about the escalation process on admission, and providing a brochure that outlines how care is escalated
- reinforcing the message during daily healthcare team rounds
- displaying signs or posters that describe how to escalate care in all patients' rooms
- displaying signs or posters in public areas to remind patients and visitors about the process
- displaying stickers that show the phone number to call on telephones (if this method is used to call the responders)
- broadcasting information about the system on patient television and audio services.

how to complete task 4

RESOURCE

PROVIDE A RESPONSE WHEN PATIENTS, FAMILIES AND CARERS ESCALATE CARE

Patient, family and carer escalation is triggered because of concerns regarding a patient's condition, current treatment or care. Therefore, an important part of the escalation response is to facilitate communication between the healthcare team and the patient, family or carer. This may include organising for the patient or family to meet with the attending medical officer or team to discuss care and treatment options.

Clinicians who respond to a call from a patient, family or carer should also be able to assess the patient, give initial therapeutic interventions and escalate care to a clinician with advanced life support skills if required.

Responses should be developed locally, with consideration of the available resources. Details should be included in the facility's escalation policy. Responses may include the attendance of:

- the patient's attending medical officer or team
- rapid response providers
- a group of alternative clinicians
- a single clinician.

EDUCATE

EDUCATE HEALTH PROFESSIONALS ABOUT ESCALATION PROCESSES FOR PATIENTS, FAMILIES AND CARERS

The concept of patients and families escalating care is relatively new to Australia. To enable these systems to 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.

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.

EVALUATE

EVALUATE ESCALATION PROCESSES FOR PATIENTS, FAMILIES AND CARERS

Evaluating patient, family and carer escalation processes will identify any barriers to using the system, and ensure that strategies are developed and implemented to promote successful use of the system.

The success of these systems relies on the patient, family or carers being comfortable with the process of escalating care, and feeling that their concerns are adequately addressed by the responding healthcare professional. It also relies on the understanding of the clinician, so that their response to patient, family or carer escalation is appropriate.

how to complete task 4

EVALUATE

Key points to consider when evaluating systems for patient, family and carer escalation of care include:

- the level of awareness that patients, families and carers demonstrate on how to use the escalation process
- satisfaction of the patient, family and carer with the mechanism for escalation and responses provided
- satisfaction of health professionals in relation to the escalation system (process, roles and responsibilities)
- the number of times patient, family or carer escalation of care events occur
- reasons for triggering escalation of care
- patient outcomes following an escalation of care response.

Methods for obtaining this information may include:

- surveys or semi-structured interviews of patients, families and carers to determine the level of awareness of the escalation system
- focus groups
- audits of medical records.

Clinical areas should be provided with evaluation results, and be given opportunities to provide feedback and suggestions on how the escalation system operates.

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10. LaVelle BE. Patient and Family Activation of Rapid Response Teams. Minnesota. Society of Critical Care Medicine, 2011.

what other resources are available to support implementation of this essential element?

Further information, tools and resources can be found in the full implementation guide and on the Commission's web site:

www.safetyandquality.gov.au

Appendix A of the implementation guide matches the actions discussed in this guide to the National Safety and Quality Health Service Standards, and Appendix B provides examples of quality measures that may assist in guiding evaluation of this essential element in your facility.

Links to other resources specific to this essential element include:

TRACK AND TRIGGER SYSTEMS

Between the Flags, New South Wales Health
www.health.nsw.gov.au/initiatives/btf/index.asp www.cec.health.nsw.gov.au/programs/between-the-flags

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

Institute for Healthcare Improvement. Resources related to rapid response systems. Register at ihi.org (free), then log in so that you can access the documents
www.ihi.org

Office of Safety and Quality, Western Australia
www.safetyandquality.health.wa.gov.au/initiatives/clinical_deterioration.cfm

ADVANCE CARE PLANNING

A National Framework for Advance Care Directives
www.ahmac.gov.au/cms_documents/AdvanceCareDirectives2011.pdf

National Health Service (United Kingdom), advance care planning guidelines
www.endoflifecareforadults.nhs.uk/publications/advance-care-planning-national-guideline

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

Respecting Patient Choices program (Australia)
www.respectingpatientchoices.org.au

Respecting Choices program (United States)
http://respectingchoices.org

PATIENT AND FAMILY ESCALATION INFORMATION, TOOLS AND RESOURCES

Maryland Patient Safety Center, Condition H toolkit
www.marylandpatientsafety.org/html/collaboratives/condition_h/toolkit/index.html

The Josie King Foundation
www.josieking.org

The Lewis Blackman story
www.lewisblackman.net

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

INTRA-HOSPITAL TRANSPORT GUIDELINES

College of Intensive Care Medicine
www.cicm.org.au/cmsfiles/PS39 Minimum Standards for Intrahospital Transport of Critically Ill Patients.pdf

Royal Flying Doctor Service (Australia)
www.flyingdoctor.org.au/IgnitionSuite/uploads/docs/preparation_%_Patients_for_transport_General_Extract_VI_7_2009.pdf

TOOLS

Escalation mapping tool
www.safetyandquality.gov.au

Observations, monitoring and escalation of care audit tool
www.safetyandquality.gov.au

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AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

recognising + responding TO CLINICAL DETERIORATION

NSQHS STANDARDS