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Queensland Health launches RMDP and CEWT

On the 14th & 15th of October, 2010 the Queensland Health Patient Safety and Quality Improvement Service (PSQ) hosted a two day implementation workshop for key clinicians and clinical leaders on the Recognition and Management of the Deteriorating Patient (RMDP) and Clinical Handover (CH).

Day one focused on the RMDP program with key presentations including:

- An update and overview of national and Queensland Health strategies regarding RMDP, presented by *Dr Nicola Dunbar, Program Manager, Australian Commission on Safety and Quality in Health Care* and *Ms Rowena Richardson, PSQ*
- The Consumer Perspective, presented by *Ms Kathy Kendall, Health Consumers Queensland and member of the RMDP & CH Reference group*
- The Queensland's Children's Early Warning Tool (CEWT), presented by *Dr Kevin McCaffery, Paediatric Intensivist, Children's Health Services, Queensland Health and CEWT Project Lead*
- Human Factors Design for Adult Deterioration Detection System (ADDS – co-joint research, Queensland Health, ACQSHC and University of Queensland), presented by *Dr Jillann Farmer, Director Clinical Safety Directorate and Medical Director, PSQ*
- The Caboolture Experience- retrospective study and pilot results, presented by *Ms Rachelle Morris, Project Manager RMDP, Caboolture Hospital.*

Three concurrent sessions focused on the use and implementation of specific Early Warning and Recognition Systems (EWARS). This incorporated ADDS, CEWT and a standardised intra-partum tool.

The aim of these sessions was:

- To familiarise clinical champions and leaders with the CEWT and ADDS systems and tools.
- To use case examples to plot, record and interpret patient's vital signs according to the CEWT and ADDS criteria.
- For participants to draft an action plan to facilitate implementation of the CEWT and ADDS in their Health Service District.
- To provide an opportunity for obstetric and midwifery participants to contribute to the development of a standardised intrapartum tool.
- To provide participants with fundamental knowledge of metrics to support implementation of CEWT and ADDS.



The team from PSQ at the RMDP launch

Finally, some of the key highlights of the workshop included:

- The official launch of the CEWT undertaken by Professor Ross Pinkerton, Director of Children's Cancer Services, Children's Health Services and Chair of Queensland Health's Child and Youth Clinical Network, at an evening dinner.
- The overwhelming support and willingness of participants to implement EWARS. Clinical champions and leaders were clearly committed to undertaking a major change initiative so as improve patient safety.
- Collaboration with health care consumers in the RMDP program

Final refinements to the tools and educational packages are now being undertaken. The majority of Queensland Health Service Districts will commence implementation of the CEWT and ADDS by the end of 2010. This consistent approach and standardisation of a clinically validated tool, CEWT, and human factors designed ADDS, is formally supported by Queensland Health's Director General, Mr Michael Reid. This initiative will also be supported through a Clinical Practice Improvement Payment (CPIP) with funding allocated to all Queensland Health Service Districts that implement CEWT and ADDS.

Presentations from the workshop will soon be available through the Queensland Health Patient Safety & Service Improvement Service website

www.health.qld.gov.au/patientsafety/ or via contact with the RMDP Program Manager email RMDP@health.qld.gov.au.

A new recognising and responding to clinical deterioration program in a mental health service

by Carole Harrison, Rosemary Hoffman and Rhonda Lopez, North Metropolitan Area Health Service Mental Health

North Metropolitan Area Health Service Mental Health (NMAHS MH) in Perth is in the process of establishing a working party to drive reform in the area of recognising and responding to clinical deterioration of physical health. It is intended that the working party will also review and implement protocols to better meet the physical health assessment needs of this client group.

Within the NMAHS MH sites there is a recognised need to develop systems, processes and policies to enable consistency and best practice in recognising and responding to clinical deterioration of physical health. Having a specific focus on cardio-metabolic risk within the psychiatric population will further support the integration of policies and procedures around the physical health assessment of patients.

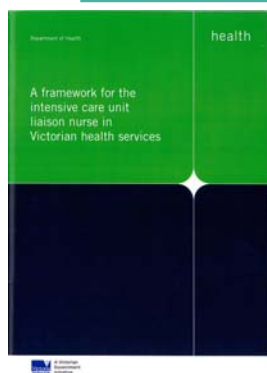
Working Party Terms of Reference are being

developed with local executive sponsorship. There is mental health representation at the WA Department of Health Recognising and Responding to Clinical Deterioration Network Group. As well, the Clinical Applications Unit is carrying out a large research project which aims to establish a cardio-metabolic risk register for patients within NMAHS MH.

We are currently in the process of auditing current practice in regards to observation and response to clinical deterioration. Physical Health Care Assessment audits have already been undertaken at specific mental health sites by the Clinical Applications Unit, which have further emphasised the need for this program.

The Working Party will aim to align clinical deterioration activities and physical health assessments across NMAHS mental health sites.

Victorian ICU Final Guidelines



The Victorian Department of Health released *A framework for the intensive care unit liaison nurse in Victorian health services* this October. The purpose of this framework is to assist health services plan, organise and foster the intensive care unit liaison role at the local level. It provides guidance for health services to flexibly develop the liaison nurse role by articulating a role statement, listing the core functions, and outlining the structure and clinical governance features of the role. The framework addresses support for acutely ill patients on the general wards, which links to the care and management of the deteriorating patient and the work of the Commission's Recognising and Responding to Clinical Deterioration Program.

This framework is available on the Victorian Department of Health website at http://www.health.vic.gov.au/criticalcare/icu_nurse.pdf.

Recognising and responding to clinical deterioration: A National Safety and Quality Health Service Standard

Current safety and quality accreditation of health services in Australia is seen as fragmented and at times too complex and resource intensive. Accreditation outcomes can also lack the transparency expected by governments and consumers. The Commission's accreditation program aims to provide an alternative model of accreditation, including safety and quality standards that can be applied across all sectors of the health care system.

Ten National Safety and Quality Health Service Standards have been developed by the Commission. These cover the areas of governance, partnering with consumers, healthcare associated infections, medication safety, patient identification, clinical handover, use of blood and blood products, pressure ulcers, falls, and recognising and responding to clinical deterioration (RR Standard). These standards were the subject of public consultation in September and October 2010, and are currently being revised based on the feedback received.

The RR Standard is based on the elements in the Consensus Statement that was developed by the Commission in 2009. The Standard is that "Clinical

leaders and senior managers of a health service organisation establish and maintain systems for recognising and responding to clinical deterioration. Clinicians and other staff use the systems." The criteria in the Standard cover the organisation-wide systems that are needed to support and promote the recognition of, and response to clinical deterioration; organisational support to ensure clinicians are aware of and use these systems; and the collection of information about the performance and outcomes of the systems. The next version of the Standard will also include a criterion about communication, including communication with patients and families. The RR standard will be piloted in early 2011.

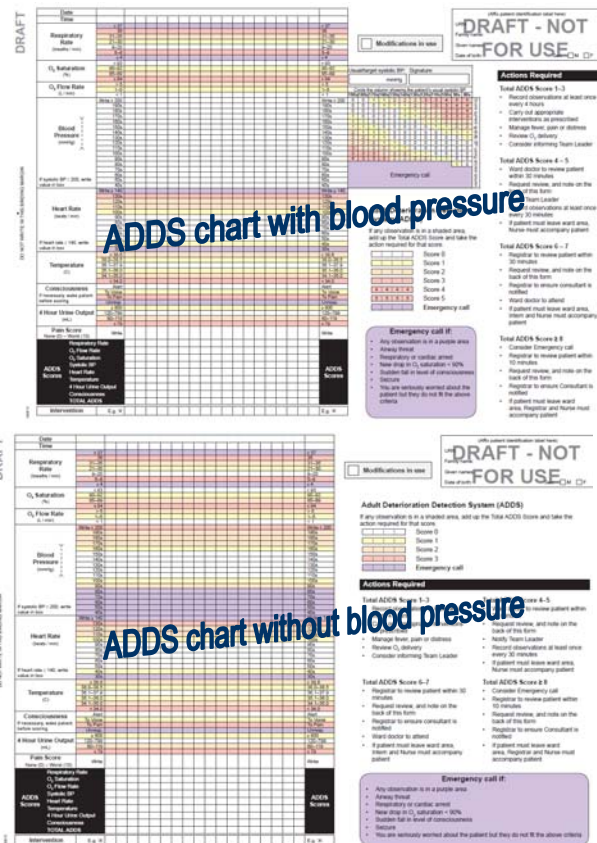
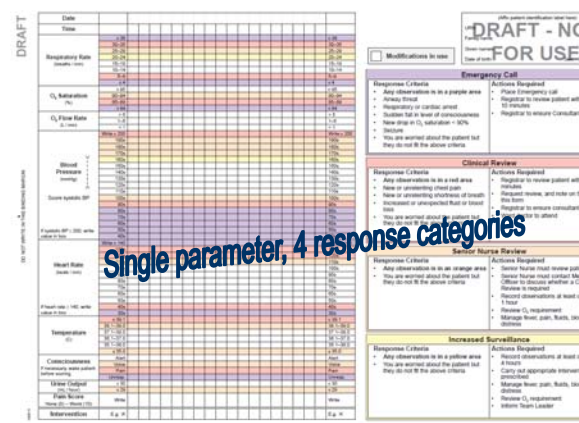
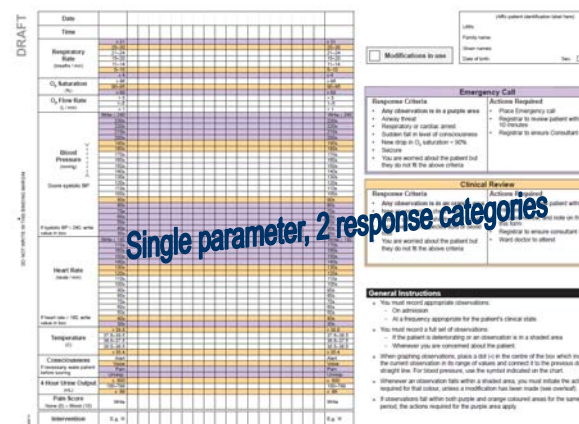
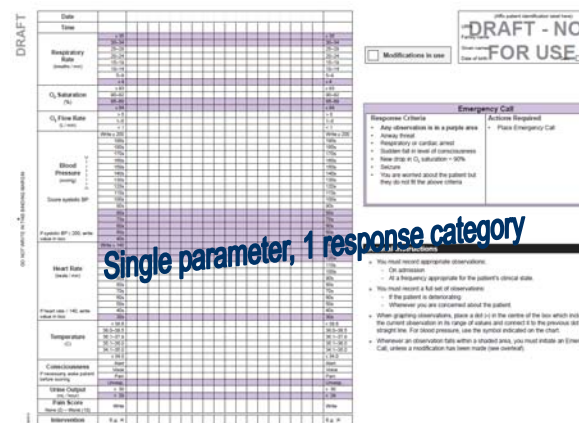
All 10 standards, and the proposed alternative model for accreditation will be submitted to Health Ministers in November 2010 for their endorsement. If approved by Health Ministers, it is proposed that implementation of the standards would commence in July 2011.

Further information about the standards and the Commission's work in accreditation is available on the Commission's website at http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/com-pubs_PP7-Draft_NSQHSS.

Update on the new observation and response charts

As part of the Recognising and Responding to Clinical Deterioration program, the Commission is continuing its work on observation and response chart (ORC) design and implementation. Observation and response charts are an important tool for recognising abnormalities in vital signs that may signal when a patient's condition is deteriorating.

Two phases of the Commission's work on observation charts were completed in 2010. The Commission and Queensland Health worked with the School of Psychology at the University of Queensland to conduct a human factors research project looking at the design and use of observation charts. This project was completed in March 2010, and the reports from the research are available on the Commission's website at http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/RaRiCD_EBA-GOC. This project found that users identify observations that are abnormal more quickly, and are more accurate in this judgement, when using observation charts that have been designed according to human factors principles.



One output of this project was a new observation chart, the ADDS (Adult Deterioration Detection System) chart, that was designed according to human factors principles. This observation chart included a scoring system that requires clinicians to calculate a score based on the level of abnormality across a range of physiological parameters. The validity and reliability of scoring systems is a subject of debate within the field, and there is not yet sufficient evidence for the Commission to make a recommendation about the use of such systems within observation charts. Therefore, the Commission asked the University of Queensland to develop a series of additional charts that were designed according to human factors principles, but which did not include the scoring system that is in the ADDS chart.

In addition, the Commission has worked with the University of Queensland to prepare a "developer's guide" to provide information about human factors and the design of observation charts. This guide and the observation charts are available on the Commission's website.

The Commission is now starting the next phase of work on these observation charts. A project to conduct usability testing and piloting of the new charts in a range of hospitals across Australia has just started. The aim of this project is to examine whether the charts are appropriate tools for managing patients in a clinical environment. The University of Technology, Sydney has been contracted to undertake this project and the work will continue until the end of 2011. An expression of interest for sites to participate on this project will be issued shortly.

For more information about this initiative please contact Nicola Dunbar at nicola.dunbar@safetyandquality.gov.au.

What's coming up...

National Survey on Recognising and Responding to Clinical Deterioration

The Commission is conducting a national survey of recognition and response systems in place in hospitals in Australia. To conduct the survey the Commission worked with most jurisdictions and the private hospital sector to invite hospitals to participate. The survey is web-based and closes at the end of November.

A detailed analysis of the data is not yet available, although a preliminary summary of the information available to 26 October is provided below. It is already clear that the survey will provide useful information, particularly about private hospitals and smaller hospitals that do not have intensive care units, and which are using systems other than medical emergency teams to provide emergency assistance. Some early information from the survey is as follows:

- 145 responses received, 49% from private hospitals.
- 80% have a written policy in place regarding measurement of observations
- 78% have a formal escalation protocol in place
- 37% have a system in place to track changes in physiological parameters, and trigger action when deterioration is observed

- 41% have a structured handover protocol in place (most commonly SBAR)
- 70% have a system in place for providing emergency assistance to patients whose condition is deteriorating (note that hospitals can have more than one system in place, so responses below sum to more than 100%):
 - system based in ICU = 31%
 - system based outside of ICU = 41% (such as coronary care, high dependency unit, emergency department, anaesthetics, medical unit)
 - systems external to the hospital = 17% (such as local ambulance, local GPs, retrieval services)
 - other systems = 25% (such as other co-located hospital, response from ward staff, senior staff throughout the hospital, director of nursing).

For those who are interested in participating, only one survey should be completed by your hospital. The final date by which the survey should be completed has been extended to **30 November 2010**. To participate in the survey please contact Anna Atkinson at anna.atkinson@safetyandquality.gov.au.

2012 8th Annual International Symposium on Rapid Response & Medical Emergency Teams

Sydney, Australia has been picked to be the location of the 8th Annual International Symposium on Rapid Response and Medical Emergency Teams. Planning is underway for this 3-day symposium which will be held in May 2012.

This annual symposium is the largest conference in this field, and is attended by people from all over the world. It is intended for doctors and nurses, including those working in critical care, emergency departments and general ward areas, safety and quality professionals, clinical managers, hospital administrators, educators, researchers and other health professionals involved or interested in recognition and response systems.

The content will be divided into several tracks, each covering specific themes such as patient safety and quality, novice, education, nursing, research, technology and monitoring, paediatric and social sciences.

The conference website is <http://rapidresponsesystems.org/>. The Commission will provide more information about the conference during 2011. So stay tuned!