• Alfred Health - The Alfred; Caulfield Hospital & Sandringham Hospital

• Around 900 beds; 90,000 ED presentations, 92,000 inpatient events; 170,000 outpatient attendances.

• Approximately 5000 equivalent-full-time staff made up by around 7000 people

• State-wide services for trauma, burns, heart & lung transplants, HIV / AIDS, hyperbaric service, cystic fibrosis, haemophilia, Melbourne Sexual Health Centre

• A range of specialty services in the areas of community services, rehabilitation, aged care, residential care and aged mental health.
Our journey....

• Commenced March 2010
• SMR in 2009 = 84 (aspirational aim of 75 in 12 months)
• Pilot site – 3CTC (48 beds cardiac med and surg)
• MET team >10 years & ICU Liaison (0800-2400)
• Health Round Table baseline data
• Did we have any gaps? - OMG moment
  – 16% observations were recorded as ordered
  – No minimum standard for recording observations
  – No involvement of the NIC when patients deteriorated
  – Clinical skills gap
  – Little engagement from the parent unit
Reducing Patient Harm from Deterioration

**DOCUMENTATION**
- Reduce variation of charts
- Pilot new graphic chart
- Reportables for all patients

**ENVIRONMENT**
- Explore after hours hospital

**Chart factors**
- Reportable and frequency on different charts
- RR not graphed
- Not all charts graph trends
- Multiple charts

**Environmental factors**
- Reduced after hours resources
- Geographical layout / multiple rooms
- Inexperienced staff
- Reliance on electronic equipment

**Vital sign factors**
- Reportables not routinely documented
- Recognition and interpretation
- Competing priorities
- Task focussed
- No minimum for recording
- Inaccuracies in recording

**Communication factors**
- MET call criteria = reportables
- Inability to convey Clinical picture
- Resource nurse is "missed" in chain of communication

**EDUCATION**
- Develop guideline for minimum standard for vital sign recordings
- Survey of staff perceptions/knowledge
- Implement an education program

**Escalation processes**
- ISBAR
- Escalation Policy

**Pilot 3CTC**
- Medical/Surgical
- Missed METCALLS
- Unplanned re-admissions to ICU
- Point prevalence
- Patient Story

160610
Great progress 2010 => 2013

• Project team “engaged” (consumer?)
• Developed a gap analysis – the fishbone story
• Drafted our chart→ feedback from ACQSHC
• Redrafted GOC with human factors principles
• Developed guidelines (minimum standards for recording obs & escalation of care)
• Roll-out plan
  – Established SPC Steering Committee & Project team
  – Terms of Reference
  – Massive education and communication process (>90% medical units)
  – Mandatory MET call policy

• Roll-out over 3 sites in one day – December 5th 2011
### INRESUAU ONATE

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DELIVERY MODE

<table>
<thead>
<tr>
<th>RA = Room air</th>
<th>NP = Nasal Prong</th>
<th>H = Hudson Mask</th>
<th>V = Venturi Mask</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Awake &amp; Alert</td>
<td>1 = Rest, Occasionally</td>
<td>2 = Drowsy, Easy to Rouse</td>
<td>15 = Normal Sleep, Responds to Stimuli</td>
</tr>
<tr>
<td>2 = Moderate, Rouseable but Not Able to Stay Awake</td>
<td>3 = Severe, Difficult to Rouse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### O₂ DELIVERY

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>O₂ Saturation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print</td>
<td>Print</td>
<td>&lt;95%</td>
</tr>
</tbody>
</table>

### O₂ SATURATION (%) (PRINT)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>O₂ Saturation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print</td>
<td>Print</td>
<td>&lt;95%</td>
</tr>
</tbody>
</table>

### BLOOD PRESSURE

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>110</td>
<td>110</td>
<td>110</td>
</tr>
</tbody>
</table>

### MAP (mmHg)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>110</td>
<td>110</td>
<td>110</td>
</tr>
</tbody>
</table>

### PULSE (beats/min)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>110</td>
<td>110</td>
<td>110</td>
</tr>
</tbody>
</table>

### CVP (mmHg)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>110</td>
<td>110</td>
<td>110</td>
</tr>
</tbody>
</table>

### TEMP (°C)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.5</td>
<td>38.5</td>
<td>37.9</td>
<td>37.9</td>
</tr>
</tbody>
</table>

### SEDATION SCORE

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### PAIN SCORE

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

### OTHER

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

---

**CLINICAL IMAGING & PATIENT SPECIFIC REPORTABLE PARAMETERS**

Refer to Escalation Process

---

**MET CALL**

**ACUTE CHANGES IN:**

- Clinical Status
- Blood Pressure
- Pulse
- Oxygen saturation
- Respiratory Rate
- SpO₂

**PHYSIOLOGY**

- **AIRWAY**
  - Turbulent Airway
- **RESPIRATORY**
  - Respiratory Rate >36 or <5
  - SpO₂ <90% On Oxygen
- **CIRCULATION**
  - Mean Arterial Pressure <60
  - Pulse Rate >140 or <40
  - Sudden fall in BP >20mm
  - Pulse pressure
  - Cardiac Output

**NEUROLOGY**

- Seizure
- Seizure
- Headache
- Seizure

**OTHER**

- Uncontrolled pain
- All elements of Met Call
- Code Blue: Tell the operator your location, bed number and the medical unit of patient.

---

**“Code Blue”**

Identify- Identify patient name, age, sex, location and who you are talking to
Identify- Identify patient name, age, sex, location
Identify- Identify patient name, age, sex, location
Identify- Identify patient name, age, sex, location
Identify- Identify patient name, age, sex, location

**SITUATION - STATE PURPOSE**

- The reason I am calling is...

**B**

**BACKGROUND - TELL THE STORY**

- Current problem
- Relevant history
- Current signs
- Relevant signs

**A**

**ASSESSMENT**

- State what you think is going on
- State what you think is going on
- State what you think is going on
- State what you think is going on

**R**

**REQUEST - STATE REQUEST**

- Urgency? (If yes, then the code is...
- Urgency? (If yes, then the code is...
- Urgency? (If yes, then the code is...
- Urgency? (If yes, then the code is...
Governance Framework

Safer Patient Care Steering Group
- oversees an organisation-wide approach
- upgraded to extreme risk on our risk register
- Strong leadership
- Agendas, Minutes of meetings, ToR; work plan

SPC Supported by
- Safer Patient Care Working Group
- Medical Emergency Response Group
- Monthly SPC Nurse Manager meetings at 3 sites
- New working group for Patient and Family Activated Escalation
Opportunities to:
• Enhance recognition & immediate management of deteriorating patient
• Improve mechanisms to get senior decision makers involved in a timely way
• Optimise ownership of patients & sense of accountability for patients

Inputs

Outputs

Short term outcomes

Medium term outcomes

Long term outcomes

Situation

Opportunities to:
• Enhance recognition & immediate management of deteriorating patient
• Improve mechanisms to get senior decision makers involved in a timely way
• Optimise ownership of patients & sense of accountability for patients

Assumptions
Earlier recognition of and appropriate management of patients with signs of clinical deterioration will reduce avoidable morbidity and mortality

External Factors
New national quality standard, national consensus statement, work done in and by other health services

Safer Patient Care Program Logic Model
Program of work

Training for all clinical staff in their role in the new escalation pathway

All relevant forms in ISBAR format and all staff utilizing ISBAR in relevant circumstances

Optimised paging systems:
• No numerical paging
• Paging guideline updated and implemented
• Technical issues resolved
• LAN page entries in ISBAR format

Optimised MER governance:
• All code blue / MET calls logged in Riskman and reviewed via appropriate mechanism
• No missed MET calls
• No multiple MET calls on the same patient

Agreed mechanisms for communication with patient recognition and response systems

Reduced:
• Avoidable morbidity
• Avoidable mortality
• Unplanned admissions to ICU

Successful communication and escalation of clinical deterioration

Successful recognition and response systems embedded across Alfred Health

Optimised governance of recognition and response systems

18 October 2011
Key activities

• Graphic Observation and Response Chart (MR R61) implemented
  – Based on human factors principles
  – Incorporates triggers to escalate care when deterioration occurs
  – Updates following feedback and case reviews - BP
  – Paediatric and neonate charts at SH

• Education and Training
  – Early training based on Canberra’s “Compass program” for all staff
  – “Putting the vital back into vital signs”
  – Education re graphing and escalation process
  – BLS training and assessment for nursing and medical staff: JMS 91.2% / RNS 90%
  – Immediate Response Training - Nurses in Charge
  – Nurse Bank competency study days
  – Advanced Life Support training
### Graphic Observation Chart

**For easier detection of deterioration in clinical signs**

- Yellow = Clinical Review Criteria
- Mauve = MET Call

**Alfred Health**

<table>
<thead>
<tr>
<th>Date Time</th>
<th>Respiratory Rate (Gestational Weeks)</th>
<th>S&lt;sub&gt;4&lt;/sub&gt; Oxygen Saturation [%]</th>
<th>S&lt;sub&gt;2&lt;/sub&gt; Flow Rate (L/min)</th>
<th>S&lt;sub&gt;2&lt;/sub&gt; Mode of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preterm &lt; 30</td>
<td>Post-meal</td>
<td>Preterm &gt; 30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 - 35</td>
<td></td>
<td>30 - 35</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25 - 29</td>
<td></td>
<td>25 - 29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 - 24</td>
<td></td>
<td>20 - 24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 - 19</td>
<td></td>
<td>15 - 19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11 - 14</td>
<td></td>
<td>11 - 14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 - 10</td>
<td></td>
<td>7 - 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post-term &gt; 35</td>
<td></td>
<td>Post-term &gt; 35</td>
<td></td>
</tr>
</tbody>
</table>

**Definitions in use**

**Standard Medical Review**

<table>
<thead>
<tr>
<th>Response criteria</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow area</td>
<td>MET Call</td>
</tr>
<tr>
<td>Increased anxiety</td>
<td></td>
</tr>
<tr>
<td>Reduced oxygen</td>
<td></td>
</tr>
<tr>
<td>Increased terror</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
</tbody>
</table>

**MET Call**

<table>
<thead>
<tr>
<th>Response criteria</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOR</td>
<td></td>
</tr>
<tr>
<td>No response from RNC</td>
<td></td>
</tr>
<tr>
<td>No response from ED</td>
<td></td>
</tr>
</tbody>
</table>

**Code Blue**

<table>
<thead>
<tr>
<th>Response criteria</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular arrest</td>
<td></td>
</tr>
</tbody>
</table>

**General Instructions**

- **Reduction in vital signs**  
  - No change in heart rate or blood pressure
  - Gradual decrease in heart rate and blood pressure
  - Auscultation of heart and lungs
  - Monitoring of vital signs

- **Immediate Intervention**  
  - Immediate resuscitation
  - Ongoing monitoring of vital signs

- **Reduction in vital signs**  
  - Immediate resuscitation
  - Ongoing monitoring of vital signs
<table>
<thead>
<tr>
<th><strong>ISBAR</strong></th>
<th><strong>COMMUNICATION TOOL - ISBAR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I</strong></td>
<td><strong>Identification</strong> Staff Name</td>
</tr>
<tr>
<td></td>
<td>Position Ward</td>
</tr>
<tr>
<td></td>
<td>HMO / Reg / Consultant Name</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td><strong>Situation</strong> What has occurred?</td>
</tr>
<tr>
<td></td>
<td>BP .. BSL .. LOC Is: .. Skin Is: .. Oxygen</td>
</tr>
<tr>
<td></td>
<td>Alert .. Warm &amp; Dry .. Nil</td>
</tr>
<tr>
<td></td>
<td>Verbal .. Pale &amp; clammy .. Nasal Prongs /min</td>
</tr>
<tr>
<td></td>
<td>Pain .. Sweaty .. Hudson mask /min</td>
</tr>
<tr>
<td></td>
<td>Unconscious .. Extremities cold .. Venturi %</td>
</tr>
<tr>
<td></td>
<td>Extremities warm .. Non Re-breather /min</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td><strong>Background</strong> Presenting Problem:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A</strong></td>
<td><strong>Assessment</strong></td>
</tr>
<tr>
<td></td>
<td>I think the problem is:</td>
</tr>
<tr>
<td></td>
<td>I don't know what the problem is but the patient is deteriorating</td>
</tr>
<tr>
<td><strong>R</strong></td>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td></td>
<td>What do you suggest we do now?</td>
</tr>
<tr>
<td></td>
<td>When can you review the patient?</td>
</tr>
<tr>
<td></td>
<td>Are there any tests, treatment or actions that you would like me to do in the meantime?</td>
</tr>
</tbody>
</table>

**U.R.**
Surname
Given Names
Policies and Guidelines

- Consultant Notification policy
- Escalation of Care guideline
- Medical Emergency Response policy – Mandatory MET
- Minimum Standard of Measuring and Documenting Adult Physiological Observations Guideline
- Medical Emergency Response Guideline Alfred Health
- Medical Emergency Response Education Guideline Alfred Health
- Medical Emergency Response – Equipment
- *Initiation & Titration of Supplemental Oxygen in Adults*
- Physiological Monitoring of Paediatric Patients
- Advanced Care Planning Guideline (previously named Respecting Patient Choices)
Evaluation and ongoing monitoring

- Major GOC Yearly Audit - implementation of GOC
- Monthly reporting and review
  - Code Blue and MET calls (Riskman & CPU report)
  - Deaths, unplanned admissions to ICU, ISR1+2 incidents where failure to escalate contributed to outcome
- Regular ward audit process
- External gap analysis of evaluation framework to national standard
  - BLS and ALS training rates
- Planned staff surveys
## Results: Annual audit

<table>
<thead>
<tr>
<th></th>
<th>2 Mar 2011 (n=391)</th>
<th>7 Mar 2012 (n=338)</th>
<th>6 Mar 2013 (n=353)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observations documented for all core</td>
<td>72%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>Observations taken at correct frequency</td>
<td>90%</td>
<td>92%</td>
<td>74%</td>
</tr>
<tr>
<td>Pt met CRC in preceding 24h?</td>
<td>21%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Pt met MET call criteria in preceding 24h?</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>MET call called?</strong></td>
<td>25%</td>
<td>36%</td>
<td>57%</td>
</tr>
<tr>
<td>Escalation to and RV by NIC?</td>
<td>0%</td>
<td>2%</td>
<td>25%</td>
</tr>
<tr>
<td>Vital signs improved?</td>
<td>47%</td>
<td>61%</td>
<td>77%</td>
</tr>
<tr>
<td><strong>RN/NIC escalated to HMO?</strong></td>
<td>33%</td>
<td>59%</td>
<td>85%</td>
</tr>
<tr>
<td>HMO responded</td>
<td>31%</td>
<td>69%</td>
<td>85%</td>
</tr>
<tr>
<td>Therapeutic intervention by medical team</td>
<td>27%</td>
<td>48%</td>
<td>70%</td>
</tr>
<tr>
<td>Team physically r/v’d pt</td>
<td>20%</td>
<td>35%</td>
<td>62%</td>
</tr>
</tbody>
</table>
## Summary Information

<table>
<thead>
<tr>
<th>MET Calls:</th>
<th>Sep-13*</th>
<th>Prior 12 Mth Average*</th>
<th>Alfred Wide (Sep-13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of MET calls this month</td>
<td>432</td>
<td>476</td>
<td>432</td>
</tr>
<tr>
<td>Number of MET calls per 1000 occupied beddays</td>
<td>15.90</td>
<td>13.49</td>
<td>15.90</td>
</tr>
<tr>
<td>Number of MET Calls flagged as follow up</td>
<td>28</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Number of Patients with &gt; 1 MET Call within 24 hr</td>
<td>64</td>
<td>74</td>
<td>64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Blue Calls:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Code Blue calls this month</td>
<td>25</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Number of True Code Blue calls per 1000 occupied bed days</td>
<td>0.33</td>
<td>0.25</td>
<td>0.33</td>
</tr>
</tbody>
</table>

### MET Issue

<table>
<thead>
<tr>
<th>MET Issue</th>
<th>Total number of Unique Patients*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation issue</td>
<td>3</td>
</tr>
<tr>
<td>Handover / transfer of care issue</td>
<td>1</td>
</tr>
<tr>
<td>Incident occurred resulting in MET</td>
<td>6</td>
</tr>
<tr>
<td>Medication related issue</td>
<td>13</td>
</tr>
<tr>
<td>MET criteria present &gt; 30 minutes prior to call</td>
<td>5</td>
</tr>
<tr>
<td>Multiple MET 24 hours</td>
<td>69</td>
</tr>
<tr>
<td>Other</td>
<td>22</td>
</tr>
<tr>
<td>Transfer from a higher acuity facility &lt; 12 hours</td>
<td>2</td>
</tr>
<tr>
<td>Transfer from ED &lt; 12 hours</td>
<td>26</td>
</tr>
<tr>
<td>Transfer from ICU &lt; 4 hours</td>
<td>1</td>
</tr>
<tr>
<td>Transfer from OR &lt; 4 hours</td>
<td>7</td>
</tr>
</tbody>
</table>
Data – MET Calls

- GMR
- Cage
- Orth
- Cthr
- CAHF
- AIR1
- DTS
- ISUR
- MSGA
- AIR3

Selected month trial vs. Last 12 Months Avg.

- Met Calls per 1000 Bed Days
- Average
Data – Code Blues

![Line Graph]

- **True Code Blue calls per 1000 Bed Days**
- **Average**

### Cardiopulmonary Arrest

<table>
<thead>
<tr>
<th>Month</th>
<th>Sep-12</th>
<th>Oct-12</th>
<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
<th>Mar-13</th>
<th>Apr-13</th>
<th>May-13</th>
<th>Jun-13</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>10</td>
<td>6</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>13</td>
<td>7</td>
<td>7</td>
<td>8</td>
<td>10</td>
<td>9</td>
</tr>
</tbody>
</table>

### MET Calls

<table>
<thead>
<tr>
<th>Month</th>
<th>Sep-12</th>
<th>Oct-12</th>
<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
<th>Mar-13</th>
<th>Apr-13</th>
<th>May-13</th>
<th>Jun-13</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls</td>
<td>368</td>
<td>391</td>
<td>433</td>
<td>428</td>
<td>412</td>
<td>350</td>
<td>463</td>
<td>452</td>
<td>498</td>
<td>457</td>
<td>513</td>
<td>492</td>
<td>437</td>
</tr>
</tbody>
</table>
Point of care audit - The Alfred vs Alfred Health

[Bar chart showing percentages for various observations and recorded data, comparing 'Ward/Area' and 'Alfred Health']
How are we doing?

POC Clinical Deterioration Indicator

Escalation to NIC

%}

- Indica by 12, 0, 20, 40, 60, 80, 100}


- Indicator
- Mean
Data – Barriers to Escalation (Nursing)

• Availability of NIC influences escalation to them
• Response (actual or perceived) from the treating team influences escalation to them
• Improved communication / documentation would improve escalation
• Education of the escalation process should continue for both Medical and Nursing staff
• Feedback of unit/ward performance and case reviews of missed MET / Escalations would be welcomed
Data - Barriers to Escalation (Medical)

- Unsure about response from seniors to escalation
- Perceived senior staff access issue
- Not clear who to contact / who's responsible
- Factors impacting on clinical judgement (tiredness, distraction, stress, under confidence)
- Failure to identify when a patient requires escalation
- Culture-related issues
- Perceived limited benefit in escalating
Key achievements

- Governance & executive sponsorship
- Staff engagement and culture change in escalation
- GOC – standardised across the three campus
- Policies and guidelines – (Mandatory MET)
- Communication strategy – road show
- Education and training to upskill staff
- Staff survey feedback
- Monitoring & evaluation tools
- Hospital at Night model
- Improved escalation of patient deterioration
- **Standardised (Hospital) Mortality Rate 84 => 69 2013**
Next Steps

• Monitoring & Evaluation – how are we going?
• Review of MET calls & Code Blues – did we miss pt deterioration?
• Developmental Criterion
  – Patient and Family Escalation
  – Advanced care planning
  – End of Life
• Barriers to Escalation Survey – follow-up
• Revision of GOC
• Reinforce documentation
• Reinforce Mandatory MET
Patient and Family Activated Escalation

• **Aim:**
  – To develop a mechanism for a patient, family or carer to initiate an escalation of care response when a patient is “not quite right”
  – “To cast a wider safety net...”(CEC)

• Researched national and international programs (REACH)
• Presented concept to SPC & NM groups across 3 sites
• Project plan developed and approved by SPC
  – Terms of Reference for working party
• Enthusiastic & committed working party with consumers a key part
• Model options in draft
• Visit to UK to see model in practice
• Lots to do – branding/ focus groups /education & training program
Failure to escalate may contribute to cardiac arrest and unexpected death.

Escalate clinical concerns early.

The Alfred Health Safer Patient Care Group