Recognition and response systems aim to ensure that all patients who deteriorate in acute healthcare facilities, including mental health units, receive a timely and appropriate treatment response. Current evidence points to the harm that can occur to patients when such systems are not in place, or are not utilised effectively.¹

This is the first in a series of four mental health fact sheets. The others in the series are:
- Mental health fact sheet 2: Operational considerations
- Mental health fact sheet 3: Communicating about physiological deterioration
- Mental health fact sheet 4: Strategies for engaging mental health clinicians in the implementation of recognition and response systems.

The comprehensive Guide to Support Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration has been developed to support the implementation of recognition and response systems. While the information contained within the guide will be useful for all types of services and settings, there are some specific issues that will need to be considered when implementing these systems in mental health facilities.

Approaching the challenges of implementing systems for recognising and responding to physiological deterioration in acute mental health facilities involves drawing on the knowledge and experience of experts in recognition and response systems, and building on the specific skill set of mental health clinicians.

Acute physiological deterioration occurs relatively infrequently in psychiatric settings. This means that staff may not have experience in recognising signs of physiological deterioration and responding effectively, and may underestimate the seriousness of a situation. Although it is not common, some inpatients will experience acute physiological deterioration and it is necessary that staff are trained in what to do, and have this training updated so skills are maintained.

There are specific challenges in implementing effective systems to recognise and respond to physiological deterioration in mental health settings. These include the:
- skill set of the clinical workforce
- availability of resources to monitor observations
- capacity of patients and clinicians to communicate their concerns
- cultural responses to the changes implementation entails.

One overriding principle can be used to guide implementation, drawn from the experience accumulated by clinicians and managers who have already successfully implemented effective systems for recognition and response to clinical deterioration:
‘Remember it’s all about the patient — what you are doing makes a real difference to what happens to the patients in your care’

Lessons from coronial findings

On 22 August 2005, a 29-year-old man died from acute bronchopneumonia, precipitated by multi-drug toxicity. He had been an inpatient in an acute psychiatric unit for ten days. The only drugs in his body were those prescribed by his treating doctors, and administered by the nurses on the ward. He had not had a set of observations recorded in the seven days preceding his death. On the afternoon before he died, he was noted to sleep through a dressing change which involved burn blisters on his hand being burst with a pin. This level of sedation did not trigger an escalation of care response by the treating team.²
An overview of recognition and response systems

Key terms

**Escalation protocol:** The protocol that sets out the organisational response required for different levels of abnormal physiological measurements or other observed deterioration.

**Medical emergency team (MET):** One way of providing emergency assistance as part of a rapid response system. Usually consists of a team led by a doctor and based in intensive care.

**Modified Early Warning Score (MEWS):** One type of early warning system based on a weighted score.

**Rapid response systems:** Systems for providing emergency assistance to patients whose condition is deteriorating. The system will include the clinical team or individual providing emergency assistance, and may include on-site and off-site personnel.

**Recognition and response systems:** Formal systems to support staff to promptly and reliably recognise patients who are clinically deteriorating, and to respond appropriately to stabilise the patient.

**Track and trigger system:** A formal system that relies on routine periodic measurement of observations (tracking), with a predetermined action (trigger) when a certain threshold is reached.

Key resources

This overview is the first in a series of four fact sheets that are designed to provide a snapshot of issues and strategies to consider when implementing recognition and response systems in mental health settings.

The others in the series are:

- Mental health fact sheet 2: Operational considerations
- Mental health fact sheet 3: Communicating about physiological deterioration
- Mental health fact sheet 4: Strategies for engaging mental health clinicians in the implementation of recognition and response systems

The full series of fact sheets is available on the Commission’s website at:


The fact sheets are designed to be read in conjunction with the more comprehensive resources provided by the Commission. These are:


- and the Safety and Quality Improvement Guide to National Safety and Quality Health Service Standard 9

References


Note: Future work planned at the Commission will focus on recognising and responding to psychological deterioration. Further information about this will be available on the Commission’s web site in 2013.

Further information

Further information about implementing recognition and response systems can be found on the Australian Commission on Safety and Quality in Health Care web site.

www.safetyandquality.gov.au

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