Recognising and responding to clinical deterioration: A national approach to safer care

Nicola Dunbar, 10 November 2009
A journey…

- Opportunity to select new area of work
- Hospital at night / deteriorating patient
- What to do?
  - Hasn’t the problem been fixed?
  - What does the evidence say?
  - What do the experts say?
  - Is there a need for national work in Australia?
Evidence about the nature of the problem is straightforward:

- differential outcomes depending on time of day and location of the patient
- possible to identify deterioration up to 48 hours before adverse event
- potential to intervene early and prevent adverse outcomes
- continuing occurrence of incidents where deteriorating patients not identified or not managed properly
Evidence about problem and solutions

BUT – reasons for occurrence of failures are complex and overlapping:

- not monitoring vital signs consistently
- not recording observations
- lack of knowledge of meaning of physiological abnormalities
- uncertainty whether to call for assistance
- delays in calling for assistance
- failure to communicate concerns
- delays in responding
- lack of skills in managing deteriorating patients
- lack of clarity about roles and responsibilities
Evidence about problem and solutions

Evidence about possible solutions is less straightforward

Response

• medical emergency team was an early initiative
• other types of response – ICU liaison nurse, two-tier
• much of the initial research done in large teaching hospitals on adults – applicability in other settings?
• many of the solutions are home grown – adequacy? implementation? evaluation?
• international support for use of MET/RRT – many programs and tools exist
Evidence about problem and solutions

- Recognition of deteriorating patients:
  - introduction of early warning scores to support identification of deterioration
  - very little evidence about observation charts
  - education seems to be effective in increasing knowledge and skills
  - importance of clinical judgement
  - technological solutions being developed that may be effective
What are the gaps?

- Evidence base about solutions to improve recognition is still developing
- Limited work addressing needs in different settings
- What are the range of different systems that exist?
- Do the systems that exist function effectively?
- How big is the problem?
- Why do failures keep occurring?
Need for national work?

- Commission leads and coordinates – implementation is responsibility of the state and territory health departments, private hospitals etc.

- States and territories have prioritised this issue differently:
  - some have large programs and are introducing policies that set out what hospitals need to have in place
  - others have no specific programs

- Private hospitals – some have systems in place

- What can we do that will help all of them?
What role can the Commission have?

- Bring authority and recognition to an issue
- Commission research that adds to evidence base
- Disseminate innovative work
- Bring people together
- Set expected practice and standards
- Develop tools to support effective practice
- Explore new areas
- Facilitate communication
Commission’s program: Recognising and responding to clinical deterioration

Main initiatives:
- consensus statement regarding essential elements of care for patients who deteriorate
- guidelines for applying the essential elements of care
- evidence-based observation chart to prompt action
- national survey of systems and practices

Other areas of interest:
- use of clinical judgement to identify patients who are deteriorating
- mental health – psychiatric deterioration
- prevalence of deterioration
- needs of specific areas – paediatrics, rural areas
- standards in the future?
The timeline

▶ Consensus statement:
  • national consultation complete
  • currently being revised
  • to Health Ministers – early 2010

▶ Guidelines:
  • work commencing now
  • likely to be available 2\textsuperscript{nd} half 2010

▶ Observation chart:
  • human factors research underway – first phase on website, complete early 2010
  • national standard observation chart?
Consensus statement

- Describes the elements that are essential for promptly and reliably recognising and responding to clinical deterioration in acute health care facilities
- Guide to developing own systems, tailored to own circumstances
- Minimum expected practice – systems are needed to address all elements in the statement
- Scope:
  - patients who are deteriorating physiologically
  - basic clinical safety net, and supports needed to achieve this
  - all patients – adults, adolescents, children, babies; medical, surgical, maternity, mental health
  - all types of acute health facilities – large and small
  - all elements may not apply in some situations – eg end-stage palliative care
**Consensus statement**

- **Clinical processes**
  1. Measurement and recording of observations
  2. Escalation protocols
  3. Rapid response systems
  4. Communication processes

- **Organisational prerequisites**
  5. Organisational supports
  6. Education
  7. Evaluation, audit and feedback
  8. Technological solutions
Communication

- Newsletter
- Mailing list / listserver
- Supporting opportunities for ongoing learning and networking:
  - peer learning groups
    - paediatrics
    - rural
    - education
    - observation charts
    - other?
  - “message in a bottle”
    - think about what you’ll do back at work…
    - …and we’ll remind you what you thought in a few months
Conclusion

- National work in this area is just beginning
- Significant need and likely to be an ongoing program of work
- Opportunity to link with state, territory and other initiatives
- We want to hear from you
- Join our mailing list
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