

ESCALATION OF CARE

Staff and Patient Partnership

The purpose of this document is to describe the elements required for staff and patients to work together to make sure that any clinical deterioration that occurs during an emergency department visit, hospital stay or in the hours after discharge is acted upon in a timely and effective manner.

It is acknowledged that this document has been written from the perspective of the patient however it also applies to carers, family members, friends or the patient's appointed Substitute Decision-Maker/Person Responsible.

DURING AN EMERGENCY DEPARTMENT VISIT OR HOSPITAL STAY

| | My health care rights | If my health gets worse when I am in hospital |
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| What can I expect? | <ul style="list-style-type: none"> > I receive open, clear and timely communication about my care in a way that I can understand. > I actively participate in decisions about my care to the degree I am able. > All members of my care team know and follow my care plan. > Clinical staff check me regularly. > I receive written and verbal information about how to get help if I am worried, and this information tells me: <ul style="list-style-type: none"> - how to raise concerns if I am worried - what to expect if I am worried - what to do if I am still worried. | <ul style="list-style-type: none"> > If I am worried, clinical staff will: <ul style="list-style-type: none"> - listen to me and answer my questions - discuss my concerns with me - review my condition - change my care plan, if needed - check me more often, if needed. > If I remain concerned about my condition, clinical staff will arrange for me to speak with a senior hospital clinician. > If I believe I am seriously unwell and need urgent attention, or clinical staff are not helping me, I can call for a rapid emergency response team at any time. > My Advance Care Directive (ACD) or other such plans are respected and followed, and my expressed wishes guide my care. |
| Clinical staff will: | Patient health care rights | Patient escalation of in-hospital care |
| | <ul style="list-style-type: none"> > Communicate with the patient in an open, clear and timely manner. > Provide opportunities for the patient to participate in care planning. > Adhere to the patient's care plan, and update the care team if the plan is changed. > Regularly monitor and record the patient's clinical status (physical and mental) and symptoms, and recognise and respond to signs of clinical deterioration in a timely manner. > Provide information to the patient about how they can get help and what to say to clinical staff if they are worried. > Actively listen and answer the patient's questions. | <ul style="list-style-type: none"> > Respond to the patient's concerns about clinical deterioration in a timely manner. > Acknowledge the patient's concerns, quickly assess the patient's clinical status, including observations, and either: <ul style="list-style-type: none"> - discuss next steps; or - escalate care to MET or MER. > If the patient's symptoms persist, or the patient remains concerned, quickly assess the patient's clinical status including observations and either: <ul style="list-style-type: none"> - seek rapid assessment and management from a senior nurse and/or medical practitioner; or - escalate care to Medical Emergency Teams (MET) or Medical Emergency Response (MER). > Adhere to the wishes outlined within the patient's ACD or other such plans when planning care. |
| SA Health services will ensure that: | Policy and governance | Policy and governance |
| | <ul style="list-style-type: none"> > Clinical staff are aware of and adhere to the SA Health Clinical Communication and Patient identification Clinical Directive. <p>Learning and development</p> <ul style="list-style-type: none"> > Clinical staff have the knowledge and skills for their role. <p>Support systems</p> <ul style="list-style-type: none"> > Effective systems are in-place for noting critical information e.g. alerts/Advance Care Directives/resuscitation plans. > Rapid Detection and Response (RDR) observation charts are available for use by clinical staff. > Clinical staff have access to MET/MER and Code Blue. <p>Communication</p> <ul style="list-style-type: none"> > Resources are available for patients about how to get help if they are worried. <p>Data, monitoring and evaluation</p> <ul style="list-style-type: none"> > Review systems are in place to evaluate the effectiveness of care planning and monitoring and recording of patient clinical status practices. | <ul style="list-style-type: none"> > Clinical staff are aware of and adhere to the SA Health Recognising and Responding to Clinical Deterioration Policy Directive. <p>Support systems</p> <ul style="list-style-type: none"> > Patients have access to a consistent process for how they can escalate care if they are worried. > Patients have access to MET/ MER and Code Blue. <p>Data, monitoring and evaluation</p> <ul style="list-style-type: none"> > Clinical staff use the Safety Learning System to record incidents involving deterioration, and/or delayed, failed or absent recognition and response, or adherence to patient directives or expressed wishes. > Review systems are in place to evaluate the effectiveness of consumer initiated escalation of care processes. |

AT DISCHARGE AND DURING THE HOURS AFTER DISCHARGE

| | My health care rights | If my health gets worse when I arrive at home |
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| What can I expect? | <ul style="list-style-type: none"> > I actively participate in decisions about my care to the degree I am able. > I receive written and verbal information about: <ul style="list-style-type: none"> - what to expect and what to look out for when I leave hospital - my care plan for when I arrive home - referrals and appointments I am required to attend - who to call for help - what to say if I do need help. > Clinical staff who have cared for me in hospital provide information, and make referrals, to hand over my care to my general practitioner (GP) and/or other agreed health professionals. | <ul style="list-style-type: none"> > If I am worried and call for help, I can explain what is wrong and staff will: <ul style="list-style-type: none"> - discuss my concerns with me - provide advice on what to do next. |
| Clinical staff will: | Patient health care rights | Patient escalation of care at home |
| | <ul style="list-style-type: none"> > Provide opportunities for the patient to participate in discharge planning. > Actively listen and answer the patient's questions. > Provide verbal and written information to the patient about: <ul style="list-style-type: none"> - the plan for their ongoing care, including referrals and appointments to other health professionals. - what to expect during the days after discharge. - who to contact if they are worried. > Handover care to the most appropriate health professional involved in the patients care. > Complete a discharge summary, and provide it to the patient, their GP and other agreed health professionals in a timely manner. | <ul style="list-style-type: none"> > Provide timely and appropriate advice to the patient on the best course of action, for example: <ul style="list-style-type: none"> - remain at home and monitor symptoms - visit GP or hospital - call 000 (if not already speaking to emergency staff). |
| SA Health services will ensure that: | <p>Policy and governance</p> <ul style="list-style-type: none"> > Clinical staff are aware of and adhere to the SA Health Clinical Communication and Patient identification Clinical Directive. <p>Learning and development</p> <ul style="list-style-type: none"> > Clinical staff have the knowledge and skills for their role. <p>Support systems</p> <ul style="list-style-type: none"> > Effective systems are in-place for the transmission and effective communication of discharge summaries. <p>Communication</p> <ul style="list-style-type: none"> > Resources are available for patients about how to get help during the hours after discharge. <p>Data, monitoring and evaluation</p> <ul style="list-style-type: none"> > Review systems are in place to evaluate the effectiveness of discharge processes. | <p>Learning and development</p> <ul style="list-style-type: none"> > Clinical staff have the knowledge and skills for their role. <p>Support systems</p> <ul style="list-style-type: none"> > Patients have information about and access to options to request appropriate help during the hours after discharge. <p>Data, monitoring and evaluation</p> <ul style="list-style-type: none"> > Patients have information about, and access to, options to request appropriate help during the hours after discharge. |

For more information

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