

Clinical Directive

Recognising and Responding to Clinical Deterioration Policy Directive

Objective file number: eA781573

Policy developed by: Public Health & Clinical Systems

Approved SA Health Safety & Quality Strategic Governance Committee on:
11 December 2012

Next review due: 31 August 2014

Summary The purpose of this policy and accompanying guideline is to describe the roles and responsibilities of employees of health service organisations in improving and supporting the recognition and response to clinical deterioration in acute health care. The policy aims to promote effective recognition, response and management of the deteriorating patient in SA Health services, that takes into account the patient preferences and advance care directives.

Keywords Recognising, responding, clinical deterioration, advance care directive,

Policy history Is this a new policy? **Y**
Does this policy amend or update an existing policy? **N**
Does this policy replace an existing policy? **N**
If so, which policies?

Applies to All SA Health Portfolio
All Department for Health and Ageing Divisions
All Health Networks
CALHN, SALHN, NALHN, WCHN, CHSALHN, SAAS
Other

Staff impact All Staff, Management, Admin, Students; Volunteers
All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology
Other

PDS reference CD068

Version control and change history

Version	Date from	Date to	Amendment
1.0	17/01/2013	current	Original version

Recognising and Responding to Clinical Deterioration Policy Directive



1 Policy statement

- 1.1 SA Health believes that effective and early recognition and response to clinical deterioration is an essential component of the delivery of safe, high quality health care.
- 1.2 SA Health believes that patients and their families and carers have the right to expect that:
 - 1.2.1 signs of clinical deterioration are promptly recognised and responded to by staff with appropriate knowledge, skills, and resources
 - 1.2.2 advanced care directives, and patient needs and preferences, are taken into account in responding to deterioration.
- 1.3 SA Health is committed to implementing systems that ensure effective, consistent and agreed processes and clinical team work, to support recognition and response to clinical deterioration consistently across all health services.

2 Scope

All SA Health employees or persons who provide acute health services on behalf of SA Health must adhere to this policy. The principles and standards of this policy are strongly recommended to all non-public acute health care providers who interact with SA Health.

3 Definitions

- 3.1 **Advance Care Directive** – a statutory document in which a person can plan for future health care while they are still able to, before losing decision-making capacity. In South Australia – this includes Anticipatory Direction, Enduring Power of Guardianship, and Medical Power of Attorney in accordance with the respective Acts (Consent to Medical Treatment and Palliative Care Act 1995 (SA) and Guardianship and Administration Act 1993 (SA) until such time that Advance Care Directive Bill 2012 is enacted.
- 3.2 **Advanced Life Support (ALS)** – A formal Australian Resuscitation Council approved Advanced Life Support (ALS) / Paediatric Advanced Life Support (PALS) is strongly recommended.
- 3.3 **Audit** – a systematic review of clinical care against a pre-determined set of criteria.
- 3.4 **Basic Life Support (BLS)** education will be based on the Australian Resuscitation Council BLS guidelines.
- 3.5 **Clinical deterioration** – refers to a change in a patient's physiological status that has the potential to lead to either morbidity or mortality. Clinical deterioration may be anticipated in the context of end of life care.
- 3.6 **Clinical staff** – refers to all enrolled, registered nurses / midwives, medical officers, registered allied health professionals including pharmacists and radiologists.
- 3.7 **Clinical governance** – a framework for ensuring 'organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish'.¹
- 3.8 **Clinical Handover** – 'the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis'.²
- 3.9 **Competency-based training** – 'an approach to training that places emphasis on what a person can do in the workplace as a result of training completion'.¹
- 3.10 **Continuous improvement** – 'systematic, on-going efforts to raise an organisation's performance, measured against a set of standards or indicators'.¹
- 3.11 **Continuous professional development** – any educational activity undertaken after the completion of any formal training that assists in the maintenance and development of professional knowledge, technical skills or performance.

-
- 3.12 **Close proximity** – the term ‘close proximity’ is guided by the clinical capacity of hospital staff and the expected deterioration of the patient.
- 3.13 **Education** in recognition and response systems / processes / practice implies a competency based training program and adheres to the current Australian Resuscitation Council (ARC) standards and guidelines.
- 3.14 **Escalation policy** – a document outlining the principles and processes for escalating care for patients whose condition is deteriorating. This includes information on a facility’s escalation protocol, levels of care that can be provided locally, and when care should be escalated to another facility. All escalation procedures and protocols are linked to the policy statement.
- 3.15 **Escalation protocol** – a document that describes the actions required for different levels of abnormal physiological measurements or other observed deterioration. The escalation protocol contains details of a facility’s chosen track and trigger system and is linked to the escalation policy.
- 3.16 **Evaluation** – a systematic analysis of the merit, worth or significance of an object, system or program.³
- 3.17 **Human Factors** – ‘The environmental, organisational and job factors of humans interacting with systems, as well as the physiological and psychological characteristics which influence behaviour’⁴
- 3.18 **Medical Emergency Response (MER) / Rapid response team** – The clinical team or individual responsible for providing emergency assistance to patients whose condition is deteriorating with at least one clinician accredited in Advanced Life Support.
- 3.19 **Monitoring plan** – a plan outlining the minimum observation and assessment requirements for a patient in an acute care setting. This may be an individualised plan documented in the patient record or a standardised policy or pathway applying to a group of patients. It includes, but is not limited to, the required frequency (times per day) and duration (number of days) of physiological observation monitoring.
- 3.20 **Multi-disciplinary Team (MDT) Review** – A minimum of a Registered Nurse/Midwife and a Registered Medical Doctor.
- 3.21 **Observations** – refer to the core physiological observations required to identify clinical deterioration (blood pressure, heart rate, level of consciousness / sedation, oxygen saturation, respiratory rate and temperature)
- 3.22 **Patient, family, carer** – Whenever the term ‘patient, family, carer’ is used in the Recognising and Responding to Clinical Deterioration Policy Directive, Guideline and Education Framework, ‘substitute decision-maker’ must be added (see 3.28).
- 3.23 **Peer review** – ‘the evaluation by a practitioner of creative work or performance by other practitioners in the same field in order to assure, maintain and / or enhance the quality of work or performance’.⁵
- 3.24 **Quality improvement** – a cycle of continuous evaluation and adaptation of processes in order to achieve desired outcomes.
- 3.25 **Rapid response system** – the system for providing emergency assistance to patients whose condition is deteriorating.
- 3.26 **Registered Nurse or Midwife Review** – A review/assessment of the patient by a Registered Nurse or Midwife in response to the Rapid Detection and Response Observation Charts “yellow zone” triggers.
- 3.25 **Resuscitation plans / Treatment limiting decisions** – orders, instructions or decisions that involve the reduction, withdrawal or withholding of specified medical treatments.
- 3.26 **Shift Coordinator** – the Registered Nurse/Midwife responsible for the clinical coordination of care at the unit or health service level as defined by the local health service.
- 3.27 **Standardised documentation** – refers to consistent documentation in physiologically similar groups of patients (maternity, paediatric, adult) for the recording of observations and response to observation abnormalities.
- 3.28 **Substitute Decision-Maker** – a person who consents on behalf of another when that person lacks the capacity to make a particular decision - through either a substituted judgement or best interests approach.

-
- 3.29 **Track and trigger systems** – systems designed to provide clinicians with an objective decision-making process for recognising and responding to altered physiological observations.⁶
- 3.30 **Triggers** – abnormalities in physiological observation measurements, or other clinical assessments that require an escalation of care according to the escalation protocol.

1. Australian Commission on Safety and Quality in Healthcare. National Safety and Quality Health Service Standards. Sydney. ACSQHC, 2011.
2. Australian Commission on Safety and Quality in Healthcare. OSSIE Guide to Clinical Handover Improvement. Sydney. ACSQHC, 2009.
3. Scriven M. Minimalist theory of evaluation: The least theory that practice requires. *American Journal of Evaluation*. 1998;19:57 – 70.
4. Flin R, Winter J, Sarac C, Raduma M. *Human Factors in Patient Safety: Review of Topics and Tools*. World Health Organization, 2009.
5. Australian Commission on Safety and Quality in Healthcare. *Review by peers: A guide for professional, clinical and administrative processes*. Sydney. ACSQHC, 2010.
6. Jansen JO, Cuthbertson BH. Detecting critical illness outside the ICU: the role of track and trigger systems. *Current Opinion in Critical Care*, 2010;16(3):184 – 190.

4 Policy Rationale

The purpose of this policy is to:

- 4.1 describe the roles and responsibilities of employees of health service organisations in improving and supporting the recognition and response to clinical deterioration in acute health care.
- 4.2 promote effective recognition, response and management of the deteriorating patient in SA Health services, that takes into account the patient preferences and advance care directives.

5 Principles

- 5.1 Health services must demonstrate effective governance, leadership and resources to enable early recognition and timely and appropriate response to clinical deterioration.
- 5.2 SA Health services should use a standardised process and /or chart for the documentation of observations, which enables a consistent approach to the early detection and response to clinical deterioration.
- 5.3 The recognition and response to clinical deterioration requires effective communication, documentation and multi-disciplinary teamwork.
- 5.4 Recognition of, and response to deterioration requires access to appropriately qualified, skilled and experienced staff. Education must be provided to ensure staff are competent in their roles to recognise and respond to clinical deterioration and in using the systems and tools to support recognition and response to deterioration.
- 5.5 Patients, families and carers are informed and supported to participate in recognition and response to clinical deterioration processes.
- 5.6 Effective recognition and response to deterioration requires development and communication of plans for monitoring of observations and ongoing management of the patient.
- 5.7 Recognition and response systems should encourage a positive, supportive response to escalation of care, irrespective of circumstances or outcome.
- 5.8 Care should be patient-centred and appropriate to the needs and wishes of the individual and their family or carer.
- 5.9 Health services should regularly review the effectiveness of the recognition and response systems they have in place.
- 5.10 SA Health services seek the engagement of external health service providers with whom they relate in the establishment and improvement of processes to support recognition and response to clinical deterioration in patients between health care settings where possible.

6 Standards

With the implementation of this policy, SA Health will ensure the following standards are met:

- 6.1 Establish governance systems
 - 6.1.1 Health services will demonstrate effective governance and implementation of processes that support the early recognition and response to deteriorating patients. This includes the development, implementation and review of the effectiveness of governance, policies and procedures in accordance with the national standards and evidence-based practice included in the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration (2010). Australian Commission on Safety and Quality in Health Care.
 - 6.1.2 All incidents relating to clinical deterioration should be investigated to the level required by the SA Health Incident Management Policy and Guidelines, and reviewed to inform quality improvement activities. Progress on the implementation of all recommendations generated by the investigation must be reported and monitored in accordance with the SA Health Incident Management Policy and Guidelines. Reporting should be through the SA Health incident management system (Safety Learning System).

-
- 6.1.3 There is evidence of review or audit of response to incidents involving clinical deterioration at a system level and where appropriate at individual case level as part of a quality improvement cycle.
 - 6.1.4 Evaluation of the recognition and response processes and education are consistent and across SA Health and action is taken to improve the responsiveness and effectiveness of the recognition and response systems, processes and education.
 - 6.1.5 Feedback is actively sought from, and provided to, the clinical workforce on the responsiveness of the recognition and response systems.
- 6.2 Recognise clinical deterioration and escalating care
- 6.2.1 SA Health Rapid Detection and Response observation charts are used for recording physiological observations and defining triggers to escalate care when deterioration occurs.
 - 6.2.2 A consistent and evidence-based approach to recognition, communication and management of clinical deterioration is adopted across all SA Health sites.
 - 6.2.3 Completed observation charts are regularly audited to evaluate compliance with policy and / or the monitoring plan. This information is used to inform and prioritise quality improvement activities.
 - 6.2.4 Agreed processes for escalating care and calling for emergency assistance are developed within each health service and made known to all relevant employees.
 - 6.2.5 Processes for escalating care and calling for emergency assistance are intermittently audited to evaluate if appropriate response times, equipment, skilled clinicians with specific skills and other resources are appropriate for each level of abnormal observations. This information is used to inform and prioritise quality improvement activities.
- 6.3 Respond to clinical deterioration
- 6.3.1 Health services demonstrate effective implementation of processes, systems and protocols that support a multi-level response to deteriorating patients, including the availability of clinical staff or team with skills, knowledge and resources to respond to health emergencies.
 - 6.3.2 A system is in place for ensuring access at all times to at least one clinician, either on site or in close proximity who can practice advanced life support.
 - 6.3.3 Appropriate and timely care is available to patients whose condition is deteriorating through a rapid response team of which at least one member is accredited in advanced life support.
 - 6.3.4 All clinical staff should be trained in basic life support, and have skills and knowledge appropriate to their role to enable competent and consistent recognition and response to the deteriorating patient.
 - 6.3.5 Circumstances and outcomes of calls for rapid response assistance are reviewed intermittently to inform and prioritise quality improvement activities.
- 6.4 Communicate with patients and carers
- 6.4.1 Processes to allow patients, families and carers to be informed, and supported to participate in recognition and response systems and processes should be in place.
 - 6.4.2 Processes and mechanisms to enable patients, families and carers to initiate an escalation of care response, or decelerate care if the care response is inappropriate, are in place and made known to patients , families and carers.
 - 6.4.3 Processes and mechanisms for family escalation of care to inform and prioritise quality improvement activities are reviewed.
- 6.5 Advance Care Directives and Resuscitation Plans
- 6.5.1 A consistent approach to documentation of advance care directives and resuscitation plans in the patient records management system, where appropriate, is in use.

- 6.5.2 The relationship between advance care directives / planning and recognition and response to the deteriorating patient processes, systems and protocols are identified and respected.

6.6 Education

- 6.6.1 Timely and effective response to clinical deterioration processes, systems, protocols and practice requires a health workforce with behaviour and attitudes, knowledge, understanding and skills as outlined in accordance with the SA Health Recognising and Responding to Clinical Deterioration Education Framework.

7 Responsibilities

7.1 Chief Executive – SA Health is responsible for:

- 7.1.1 ensuring the resourcing and management of the recognition and response to clinical deterioration across SA Health is in accordance with this policy.

7.2 Director of Safety and Quality – Public Health and Clinical Systems will:

- 7.2.1 establish, maintain and periodically review the SA Health Recognition and Response to Clinical Deterioration Policy and Guidelines and Education Framework, to ensuring their consistency with current evidence and nationally agreed best practice
- 7.2.2 monitor and evaluate the implementation of the Recognition and Response to Clinical Deterioration Policy, Guideline and Education Framework
- 7.2.3 review reports provided by the Local Health Networks and through Safety Learning System about issues concerning the recognition and response to clinical deterioration. Use this information to conduct trend analysis, disseminate knowledge gained, and develop strategies for state-wide system improvement
- 7.2.4 provide advice to health networks in response to specific queries about recognition and response to clinical deterioration.

7.3 Chief Executives of Local Health will:

- 7.3.1 ensure the health services within their area of control have systems in place to ensure that clinical practice is in accord with this Policy Directive and accompanying Guideline and Education Framework
- 7.3.2 ensure sufficient resources are in place to enable effective clinical practice, appropriate education and training for employees, and on-going evaluation of the effectiveness of recognition and response to clinical deterioration systems
- 7.3.3 delegate the day-to-day responsibility for establishing and monitoring the implementation of this policy to the relevant senior managers and a clinical governance committee or equivalent
- 7.3.4 ensure that incident data is collated, analysed and used to inform strategies for system improvement
- 7.3.5 receive reports about recognition and response to clinical deterioration issues where the patient outcome requires notification to the Department of Health or legal services.

7.4 General Managers, Executive Directors, Heads of Service/ Department/ Streams and other Senior Managers will:

- 7.4.1 provide organisational governance and leadership in relation to effective recognition and response to clinical deterioration systems, processes and practice
- 7.4.2 develop, implement and monitor local processes that support employees and other persons providing health services on behalf of SA Health, to effectively manage recognition and response to clinical deterioration
- 7.4.3 ensure that an education program in recognition and response to clinical deterioration, inclusive of how advanced care plans / directives and resuscitation plans influence care of the deteriorating patient, is available

-
- 7.4.4 demonstrate that systems are in place in accordance with this Policy Directive and Guideline to ensure standardised recognition and response to clinical deterioration
 - 7.4.5 ensure that incidents involving inappropriate response, delay or failure in the recognition and response to clinical deterioration are reported, investigated and action is taken in accordance with the SA Health Incident Management Policy Directive and Incident Management Guideline that incorporates Open Disclosure practice
 - 7.4.6 develop and promote mechanisms to include patients, families and carers in discussion and planning of care and response to deterioration
 - 7.4.7 ensure that any learning gained from a review of recognition and response to clinical deterioration processes within their area of control is fully implemented and monitored.
- 7.5 Safety and Quality Risk Managers will:
- 7.5.1 promote this policy and accompanying guidelines and education framework
 - 7.5.2 assist others to ensure that the health unit / Local Health Network meet its obligations under this policy and accreditation standards
 - 7.5.3 ensure that an evaluation strategy is in place to assess compliance with this policy
 - 7.5.4 provide data to their health unit / Local Health Network about deteriorating patient processes and incidents, and any changes to practice arising.
- 7.6 All SA Health employees will:
- 7.6.1 adhere to the principles and aims of this policy and ensure they operate in accordance with its associated guideline and education framework
 - 7.6.2 ensure any participation in the recognition and response to clinical deterioration process is timely
 - 7.6.3 participate in clinical teamwork that underpins effective recognition and response to clinical deterioration
 - 7.6.4 ensure that any incidents relating to recognition and response to clinical deterioration are reported via the appropriate process
 - 7.6.5 acknowledge that there is a duty of care for all health care providers to provide effective recognition and response to clinical deterioration
 - 7.6.6 ensure timely communication with patients, family and carers about recognition and response to clinical deterioration processes / systems including current status of the patient.

The intent of this policy is that clinical practice, leadership and governance in SA Health is aligned with the roles and responsibilities described in A Guide to Support Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration, 2011.

8 Relevant legislation

- > Health Care Act 2008
- > Advance Care Directive Bill 2012
- > Consent to Medical Treatment and Palliative Care Act 1995
- > Guardianship and Administration Act 1993 (SA)

9 Relevant SA Health policies, procedures and guidelines

- > Framework for Active Partnership with Consumers and the Community
- > Guide for engaging with Consumers and the Community
- > SA Health Carer Participation Position Statement (PDS ref G0085)
- > SA Health Incident Management Policy (ref no D0162)
- > SA Health Incident Management Guideline Incorporating Open Disclosure Response (ref G0075)
- > Defining the Scope of Clinical practice for Medical and Dental Practitioners Policy (ref D0208)
- > SA Health Clinical Handover Policy Directive (ref D0211)
- > SA Health Clinical Handover Guideline (ref G0099)
- > SA Health Charter of Health and Community Services Rights Policy Directive

10 Other relevant documentation

- > Recognising & Responding to Clinical Deterioration Action Guide (2012) Australian Commission on Safety and Quality in Health Care, Sydney.
- > Australian Safety and Quality Goals for Health Care (2012), Australian Commission on Safety and Quality in Health Care, Sydney.
- > National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration (2010) Australian Commission on Safety and Quality in Health Care, Sydney.
- > National Safety and Quality Health Service Standard 9, Recognising and Responding to Clinical Deterioration in Acute Health Care (2012), Australian Commission on Safety and Quality in Health Care, Sydney.
- > A Guide to Support Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration (2011). Australian Commission on Safety and Quality in Healthcare Sydney.



For more information

SA Health
Safety and Quality Unit
11 Hindmarsh Square
Adelaide SA 5000
Telephone: 08 8226 6971
www.sahealth.sa.gov.au/safetyandquality



www.ausgoal.gov.au/creative-commons

© Department for Health and Ageing, Government of South Australia.
All rights reserved. FIS: 12072.3. January 2013.



**Government
of South Australia**

SA Health