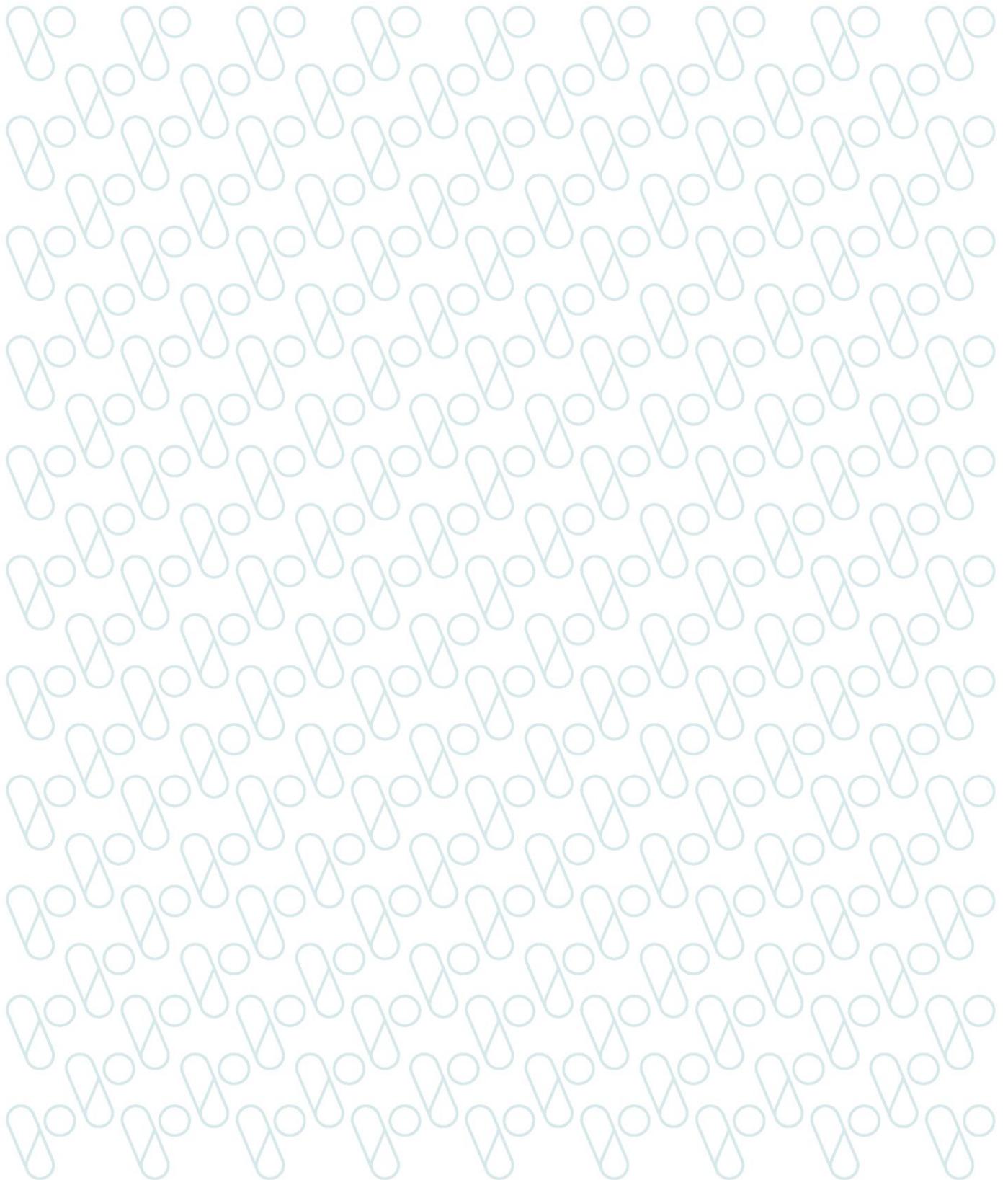




Recognising and responding to the deteriorating patient

Clinical engagement in recognition and response systems



To receive this publication in an accessible format phone 03 9096 1384, using the National Relay Service 13 36 77 if required, or email info@safercare.vic.gov.au

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Safer Care Victoria, May 2020.

ISBN 978-1-76069-395-4 (pdf/online/MS word)

Available at www.safercare.vic.gov.au



About this document

Engaging with consumers and healthcare staff of all levels will help you to continuously review and improve how you detect and appropriately care for the acutely deteriorating patient.¹ This framework presents what 'exemplar' clinical engagement looks like in recognition and response systems. It presents four key domains and lists enablers to help you achieve this. It contains practical information, as well as a self-assessment tool to help identify ways to improve your recognition and response system.

HOW TO USE THIS FRAMEWORK

1. Familiarise yourself with this document and the **Recognising and responding to the deteriorating patient: Governance structure for recognition and response systems** document.
2. Undertake the self-assessment to identify areas for change.
3. Use the **SCV recognition and response system change package** to test and implement change to improve clinical engagement in your recognition and response system.
4. Regularly use this framework and self-assessment to reassess the clinical engagement in your recognition and response system and ensure a safe, sustainable and responsive system.

BACKGROUND

This framework was developed in consultation with both clinicians and consumers and refined by an expert group. It aligns with the 'National consensus statement: essential elements for recognising and responding to acute physiological deterioration',¹ and the national safety and health service standards.²

Definitions

Attending clinician/team: The treating clinician/team with primary responsibility for caring for the patient.¹

Clinical governance: The integrated systems, processes, leadership and culture central to providing safe, effective, accountable and person-centred care, underpinned by continuous improvement.³

Just culture: A culture whereby health service staff are supported and their wellbeing prioritised.³

Recognition and response systems: Formal systems that support staff to promptly and reliably recognise patients who are clinically deteriorating, and to respond appropriately to stabilise them.¹

Rapid response system: The system for providing emergency assistance to patients whose condition is deteriorating. This includes the clinician/team providing emergency assistance and may include on-site and off-site personnel. Examples include the Medical Emergency Team (MET) system, a nurse practitioner-led system and a GP-led system. Variations in your rapid response system may occur in different circumstances – for example, in-hours versus out-of-hours.¹

Rapid response team/provider: The team/provider who is notified and provides assistance when a patient's condition has acutely deteriorated. This assistance is provided as part of the rapid response system and is additional to the care provided by the attending clinician/team.¹

Clinical engagement

Exemplar clinical engagement within the recognition and response system occurs when all staff promote and practise ownership of patient care processes and outcomes.³ Staff actively participate and contribute their expertise and experience to the recognition and response system. ³

Clinical engagement needs to sit within a 'just culture' and be able to empower and support clinicians and consumers to participate, review and improve all aspects of the recognition and response system.³

Four key domains underpin clinical engagement within the recognition and response system:

- Clinical governance
- Response
- Communication
- Feedback

Each of these domains have a list of enablers. If put in place (and are meeting their described objective) the enablers will help you achieve exemplar clinical engagement in your recognition and response system.

Timeframes are to be determined by individual health services and should reflect your resources and clinical function.

Clinical governance

MUST HAVE

- Demonstrated compliance with National Safety and Quality Health Service (NSQHS) standard 8
- Organisational level recognition and response governance system driven by medical lead/s (i.e. heads of unit or equivalent)
- Clearly defined roles and responsibilities for those involved in the recognition and response system at both organisational and ward level
- Clear expectations of attending clinician/team accountability within the recognition and response system
- Have clear rapid response escalation policy/policies
- Promote engagement of the attending clinician/team in the recognition and response escalation policies and procedures
- Define organisational clinical indicators for the recognition and response system
- Recognition and response system audit and review processes are in place
- Specific timelines for recognition and response system data collection and data review
- Standard 8 (deteriorating patient) committee and/or rapid response team operational lead undertakes risk review and identifies gaps for improvement

NICE TO HAVE

- Have a hospital executive sponsor to set expectation of what engagement is
- The standard 8 (deteriorating patient) committee includes a broad range of multidisciplinary staff
- Standardised process for goals of care/resuscitation planning, including promotion and assistance for patients/families/carers to undertake advanced care planning
- Statewide and national benchmarking of recognition and response systems
- Organisational commitment to recognition and response systems through specific key performance indicators (KPI)
- Support and resource governance staff and clinicians to improve the recognition and response system
- Ensure contingency processes, involving attending clinicians/teams are in place to guide management of multiple demands on the recognition and response system (e.g. more than one rapid response call occurring at one time)
- Local minimum recognition and response system training requirements
- Ensure bedside clinicians have adequate assessment skills with regular training updates to maintain skill level
- Develop guidelines for management of common deterioration syndromes
- Regular multidisciplinary education sessions addressing common deterioration syndromes aimed at bedside clinicians, specific to clinical area

Response

MUST HAVE

- Have 'nurse worry or concern' as a calling criteria for a rapid response call
- Ensure all rapid response calls have access to an attending clinician/team (or agreed proxy), be that in person or via phone (this may differ between in-hours and out-of-hours)
- Use of a structured handover upon rapid response team's arrival, throughout the rapid response call and on departure
- Policy/procedure in place for resolving lack of consensus among clinicians during rapid response call
- Clearly defined expectations of clinicians during the rapid response call
- Attending clinicians/team maintain overall responsibility for the patient, and are responsible for management and following up those patients who stay on the ward post rapid response call
- Delegate a clinician responsible for follow up of patient post rapid response call
- Policy of attending clinician/team to review patients in a timely manner post rapid response call
- A nominated clinician provides patient/family/carer with information and answers questions following the rapid response call

NICE TO HAVE

- Early identification and referral or co-management of surgical patients needing medical input
- Attending clinicians/teams attend graded response reviews in a timely manner
- Rapid response team as support for the attending clinician/team

ASPIRATIONAL

- Have a secondary referral process for best care, i.e. allied health, infectious diseases, pain service, palliative care
 - Tailor the rapid response system to different patient groups
 - Have an appropriately trained attending clinician as initial responder
 - Senior nurse leaders (i.e. ICU liaison) to conduct daily proactive rounding of clinical areas to assist in identifying patients at risk of clinical deterioration and follow up patients who have experienced a recent rapid response call
-

Communication

MUST HAVE

- On admission patients/families/carers are informed that there is a process for managing deterioration, including a consumer triggered escalation process
- Open communication and documentation, regarding goals of care, occurs between the patient/family/carer and the attending clinician/team within 48 hours of admission
- Robust rapid response notification system, including notification of attending clinician/team
- Use of crisis management communication skills, such as closed loop communication, shared mental model, recapping and graded escalation when escalating and caring for a patient experiencing acute deterioration
- Development of attending clinician/team consultant notification guidelines for when a patient experiences acute deterioration
- Clear, accessible and open communication with the patient/family/carer regarding patient deterioration and ongoing care from attending clinician/team
- Further review of goals of care, where appropriate, as soon as possible after acute deterioration

NICE TO HAVE

- Regular multi-disciplinary education and training to support clinicians in the use of crisis management communication skills
- When a patient experiences repeat rapid response calls, there is open discussion and joint decision making between patient/family/carer, attending clinician/team and rapid response team about ongoing care

ASPIRATIONAL

- Open communication between the patient/family/carer and the attending clinician/team, and documentation of goals of care planning on admission
 - Post initial rapid response call, there is open discussion and joint decision making between patient/family/carer, attending clinician/team and rapid response team about ongoing care
-

Feedback

MUST HAVE

- All feedback is a two-way process that occurs in a 'just culture' and focuses on overall improvement of the recognition and response system
- Prior to completion of rapid response call ensure bedside clinicians are satisfied with the call outcome and plan
- Debriefing is available post rapid response calls as required
- Post rapid response calls clinicians are encouraged to review performance and system functions, with the aim of system improvement
- Consistent recognition and response system data collection, analysis and reporting
- Facilitated by standard 8 committee/lead, attending team should clinically review their own rapid response calls to look for patterns and develop strategies for better clinical care
- Individual units and/or wards review their own recognition and response data at morbidity and mortality meetings
- Recognition and response system reports are made available to all clinicians (nursing and medical)
- Feedback to attending clinicians/teams/wards includes recognition and response data and specific trends

NICE TO HAVE

- Multidisciplinary (including ward staff) rapid response morbidity and mortality review sessions
- Attending clinicians/teams to be responsible for or involved in audit, review and feedback of recognition and response systems
- Recognition and response system reports are made available to consumers in an accessible way

ASPIRATIONAL

- Transparent, whole of organisation feedback that identifies trends across the health service (i.e. rapid response ground rounds, open access database)
 - The ability to publicly report rapid response trends and patient outcomes to allow for benchmarking
-

Clinical engagement self-assessment tool

Completing this self-assessment tool will help your health service identify how well clinicians are engaged in your recognition and response system. It will help you identify what is working well and areas that may need improvement.

We recommend completing the self-assessment with a group of clinicians/staff and consumers, including (at a minimum):

- recognition and response system operational and/or clinical lead
- standard 8 (patient deterioration) governance member
- attending clinician/team member
- bedside clinician
- consumer.

HOW TO SELF ASSESS

Read each enabler and assess your health service using the following ranking system:

- No (this enabler does not exist in your health service)
- No, but working towards implementing
- Yes, but we are not achieving the desired objective
- Yes, we are achieving the desired objective
- Tell us more (tell us if you have any current work in progress or any other learnings to share)

WHAT TO DO NEXT

If you rank an enabler as 'no' or 'yes, but we are not achieving the desired objective', you should consider this as an area for potential improvement.

If you rank an enabler as 'no, but working towards implementing', then you should revisit this self-assessment post implementation to assess whether the desired objective is being achieved.

If you rank an enabler as 'yes, achieving the desired objective', then this is an area that is working well. Continue to monitor to ensure ongoing success.

NEED SUPPORT OR ADVICE?

For further support please refer to the **Recognition and response system change package**.

For more information or queries, contact criticalcare.clinicalnetwork@safercare.vic.gov.au.

SELF-ASSESSMENT TOOL

Clinical governance

MUST HAVE	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Demonstrate compliance with National Safety and Quality Health Service (NSQHS) standard 8					
Organisational level recognition and response governance system driven by medical lead/s (i.e. heads of unit or equivalent)					
Clearly defined roles and responsibilities for those involved in the recognition and response system at both organisational and ward level					
Clear expectations of attending clinician/team accountability within the recognition and response system					
Have clear rapid response escalation policy/policies					
Promote engagement of the attending clinician/team in the recognition and response escalation policies and procedures					
Define organisational clinical indicators for the recognition and response system					
Recognition and response system audit and review processes are in place					
Specific timelines for recognition and response system data collection and data review					
Standard 8 (deteriorating patient) committee and/or rapid response team operational leader undertakes risk review and identifies gaps for improvement					
NICE TO HAVE	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Have a hospital executive sponsor to set expectation of what engagement is					
The standard 8 (deteriorating patient) committee includes a broad range of multidisciplinary staff					
Standardised process for goals of care/resuscitation planning, including promotion and assistance for patients/families/carers to undertake advanced care planning					
Statewide and national benchmarking of recognition and response systems					
Organisational commitment to recognition and response systems through specific key performance indicators (KPI)					
Support and resource governance staff and clinicians to improve the recognition and response system					

Ensure contingency processes, involving attending clinicians/teams are in place to guide management of multiple demands on the recognition and response system (e.g. more than one rapid response call occurring at one time)					
Local minimum recognition and response system training requirements					
Ensure bedside clinicians have adequate assessment skills with regular training updates to maintain skill level					
Develop guidelines for management of common deterioration syndromes					
Regular multidisciplinary education sessions addressing common deterioration syndromes aimed at bedside clinicians, specific to clinical area					

Response

MUST HAVE	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Have 'nurse worry or concern' as a calling criteria for a rapid response call					
Ensure all rapid response calls have access to an attending clinician/team (or agreed proxy), be that in person or via phone (this may differ between in-hours and out-of-hours)					
Use of a structured handover upon rapid response team's arrival, throughout the rapid response call and on departure					
Policy/procedure in place for resolving lack of consensus among clinicians during rapid response call					
Clearly defined expectations of clinicians during the rapid response call					
Attending clinicians/team maintain overall responsibility for the patient, and are responsible for management and following up those patients who stay on the ward post rapid response call					
Delegate a clinician responsible for follow up of patient post rapid response call					
Policy of attending clinician/team to review patients in a timely manner post rapid response call					
A nominated clinician provides patient/family/carer with information and answers questions following the rapid response call					

NICE TO HAVE	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Early identification and referral or co-management of surgical patients needing medical input					
Attending clinicians/teams attend graded response reviews in a timely manner					
Rapid response team as support for the attending clinician/team					
ASPIRATIONAL	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Have a secondary referral process for best care, i.e. allied health, infectious diseases, pain service, palliative care					
Tailor the rapid response system to different patient groups					
Have an appropriately trained attending clinician as initial responder					
Senior nurse leaders (i.e. ICU liaison) to conduct daily proactive rounding of clinical areas to assist in identifying patients at risk of clinical deterioration and follow up patients who have experienced a recent rapid response call					

Communication

MUST HAVE	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
On admission patients/families/carers are informed that there is a process for managing deterioration, including a consumer triggered escalation process					
Open communication and documentation, regarding goals of care, occurs between the patient/family/carer and the attending clinician/team within 48 hours of admission					
Robust rapid response notification system, including notification of attending clinician/team					

Use of crisis management communication skills, such as closed loop communication, shared mental model, recapping and graded escalation when escalating and caring for a patient experiencing acute deterioration					
Development of attending clinician/team consultant notification guidelines for when a patient experiences acute deterioration					
Clear, accessible and open communication with the patient/family/carer regarding patient deterioration and ongoing care from attending clinician/team					
Further review of goals of care, where appropriate, as soon as possible after acute deterioration					
NICE TO HAVE	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Regular multi-disciplinary education and training to support clinicians in the use of crisis management communication skills					
When a patient experiences repeat rapid response calls, there is open discussion and joint decision making between patient/family/carer, attending clinician/team and rapid response team about ongoing care					
ASPIRATIONAL	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Open communication between the patient/family/carer and the attending clinician/team, and documentation of goals of care planning on admission					
Post initial rapid response call, there is open discussion and joint decision making between patient/family/carer, attending clinician/team and rapid response team about ongoing care					

Feedback

MUST HAVE	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
All feedback is a two-way process that occurs in a 'just culture' and focuses on overall improvement of the recognition and response system					
Prior to completion of rapid response call ensure bedside clinicians are satisfied with the call outcome and plan					
Debriefing is available post rapid response calls as required					
Post rapid response calls clinicians are encouraged to review performance and system functions, with the aim of system improvement					
Consistent recognition and response system data collection, analysis and reporting					
Facilitated by standard 8 committee/lead, attending team should clinically review their own rapid response calls to look for patterns and develop strategies for better clinical care					
Individual units and/or wards review their own recognition and response data at morbidity and mortality meetings					
Recognition and response system reports are made available to all clinicians (nursing and medical)					
Feedback to attending clinicians/teams/wards includes recognition and response data and specific trends					
NICE TO HAVE	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Multidisciplinary (including ward staff) rapid response morbidity and mortality review sessions					
Attending clinicians/teams to be responsible for or involved in audit, review and feedback of recognition and response systems					

Recognition and response system reports are made available to consumers in an accessible way					
ASPIRATIONAL	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Transparent, whole of organisation feedback that identifies trends across the health service (i.e. rapid response ground rounds, open access database)					
The ability to publicly report rapid response trends and patient outcomes to allow for benchmarking					

Any other comments you would like to make

Reference list

1. Australian Commission on Safety and Quality in Health Care (ACSQHC) 2017, 'National consensus statement: essential elements for recognising and responding to acute physiological deterioration', 2nd edn. ACSQHC, Sydney.
2. Australian Commission on Safety and Quality in Health Care (ACSQHC) 2017, 'National safety and quality health service standards, 2nd edn. ACSQHC, Sydney.
3. Safer Care Victoria 2017, 'Delivering high-quality healthcare: Victorian clinical governance framework', Victorian Government, Melbourne.

