



## STANDARD 8: Recognising and Responding to Acute Deterioration

**CRITERION:** Clinical governance and quality improvement to support recognition and response systems (Action 8.1 – 8.3)

Organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates.

***Provide a summary of the processes that are in place to meet this criterion.***

The Deteriorating Patient Committee aligns with Safe Care in the Western Health (WH) Best Care Committee structure and co-ordinates systems that support recognition and response to acute patient deterioration. The Committee provides oversight and endorses policies and procedures that guide WH staff in recognising and responding to acute deterioration. Policies and procedures relating to the deteriorating patient cover:

- Screening, assessment and comprehensive care planning to identify patients at risk of acute deterioration, and develop appropriate monitoring and escalation plans
- Escalation and emergency assistance processes (eg Urgent Clinical Review, Medical Emergency Team (MET) response, and Code Blue response). These include roles, responsibilities and accountabilities of multidisciplinary team members in recognising and responding to acute deterioration
- Patient and family escalation processes through 'Call for Help'

Policies and procedures are aligned with the current legislative requirements and standards and outline the expectations to support recognition and response to the deteriorating patient. They are available to staff through the WH Intranet and are routinely reviewed and updated by subject matter experts.

The Code Blue Sub-committee provides specific guidance to first responders and Code response teams in the event of acute clinical deterioration. Members provide clinical expertise to support systems and equipment requirements, in addition to education and training.

To ensure organisational awareness of governance processes, WH's recognition, escalation and response processes are conveyed at orientation programs for all new clinical staff (medical, nursing and allied health). The content of orientation sessions is updated annually in response to practice change. In addition, all clinical staff are required to complete face-to-face training and assessment of Basic or Advanced Life Support (Adult / Paediatric / Neonatal) as relevant to their clinical role.

The WH Centre for Education supports multidisciplinary programs that train staff in recognition and response to clinical deterioration inclusive of all patient cohorts and ages. Many programs are co-facilitated by senior clinicians from Education, Anaesthetics, Emergency Medicine, General Paediatric Medicine, Intensive Care, Newborn Services, Obstetric Medicine and Midwifery services. The programs cover clinical and non-clinical skills.

Additional training opportunities are provided through WeLearn training packages on the WH Rapid Response System and Call for Help procedures. All education and training is evaluated, and is regularly updated to align with best practice.

**How does the health service monitor the requirements of this criterion are being met and where is the information reported?**

WH Rapid Response and Call for Help System activation is entered into a MET Register component of the RiskMan Incident Reporting system, with data reviewed monthly by the Deteriorating Patient Committee. Review is supported by electronic dashboards and in-depth analysis of cardiac arrest calls.

Compliance with mandatory face-to-face training and assessment of Basic or Advanced Life Support (Adult / Paediatric / Neonatal) is monitored by managers on the WH Monitoring and Performance (MaP) system and tabled bi-monthly at the Deteriorating Patient Committee and Best Care Steering Committee meetings.

Auditing of clinical documentation on observation, escalation and response to acute deterioration is also undertaken.

Incidents and near misses associated with recognition and response to acute deterioration are entered into RiskMan, with data provided to the Victorian Health Incident Management System (VHIMS). Monthly recognition and response to acute deterioration incident reports, including specific high-risk situations, are developed for reporting at ward level, divisional level, and through the Best Care Committee structure.

The above activity provides opportunity to identify system gaps and trending issues that are used to inform improvement strategies.

**Have improvements been implemented?**

WH utilises monitoring data to inform quality improvement initiatives with the aim of optimising outcomes of recognition and response systems. Initiatives at WH include:

- Tailoring response systems and education to meet changing needs of the health service with new buildings and increasing acuity and service provision eg Joan Kirner Women's and Children's
- Implementation of a revised acute resuscitation form organisation-wide
- Consumer engagement in development of the Call for Help process, resources and messaging eg FAQ brochure developed in multiple languages
- Engagement in state-wide projects/collaboratives on delirium and sepsis management
- Development of EMR functionality to support risk assessment and care planning for acute mental deterioration, identification of physiological markers within escalation criteria, and messaging for MET/Urgent Clinical Review
- Development of Adult Code Blue and Adult MET Call dashboards

**Provide examples of outcomes since the previous onsite assessment:**

WH has focused on strengthening relationships with consumers, with consumers playing a pivotal role in the development and implementation of the WH Call for Help program.

The organisation-wide implementation of the EMR and involvement in state-wide collaborative projects has provided the opportunity to enhance support for acute deterioration detection, clinical decision making and escalation.

New buildings and services have provided the impetus to streamline and develop rapid response systems and supporting education.

A decrease in Code Blue calls by 7.5% over the past twelve months points to staff identifying and escalating early signs of a patient's deterioration and facilitating appropriate management such as Urgent Clinical Review or MET Call.

**CRITERION: Detecting and recognising acute deterioration, and escalating care (Actions 8.4 – 8.9)**

Acute deterioration is detected and recognised, and action is taken to escalate care.

***Provide a summary of the processes that are in place across the health service to meet this criterion.***

WH has processes for clinicians to detect, document and escalate acute physiological deterioration for adult, maternity, paediatric and newborn patients.

WH's 3-tiered Rapid Response System for staff works by identifying patients with signs of early medical deterioration and initiating escalation and emergency assistance processes (eg Urgent Clinical Review, Medical Emergency Team response, and Code Blue response).

The Rapid Response System is supported by graphical track and trigger observation charts which assist staff with recognition and response to clinical deterioration.

WH's Comprehensive Care risk assessment tool and inter-disciplinary plan of care (IPOC) supports clinicians to support recognition and response to acute deterioration in mental state, including patients who are at risk of developing delirium.

Policy and procedures provide guidance for staff on the use of the Rapid Response Systems, as well as WeLearn training modules.

WH has an active ICU Liaison Nurse Service that provides expert support to patients with complex care needs and those who have recently been discharged from the Intensive Care Unit.

The team also provide a referral service for clinicians who identify patients who will benefit from specialised clinical nursing care. The ICU Liaison Service round twice daily and aim to proactively identify patients of concern, to commence and escalate management in the early phases of clinical deterioration.

At WH clinicians, patients, carers and families are encouraged to escalate concerns about acute deterioration without the need to meet specific physiological parameters. The Call for Help response works alongside the WH's Rapid Response system and has been developed as a three-step process:

1. Talk to your nurse or doctor about your concerns
2. Talk to the nurse in charge of the ward about your concerns
3. If these nurses and doctors cannot help please call 03 8345 4357

The ICU Liaison Service provide the clinical response to the Call for Help activations and assistance with addressing the clinical areas of concern.

***How does the health service monitor the requirements of this criterion are being met and where is the information reported?***

WH Rapid Response and Call for Help System activation is entered into a MET Register component of the RiskMan Incident Reporting system, with data reviewed monthly by the Deteriorating Patient Committee. Review is supported by electronic dashboards and in-depth analysis of cardiac arrest calls.

Auditing of clinical documentation on observation and escalation and response to acute deterioration is also used as a monitoring mechanism.

Incidents and near misses associated with recognition and response to acute deterioration are entered into RiskMan, with data provided to the Victorian Health Incident Management System (VHIMS). Monthly recognition and response to acute deterioration incident reports, including specific high-risk situations, are developed for reporting at ward level, divisional level, and through the Best Care Committee structure.

The above activity provides opportunity to identify system gaps and trending issues that are used to inform improvement strategies.

#### ***Have improvements been implemented?***

The organisation-wide implementation of the EMR provided the opportunity to enhance support for acute deterioration detection, clinical decision making and escalation. The EMR provides prompts when physiological markers are within escalation criteria and alert messaging for MET/Urgent Clinical Review on the EMR is customised to align with WH escalation procedures.

Externally supported opportunities to enhance the detection and recognition of acute deterioration have also supported improvement activity.

In collaboration with Safer Care Victoria, WH has been working to improve the prevention, recognition and management of delirium through a Breakthrough Series. As part of this collaborative, a 4AT screening tool was piloted at WH. Screening of all patients over the age of 18 years using the 4AT on admission and at bedside nursing handover has been included as part of a redesigned Comprehensive Risk Assessment and IPOC process implemented across WH and also supported by the EMR.

In addition, WH is one of 11 Victorian health services to implement the 'Think Sepsis. Act Fast' program, which is supported by the Better Care Victoria innovation fund. Engagement in the Sepsis Pathway Project has assisted our care teams to recognise patients at risk of sepsis (the body's overwhelming and life-threatening response to infection) and guide management of such cases including timely administration of antibiotics.

#### ***Provide examples of outcomes since the previous onsite assessment:***

The objective of the WH Rapid Response System is to decrease the number of Code Blue calls required through staff identifying and escalating early signs of a patient's deterioration and facilitating appropriate management such as Urgent Clinical Review or MET Call. Code Blues are called in response to a patient having cardiac and respiratory arrest or becoming unconscious. Over the past twelve months, Code Blue calls have decreased by 7.5%.

The results of the trial of the Sepsis Pathway have been impressive, with significant reductions in sepsis-related mortality (13.7% to 6%), sepsis-related admissions to our Intensive Care Units (21.6% to 11.5%) and patient length of stay (6.39 days to 4.73 days). In addition, the median time for administering antibiotics to septic patients has fallen below 60 minutes, representing an increase in those treated within best practice timeframes. The Adult Sepsis Pathway has been integrated with our EMR and has been rolled out across a variety of clinical areas including wards and emergency departments.

**CRITERION: Responding to acute deterioration (Actions 8.10 – 8.13)**

Appropriate and timely care is provided to patients whose condition is acutely deteriorating

***Provide a summary of the processes that are in place to meet this criterion.***

WH has processes for timely response by clinicians with skills are required to manage episodes of acute deterioration. Staff trained to respond to patients whose condition is acutely deteriorating include:

- Specialist treating teams (eg Urgent Clinical Review)
- Medical Emergency response teams, including the patient's treating team and specialised critical care response nurses with escalation to medical responders (eg ICU Registrars, ED Paediatric Registrars, Neonatal Registrars)
- Code Blue responders, including ICU Registrars/nurses, Coronary Care Unit Nurse responders, Emergency Department Paediatric Registrars/nurses, Neonatal Registrars/nurses, General Medical and Anaesthetic Registrars).
- Code Pink and Code Green responders, including Obstetric Registrars, Neonatal Registrars, Anaesthetic Registrars and senior Clinical Resource Support Midwives. Additional operating theatre staff also support these responses.

Responders who form part of the MET and Code Blue response teams are specialised medical and nursing staff with critical care and Advanced Life Support skills (ie Adult, paediatric and neonatal resuscitation skills).

WH has processes to ensure appropriate and timely referral of patients whose mental state is acutely deteriorating, including patients at risk of or who have developed delirium. Referral options (as suitably assessed) include medical review, the Consultation Liaison (CL) Psychiatry Service, Psychology Services, and the Sub-Acute Non-Acute Pathway (SNAP).

In addition to internal WH referral and transfer procedures to areas of higher acuity/complex care, WH has strong relationships and escalation processes with other Melbourne Metropolitan health and retrieval services (eg Paediatric infant Perinatal Emergency Retrieval (PIPER) for patients who require definitive intervention for acute and complex physical deterioration.

***How does the health service monitor the requirements of this criterion are being met and where is the information reported?***

WH Rapid Response and Call for Help System activation is entered into a MET Register component of the Riskman Incident Reporting system, with data reviewed monthly by the Deteriorating Patient Committee. Review is supported by electronic dashboards and in-depth analysis of cardiac arrest calls.

Compliance with mandatory face-to-face training and assessment of Basic or Advanced Life Support (Adult / Paediatric / Neonatal) is monitored by managers on the WH Monitoring and Performance (MaP) system and tabled bi-monthly at the Deteriorating Patient Committee and Best Care Steering Committee meetings.

Auditing of clinical documentation on observation and escalation and response to acute deterioration is also used as a monitoring mechanism.

Incidents and near misses associated with recognition and response to acute deterioration are entered into RiskMan, with data provided to the Victorian Health Incident Management System (VHIMS).

Monthly recognition and response to acute deterioration incident reports, including specific high-risk situations, are developed for reporting at ward level, divisional level, and through the Best Care Committee structure.

The above activity provides opportunity to identify system gaps and trending issues that are used to inform improvement strategies.

### ***Have improvements been implemented?***

Monitoring incidents and near misses in addition to consumer feedback associated with WH care provision for patients whose condition is acutely deteriorating has led to the development and implementation of further staff education and training. The WH Centre for Education has supported several multidisciplinary programs focusing on training staff in recognition and response to clinical deterioration. The programs are supported by WH's Simulation facilities and are co-facilitated by senior clinicians from a range of areas including Education, Anaesthetics, Emergency Medicine, General Paediatric Medicine, Intensive Care, Newborn Services, Obstetrics and Midwifery Services.

Associated with the opening of Joan Kirner Women's and Children's (JKWC) at WH in May 2019, there has been an increase in maternity, neonatal and paediatric patients presenting to the Sunshine Hospital precinct. To respond to this changing clinical environment, a comprehensive plan was developed to streamline service provision, implement additional codes to alert staff to deterioration of maternity and neonatal patients, and provide additional educational opportunities to facilitate the delivery of best care. These changes have been adopted by all clinicians caring for maternity, paediatric, neonatal and adult patients with complex care needs across the Sunshine Precinct.

The JKWC features a neonatal intensive care unit, which has reduced our reliance on external health services to support care for critically ill babies born at WH.

The redesigned Comprehensive Risk Assessment and IPOC process implemented across WH and supported by the EMR has improved WH's capability to respond to acute mental deterioration, including the onset of acute delirium. The EMR also supports alert messaging for MET/Urgent Clinical Review.

### ***Provide examples of outcomes since the previous onsite assessment:***

A commitment to investing financial and staffing resources has ensured the latest educational equipment is available and staff have access to internal and external courses and training. In addition to enhancing clinical skills, the training aims to improve staff skills in the areas of crisis resource management, clinical leadership and communication skills during clinical emergencies.

WH's capability to respond to acute deterioration in neonates has been supported by the opening of the western suburbs' first neonatal intensive care unit at Sunshine Hospital, while EMR implementation has enhanced Rapid Response System communication.

A decrease in Code Blue calls over the past twelve months points to staff activating early management of acute deterioration through Urgent Clinical Review or MET Calls.