

Recognising and Responding to Acute Deterioration Policy

1. Purpose

The objective of this Policy is to assist clinicians to recognise and respond to acute deterioration.

This Policy establishes a set of minimum mandatory requirements, to be implemented by Health Service Providers through the development of local policies, to facilitate the early recognition and response to acute deterioration (including physiological and mental state deterioration) for all inpatients in all healthcare settings across the WA public health system.

This Policy supports the use of clinical judgement while mandating elements of a process to escalate care.

This is a mandatory requirement under the *Clinical Governance, Safety and Quality Policy Framework* and supersedes OD 0501/14 *WA Health Clinical Deterioration Policy*.

2. Applicability

This Policy applies to North Metropolitan Health Service, South Metropolitan Health Service, East Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, the Quadriplegic Centre, and Contracted Health Entities to the extent that they provide publicly funded inpatient care, and that this Policy forms part of the contract.

3. Policy requirements

The *WA Recognising and Responding to Acute Deterioration Guideline*, a supporting document of this Policy, expands on the requirements of this Policy.

3.1 Local Policies

Health Service Providers and relevant Contracted Health Entities must develop local policies for the early recognition and response to acute physiological and mental state deterioration that:

- are evidence-based.
- are based on a documented risk assessment of the service/facility covered by the policy, in line with either the WA Health Clinical Risk Management Guidelines or local risk assessment guidelines.
- require all admitted patients under the care of the facility to have physiological observations, measured and documented on the approved Observation and Response Chart (see section 3.3), and mental state observations documented, at an appropriate frequency and duration, with a particular emphasis on the following situations:
 - when a patient is experiencing, or at risk of experiencing, an episode of acute deterioration.
 - at time of admission or initial assessment.

- prior to inter- or intra-hospital transfer.
- require clinicians to identify, adjust and manage modifications to physiological escalation parameters for patients, as necessary, within the approved Observation and Response chart.
- ensure that all clinical incidents relating to failures to recognise and respond to acute physiological deterioration or mental state deterioration are notified and managed in accordance with the *WA Clinical Incident Management Policy*.
- ensure regular audits and evaluation of compliance with the Policy, using a compliance assessment form. An example of a Compliance Assessment Form is provided in *A Model of an Acute Deterioration Policy Compliance Assessment and Action Form*.

3.2 Rapid Response Systems

Health Service Providers must have a formal system in place to facilitate a rapid response to acute deterioration, with referral to higher levels of care where necessary.

At a minimum this rapid response system must:

- include a rapid response team that consists of trained competent clinicians. A list of suggested roles and responsibilities for the rapid response team is provided in *Suggested Roles and Responsibilities for a Rapid Response Team*.
- operate 24 hours, 7 days per week.
- be adequately resourced to ensure access for all inpatients.
- include a protocol for patient/family/carer-initiated escalation.

3.3 Observation and Response Chart

Health Service Providers and relevant Contracted Health Entities must:

- develop or adopt, and implement, an Observation and Response chart for recognising and responding to acute deterioration that incorporates a track and trigger system.

3.4 Training of Clinical and Non-Clinical Workforce

Health Service Providers and relevant Contracted Health Entities must ensure that:

- clinical and non-clinical staff are trained, within their scope, to use the systems in place to manage early recognition of and response to acute deterioration.
- all staff are to be aware of the local policy, rapid response system and Observation and Response Chart, and know how to activate their local rapid response system.

3.5 Advance Care Planning and Advance Care Directives

Health Service Providers and relevant Contracted Health Entities must ensure that:

- clinical staff identify and adhere to advance care planning and advance care directives when managing or escalating care of a deteriorating patient.

4. Compliance, monitoring and evaluation

Health Service Providers are responsible for ensuring and monitoring their own compliance with this Policy.

The System Manager will monitor Health Service Provider compliance with this Policy. As part of this monitoring, the System Manager may:

- request results of local policy compliance audits (as required in section 3.1).
- request additional local policy compliance audits are conducted by the Health Service Provider.
- audit Health Service Provider compliance with this Policy.

The System Manager will periodically evaluate the effectiveness of this Policy. As part of these evaluations, the System Manager may:

- monitor routine data sources already available to the System Manager.
- require that the Health Service Provider conduct an internal audit into its clinical practice and patient outcomes associated with this Policy.
- audit Health Service Provider clinical practice and patient outcomes associated with this Policy.

5. Related documents

The following documents are required to give affect to this Policy (i.e. the documents included are mandatory):

- N/A

6. Supporting information

The following documents inform this Policy (i.e. documents that are not mandatory to the implementation of this policy but may support the implementation of the policy):

- [WA Recognising and Responding to Acute Deterioration Guideline](#)
- [WA Health Clinical Risk Management Guidelines: a best practice guide.](#)
- [National Consensus Statement: Essential elements for recognising and responding to clinical deterioration.](#)
- [The End of Life Framework: a state-wide model for the provision of comprehensive, coordinated care at end of life in Western Australia.](#)
- [National Consensus Statement: Essential Elements for safe high quality end of life care](#)
- [Recognising and Responding to Deterioration in Mental State: A Scoping Review.](#)
- [National Consensus Statement: Essential Elements for recognising and responding to deterioration in a person's mental state.](#)
- [Delirium Care Standard](#)
- [A better Way to Care: safe and high quality care for patients with cognitive impairment \(dementia and delirium\) in hospital](#)

- [Patient-Clinician communication in hospitals](#)
- [A Model of an Acute Deterioration Policy Compliance Assessment and Action Form](#)
- [Suggested Roles and Responsibilities for a Rapid Response Team](#)

7. Definitions

The following definitions are relevant to this policy.

Term	Definition
Acute Deterioration	Physiological, psychological or cognitive changes that may indicate a decline of the patient's health status.
Carer	A carer is a person who provides ongoing care or assistance to another person who has a disability, a chronic or mental illness or who is frail.
Clinician	A health care provider, trained in a health profession. This term encompasses medical practitioners, nurses, midwives, dentists, paramedics and allied health professionals such as physiotherapists, occupational therapists, speech pathologists, dieticians, radiographers, social workers, pharmacists and all others in active clinical practice, including clinicians in training and junior practitioners who must work under supervision.
Rapid Response System	The system for providing emergency assistance to patients whose condition is deteriorating.
Rapid Response Team	The clinical team (or individual in some cases) providing emergency assistance. This team may include on-site and off-site personnel.

8. Policy owner

Assistant Director General Clinical Excellence

Enquiries relating to this policy may be directed to:

Title: Assistant Director

Division: Quality Improvement and Change Management Unit

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9. Review

This mandatory policy will be reviewed and evaluated as required to ensure relevance and recency. At a minimum it will be reviewed within three (3) years after first issue and at least every three (3) years thereafter.

Version	Effective from	Effective to	Amendment(s)
MP0086/18	6 June 2018	28 June 2018	Original version
MP0086/18 v1.1	28 June 2018	29 May 2019	Minor Amendment
MP0086/18 v1.2	29 May 2019	31 December 2020	Minor Amendment

The review table indicates previous versions of the mandatory policy and any significant changes.

10. Approval

This mandatory policy has been approved and issued by the Director General of the Department of Health.

Approval by	Dr David Russell-Weisz, Director General, Department of Health
Approval date	28 May 2018
Published date	29 May 2019
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