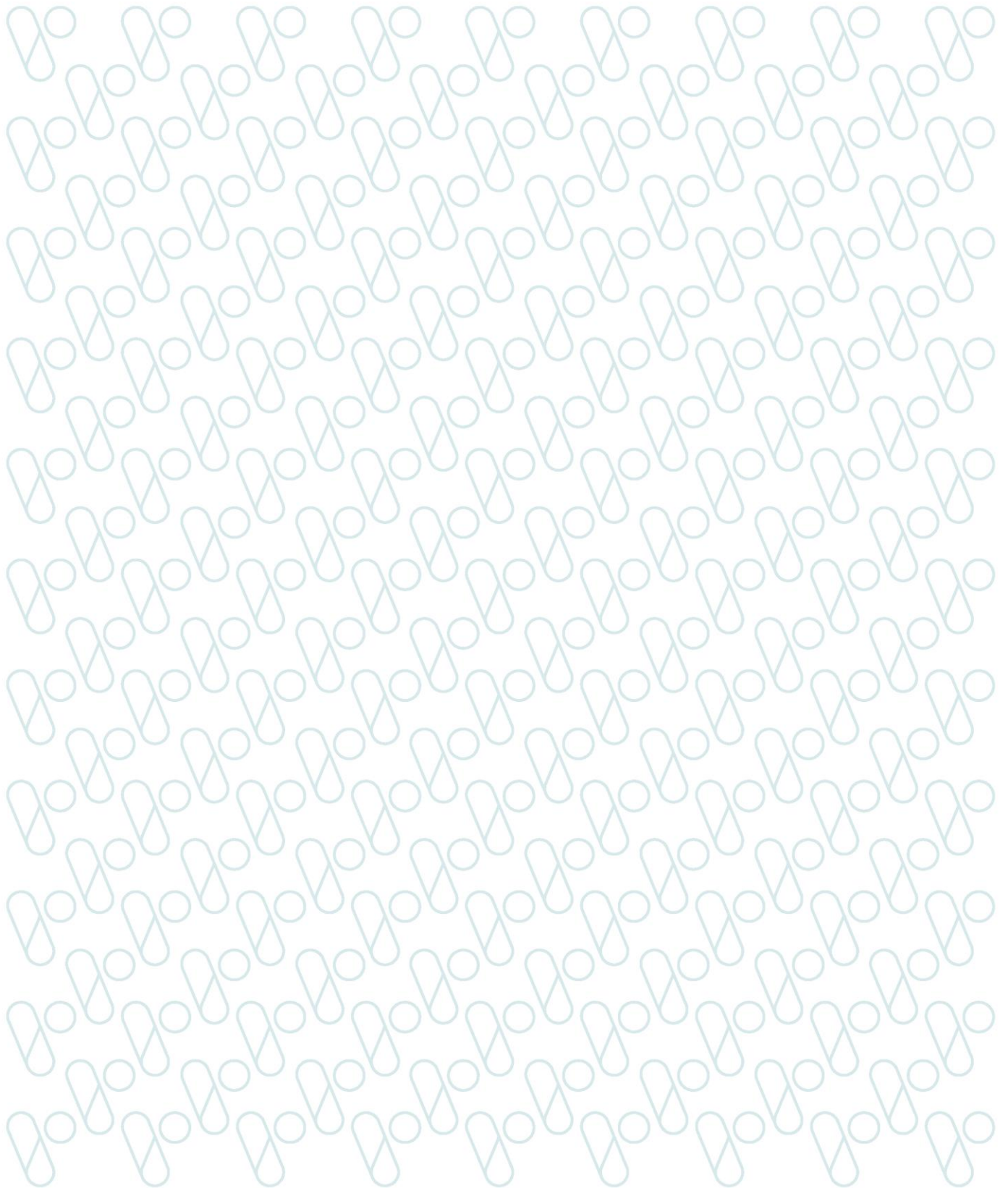


November 2020

Recognising and responding to the deteriorating patient

Governance structure for recognition and response systems





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About this document

Whole of organisation clinical governance is needed to support, promote and improve recognition and response systems. Having excellent clinical governance of the recognition and response system supports all health service staff to provide safe, responsive and effective care of the acutely deteriorating patient. It requires all levels of healthcare staff and consumers to continuously review and improve how we detect and appropriately care for the acutely deteriorating patient.^{1,2}

This framework presents what 'excellence' looks like for recognition and response system clinical governance. It details the governance structures, leadership and culture that is needed to support and improve recognition and response systems. It contains practical information like definitions, roles and responsibilities, as well as a self-assessment tool to help identify ways to improve your own recognition and response system.

HOW TO USE THIS FRAMEWORK

To use this framework, you should:

1. familiarise yourself with this document and the **Recognising and responding to the deteriorating patient: Clinical engagement in 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 within your recognition and response system governance structure
4. regularly use this framework and self-assessment to reassess your recognition and response system clinical governance structure to ensure a safe, sustainable and responsive system.

BACKGROUND

This framework was developed in consultation with both clinicians and consumers – informed by more than 140 submissions 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 quality health service standards.³

Definitions

Clinical governance: The integrated systems, processes, leadership and culture that are central to providing safe, effective, accountable and person-centred care, underpinned by continuous improvement.²

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 the patient.¹

Just culture: A culture whereby health service staff are supported and their wellbeing prioritised.²

Rapid response system: The system for providing emergency assistance to patients whose condition is deteriorating. The system will include the clinical team or individual providing emergency assistance and may include on-site and off-site personnel. Examples of rapid response systems 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 or provider: The team or provider who are notified and provide 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 or team.¹

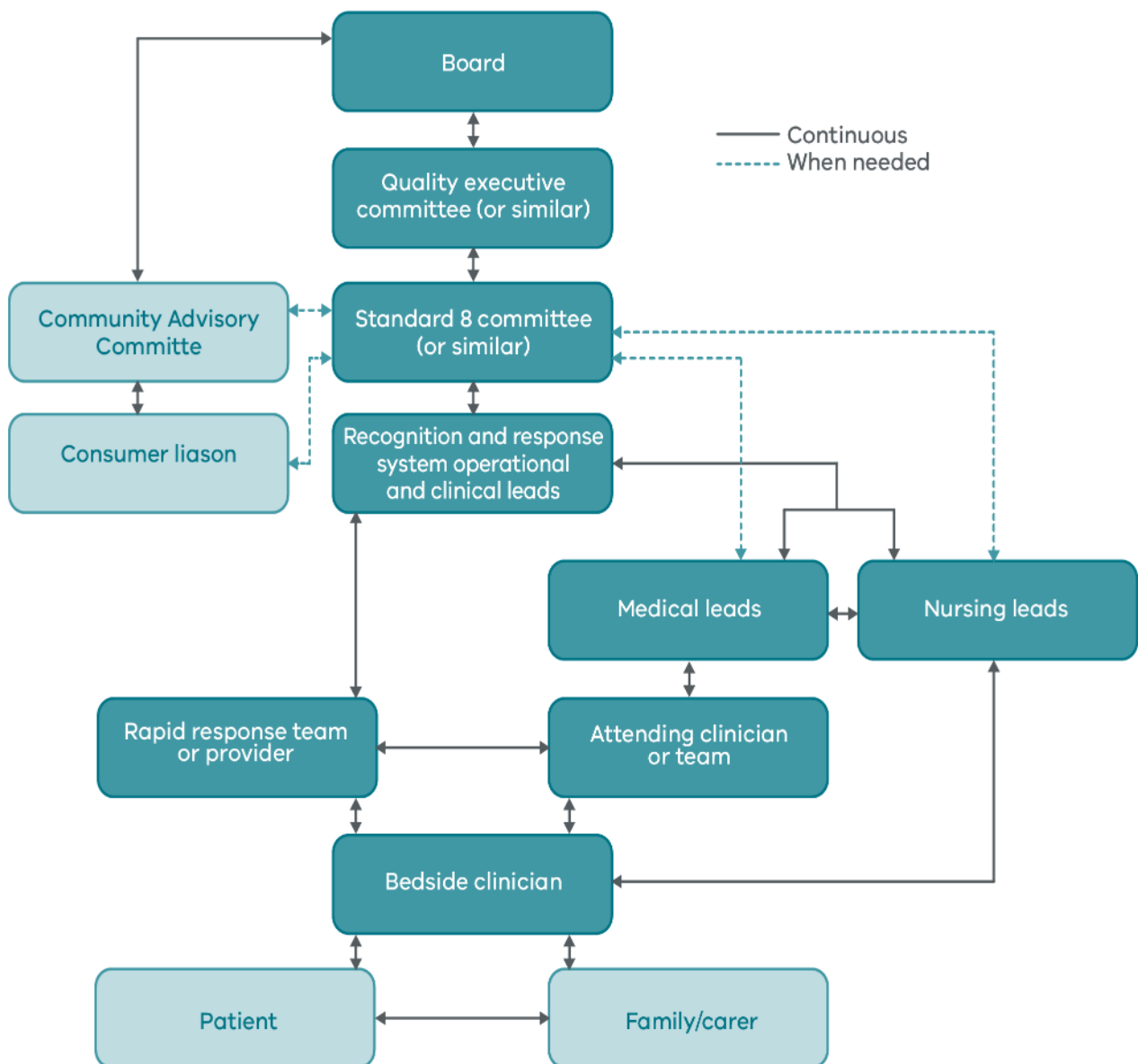
Attending clinician or team: The treating clinician or team with primary responsibility for caring for the patient.¹

Governance structure

The governance structure needs to sit within a 'just culture' and be able to support, review and improve all aspects of the recognition and response system.¹ The diagram below (Figure 1) highlights the recommended communication lines within the recognition and response system governance structure.

Some of these structures/committees may be standalone (in metropolitan hospitals), whereas in smaller health services (private, rural) they may be embedded within broader structures/committees.³ Regardless of size, oversight of the recognition and response system must be multidisciplinary.

Figure 1 Governance structure for recognition and response systems flowchart



Governance roles and responsibilities for recognition and response systems

Table 1 lists recognition and response system governance roles and definitions. It provides examples of what these groups or individuals may be known as at your service.

We recommend using this table to standardise governance structures, reduce variation/duplication and ensure transparency of the governance structure and roles for all staff. Further, it highlights that all staff and consumers play a role in supporting and improving the recognition and response system.

Communication is everybody's role

There should be clear communication lines. All information and communication should be two-way. Patients/family/carers should be a part of the communication and feedback chain. All staff should be able to identify their communication lines and understand their responsibilities. All data, trends and quality improvement activities should be communicated or fed back through **all** sections of the governance structure.

Table 1 Governance roles

Group/individual	Role	Examples
Board	Accountable for the safety and quality of the recognition and response system provided by their service.	Health service board, board of quality and safety
Quality executive committee	Provide leadership and support to deliver a safe and effective recognition and response system.	Clinical governance committee, director of clinical services
Standard 8 committee	Committee for overseeing, monitoring and reviewing the recognition and response system.	Patient deterioration committee, clinical governance committee
Recognition and response system (R&RS) operational lead*	The person(s) responsible for the operational aspects of the recognition and response system, including quality and safety. They feed into the committee responsible for the National Safety and Quality Health Service (NSQHS) standard 8. The person(s) is responsible for collating and distributing data, trends and feedback.	Rapid response manager, manager of the MET team, nurse unit manager, standard 8 quality and safety officer, first responder nurse unit manager
R&RS clinical lead*	The person(s) responsible for the day-to-day clinical functioning of the recognition and response system.	Rapid response manager, manager of the MET team, nurse unit manager, first responder nurse unit manager
Nursing lead(s)	Communication bridge between recognition and response leads and ward nursing staff. Promote the recognition and response system, communicate feedback, and oversee staff accountability.	Standard 8 ward-based clinical champion, nurse unit manager, director of nursing

Group/individual	Role	Examples
Medical lead(s)	Communication bridge between recognition and response leads and medical staff of a particular unit or team. Promote the recognition and response system, communicate feedback, and oversee staff accountability.	Heads of unit, chief medical officer, director of intensive care
Attending clinician/team	The treating clinician or team that has primary responsibility for the care of the patient. Variation in the clinician or team may exist in different circumstances (in-hours vs out-of-hours).	General medical team, orthopaedic team, medical registrar, GP, GP on-call, nurse practitioner, RIPERN nurse, consultant, visiting medical officer
Rapid response team	The team providing emergency assistance to a patient whose condition is deteriorating.	MET, nurse practitioner-led service, after-hours coordinator, Ambulance Victoria, first responder
Bedside clinician	Any member of the health service who is at the bedside when the deterioration is detected. Escalate care when deterioration is detected.	Bedside nurse, medical staff, allied health, orderly
Consumer liaison	Elicit and facilitate responses to consumer feedback. Represent the interests of consumers.	Quality and safety officer, director of nursing, director of clinical services
Patient/family/carer	Recognising and escalating deterioration in a patient's condition.	Consumer

* The R&RS operational and clinical lead may be undertaken either as separate or combined roles. This will depend on resourcing, the size of the recognition and response system and staffing levels

GOVERNANCE RESPONSIBILITIES

Table 2 lists recognition and response system governance responsibilities. It provides recommendations for which governance group(s) should 'own' that responsibility. The responsibilities listed are in line with the National consensus statement¹ and the NSQHS standards.³

We recommend using this table to standardise governance structures, reduce variation/duplication and ensure transparency of the governance structure and responsibilities for all staff

Table 2 Governance responsibilities

Responsibility	Owned by
Accountability	
Setting a clear vision, strategic direction and a 'just culture' that facilitates a high-quality recognition and response system with effective employee and consumer engagement.	<ul style="list-style-type: none"> ● Board ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Overall accountability for the ongoing improvement of the recognition and response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Overall accountability and oversight for the performance of the recognition and response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead
Evaluating the costs and potential savings associated with the recognition and response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead
Allocation	
Allocating resources to the recognition and response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead
Allocating resources to the rapid response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead

Responsibility	Owned by
Allocating resources to review the recognition and response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead
Allocating resources for data collection and entry.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead
Data, reporting and improvement	
Defining and setting recognition and response system reporting requirements.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead
Undertaking data collection and audits of the recognition and response system.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Rapid response team
Undertaking data analysis and reporting results of the recognition and response system audits.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead
Evaluating the results of any recognition and response system audits.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead
Identifying risks within the recognition and response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s) ● Rapid response team
Reporting on risks within the recognition and response system.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s) ● Rapid response team ● Attending clinician/team ● Bedside clinician

Responsibility	Owned by
Reviewing identified risks within the recognition and response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead
Monitoring identified risks within the recognition and response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead
Using risk and monitoring results to implement change and quality improvement strategies for the recognition and response system.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Reporting on the outcome of quality improvement activities to the board.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee
Sharing information on the outcomes of quality improvement activities to other organisations and consumers.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead
Sharing information on the outcomes of quality improvement activities to the workforce.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Collating and recording evidence from the evaluation of the recognition and response system and patient outcomes.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead
Clearly documenting agendas, minutes and reports for all recognition and response system meetings.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead
Participating in system-wide recognition and response system quality and safety improvement.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Rapid response team ● Nursing lead(s) ● Medical lead(s) ● Patient/family/carers

Responsibility	Owned by
Writing and reviewing documents/policies/procedures	
Writing and reviewing the recognition and response system escalation protocol.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Writing and reviewing the communication protocol related to the recognition and response system.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead
Writing and reviewing the required recognition and response system documents.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Writing and reviewing standardised and structured handover processes for the recognition and response system.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
In the context of the recognition and response system, contributing to writing and reviewing end-of-life/goals-of-care policy.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Medical lead(s)
Ensuring recognition and response system protocol adherence.	<ul style="list-style-type: none"> ● Quality executive committee ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Day-to-day responsibilities	
Coordinating the day-to-day work of rapid response team members.	<ul style="list-style-type: none"> ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s) ● Rapid response team
Managing day-to-day process issues of the recognition and response system.	<ul style="list-style-type: none"> ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s) ● Rapid response team

Responsibility	Owned by
Providing feedback to clinical staff (bedside clinician, attending clinician/team) about the recognition and response system.	<ul style="list-style-type: none"> ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Participating in the recognition and response system by providing high-quality patient care.	<ul style="list-style-type: none"> ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s) ● Rapid response team ● Attending clinician/team ● Bedside clinician
Supporting patients/families/carers to participate in goals-of-care planning.	<ul style="list-style-type: none"> ● Nursing lead(s) ● Medical lead(s) ● Rapid response team ● Attending clinician/team ● Bedside clinician
Ensuring resources (equipment and medications) required by the rapid response team are always operational and available.	<ul style="list-style-type: none"> ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s) ● Rapid response team
Providing information to patients/families/carers about the recognition and response system.	<ul style="list-style-type: none"> ● Rapid response team ● Attending clinician/team ● Bedside clinician
Using the recognition and response system to appropriately report deterioration and to escalate care.	<ul style="list-style-type: none"> ● Attending clinician/team ● Bedside clinician ● Patient/family/carer
Education and training	
Determining recognition and response education and training requirements for all levels of health service staff.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Determining education, training and qualification requirements for rapid response system responders.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead
Establishing a minimum expectation for allocating training resources.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead

Responsibility	Owned by
Providing training to the general workforce (bedside clinician, attending clinician/team) on recognising and responding to acute deterioration.	<ul style="list-style-type: none"> ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Ensuring staff have access to required recognition and response system education and training.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s)
Ensuring mandated staff competency/training, related to the recognition and response system occurs annually.	<ul style="list-style-type: none"> ● Standard 8 committee ● R&RS operational lead ● Nursing lead(s) ● Medical lead(s)
Regularly participating in recognition and response education to maintain competency.	<ul style="list-style-type: none"> ● R&RS clinical lead ● Nursing lead(s) ● Medical lead(s) ● Rapid response team ● Attending clinician/team ● Bedside clinician

Governance self-assessment tool

Completing this self-assessment tool will help your health service identify areas within your recognition and response governance system that are working well and areas that may need improvement.

To get a full understanding of how your recognition and response governance system is working, we recommend completing the self-assessment with a group of clinicians/staff and consumers. At a minimum we recommend the self-assessment group include:

- 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 responsibility and assess your health service using the following ranking system:

- No (this responsibility 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 a responsibility as 'No' or 'Yes, but we are not achieving the desired objective', then you should consider this as an area for potential improvement.

If you rank a responsibility as 'No, but working towards implementing', then you should revisit this self-assessment after implementation to assess whether the desired objective is being achieved.

If you rank a responsibility 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 you can contact the Centres of Clinical Excellence – Acute Care at criticalcare.clinicalnetwork@safercare.vic.gov.au.

SELF-ASSESSMENT TOOL

Responsibility	Ranking				
Accountability	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Setting a clear vision, strategic direction and a 'just culture' that facilitates a high-quality recognition and response system with effective employee and consumer engagement.					
Overall accountability for the ongoing improvement of the recognition and response system.					
Overall accountability and oversight for the performance of the recognition and response system.					
Evaluating the costs and potential savings associated with the recognition and response system.					
Allocation	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Allocating resources to the recognition and response system.					
Allocating resources to the rapid response system.					
Allocating resources to reviewing the recognition and response system.					
Allocating resources for data collection and entry.					
Data, reporting and improvement	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Defining and setting recognition and response system reporting requirements.					
Undertaking data collection and audits of the recognition and response system.					
Undertaking data analysis and reporting results of the recognition and response system audits.					
Evaluating the results of any recognition and response system audits.					

Responsibility	Ranking				
Identifying risks within the recognition and response system.					
Reporting risks within the recognition and response system.					
Reviewing identified risks within the recognition and response system.					
Monitoring identified risks within the recognition and response system.					
Using risk and monitoring results to implement change and quality improvement strategies for the recognition and response system.					
Reporting on the outcome of quality improvement activities to the board.					
Sharing information on the outcome of quality improvement activities to other organisations and consumers.					
Sharing information on the outcomes of quality improvement activities to the workforce.					
Collating and recording evidence from the evaluation of the recognition and response system and patient outcomes.					
Clearly documenting agendas, minutes and reports for all recognition and response system meetings.					
Participating in system-wide recognition and response system quality and safety improvement.					
Day-to-day responsibilities	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Coordinating the day-to-day work of rapid response team members.					
Managing day-to-day process issues of the recognition and response system.					
Providing feedback to clinical staff (bedside clinician, attending clinician/team) about the recognition and response system.					
Participating in the recognition and response system by providing high-quality patient care.					
Supporting patients/families/carers to participate in goals-of-care planning.					

Responsibility	Ranking				
Ensuring resources (equipment and medications) required by the rapid response team are always operational and available.					
Providing information to patients/families/carers about the recognition and response system.					
Using the recognition and response system to appropriately report deterioration and to escalate care.					
Education and training	No	No, but working towards	Yes, but not achieving objective	Yes, achieving objective	Tell us more
Determining recognition and response education and training requirements for all levels of health service staff.					
Determining education, training and qualification requirements for rapid response system responders.					
Establishing a minimum expectation for allocating training resources.					
Providing training to the general workforce (bedside clinician, attending clinician/team) on recognising and responding to acute deterioration.					
Ensuring staff have access to required recognition and response system education and training.					
Ensuring mandated staff competency/training, related to the recognition and response system, occurs annually.					
Regularly participating in recognition and response education to maintain competency.					

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. Safer Care Victoria 2017, 'Delivering high-quality healthcare: Victorian clinical governance framework', Victorian Government, Melbourne.
3. Australian Commission on Safety and Quality in Health Care (ACSQHC) 2017, National safety and quality health service standards, 2nd edn. ACSQHC, Sydney.

