

Improving the recognition of and response to the deteriorating patient

In 2019, Safer Care Victoria partnered with Victorian health services to improve the governance structure and clinical engagement in their recognition and response systems. Our priority was to reduce variation, improve system responsiveness and improve care of the deteriorating patient.

BACKGROUND

Recognising and responding to a deteriorating patient in a prompt and effective way is known to prevent serious adverse events such as cardiac arrest and unexpected death.¹ Across Victoria a rapid response call is activated about every 15 minutes. This is causing increasing demand on recognition and response systems and health services, leading to inconsistent system responsiveness and significant variation in services.

AIM

To improve governance structures and increase clinical engagement in recognition and response systems, with the overall aim of decreasing repeat rapid response calls.

IMPROVEMENT APPROACH

Seven health services were selected to participate in the testing phase of the project. Services were selected to ensure a broad range of health service types and areas for improvement.

The aim of the testing phase was to determine if the previously developed governance structure, clinical engagement frameworks and associated self-assessment tool resulted in the health services improving their recognition and response systems.

Each health service was supported to gain an in-depth understanding of their area for improvement. The model for improvement was used to coach health services in writing an aim statement, developing, selecting and, testing change ideas using Plan-Do-Study-Act cycles and collecting data to monitor for improvement in their recognition and response system.

Results at a glance

Health services

Seven health services completed the project, including one health service that does not have a critical care unit.

Duration

October 2019 to June 2020.

Project measures

Ten overall project measures plus several health service specific project measures.

Results

All project teams made improvements in their recognition and response systems during the project period.

Other outcomes

Increased capability of frontline clinicians to lead a quality improvement project.

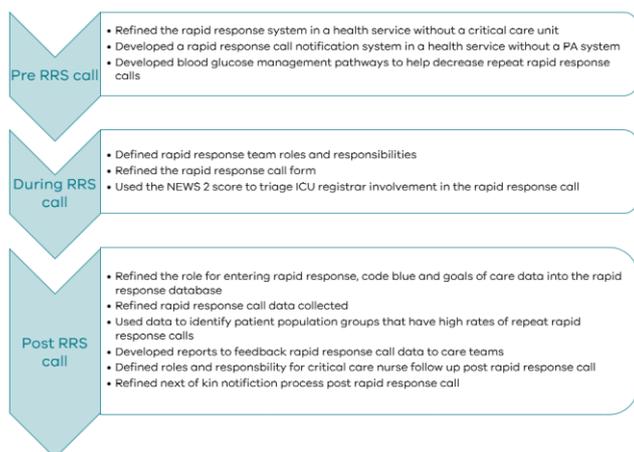
Health services have a more in-depth understanding of their recognition and response system.

Increased collaboration with staff outside of their usual work area.

Change ideas

Health services used specific improvement tools to ensure their change ideas directly linked back to their aim statement and area for improvement.

Recognition and response system change ideas



KEY IMPROVEMENTS

- An increase from 70 to >90 per cent of rapid response data being entered into local rapid response databases.
- A 60 per cent decrease in post-operative hypotension related rapid response calls.
- 71 per cent of patients were reviewed by a critical care nurse within 24 hours of their rapid response call.
- A greater than 80 per cent decrease in 'emergency buzzer' use to activate rapid response calls.
- Implementation of a refined rapid response call system in the urgent care setting.
- Development of clear rapid response team member roles and responsibilities.
- Implementation of a recognition and response system governance working group.
- Refinement of the rapid response scribe form.
- 100 per cent increase in participant improvement knowledge.

Key learnings

- The value that critical care has in hospitals with no intensive or critical care unit.
- Having an in-depth understanding of your area for improvement is key to a successful project.
- Robust governance structures and clinical engagement are essential aspects of a high functioning recognition and response system.
- With no standard statewide measures, project data requires manual collection and submission by health services.

RESOURCES

1. Australian Commission on Safety and Quality in Health Care (ACSQHC) 2017, 'National safety and quality health service standards', 2nd edn. ACSQHC, Sydney.
2. 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.

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