NSQHS Standard 9 Clinical Deterioration
Definitions sheet

Recognising and Responding to Clinical Deterioration in Acute Health Care Audit Tools Definitions

The following definitions and examples apply to the Clinical Deterioration Audit Tools:

1. Observation Chart
    a. Single parameter tool (track and trigger)
    b. Aggregate scoring system
    c. Combination system eg. Q-ADDS
    d. Non track and trigger

1. Observation Chart

Ensuring that patients who deteriorate receive appropriate and timely care is a key safety and quality challenge. All patients should receive comprehensive care regardless of their location in the hospital or the time of day. Even though a range of systems have been introduced to better manage clinical deterioration, this area needs to remain a high priority while patients continue to experience preventable adverse events because their deterioration is not identified or properly managed.

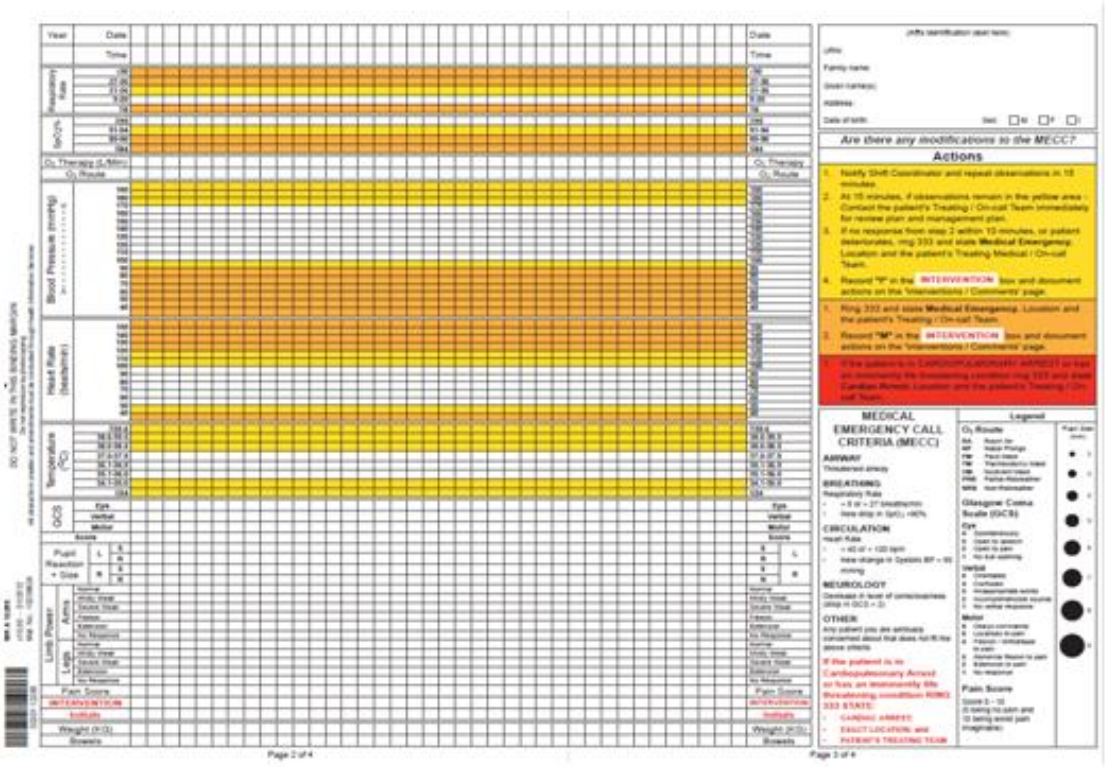
The **objective of an observation chart is to present the most important vital signs for detecting deterioration** in most patients in a user-friendly manner. One of its specific aims is to detect deterioration rather than being a general observation chart.

One of the factors that can contribute both to poor recording of observations and failure to interpret them correctly is the way in which observation charts are designed and used. The use of human factors principles in their design supports accurate and timely recognition of clinical deterioration, and prompts action when deterioration is observed.

Many types of general observation charts exist in Queensland Health. Examples of the various types of tools are shown here to assist you in determining which tool your facility/ward uses.

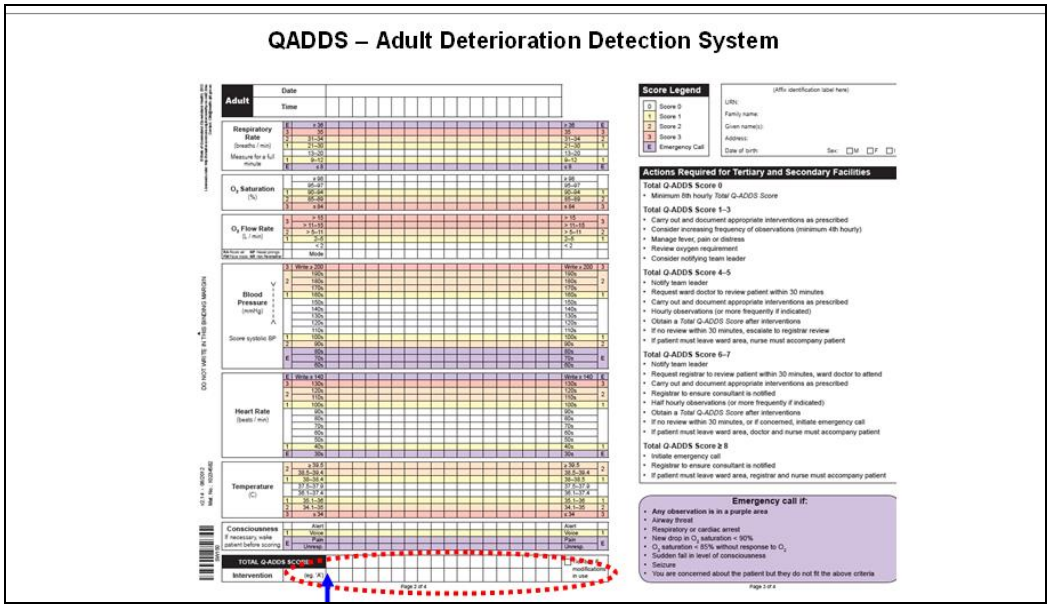
a) **Single parameter tool (track and trigger)** - Vital signs are compared with a simple set of criteria with predefined thresholds, with a **response** algorithm being **activated when <u>any</u> criterion is met**". The main vital signs are graphed so that trends can be easily 'tracked'. There are also colour coded zones to indicate when patient observations are likely to represent deterioration, where a response is 'triggered'. Incorporating call criteria in observation charts is an effective way in which to highlight possible deterioration and assist clinicians with making decisions as to when to 'trigger' a response, whether that be for a clinical review or rapid response call.

Example - MECC (Medical Emergency Call Criteria)



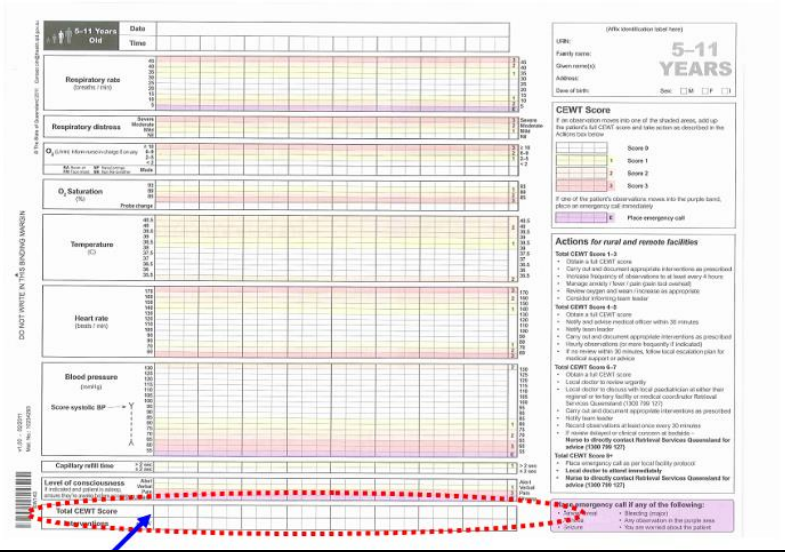
b) Aggregate scoring system - Core observations attract a weighted Score. "**Weighted scores** are assigned to physiological values and **compared** with **predefined trigger thresholds**. The main vital signs are collected and points are allocated. The points for each observation are added to give a score that helps identify patients with subtle signs of deterioration. A supporting Action Plan triggers certain actions when certain scores are reached.

c) Combination system - **Single or multiple parameter systems** used in combination **with aggregate weighted scoring** systems**.**



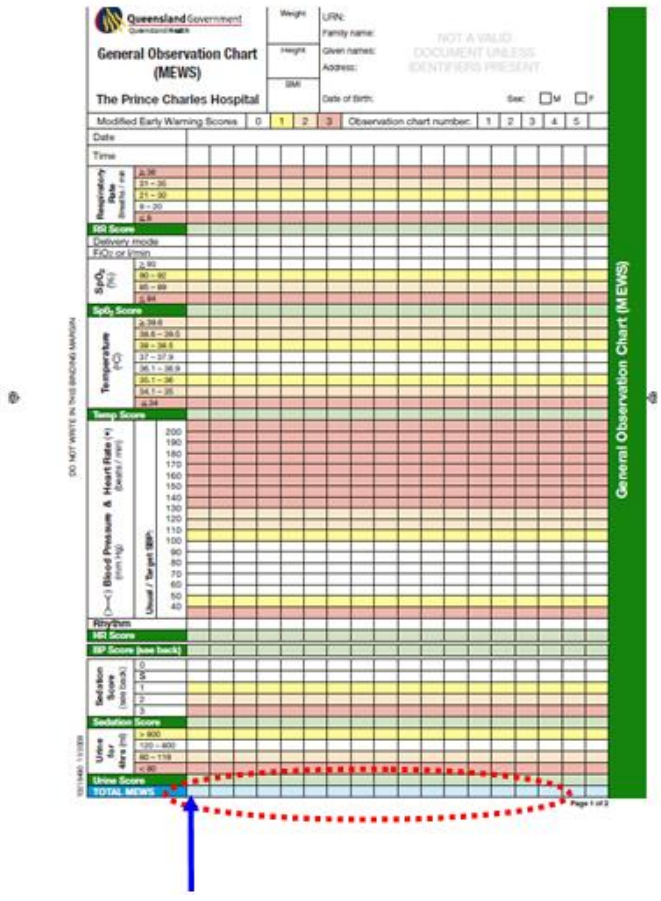
Scores for all physiological parameters are <u>summed up</u> to obtain a total score

CEWT – Children's Early Warning Tool



Scores for all physiological parameters are <u>summed up</u> to obtain a total score

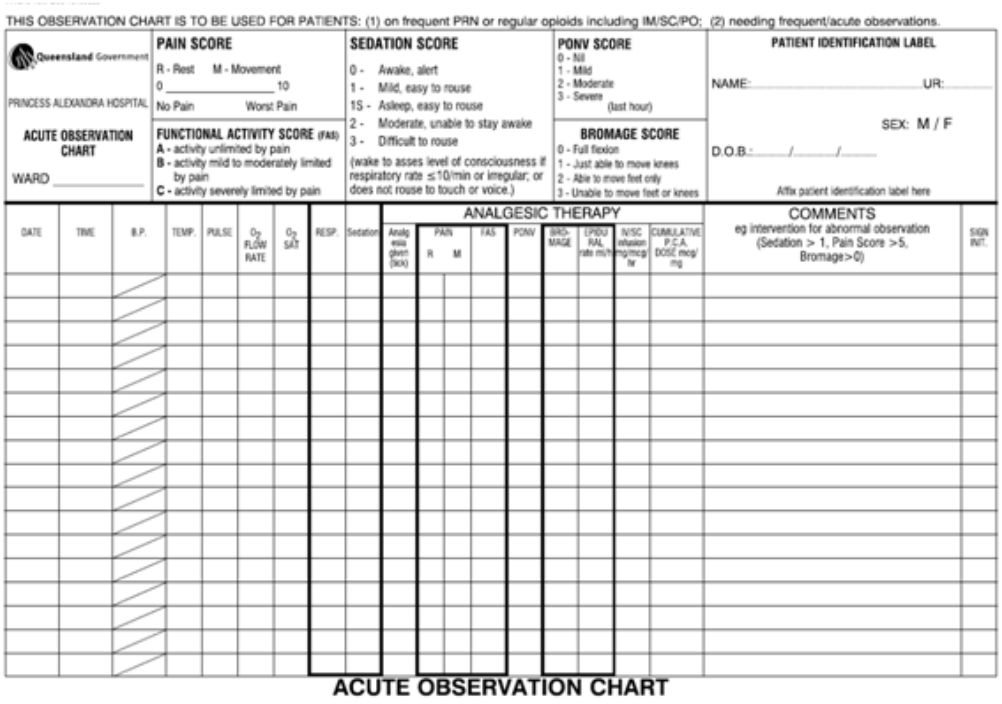
Example - MEWS General Observation Chart



Scores for all physiological parameters are <u>summed up</u> to obtain a total score

d) Non track and trigger - Other observations charts may include the collection of vital signs with **no scoring or no criteria for a response**

Acute Observation Chart



THIS OBSERVATION CHART IS TO BE USED FOR PATIENTS: (1) on frequent PRN or regular opioids including IM/SC/PO; (2) needing frequent/acute observations.

Queensland Government

PRINCESS ALEXANDRA HOSPITAL

ACUTE OBSERVATION CHART

WARD _____

PAIN SCORE

R - Rest M - Movement

0 _____ 10

No Pain Worst Pain

FUNCTIONAL ACTIVITY SCORE (FAS)

A - activity unlimited by pain

B - activity mild to moderately limited by pain

C - activity severely limited by pain

SEDATION SCORE

0 - Awake, alert

1 - Mild, easy to rouse

1S - Asleep, easy to rouse

2 - Moderate, unable to stay awake

3 - Difficult to rouse

(wake to asses level of consciousness if respiratory rate ≤10/min or irregular; or does not rouse to touch or voice.)

PONV SCORE

0 - Nil

1 - Mild

2 - Moderate

3 - Severe

(last hour)

BROMAGE SCORE

0 - Full flexion

1 - Just able to move knees

2 - Able to move feet only

3 - Unable to move feet or knees

PATIENT IDENTIFICATION LABEL

NAME: UR:

SEX: M / F

D.O.B.: / /

Affix patient identification label here

DATE	TIME	B.P.	TEMP.	PULSE	O_2 FLOW RATE	O_2 SAT	RESP.	Sedation	ANALGESIC THERAPY: Analgesia given (kk)	PAIN R	PAIN M	FAS	PONV	BRO-MAGE	EPIDURAL rate ml/hr	IV/SC infusion mg/mcg/hr	CUMULATIVE P.C.A. DOSE mcg/mg	COMMENTS eg intervention for abnormal observation (Sedation > 1, Pain Score >5, Bromage>0)	SIGN INIT.

ACUTE OBSERVATION CHART

Reference http://www.nice.org.uk/nicemedia/pdf/CG50FullGuidance.pdf page 24 accessed 19 July 2012

Further information can be found at:

- Australian Commission on Safety and Quality in Health Care Website: http://www.safetyandquality.gov.au/our-work/recognising-and-responding-to-clinical-deterioration/
- Queensland Health staff can access information on Recognition and Management of the Deteriorating Patient via the Queensland Health intranet Patient Safety website.

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.