

**National Safety and Quality Health Service Standards
Standard 9 Recognising and Responding to Clinical Deterioration in Acute Health Care - MEASUREMENT PLAN**

Note: The measurement plan details the criteria / action and those question/s / responses that correspond to the action. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
Establishing recognition and response systems	Organisation-wide systems consistent with the National Consensus Statement are used to support and promote recognition of, and response to, patients whose condition deteriorates in an acute health care facility.	9.1 Developing, implementing and regularly reviewing the effectiveness of governance arrangements and the policies, procedures and/or protocols that are consistent with the requirements of the National Consensus Statement	9.1.1 Governance arrangements are in place to support the development, implementation, and maintenance of organisation-wide recognition and response systems	Facility	Identify if the facility has a committee that oversees the recognition and response to clinical deterioration	Evidence of a committee that oversees the recognition and response to clinical deterioration	1.0 Is there evidence that the facility (or at service level) has a committee that oversees the recognition and response to clinical deterioration? 1.1 If yes: Is there evidence of Terms of Reference? 1.2 If yes to 1.0: Outline details of the committee, when they meet, who the members are etc.	Yes; No Yes; No text box			
				Facility	Identify if the facility has a recognition and response framework/policy	Evidence of a recognition and response framework/policy	2.0 Is there evidence that the facility (or at service level) has a recognition and response framework/policy? 2.1 If yes, does the framework/policy address: • governance arrangements for overseeing the performance of recognition and response systems • roles, responsibilities and accountabilities for key clinical and organisational support activities • resources for the recognition and response systems, such as equipment and staff • processes to support prompt and effective recognition of and response to clinical deterioration apply across the organisation, including identification of any areas where variations to these arrangements apply • evaluation, audit and feedback processes and tools • arrangements with external organisations that may be part of the rapid response system 2.2 If yes to 2.0: Is there evidence that the framework/policy: • is tabled at a governance committee/s or group meeting/s? • If yes: Specify the committee/group. • defines the audit process to be undertaken against it? • references the consultation processes or collaborative group/s involved in its development? • details the date it became effective? • details the date of the next revision? • references the source documents (if applicable) particularly where they are represented as best practice? 2.3 If yes to 2.0: Does the workforce know the document exists, can access them and know and use the contents? 2.4 If yes to 2.0: Outline details of the document, where kept, review date/s and the 'owner'.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box			
				Facility	Identify if the facility has a recognition and response protocol/procedure/guideline	Evidence of a recognition and response protocol/procedure/guideline	3.0 Is there evidence that the facility (or at service level) has a recognition and response protocol/procedure/guideline? 3.1 If yes: Is there evidence that the protocol/procedure/guideline addresses: • measurement and documentation of observations • escalation of care • establishment of a rapid response system • communication about clinical deterioration 3.2 If the protocol/procedure/guideline addresses escalation of care: Is there evidence that it provides a graded response to abnormal physiological observations? 3.3 If the protocol/procedure/guideline addresses a rapid response system: Is there evidence that the system operates in partnership with, and as an extension of, the health care team? 3.4 If the protocol/procedure/guideline addresses communication: Is there evidence that it develops a system for communicating with patients, families and carers about possible deterioration? 3.5 If yes to 3.0: Is there evidence that the protocol/procedure/guideline: • is tabled at a governance committee/s or group meeting/s? • If yes: Specify the committee/group. • defines the audit process to be undertaken against it? • references the consultation processes or collaborative group/s involved in its development? • details the date it became effective? • details the date of the next revision? • references the source documents (if applicable) particularly where they are represented as best practice? 3.6 If yes to 3.0: Does the workforce know the document exists, can access them and know and use the contents? 3.7 If yes to 3.0: Outline details of the document, where kept, review date/s and the 'owner'.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box			
				Facility	Identify if the facility has evaluation, audit and feedback processes for recognition and response systems	Evidence the facility has evaluation, audit and feedback processes for recognition and response systems	4.0 Is there evidence that the facility (or at service level) has evaluation, audit and feedback processes for recognition and response systems? 4.1 If yes: Is there evidence that the audit process includes a mortality review AND a near-miss review? 4.2 If yes to 4.0: Is there evidence that the evaluation and feedback is reviewed by a committee/group? 4.3 If yes to 4.2: Which committee/group? 4.4 If yes to 4.0: Outline the processes, where the plans are filed and where/who/how often they are reported to.	Yes; No Yes; No Yes; No insert text box			
			Facility	Identify if the facility has a system for reporting, investigating and analysing recognition and response incidents	Evidence the facility has a system for reporting, investigating and analysing recognition and response incidents	5.0 Is there evidence that the facility (or at service level) has a system for reporting, investigating and analysing recognition and response incidents? 5.1 If yes: Outline the process for reporting, investigating and analysing recognition and response incidents.	Yes; No insert text box				
			Ward	Identify if the ward/unit has evaluation, audit and feedback processes for recognition and response systems	Evidence that the ward/unit has evaluation, audit and feedback processes for recognition and response systems	1.0 Is there evidence that the ward/unit has evaluation, audit and feedback processes for recognition and response systems? (N/A for facility or service level responses and report at facility level) 1.1 If yes to 1.0: Outline the processes, where the plans are filed and where/who/how often they are reported to. 1.2 Is there evidence that the ward/unit reviews and reports recognition and response data and undertakes quality improvement activities as needed? 1.3 If yes to 1.2: Outline in detail the activities undertaken and when. 1.4 If no to 1.2: Outline methods that could be undertaken to address this.	Yes; No ; N/A text box Yes; No text box text box				

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Facility	% of wards/units that have evaluation, audit and feedback processes for recognition and response systems	% of wards/units that have evaluation, audit and feedback processes for recognition and response systems	8.0 What is the number of wards/units that have evaluation, audit and feedback processes for recognition and response systems? (CD_Ward_Q1.0) 8.1 Collate information on the processes, where the plans are filed and where/who/how often they are reported to. (CD_Ward_Q1.1) 8.2 What is the number of wards/units that review and report recognition and response data and undertake quality improvement activities as needed?(CD_Ward_Q1.2) 8.3 Collate information on the activities that were undertaken and when (CD_Ward_Q1.3) 8.4 Collate information on methods that can be undertaken to address review / reporting and quality improvement activities (CD_Ward_Q1.4)		Number of wards/units that have evaluation, audit and feedback processes for recognition and response systems	Total number of wards/units audited	
		9.2 Collecting information about the recognition and response systems, providing feedback to the clinical workforce, and tracking outcomes and changes in performance over time		Facility	Identify if the facility has a medical emergency team that regularly audit and monitor processes	Evidence the facility has a medical emergency team that regularly audit and monitor processes	6.0 Is there a rapid response system team in the facility (or at service level)? 6.1 If yes: Is there evidence that the team regularly audits and monitors processes? 6.2 If yes to 6.1: Is there evidence that the team feeds back processes and outcomes to ward / facility staff for staff upskilling? Outline details.	Yes; No Yes; No; N/A Yes; No; N/A text box			
			9.2.2 Deaths or cardiac arrests for a patient without an agreed treatment-limiting order (such as not for resuscitation or do not resuscitate) are reviewed to identify the use of the recognition and response systems, and any failures in these systems		AS PER 9.2.1						
			9.2.3 Data collected about recognition and response systems are provided to the clinical workforce as soon as practicable		AS PER 9.1.2 & 9.2.1						
			9.2.4 Action is taken to improve the responsiveness and effectiveness of the recognition and response systems		AS PER 9.1.1, 9.2.1 & 9.6.1						
Recognising clinical deterioration and escalating care	Patients whose condition is deteriorating are recognised and appropriate action is taken to escalate care.	9.3 Implementing mechanism(s) for recording physiological observations that incorporates triggers to escalate care when deterioration occurs	9.3.1 When using a general observation chart, ensure that it: • is designed according to human factors principles • includes the capacity to record information about respiratory rate, oxygen saturation, heart rate, blood pressure, temperature and level of consciousness graphically over time • includes thresholds for each physiological parameter or combination of parameters that indicate abnormality • specifies the physiological abnormalities and other factors that trigger the escalation of care • includes actions required when care is escalated (Developmental Action)	Ward	Identify if the ward/unit uses a general observation chart	Evidence that the ward/unit uses a general observation chart	2.0 Is there evidence that the ward/unit uses a general observation chart? 2.1 If yes: Is this chart the Adult Deterioration Detection System (Q-ADDS) chart? 2.2 If yes to 2.0: Is this chart the Children's Early Warning Tool (CEWT)? 2.3 If yes to 2.0: Select the system (Select one)	Yes; No Yes; No Yes; No Single parameter tool (track and trigger) Aggregate scoring system Combination system Non track and trigger			
				Facility	% of wards/units that use a general observation chart	% of wards/units that use a general observation chart	9.0 What is the number of wards/units that use a general observation chart? (CD_Ward_Q2.0) 9.1 What is the number of wards/units that use a QADDS tool? (CD_Ward_Q2.1) 9.2 What is the number of wards/units that use a CEWT tool? (CD_Ward_Q2.2) 9.3 Provide a breakdown of the number of wards/units that use a single parameter tool (track and trigger), aggregate scoring system, combination system eg. Q-ADDS and non track and trigger. (CD_Ward_Q2.3)		Number of wards/units that use a general observation chart	Total number of wards/units audited	
				Ward	Identify if the ward/unit uses a chart that is known to be designed according to human factors principles	Evidence that the ward/unit uses a chart that is known to be designed according to human factors principles	3.0 If yes to 2.0: Is the chart one that is known to be designed according to human factors principles?	Yes; No			
				Facility	% of wards/units that use a chart that is known to be designed according to human factors principles	% of wards/units that use a chart that is known to be designed according to human factors principles	10.0 What is the number of wards/units that have a chart that is known to be designed according to human factors principles? (CD_Ward_Q3.0)		Number of wards/units that have a chart that is known to be designed according to human factors principles	Total number of wards/units audited	
				Patient	Identify patients in the ward/unit where the identification was on all pages of the observation chart	% of patients who have identification marked on all pages of the observation chart	1.0 Is the patient clearly identified on all pages of the general observation chart? (includes MRN, Name and DOB)	Yes; No	Number of patients who have identification marked on all pages of the observation chart	Total number of patients audited where Q1.0 has been answered	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward			4.0 What is the number of patients who have identification marked on <u>all</u> pages of the observation chart? (CD_Patient_Q1.0)		Number of patients who have identification marked on all pages of the observation chart	Total number of patients audited where Q1.0 has been answered	
				Patient	Identify patients in the ward/unit with a CEWTS tool, where the correct age group chart was used	% of patients with a CEWTS tool, who have the correct age group chart used	2.0 If a CEWT tool: Was the correct age group chart used?	Yes; No; N/A	Number of patients, who have the correct age group chart used	Total number of patients audited with a CEWTS tool	
				Ward			5.0 What is the number of patients with a CEWT tool, who have the correct age group chart used? (CD_Patient_Q2.0)		Number of patients, who have the correct age group chart used	Total number of patients audited with a CEWTS tool	
				Patient	Identify patients in the ward/unit with a QADDS or CEWT tool, where modifications have been made to the tool	% of patients with a QADDS or CEWT tool that have modifications to the tool	3.0 If a QADDS or CEWT tool, have there been modifications to the tool? 3.1 If yes, indicate where modifications have been made. (select all that apply) X.X If yes to X.X: Have these modifications to QADDS/CEWT been endorsed by the medical officer? X.X If yes to above: Provide further information.	Yes; No Respiratory rate; O2 saturation; O2 flow rate; Blood pressure; Heart rate; Temperature Yes; No text box	Number of patients that have modifications to the tool	Total number of patients audited with a QADDS or CEWT tool	
				Ward			6.0 What is the number of patients with a QADDS or CEWT tool, who have had modifications to the tool? (CD_Patient_Q3.0) Outline the modifications. (CD_Patient_Q3.1).		Number of patients that have modifications to the tool	Total number of patients audited with a QADDS or CEWT tool	
			9.3.2 Mechanisms for recording physiological observations are regularly audited to determine the proportion of patients that have complete sets of observations recorded in agreement with their monitoring plan	Patient	Identify patients in the ward/unit who have a monitoring plan where the observations were recorded at the recommended frequency	% of patients who have a monitoring plan where the observations were recorded at the recommended frequency	4.0 Is there a monitoring plan documented? 4.1 If yes: Were the observations recorded at the recommended minimum frequency for the past 24 hours?	Yes; No Yes; No	Number of patients who have a monitoring plan where the observations were recorded at the recommended frequency	Total number of patients audited where Q4.0 has been answered Total number of patients audited where a monitoring plan has been documented	
				Ward			7.0 What is the number of patients with a monitoring plan documented? (CD_Patient_Q4.0) 7.1 What is the number of patients with a monitoring plan where the observations were recorded at the recommended minimum frequency for the past 24 hours? (CD_Patient_Q4.0 & Q4.1)		Number of patients who have a monitoring plan where the observations were recorded at the recommended frequency	Total number of patients audited where Q4.0 has been answered Total number of patients audited where a monitoring plan has been documented	
				Patient	Identify patients in the ward/unit who had an Observation Chart where a complete set of core observations is recorded in the latest set of observations within the last 8 hrs	% of patients who had an Observation Chart where a complete set of core observations is recorded in the latest set of observations within the last 8 hrs	5.0 If the patient has an observation chart: Which core observations have been recorded in the latest set of observations within the last 8 hrs? Select <u>all</u> parameters that have been recorded.	Respiratory rate; O2 saturation; Blood pressure; Heart rate; Temperature; Consciousness; None recorded; Other (specify);	Number of patients who had a complete set of core observations is recorded in the latest set of observations within the last 8 hrs	Total number of patients audited with an observation chart	
				Ward			8.0 What is the number of patients with an observation chart, where a complete set of core observations have been recorded in the latest set of observations within the last 8 hrs? (CD_Patient_Q5.0; Select patients that have all core obs present)		Number of patients who had a complete set of core observations is recorded in the latest set of observations within the last 8 hrs	Total number of patients audited with an observation chart	
				Patient	Identify patients in the ward/unit who had an observation chart with a scoring system where all the last recorded set of observation scores were summed up	% of patients who had an observation chart with a scoring system where all the last recorded set of observation scores were summed up	6.0 If the observation chart has a scoring system, were <u>all</u> the last recorded set of observation scores summed up?	Yes ; No	Number of patients where an accurately totalled observation score was recorded	Total number of patients audited who had an observation chart with a scoring system	
				Ward			9.0 What is the number of patients who have an observation chart with a scoring system, where all the last recorded set of observation scores were summed up?(CD_Patient_Q6.0)		Number of patients where an accurately totalled observation score was recorded	Total number of patients audited who had an observation chart with a scoring system	
				Patient	Identify patients in the ward/unit who had an observation chart with a scoring system where the last set of	% of patients who had an observation chart with a scoring system where the last set of	7.0 If yes to 6.0: Was the last set of observation scores summed up correctly? 7.1 If no to 7.0: What was the numerical difference between the recorded and actual scores?	Yes ; No 1; 2; 3 or more	Number of patients where the last set of observation scores were not summed up correctly	Total number of patients audited who had an observation chart with a scoring system	

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				Ward	observation scores were not summed up correctly	scores were not summed up correctly	10.0 What is the number of patients who have an observation chart with a scoring system, where the last set of observation scores were not summed up correctly?(CD_Patient_Q7.1) Provide details of the breakdown of numerical differences.		Number of patients where the last set of observation scores were not summed up correctly	Total number of patients audited who had an observation chart with a scoring system	
			9.3.3 Action is taken to increase the proportion of patients with complete sets of recorded observations, as specified in the patient's monitoring plan	AS PER 9.1.1, 9.2.1 & 9.6.1							
		9.4 Developing and implementing mechanisms to escalate care and call for emergency assistance where there are concerns that a patient's condition is deteriorating	9.4.1 Mechanisms are in place to escalate care and call for emergency assistance	Patient	Identify patients in the ward/unit where an escalation of care was identified and acted upon	% of patients where an escalation of care was identified and acted upon	8.0 If QADDS, CEWT or Other trigger chart: Was an escalation of care identified (if appropriate)? 8.1 If yes: Was the escalation acted upon? 8.2 If yes to 8.1: Was it within the allocated time period (depending on the trigger/score)? 8.3 If yes to 10.1: Was it escalated to the appropriate medical personnel (depending on the trigger/score)?	Yes; No Yes; No Yes; No Yes; No	Number of patients where an escalation of care was identified and acted upon Number of patients where escalation of care was acted upon within the allocated time period number of patients where escalation of care was acted upon and escalated to the appropriate medical personnel	Total number of patients audited with a QADDS, CEWT or Other trigger chart Total number of patients where an escalation of care was identified and acted upon	
				Ward			11.0 What is the number of patients with a QADDS, CEWT or Other trigger chart where escalation of care was identified (if appropriate) and acted upon?(CD_Patient_Q8.0 and Q8.1) 11.1 What is the number of patients with a QADDS, CEWT or Other trigger chart where escalation of care was acted upon within the allocated time period?(CD_Patient_Q8.2) 11.2 What is the number of patients with a QADDS, CEWT or Other trigger chart where escalation of care was acted upon and escalated to the appropriate medical personnel?(CD_Patient_Q8.3)		Number of patients where an escalation of care was identified and acted upon Number of patients where escalation of care was acted upon within the allocated time period number of patients where escalation of care was acted upon and escalated to the appropriate medical personnel	Total number of patients audited with a QADDS, CEWT or Other trigger chart Total number of patients where an escalation of care was identified and acted upon	
				Patient	Identify patients in the ward/unit where care was escalated as per the required action (on the tool)	% of patients with an QADDS or CEWT tool where observations yielded a score of 8 or higher, OR fell in the purple coloured band, and had an emergency call placed	9.0 If QADDS or CEWT tool: Did observations yield a score of 8 or higher, OR fall in the purple coloured band? 9.1 If yes: Was an emergency call placed?	Yes; No Yes; No	Number of patients with an QADDS or CEWT tool where observations yielded a score of 8 or higher, OR fell in the purple coloured band, and had an emergency call placed	Total number of patients audited with the specified tool where observations yield a score of 8 or higher, OR fell in the purple coloured band	
				Ward			12.0 What is the number of patients with an QADDS or CEWT tool where observations yielded a score of 8 or higher, OR fell in the purple coloured band, and had an emergency call placed?(CD_Patient_Q9.0 & Q9.1)		Number of patients with an QADDS or CEWT tool where observations yielded a score of 8 or higher, OR fell in the purple coloured band, and had an emergency call placed	Total number of patients audited with the specified tool where observations yield a score of 8 or higher, OR fell in the purple coloured band	
				Patient			10.0 If other observation chart (not QADDS or CEWT) that has a trigger OR scoring system: Did the patient meet the criteria for an emergency call? 10.1 If yes: Was an emergency call placed?	Yes; No Yes; No	Number of patients where care was escalated as per the required action (on the tool)	Total number of patients audited with the specified tool	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward			13.0 What is the number of patients who have an observation chart (not QADDs or CEWT), with a trigger OR scoring system, where the criteria was met for an emergency call and a call placed?(CD_Patient_Q10.0 & Q10.1)	Number of patients who have; Total number of patients who were audited	Number of patients where care was escalated as per the required action (on the tool)	Total number of patients audited with the specified tool	
			9.4.2 Use of escalation processes, including failure to act on triggers for seeking emergency assistance, are regularly audited	AS PER 9.2.1							
			9.4.3 Action is taken to maximise the appropriate use of escalation processes	AS PER 9.1.1, 9.2.1 & 9.6.1							
Responding to clinical deterioration	Appropriate and timely care is provided to patients whose condition is deteriorating.	9.5 Using the system in place to ensure that specialised and timely care is available to patients whose condition is deteriorating	9.5.1 Criteria for triggering a call for emergency assistance are included in the escalation policies, procedures and/or protocols	AS PER 9.1.1 & 9.1.2							
			9.5.2 The circumstances and outcome of calls for emergency assistance are regularly reviewed	AS PER 9.1.2 & 9.2.1							
		9.6 Having a clinical workforce that is able to respond appropriately when a patient's condition is deteriorating	9.6.1 The clinical workforce is trained and proficient in basic life support	Facility	Identify if the facility provides staff education on recognition and response / clinical deterioration systems (inline with the policy, procedure or protocol)	Evidence the facility provides staff education on recognition and response / clinical deterioration systems (inline with the policy, procedure or protocol)	7.0 Is there evidence that the facility (or at service level) provides staff education on recognition and response / clinical deterioration systems (in line with the policy, procedure or protocol)? 7.1 If yes: Is there evidence that attendance at the education sessions is recorded? 7.2 If yes to 7.0: Is education provided to both the clinical and non-clinical workforce? 7.3 If yes to 7.0: Is there evidence that education is matched to staff training needs? 7.4 If yes to 7.0: Is there evidence that staff feedback reports of the sessions are evaluated and incorporated into the next revision? 7.5 If yes to 7.0: Provide comments on the education sessions and resources that are provided and when.	Yes ; No Yes ; No Yes ; No Yes ; No text box			
			9.6.2 A system is in place for ensuring access at all times to at least one clinician, either on-site or in close proximity, who can practise advanced life support	AS PER 9.1.2 & 9.6.1							
Communicating with patients and carers	Patients, families and carers are informed of recognition and response systems and can contribute to the processes of escalating care.	9.7 Ensuring patients, families and carers are informed about, and are supported so that they can participate in, recognition and response systems and processes	9.7.1 Information is provided to patients, families and carers in a format that is understood and meaningful. The information should include: • the importance of communicating concerns and signs/symptoms of deterioration, which are relevant to the patient's condition, to the clinical workforce • local systems for responding to clinical deterioration, including how they can raise concerns about potential deterioration (Developmental action)	AS PER 9.1.2							
		9.8 Ensuring that information about advance care plans and treatment limiting orders is in the patient clinical record, where appropriate	9.8.1 A system is in place for preparing and/or receiving advance care plans in partnership with patients, families and carers (Developmental action)	Patient	Identify patients in the ward/unit who have an Advance Health Directive that is contained within the patient's medical record	% of patients who have an Advance Health Directive that is contained within the patient's medical record	11.0 Is there an Advance Health Directive in existence for this patient (if appropriate)? 11.1 If yes: Is it contained within the patient's medical record?	Yes; No; N/A Yes; No	Number of patients who have an Advance Health Directive that is contained within the patient's medical record	Total number of patients audited	
				Ward			14.0 What is the number of patients who have an Advance Health Directive that is contained within the patient's medical record? (CD_Patient_Q11.0 & Q11.1)		Number of patients who have an Advance Health Directive that is contained within the patient's medical record	Total number of patients audited	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
			9.8.2 Advance care plans and other treatment-limiting orders are documented in the patient clinical record <i>(Developmental action)</i>	AS PER 9.1.2 & 9.8.1							
		9.9 Enabling patients, families and carers to initiate an escalation of care response	9.9.1 Mechanisms are in place for a patient, family member or carer to initiate an escalation of care response <i>(Developmental action)</i>	AS PER 9.9.2							
		9.9.2 Information about the system for family escalation of care is provided to patients, families and carers <i>(Developmental action)</i>		Patient	Identify patients/carers who have reported receiving information regarding local escalation processes	% of patients/carers who have reported receiving information regarding local escalation processes	12.0 Patient/Carer Question Ask: 'Did you receive information on how to inform staff if you are concerned about yourself, or the patient's physical condition?' 12.1 If yes: How did you receive the information?	Yes; No; Don't know Pamphlet; Staff member; Other (specify)	Number of patients/carers who have reported receiving information regarding local escalation processes	Total number of patients audited	
				Ward			15.0 What is the number of patients who received information on how to escalate care? (CD_Patient_Q12.0) 15.1 Provide a breakdown of the numbers who received information by the various means. (CD_Patient_Q12.1)		Number of patients/carers who have reported receiving information regarding local escalation processes	Total number of patients audited	
			9.9.3 The performance and effectiveness of the system for family escalation of care is periodically reviewed <i>(Developmental action)</i>	AS PER 9.2.1 & 9.9.2							
			9.9.4 Action is taken to improve the system performance for family escalation of care <i>(Developmental action)</i>	AS PER 9.1.1, 9.2.1 & 9.6.1							

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.

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