

Submission in response to the ACSQH Draft Consensus Statement:
Essential Elements for Recognising and Responding to Clinical
Deterioration

Submitted by the Council of Deans of Nursing and Midwifery (Australia &
New Zealand)

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The Australian Commission on Safety and Quality in Health Care (ACSQC) recently distributed a draft consensus statement on essential elements for recognizing and responding to clinical deterioration. On behalf of Council of Deans of Nursing and Midwifery, we would like to offer the following feedback.

The draft consensus statement describes the elements that are essential for properly recognizing and responding to the patients who deteriorate in acute health care facilities. We fully agree that the existence of such a statement is extremely useful and highly appropriate for use by clinicians, health service managers and consumers. We believe that the language and structure used to describe the elements is appropriate and easy to understand.

The draft consensus statement has been developed as a generic document that applies to all patients in acute health care facilities in Australia. The statement is based on eight elements and provides a sound framework. These elements are both sufficient and comprehensive enough to cover a range of clinical processes and organisational prerequisites necessary to recognize and respond to clinical deterioration.

The statement on education is very important. It states “all clinical and non-clinical staff should receive education about the local escalation process”. All staff should know how to act in case of emergency, and how to respond to critical situations. Clinical staff that provides the rapid response, need to be competent in advanced resuscitation and function well in a team situation, therefore advanced training methods in teamwork and communication would be beneficial. It is also essential to obtain feedback on the barriers and enablers that different settings deal with in order to implement system changes. In particular, feedback should be obtained from front line staff on current systems to identify areas for improvement.

Advanced technologies to improve the safety and quality of care can be an invaluable assistance in collecting observations, providing automatic monitoring and alerts when clinical triggers are reached. However, new technologies should be used as a support, **not a replacement** for clinical decision making in recognizing the deterioration. Technological solutions can be powerful but they also may fail due to incorrect settings, software or hardware errors; therefore, before their implementation backup systems need to be carefully thought through and tests for their reliability.

Finally we suggest that some consideration could perhaps be given to the recognition of deteriorating patients under different circumstances. There is little information offered surrounding the differences in a small rural health centre to a large metropolitan hospital in terms of organisational support. The availability of support and escalation procedures would vary widely and it may be useful to offer a statement referring to contextual influences.

Overall, we believe it is an excellent document, timely in its release and offers a useful framework to address such a serious problem.