 **This standard aligns with Safe Care & aims to ensure that acute deterioration in a patient’s physical, mental or cognitive condition is recognized promptly and appropriate action is taken.**

Questions and Tasks - please circle response Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Question and Tasks** | **Staff 1 Answer** | **Staff 2 Answer** | **Staff 3 Answer** |
| --- | --- | --- | --- |
| **How would you identify a patient who is deteriorating?**  Answer:   * Any observation that falls into a shaded area of the observation chart on the Adult Observation and Response chart (WH AD 315) or within any of the vital signs entry components of the Electronic Medical record (EMR) prompting an alert * An observation falling into the Urgent Clinical Review shaded area requires a doctor from the home unit or covering home unit to review the patient within 30 mins of the escalation. * An observation falling into the MET response (Medical Emergency Team) shaded area requires the MET team to review the patient within 10 minutes of the escalation. * If urgent attention is required within 5 minutes call Adult Code Blue 2222 or your approved local area number. | Correct Response  /  Incorrect Response  Able to locate  /  Unable to locate | Correct Response  /  Incorrect Response  Able to locate  /  Unable to locate | Correct Response  /  Incorrect Response  Able to locate  /  Unable to locate |
| **How often do you assess patients at risk of deterioration?**  Answer:   * At the commencement of each shift, at least 3 times a day (in the absence of a documented monitoring plan) * On admission or transfer to a new clinical area: * From ED: a minimum of 4/24 for 24/24 unless otherwise documented by the medical staff (except for palliative patients) * From ICU: a minimum 4/24 for 24/24 unless otherwise documented by medical staff * To sub-acute: minimum TDS vital signs for 24/24 then minimum daily * Frequency of Vitals and observations sign recording must comply with the frequency stated in the nursing care plan. * All patients must have the observations recorded if there are any signs of deterioration or they have an adverse event * A set of observation are documented prior to discharge. | Correct Response  /  Incorrect Response  Able to locate  /  Unable to locate | Correct Response  /  Incorrect Response  Able to locate  /  Unable to locate | Correct Response  /  Incorrect Response  Able to locate  /  Unable to locate |
| **What are the symptoms on observation charts that will help you identify an acute change in conscious state?**  Answer:   * Using the AVPU scoring scale * A: the patient is Alert * V: the patient responds to Verbal stimuli * P: the patient responds to Painful stimuli * U: the patient is Unresponsive | Correct Response  /  Incorrect Response | Correct Response  /  Incorrect Response | Correct Response  /  Incorrect Response |
| **Do you know how to escalate if your patient has acute change in conscious state?**  Answer:   |  |  | | --- | --- | | Alert |  | | To Voice | Urgent Clinical Review (UCR) | | **To Pain** | **MET Call** | | Unresponsive | Code Blue | | Correct Response /  Incorrect Response | Correct Response /  Incorrect Response | Correct Response  /  Incorrect Response |
| **How would you include patients and their carers in the identification of unexpected deterioration?**  Answer:   * Discuss patient’s usual cognition state and what is normal for the family/carer * Ask family to communicate any concerns regarding the patient with you | Correct Response /  Incorrect Response | Correct Response /  Incorrect Response | Correct Response /  Incorrect Response |
| **When would you make a MET call?**  Answer:   * If a patient has one of the clinical markers in the shaded areas on either the General Adult Observation or Response Chart or WH Electronic Medical Record (EMR) that correspond to UCR or MET criteria * If I am worried about the patient * If there has been no attendance to an Urgent Clinical Review within 30 mins of the call * The patient’s condition has not responded to treatment from the Urgent Clinical Review. | Correct Response  /  Incorrect Response | Correct Response  /  Incorrect Response | Correct Response  /  Incorrect Response |
| **What is a “Call for help” and what is your role when this is actioned?**  Answer:   * Call for HELP allows patients, family members and carers to directly escalate their concerns regarding patient clinical deterioration   Clinical staff Role:   * Active engagement in listening to and responding appropriately when patients, family members or carers voice concerns of clinical deterioration even if clinical markers are not abnormal * Understanding the patients, family members and carers can escalate calls for HELP when they are concerned that their health is deteriorating   Communications staff role:   * Communications staff will receive, forward and log call for HELP calls | Correct Response /  Incorrect Response | Correct Response /  Incorrect Response | Correct Response /  Incorrect Response |
| **Can you tell me how your area has improved and how it manages recognizing and responding to acute deterioration?**  Answer:   * Ward specific – provide examples | Correct Response /  Incorrect Response | Correct Response /  Incorrect Response | Correct Response /  Incorrect Response |

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| --- | --- |
| **WHAT CAN YOU SEE?** |  |
| * “Call for Help” posters are visible | Yes/No |
| * Defibrillator checked daily and evidence available i.e. checklist | Yes/No |
| * Resuscitation trolley, emergency equipment is checked according to schedule and checklist | Yes/No |
| * 2222 stickers on all phones (Bacchus Marsh and Melton from July 1st) | Yes/No |

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| **COMMENTS:** |