NSQHS Standard 8 Recognising and Responding to Acute Deterioration Definitions sheet – Edition 2

Recognising and Responding to Acute Deterioration Audit Tools Definitions

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

1. Observation chart
    a. Combination system, e.g. Q-ADDS, CEWT, Q-MEWT, NEWT
    b. Single parameter tool (track and trigger)
    c. Non track and trigger, non scoring system
2. National Consensus Statement: essential elements for recognising and responding to acute physiological deterioration.

1. Observation Chart

Ensuring that patients who deteriorate receive appropriate and timely care is a key safety and quality challenge. Early identification of deterioration may improve outcomes and lessen the intervention required to stabilise patients whose condition deteriorates in a health service. The warning signs of clinical deterioration are not always identified or acted on appropriately. Systems to recognise deterioration early and respond to it appropriately need to apply across the health service organisation.

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 early and to assist with early management.

Most Queensland Health facilities use the Queensland Adult Deterioration Detection System (Q-ADDS), Children's Early Warning Tool (CEWT) or the Queensland Maternity Early Warning Tool (Q-MEWT) which meet action 8.4 of the NSQHS Standards Edition 2. There are a few facilities that use their own observation chart and examples are provided below to assist to assist you in determining which tool your facility/ward uses.

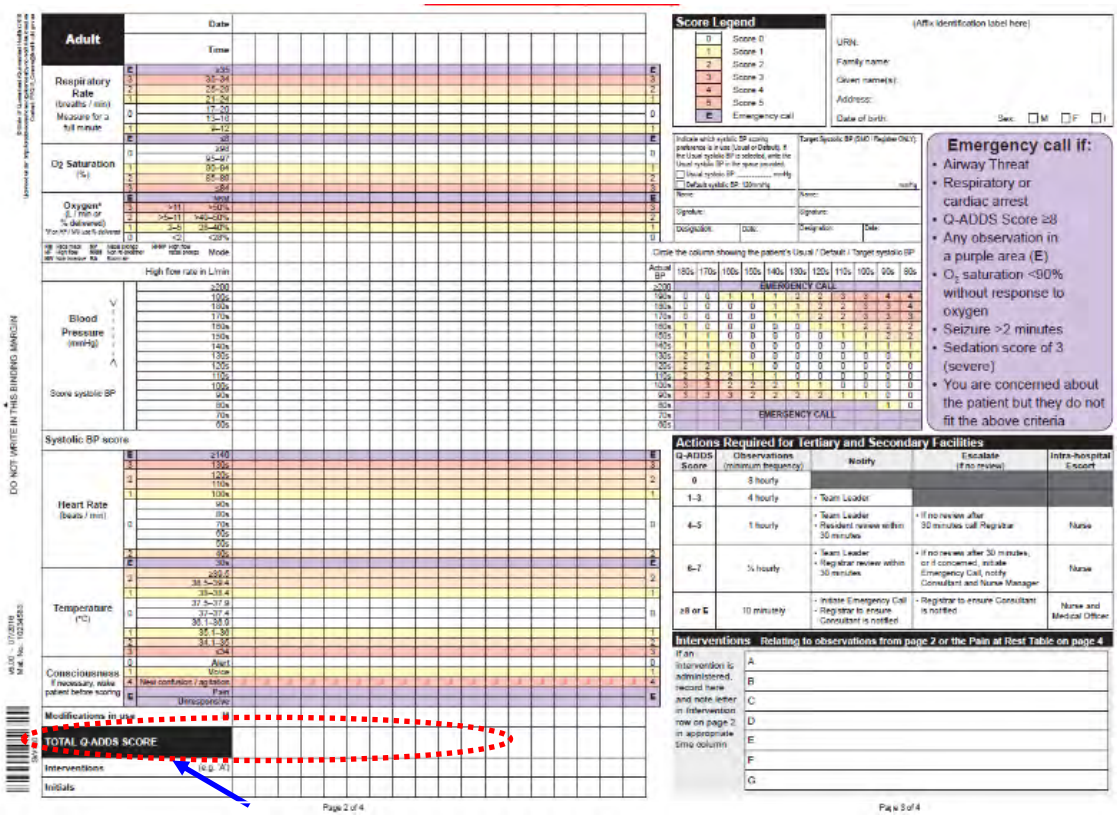
Combination system (scoring, track and trigger)

A single or multiple parameter (track and trigger) system(s) used in combination **with aggregate weighted scoring** system.

Vital signs are graphed (dot with connecting lines) and trends 'tracked' and each vital sign attracts a **score** depending on its value, this **is highlighted by a colour zone** and the scoring legend. The vital signs scores are added to calculate a **Total score** for the set of vital signs. There are **actions/responses** according to **Total score**.

In addition to the scoring system, the tool also incorporates a **single track and trigger system** (purple rows) which mandate clinicians to initiate an emergency response, **independent** of the Total Score.

Q-ADDS Adult Deterioration Detection System

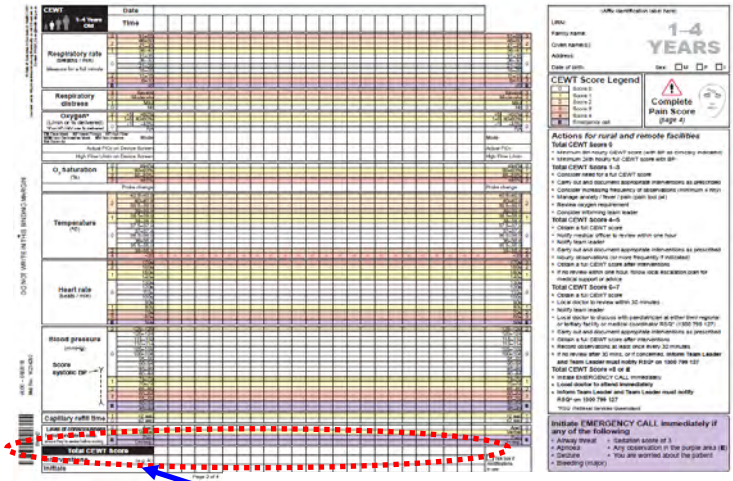


Scores for all physiological parameters are <u>summed up</u> to obtain a total score

Combination system (scoring, track and trigger)

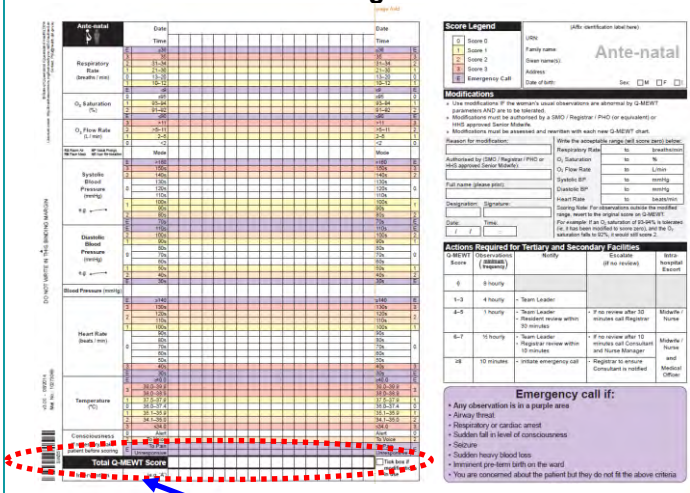
CEWT – Children's Early Warning Tool

(v8.00 – released September 2018)



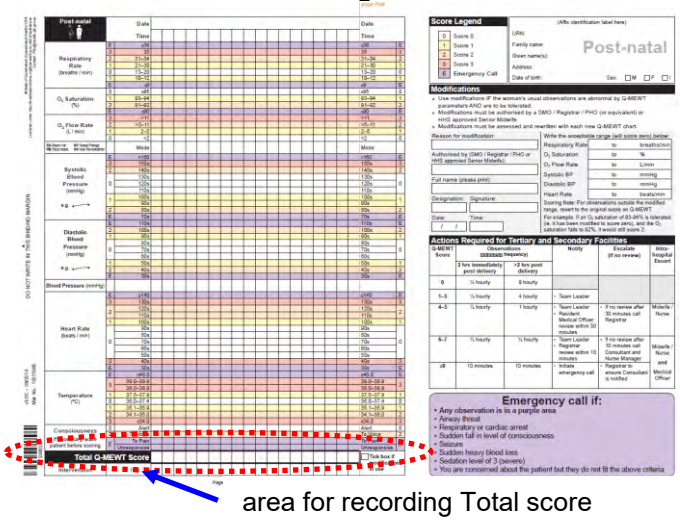
area for recording Total score

Q-MEWT – Queensland Ante-natal Maternity Early Warning Tool



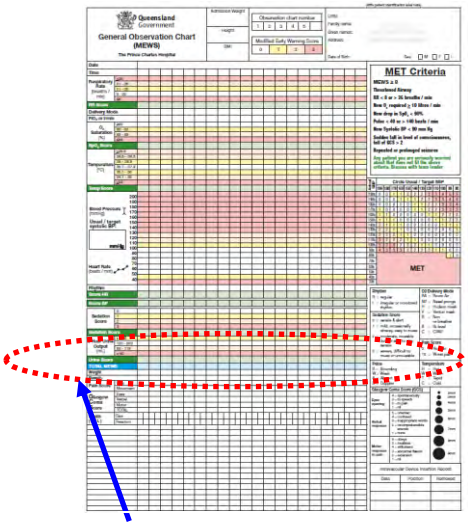
area for recording Total score

Q-MEWT – Queensland Post-natal Maternity Early Warning tool



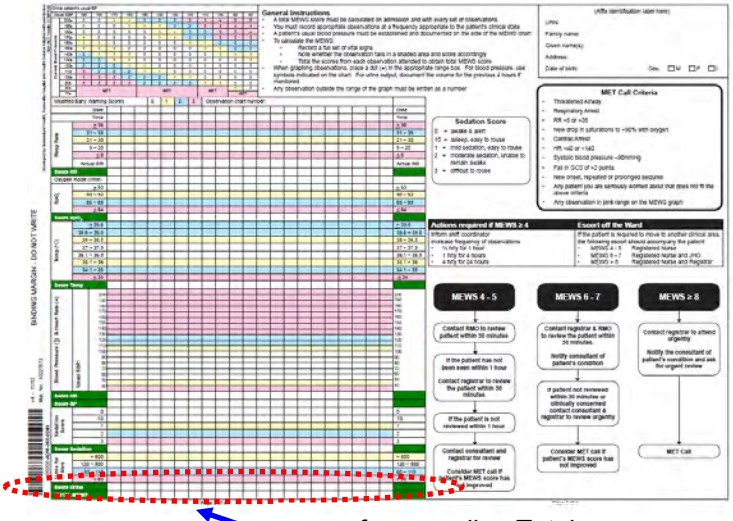
area for recording Total score

Modified Early Warning Score (MEWS) general observation chart [TPCH]



area for recording Total score

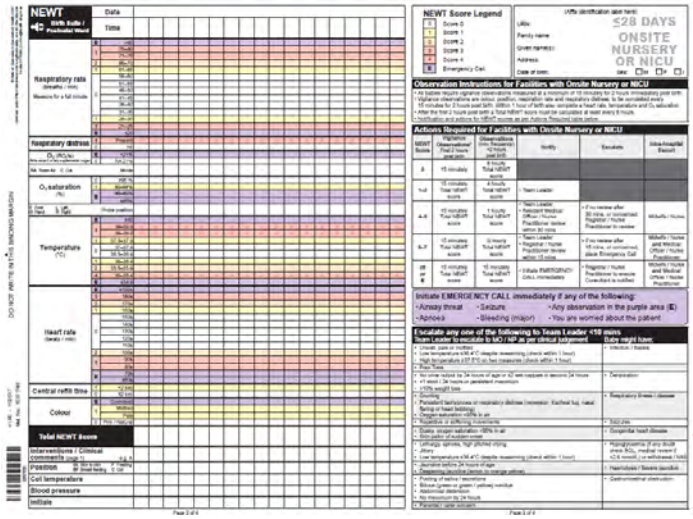
Adult Modified Early Warning Score (MEWS) vital signs record [TTH]



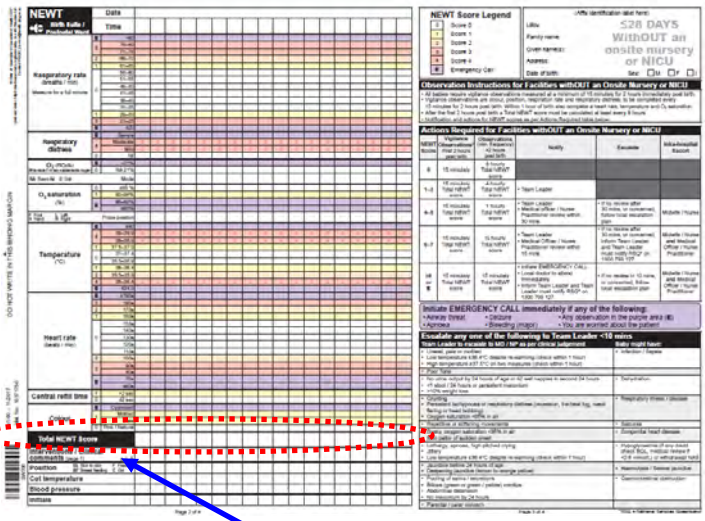
area for recording Total score

Combination system (scoring, track and trigger)

NEWT – Neonatal Early Warning Tool
(for facilities with an onsite nursery/NICU)



NEWT – Neonatal Early Warning Tool
(for facilities without an onsite nursery/NICU)

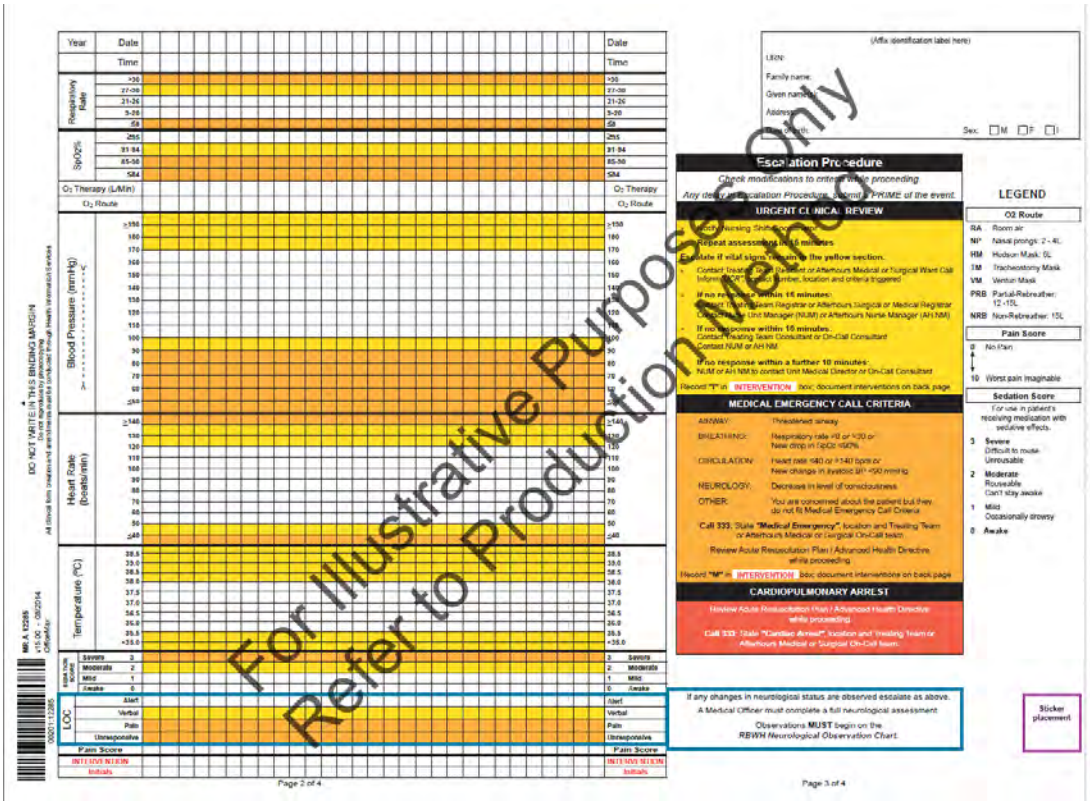


area for recording Total score

Single parameter tool (track and trigger)

The main vital signs are graphed with trends 'tracked'. There are **colour coded zones** to indicate when a patient's vital signs 'trigger' a response.

MECC (Medical emergency call criteria) [RBWH]



Non-track and trigger, non-scoring system

Other observation charts may include the collection of vital signs with **no scoring or no criteria for a response**. **Observations may or may not be graphed**.

2. National Consensus Statement: essential elements for recognising and responding to acute physiological deterioration

https://www.safetyandquality.gov.au/wp-content/uploads/2017/03/National-Consensus-Statement-clinical-deterioration_2017.pdf

Question 11.0 on the patient audit tool focus on documentation in the patient's healthcare record that the National consensus statement: essential elements for recognising and responding to acute physiological deterioration outlines as important in the event that the patient has an emergency call placed.

References:

- National Consensus Statement: essential elements for recognising and responding to acute physiological deterioration, Second edition, 2017, https://www.safetyandquality.gov.au/wp-content/uploads/2017/03/National-Consensus-Statement-clinical-deterioration_2017.pdf

Further information can be found at:

- Australian Commission on Safety and Quality in Health Care Website: https://www.safetyandquality.gov.au/our-work/recognising-and-responding-to-clinical-deterioration/
- Queensland Health staff can access information on Recognising and Responding to Acute Deterioration via the Queensland Health intranet Patient Safety and Quality Improvement Service website.

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

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

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