## Activation of patient, family and carer escalation

### IDENTIFYING AND DEFINITIONAL ATTRIBUTES

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| **SHORT NAME:** | Patient, family and carer escalation activation |
| **DESCRIPTION:** | The rate of patient, family and carer escalation activation in a facility |
| **TYPE OF QUALITY MEASURE:** | Process measure |
| **RATIONALE:** | Systems to allow patients, families and carers to directly trigger an escalation of care are becoming more common. They provide an additional safety net for patients that complement other recognition and response systems. Monitoring the use of these systems provides information about whether they are being used by patients, families and carers, the impact on hospital resources and can identify issues that may improve care for all patients |
| **DEFINITIONS:** | Admitted patient: any patient for whom the hospital accepts responsibility for the provision of inpatient care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same day or overnight care or treatment |
| | Patient, family and carer escalation: a system that provides assistance to a patient when concerns about clinical deterioration, care or treatment exist. The system is triggered by the patient, family or carer resulting in the attendance of an individual, or team of individuals who are capable of assessing the patient, undertaking initial therapeutic intervention and escalating care to a health professional with advanced life support skills (if required) |
| | Patient, family and carer escalation activation: the presence of a patient, family and carer escalation system call record form in the patient's healthcare record or other relevant documentation |
| | Separation: the process by which an episode of care for an admitted patient ceases. This may be formal or statistical |

### COLLECTION AND USAGE ATTRIBUTES

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| **POPULATION:** | Admitted patients |
| **COMPUTATION:** | Number of patient, family and carer escalation activations per 1000 hospital separations for the time period audited<br><br>$$\frac{\text{Numerator}}{\text{Denominator}} \times 1000$$ |
| **NUMERATOR:** | Number of patient, family carer escalation activations patients during the sample time period |
| **DENOMINATOR:** | Number of patient separations in the time period |

### COMMENTS

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| **COMMENTS:** | It is possible to interpret the results of this measure in different ways. High call rates may indicate that patients, family and carers are aware of, and comfortable to use the system. Alternatively, a high calling rate may represent a failure of the hospital organisation to develop and implement other quality improvement initiatives that prevent or detect patient deterioration. This measure should be interpreted with other quality measures and knowledge of local policies and systems |
| | Populations that have different processes for patient, family and carer escalation (such as adult and paediatrics) should be audited separately |
| | Collecting data for this quality measure will require review of records of patient, family and carer escalation. This may include all records where care is escalated, including rapid response system calls. Data for this measure will also require information about the number of hospital separations in the audit period |

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## REFERENCES

| REFERENCE DOCUMENTS: | |
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