

# escalation mapping tool: template

Track and trigger systems specify different levels of abnormal physiological parameters, or combinations of the parameters that indicate abnormality, and outline the response or action required when trigger thresholds are reached or deterioration identified. This information is generally expressed in an escalation protocol and can be built into the design of an observation chart.

This tool is designed to assist with the development of an escalation protocol and track and trigger system. The purpose of the tool is to help you to:

- identify the number of levels of abnormality to be included in the track and trigger system and escalation protocol
- decide on the trigger thresholds for each physiological parameter for each level of abnormality
- decide on the appropriate response for each level of abnormality.

This mapping tool can be used for both single parameter and aggregate scoring track and trigger systems. However the process of allocating weighting to physiological parameters for the purpose of calculating a score is complex and is not dealt with here. If you would like to use an aggregated scoring system it is recommended that an existing scoring system be used (for example the Adult Deterioration Detection System used in the Commission's observation and response charts).

## ABOUT THIS TOOL

This tool is available as a Portable Document Format (PDF) file which can be saved to your desktop for direct electronic data entry or printed for use.

It has been designed for use in conjunction with the Australian Commission on Safety and Quality in Health Care publication *A Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (2012).

This tool and further information about recognition and response systems can be downloaded from:

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

## INSTRUCTIONS FOR USE

The mapping tool contains nine steps for you to work through. Step 1 identifies the individuals and departments who need to be involved in the mapping process. Step 2 identifies the number of levels of abnormality to be included in the track and trigger system and escalation protocol.

Once Step 2 is completed and the number of levels of abnormality identified, Steps 3 – 9 need to be printed out and completed for each level of abnormality. These steps allow the identification of the specific details of the parameters that trigger a response at each level, and what that response should be. This may need to be an iterative process within each level and between levels as the trigger thresholds and responses need to be developed together to ensure that all patients receive appropriate care for their level of abnormality.

You will need to repeat steps 3–9 for each level of abnormality you are including in your track and trigger system and escalation protocol.

The final step is to bring together all of the information to develop your escalation protocol and policy.

A worked example of this mapping tool is provided on the Commission's web site.



**STEP 1**

**IDENTIFY WHAT DEPARTMENT/S THIS MAPPING EXERCISE RELATES TO AND WHO IS INVOLVED IN UNDERTAKING THIS WORK**

This mapping exercise may be applicable to a number of wards or units, or a whole facility. Involving key people to represent the different professional groups in each area will help to ensure the escalation protocol is workable and relevant, and will promote uptake of the system during implementation.

<b>DEPARTMENT/S:</b>	
<b>DATE:</b>	
<b>PEOPLE INVOLVED IN THIS EXERCISE:</b>	

**STEP 2**

**DECIDE ON HOW MANY LEVELS OF ABNORMALITY WILL TRIGGER A RESPONSE IN YOUR ESCALATION PROTOCOL**

A graded response to abnormal physiological parameters aims to provide clinical care and treatments to patients during early stages of clinical deterioration, before the onset of critical illness and serious adverse events. The levels of abnormality in a graded response system generally reflect low, medium and high levels of patient abnormality. Decisions about the number of levels to include depend on issues such as the resources and expertise that are available, and the size and nature of your ward, department or facility.

A system using two levels of abnormality may involve escalation to the home team at medium levels of abnormality and to the rapid response team at high levels of abnormality. A system using four levels of abnormality may involve a graded response that starts with increased nursing surveillance at low levels of abnormality and ends in a rapid response call at high levels of abnormality. Examples of observation and response charts that use aggregated scores or single triggers, and a number of different levels of abnormality, can be found on the Commission's web site: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

<b>NUMBER OF LEVELS OF ABNORMALITY IN YOUR SYSTEM?</b>	
<b>THESE LEVELS ARE:</b>	

# Steps 3 – 9 will need to be completed for each level of abnormality included in your track and trigger system and escalation protocol.

## STEPS 3-9

**LEVEL OF ABNORMALITY:**

### STEP 3

#### DECIDE WHAT PHYSIOLOGICAL OBSERVATION THRESHOLDS WILL TRIGGER A RESPONSE TO THIS LEVEL OF ABNORMALITY

The physiological observation thresholds that trigger an escalation of care will need to be agreed. Trigger thresholds affect workplace practices and resource use. There needs to be a balance between the sensitivity of the trigger threshold and the response provided.

PHYSIOLOGICAL OBSERVATION THRESHOLDS INDICATING THIS LEVEL OF ABNORMALITY:			
<b>RESPIRATORY RATE:</b>	<b>HEART RATE:</b>	<b>TEMPERATURE:</b>	<b>OTHER:</b>
<b>OXYGEN SATURATION:</b>	<b>SYSTOLIC BLOOD PRESSURE:</b>	<b>LEVEL OF CONSCIOUSNESS:</b>	

Track and trigger systems that require calculation of a score also require the allocation of weighting to these physiological parameters. This process is complex and is not dealt with here. If this type of track and trigger system is selected, it is recommended that one of the range of existing scoring systems be used (for example the Adult Deterioration Detection System used in the Commission’s observation and response charts).

The following Steps 4 – 9 need to be applied to these types of track and trigger systems to identify the appropriate responses for each level of patient abnormality.

### STEP 4

#### DECIDE WHAT TREATMENTS MAY / WILL BE REQUIRED WHEN A RESPONSE IS TRIGGERED

Listing what treatments might be required in response to this level of abnormality will help you to determine who is appropriate to provide a response and the skills and knowledge that the response provider must have.

**STEP 5**

**DECIDE WHO HAS THE NECESSARY SKILLS TO PROVIDE THIS TREATMENT**

**DECIDE WHO WILL RESPOND TO ENSURE A RESPONSE IS AVAILABLE AT ALL TIMES**

To decide who will provide the response, start by listing health professionals who have the necessary skills to provide treatment to patients with this level of physiological abnormality and who could potentially respond to escalation calls. Then list the hours that these providers work. This will help you to map out who will be responsible for responding to escalation calls at different times of day and reach agreement on who will provide the response to this level of physiological abnormality. Consider who will provide a back up response if the first responder isn't available.

WHO HAS THE SKILLS TO RESPOND?	▶▶▶	WHEN ARE THEY AVAILABLE?	▶▶▶	WHO WILL RESPOND?
	▶▶▶		▶▶▶	
	▶▶▶		▶▶▶	
	▶▶▶		▶▶▶	
	▶▶▶		▶▶▶	
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**STEP 6**

**DECIDE ON THE RESPONSIBILITIES OF THE RESPONDING CLINICIANS**

Response systems will function more effectively if agreement has been reached on who is responsible for what when attending a patient. Ensure that you consider how response providers will communicate and hand over to the home team for patients with this level of physiological abnormality.

**WHAT ARE THE RESPONSIBILITIES OF THE CLINICIANS WHO HAVE PRIMARY RESPONSIBILITY FOR THE PATIENT?  
(E.G. WARD REGISTERED NURSE)**

**WHAT ARE THE RESPONSIBILITIES OF THE CLINICIANS PROVIDING THE ESCALATION RESPONSE?  
(E.G. THE NURSE IN CHARGE AND RESPONDING MEDICAL OFFICER)**

**STEP 7**

**DECIDE ON HOW THE RESPONSE SYSTEM WILL OPERATE**

To establish a successful response system you need to develop clear guidelines for how the system will operate. Considering the following questions will help you to clarify information to be included in your escalation protocol and policy. Ensure that the escalation protocol clearly outlines how to contact each responder and what to do if callers are unable to obtain a response.

**WHAT IS THE REQUIRED TIMEFRAME FOR RESPONSE GIVEN THESE LEVELS OF ABNORMALITY**

**HOW WILL THE RESPONDING HEALTH PROFESSIONAL/S BE CONTACTED?**

**WHO ELSE SHOULD BE NOTIFIED?**

**WHAT ARE THE ALTERNATIVE OR BACK UP OPTIONS FOR OBTAINING A RESPONSE?**

**STEP 8**

**CONSIDER OTHER RESOURCES THAT MAY BE REQUIRED TO ENSURE AN ADEQUATE RESPONSE IS PROVIDED TO PATIENTS WITH THIS LEVEL OF PHYSIOLOGICAL ABNORMALITY**

It is necessary to evaluate current training processes and equipment stocks to ensure that the right response can be provided to patients who are deteriorating. Ensure that the escalation protocol clearly outlines how to contact each responder and what to do if callers are unable to obtain a response.

**IS EQUIPMENT AVAILABLE IN THE CLINICAL AREA TO UNDERTAKE THE NECESSARY TREATMENTS?**

- Yes
- No – consider purchasing equipment or develop processes for equipment to be brought to area

**ARE THERE SPECIALISED TRAINING REQUIREMENTS FOR RESPONDERS TO THIS LEVEL OF ABNORMALITY (EG. BASIC OR ADVANCED LIFE SUPPORT, COMMUNICATION, CLINICAL TEACHING)?**

- No
- Yes – consider how you will ensure access to this training

**STEP 9**

**DECIDE ON THE FINAL AGREED RESPONSE TO BE INCLUDED IN THE ESCALATION PROTOCOL AND POLICY AND DISPLAYED ON THE OBSERVATION CHART**

Summarise the response to escalation of care for this level of abnormality.

Repeat steps 3–9 of this mapping exercise for each level of abnormality included in your track and trigger system. When you have mapped each level, use the summaries in Step 9 to complete your escalation protocol and policy.

LEVEL OF ABNORMALITY:	RESPONSE: