

Escalation of care

IDENTIFYING AND DEFINITIONAL ATTRIBUTES

SHORT NAME:	Escalation of care
DESCRIPTION:	The proportion of patients audited that failed to have their care escalated according to the local escalation protocol
TYPE OF QUALITY MEASURE:	Process measure
RATIONALE:	Delays in escalating care can result in patient morbidity and mortality. An escalation protocol outlines the thresholds of abnormal physiological observations and/or aggregated scores that trigger an escalation of care response, and the response required when these triggers occur. Facilities need to ensure that escalation protocols are operating as planned to reduce the risk of adverse outcomes for patients
DEFINITIONS:	<p>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</p> <p>Escalation protocol: protocol that sets out the organisational response required for different levels of abnormal physiological measurements or other observed deterioration</p> <p>Triggers: abnormalities in physiological observation measurements, aggregated scores or other clinical assessments that require an escalation of care according to the escalation protocol</p>

COLLECTION AND USAGE ATTRIBUTES

POPULATION:	Admitted patients to whom the local escalation protocol applies
COMPUTATION:	<p>Percentage of patients who failed to have their care escalated in accordance with the local escalation protocol</p> $\frac{\text{Numerator}}{\text{Denominator}} \times 100$
NUMERATOR:	Number of patients audited with documented triggers for escalating care whose care was not escalated according to the requirements of the local protocol
DENOMINATOR:	Total number of patients audited who reached a trigger threshold

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COMMENTS

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A low percentage of patients who failed to have their care escalated in accordance with the local escalation protocol is desirable

Populations that have specific escalation protocols should be audited separately. These populations may include general adult and paediatric patients. If specific escalation protocols apply in other settings (such as maternity), these should also be audited separately

Some patients may have modifications to triggers to reflect their clinical circumstances, but still require a response according to the local escalation protocol. These patients should be included in the sample

Escalation of care should also include calls to the rapid response system where required by the protocol

The focus of audit should be on data that can be examined objectively in retrospect, i.e. the 'worried' criterion cannot be included

Where failures to escalate care appropriately are identified, it may be useful to conduct a more detailed review of these cases. Such a review can provide information about why the failures occurred and how systems and processes can be improved. Organisations should consider adding a new category (e.g. 'failure to escalate' or 'failure to rescue') to electronic incident reporting systems to enable identification and review of these cases

Collecting data for this quality measure will require review of the patient's observation chart and healthcare record

REFERENCES

REFERENCE DOCUMENTS:

Australian Commission on Safety and Quality in Health Care. National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration. Sydney. ACSQHC, 2010

Australian Institute of Health and Welfare Index. (Accessed 5 August 2011, at <http://meteor.aihw.gov.au/content/index.phtml/itemId/327206>.)

Calzavacca P, Licari E, Tee A, Egi M, Haase M, Haase-Fielitz A, et al. A prospective study of factors influencing the outcome of patients after a Medical Emergency Team review. *Intensive Care Medicine* 2008;34(11):2112-2116

Downey AW, Quach JL, Haase M, Haase-Fielitz A, Jones D, Bellomo R. Characteristics and outcomes of patients receiving a medical emergency team review for acute change in conscious state or arrhythmias. *Critical Care Medicine* 2008;36(2):477-481

Quach JL, Downey AW, Haase M, Haase-Fielitz A, Jones D, Bellomo R. Characteristics and outcomes of patients receiving a medical emergency team review for respiratory distress. *Journal of Critical Care* 2008;23:325-331