



# Recognising and Responding to Acute Deterioration Policy

---

## 1. Purpose

This Policy establishes minimum mandatory requirements for recognising and responding to acute deterioration for all patients receiving care in WA health services. This Policy promotes the application of health professional, patient, carer, and family judgement in escalating care during an episode of acute deterioration; and expressly stipulates that acute deterioration includes physiological and mental state deterioration.

This Policy enforces clinical guidance in the *National Safety and Quality Health Service Standards* 'Standard 8: Recognising and Responding to Acute Deterioration' – mandated in WA through MP 0134/20 *National Safety and Quality Health Service Standards Accreditation Policy*.

This Policy is a mandatory requirement under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

This Policy supersedes MP 0086/18 *Recognising and Responding to Acute Deterioration Policy*.

## 2. Applicability

This Policy is applicable to all Health Service Providers providing clinical health care services.

To the extent that the requirements contained within this Policy are applicable to the services purchased from contracted health entities, Health Service Providers are responsible for ensuring these requirements are accurately reflected in the relevant contract and managed accordingly.

## 3. Policy requirements

Health Service Providers must develop local policies, processes, and systems for recognising and responding to acute physiological and mental state deterioration that are consistent with guidance provided by the Australian Commission on Safety and Quality in Health Care *National Safety and Quality Health Service Standards* 'Standard 8: Recognising and Responding to Acute Deterioration', including:

- clinical governance and risk management processes
- comprehensive training for all clinical and non-clinical staff
- quality improvement systems for monitoring, improvement, and reporting
- partnering with consumers in their own care, meeting information needs, and shared decision-making.

### **3.1 Monitoring for acute deterioration**

Health Service Providers must implement an observation and response system that allows health professionals to monitor and document vital signs and any changes over time:

- at time of initial assessment or admission
- prior to inter- or intra-hospital transfer
- when a patient is experiencing, or at risk of experiencing, an episode of acute deterioration.

The observation and response system must:

- be appropriate and modifiable for individual patient circumstances; accounting for Advance Care Directives for patients receiving end-of-life care
- include provision for mental state observations (delirium, cognition, and psychological assessment)
- include a prompt for health professionals to consider the possibility of sepsis.

### **3.2 Escalation of acute deterioration**

Health Service Providers must implement criteria, protocols, and clinical pathways to guide the escalation of care, including a universally communicated protocol for patient, family, or carer initiated escalation of care.

### **3.3 Response for acute deterioration**

Health Service Providers must have a formal rapid response system to facilitate appropriate and timely response to acute deterioration.

The rapid response system must:

- include a rapid response team that consists of fully-trained health professionals with the capability to address physiological and mental state deterioration
- operate 24 hours, 7 days per week
- be adequately resourced to ensure access for all patients, with referral to higher levels of care where necessary.

## **4. Compliance monitoring**

Health Service Providers are responsible for ensuring compliance with this Policy.

The System Manager, through the Patient Safety and Clinical Quality Directorate, will:

- audit Health Service Provider compliance with this Policy, as part of annual policy assurance processes
- evaluate the effectiveness of this Policy (including clinical practice and patient outcomes associated with this Policy) using routine data sources available to the System Manager.

## **5. Related documents**

The following documents are mandatory pursuant to this Policy:

- N/A

## 6. Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- [National Safety and Quality Health Service Standards \(NSQHSS\) Recognising and Responding to Acute Deterioration Standard](#)
- [NSQHSS Advisory AS 19/01 Recognising and Responding to Acute Deterioration Standard: Recognising deterioration in a person's mental state](#)
- [National Consensus Statement: Essential Elements for recognising and responding to clinical deterioration](#)
- [National Consensus Statement: Essential Elements for recognising and responding to deterioration in a person's mental state](#)
- [Recognising and Responding to Deterioration in Mental State: A Scoping Review](#)
- [Australian Commission on Safety and Quality in Health Care Delirium Clinical Care Standard](#)
- [A better way to care: Safe and high-quality care for patients with cognitive impairment or at risk of delirium in acute health services](#)
- [National Consensus Statement: Essential Elements for Safe High-Quality End-of-life Care](#)
- [The End of Life Framework: a state-wide model for the provision of comprehensive, coordinated care at end-of-life in Western Australia](#)
- [Tools, templates, and other materials to support health service implementation for recognising and responding to acute deterioration](#)

## 7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Acute Deterioration	Physiological or mental state changes that may indicate a decline of the patient's health status.
Deterioration in mental state	A negative change in a patient's mood or thinking, marked by a change in behaviour, cognitive function, perception or emotional state. Change can be gradual or acute; it can be observed by health professionals, or reported by the patient themselves, their family, or carers. Deterioration in mental state can relate to several predisposing or precipitating factors, including mental illness, psychological or existential stress, physiological changes, cognitive impairment (including delirium), intoxication, withdrawal from substances, and emotional response to social context and environment.
Carer	A person who provides ongoing care, support and assistance to a person with disability, a chronic illness (which includes mental illness) or who is frail without receiving a salary or wage for the care they provide.
Family	As defined in s. 281 of the <i>Mental Health Act 2014</i> : i. a spouse or de facto partner; ii. a child or step child; iii. a parent, step parent or foster parent;

	<ul style="list-style-type: none"> <li>iv. a sibling;</li> <li>v. a grandparent;</li> <li>vi. an aunt or uncle or a niece or nephew;</li> <li>vii. a cousin;</li> </ul> <p>and if the person is of Aboriginal or Torres Strait Islander descent — any person regarded under the customary law, tradition or kinship of that person’s community as the equivalent of a person described above.</p>
Health Professional	A person who is a health practitioner registered under the <i>Health Practitioner Regulation National Law (WA) Act 2010</i> or is in a class of persons prescribed as a health professional under the <i>Health Services Act 2016</i> .
Patient	A person receiving care in a health service.
Rapid Response System	A system for providing emergency assistance to patients whose condition is deteriorating.
Rapid Response Team	A clinical team (or individual in some cases) providing emergency assistance. This team may include on-site and off-site personnel.

## 8. Policy contact

Enquiries relating to this Policy may be directed to:

Title: Manager, Executive Office, Policy and Projects; Patient Safety and Clinical Quality Directorate  
 Directorate: Clinical Excellence  
 Email: [PSCQ.CED@health.wa.gov.au](mailto:PSCQ.CED@health.wa.gov.au)

## 9. Document control

Version	Published date	Effective from	Review date	Effective to	Amendment (s)

## 10. Approval

Approval by	Nicole O’Keefe, Assistant Director General, Strategy and Governance, Department of Health
Approval date	Day Month Year

**This document can be made available in alternative formats on request for a person with a disability.**

© Department of Health 2021

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

DRAFT