Recognising and Responding to Acute Deterioration Policy Review Discussion paper

Background

The Recognising and Responding to Acute Deterioration Mandatory Policy MP 017/22 (RRAD policy) is a mandatory requirement under the WA Department of Health Clinical Governance, Safety and Quality Policy Framework.

The RRAD policy provides consistent clinical guidance to Health Service Providers (HSPs) by setting the minimum requirements to be implemented by HSPs through the development of local evidence-based policies and systems, to facilitate early recognition and response to acute deterioration in their setting.

This policy aligns with the National Safety and Quality Health Service [(NSQHS) Standard 8: Recognising and Responding to Acute Deterioration](#), mandated in WA through the National Safety and Quality Health Service Standards Accreditation Policy - MP 0134/20.

The RRAD policy supports the use of clinician, patient, support people and carer's judgement, in addition to mandatory elements, to escalate care.

Why are we consulting?

The RRAD policy is approaching the 3-year policy review requirement. The Patient Safety and Clinical Quality Directorate (PSCQ) has prepared a revised policy, informed by initial stakeholder consultation with Health Service Provider RRAD Committees and related units in the Department

The Department of Health (the Department) is seeking feedback from consumers, family members, support people and, clinical and non-clinical WA Health employees representing the Health Service Providers on the proposed policy amendments.

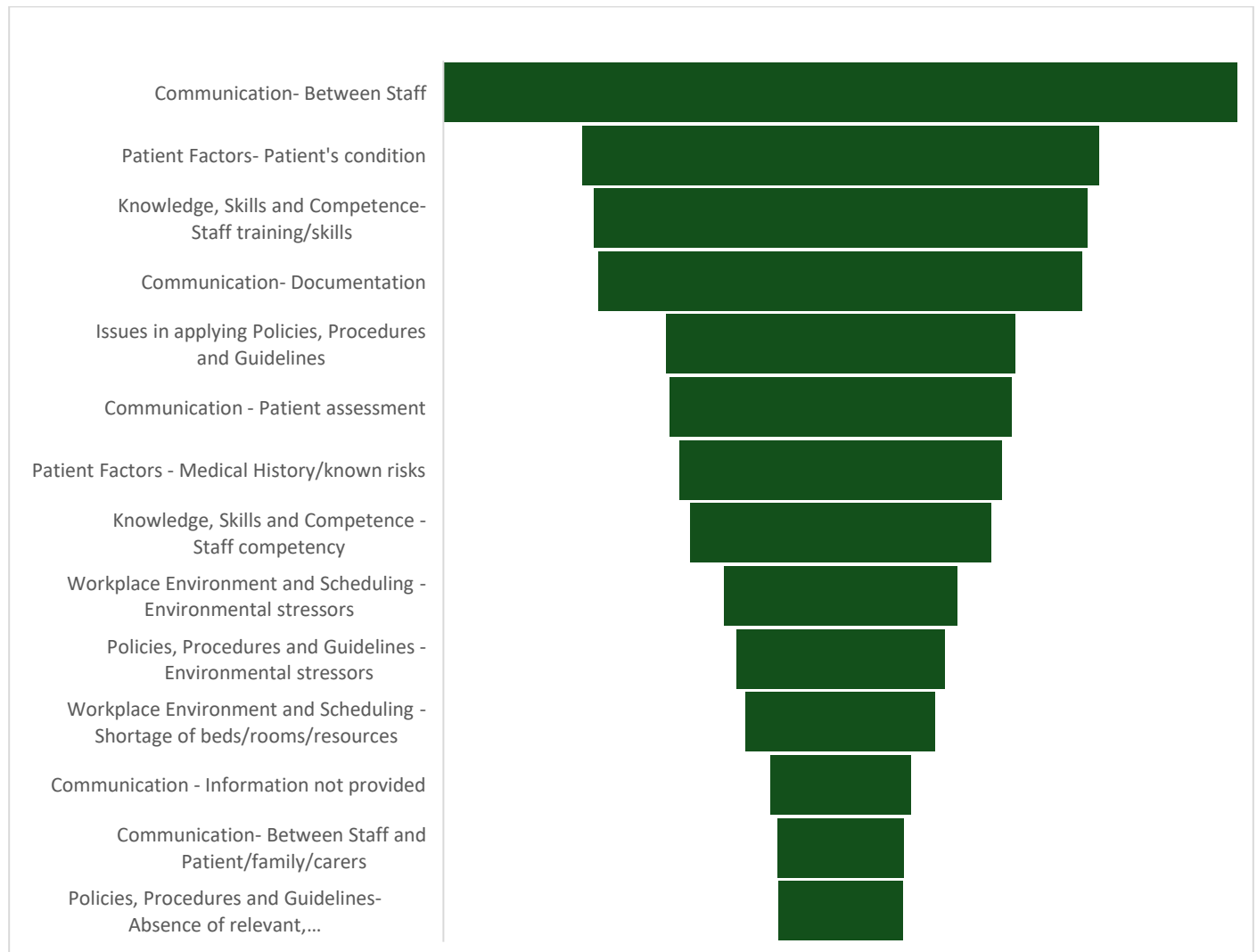## Why is the Recognising and Responding to Acute Deterioration policy important?

In 2023/24, WA Health system data showed there were 1,691 clinical incidents associated with acute deterioration. This Standard had the highest number of incidents resulting in patient deaths, based on notifiable data.

Communication between staff was identified as the major causative or contributory factor of the investigated acute deterioration clinical incidents. Knowledge, skills and competence, documentation, and issues in implementing policy, procedure or guidelines, were amongst the top 5 causative or contributory or causative factors (Figure 1).

Figure 1 shows the 14 most common factors contributing to acute deterioration, based on their frequency in 2023-24 of the most severe clinical incident (SAC1) investigations.

Figure 1: The 14 most common causative/contributory factors to RRAD SAC events 2023/ 24

Note: More than one causative or contributing factor may be assigned to a single SAC event.

- Communication- Between Staff
- Patient Factors- Patient's condition
- Knowledge, Skills and Competence- Staff training/skills
- Communication- Documentation
- Issues in applying Policies, Procedures and Guidelines
- Communication - Patient assessment
- Patient Factors - Medical History/known risks
- Knowledge, Skills and Competence - Staff competency
- Workplace Environment and Scheduling - Environmental stressors
- Policies, Procedures and Guidelines - Environmental stressors
- Workplace Environment and Scheduling - Shortage of beds/rooms/resources
- Communication - Information not provided
- Communication- Between Staff and Patient/family/carers
- Policies, Procedures and Guidelines- Absence of relevant,…

What are the issues being considered?

The RRAD policy provides mandatory guidance to HSPs to support early recognition and timely response and management to a deteriorating patient. It is important this policy remains contemporary and fit for purpose.

Initial feedback to inform the review was obtained through early consultation with HSP RRAD Committees, relevant clinical units, and the Policy Frameworks Support team within the Department.

The proposed policy changes are listed under their section headings.

1.0   Purpose

The term 'support people' is adopted from the Australian Commission on Safety and Quality in Healthcare, with a minor adaptions to reflect the roles of Aboriginal staff within Western Australian health services. 'Support people' provides a broader and more inclusive definition than 'family', acknowledging kinship relationships and professional carers who assist patients during hospitalisation, particularly within Aboriginal and culturally diverse communities.

2.0   Applicability

Unchanged.

3.0   Policy requirements

No substantive changes were made.

Requirements have been reworded for clarity, and the section restructured to enhance flow of information.

The proposed policy aims to mandate minimum RRAD requirements to ensure consistency across the system, while allowing HSPs to develop site-specific processes best suited to their service needs.

The proposed policy does not mandate a specific observation and response chart, acknowledging that an electronic medical records system/s may be implemented during the life of this policy.

4.0   Compliance monitoring

The *Health Services Act 2016* requires the Director General as System Manager to oversee, monitor and promote improvements in the safety and quality of services delivered by HSPs. This includes performing assurance activities for effective oversight and monitoring of Mandatory Policies.

The current compliance and assurance arrangements for RRAD require HSPs to be responsible for ensuring their own compliance with the RRAD Policy. The System Manager retains the authority to audit HSP compliance and to assess the effectiveness of the Policy.

The Policy Frameworks Support (PFS) unit within the Strategy and Governance Division of the Department are encouraging the System Manager to have stronger compliance monitoring oversight. Accordingly, the proposed policy proposes the requirement for HSPs to submit an annual Compliance Monitoring Report (Attachment 2). It is proposed HSPs each submit one report covering the compliance of all their applicable sites annually.

5.0   Related documents

The inclusion of a compliance monitoring report template to the documents section of the RRAD Policy is to provide the System Manager with assurance of RRAD Policy compliance.

6.0   Supporting information

The supporting documents referenced in the current RRAD Policy have been reviewed to confirm they are up to date and relevant.

This review proposes the following documents remain in the policy:

- National Safety and Quality Health Service (NSQHS) Recognising and Responding to Acute Deterioration 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 2019

The following document be removed:

- Remove-NSQHS Standards Advisory AS 19/01: Recognising and Responding to Acute Deterioration Standard: Recognising deterioration in a person's mental state as this document was rescinded and not replaced.

The following documents be updated/ replaced:

- Updated the National Consensus Statement: Essential elements for recognising and responding to clinical deterioration 2010 with the National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration 2021

- Updated the Australian Commission on Safety and Quality in Health Care Delirium Clinical Care Standard 2016 with the Delirium Clinical Care Standard, Australian Commission on Safety and Quality in Healthcare September 2021

- Replaced Recognising and Responding to Deterioration in Mental State: A Scoping Review 2014 with National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state 2017

- Replaced The End of Life Framework: A statewide model for the provision of comprehensive, coordinated care at end-of-life in Western Australia wa.gov.au 2015 with National Consensus Statement: Essential elements for safe and high-quality end-of-life care 2023

The following is a list of documents proposed for inclusion:

- NSQHS Standards User Guide for Health Service Providing Care for People with Mental Health Issues 2018

- NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health

- Australian Commission on Safety and Quality in Health Care. National Consensus Statement: essential elements for safe and high-quality paediatric end-of-life care 2016

7.0   Definitions

The inclusion 'support people' in the definitions using the Australian Commission of Safety and Quality in Healthcare definition Healthcare (with a minor adaption to reflect the roles of Aboriginal staff within Western Australian health services.

Citizen Space Survey questions

The survey questions and response options are listed in the table below.

Note: In some cases, subsequent questions may be based on the answer to a previous question, meaning respondents may not be asked all questions.

	Question	Response options
1.	Which of the following best describes your role?'	• Medical practitioner • Nurse/Midwife • Allied health practitioner • Patient support • Carer/consumer • Researcher/educator • Policy/safety and quality • Health Administrator • Other – Please specify
2.	Are you providing your views as an individual or on behalf of an organisation?	• Individual • Organisation
3.	Based on the 'Policy Requirements' section of the proposed RRAD Policy, do you feel the expectations for Health Service Providers to have systems, structures and processes for RRAD are clear?	• Yes • No • Unsure
4.	If you answered "No" or 'Unsure' please explain why.	Free text
5	Are the mandatory requirements outlined in sections 3.1, 3.2 and 3.3 easy to understand?	• Yes • No
6	If you answered "No", please explain which parts are unclear and why.	Free text
7	Please explain any significant gaps or limitations you've noticed in the proposed RRAD Policy.	Free text
8	Are you employed by WA Health or for an organisation contracted by WA Health?	• Yes • No Answering 'No' to this question will automatically skip questions 9-12.
9	If you work for a Health Service Provider, are there any barriers to your organisation complying with the minimum requirements in the revised proposed RRAD Policy?	• Yes • No
10	If you answered "Yes", please explain the barriers	Free text

	Question	Response options
11	If you work in a Health Service Provider, was it easy to answer the questions in the Annual Monitoring Report?	• Yes • No
12	If no, please explain	Free text
13	Would you like any additional supporting documents in this section?	• Yes • No
14	If you answered 'Yes', please provide the document name and a link to where it can be accessed.	Free text and links