



# Recognising and Responding to Acute Deterioration Policy

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## 1. Purpose

This policy establishes the minimum mandatory requirements for recognising and responding to acute deterioration for all patients receiving care in WA health services. This policy supports the use of clinical judgement by health professionals, patients, carers, support people and families to escalate care during episodes of acute deterioration. It explicitly defines acute deterioration as including both physiological and mental state deterioration.

This policy enforces clinical guidance in the Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service (NSQHS) Standards '[Standard 8: Recognising and Responding to Acute Deterioration](#)'.

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

This policy should be read in conjunction with MP 0134/20 *National Safety and Quality Health Service Standards Accreditation Policy*.

This policy supersedes MP 0171/22 *Recognising and Responding to Acute Deterioration* MP0171/22.

## 2. Applicability

This policy is applicable to all Health Service Providers except Health Support Services, PathWest Laboratory Medicine WA, and Quadriplegic Centre.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

## 3. Policy Requirements

Health Service Providers must have systems, structures and/or processes, in place to support the recognition, response, escalation and management of physiological and mental state deterioration.

This must be consistent with guidance provided by the NSQHS ‘Standard 8: Recognising and Responding to Acute Deterioration’, including:

- Observation and response charts for clinicians to document vital sign trends
- clinical governance and risk management processes
- comprehensive training be made available for all clinical and non-clinical staff aligns with their scope, duties and responsibilities.
- quality improvement systems for monitoring, improvement, and reporting
- partnering with consumers in their own care, meeting information needs, and shared decision-making.

### **3.1 Observation and Response Charts**

Health Service Providers must utilise an observation and response chart that meets the needs of their patient cohort.

The observation and response chart must allow health professionals to monitor and document vital signs and any changes over time and:

- include a prompt for health professionals to consider the possibility of sepsis
- provide for mental state observations including delirium, cognitive impairment, and psychological assessment.

Observations must be recorded:

- at time of initial assessment or admission
- as directed by local policies, procedures, guidelines/pathways
- when a patient is experiencing, or at risk of experiencing, an episode of acute deterioration
- prior to inter- or intra-hospital transfer.

The observation and response system must:

- be appropriate and modifiable for individual patient circumstances; accounting for Advance Health Directives and Goals of Patient Care forms

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

Health Service Providers are responsible for implementing this policy within their own operating environments to support the escalation of care. This must include:

- clear responsibilities for managing care by the treating team and other support teams, including education and training
- vital sign parameters and assessments of physical and mental state to be used to guide escalation of care, appropriate to the size, role and staffing mix of the hospital
- communication protocols must support escalation of care initiated by patients, family, support people or carer-initiated escalation of care.

### **3.3 Rapid response system for acute deterioration**

As part of the pathway above, 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:

- processes in place for escalating deteriorating patients
- observation charts to support clinicians to detect patient deterioration and vital sign trends indicating patient deterioration
- include access to a rapid response team that consists of appropriately trained health professionals working within their clinical scope with the capability to address physiological and mental state deterioration
- education programs to support clinicians recognise, escalate and manage deteriorating patients
- communication tools for patients, family members, carers and support people to escalate concerns
- processes appropriate and modifiable for individual patient circumstances; accounting for Advanced Health Directives and Goals of Patient Care forms in place.
- operates 24 hours, 7 days a week.

## 4. Compliance Monitoring

It is the responsibility of Health Service Providers to comply with the policy with a measurement strategy in place to monitor performance and effectiveness of local deteriorating patient safety systems and strategies.

Health Service Providers must submit a Compliance Monitoring Report annually for the previous financial year to the Patient Safety and Clinical Quality Directorate by 30 August.

The Patient Safety and Clinical Quality Directorate on behalf of the Systems Manager will monitor compliance with this policy by:

- review of Health Service Provider Compliance Monitoring Reports
- review of routine data sources available to the Department.

The Systems Manager may also request additional information to ensure alignment with policy requirements.

## 5. Related Documents

The following documents are mandatory pursuant to this policy:

- Compliance Monitoring Report Template

## 6. Supporting Information

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

- National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration
- NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health

- [NSQHS Standards User Guide for Health Service Providing Care for People with Mental Health Issues 2018](#)
- [National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state 2017](#)
- [Australian Commission on Safety and Quality in Health Care Delirium Clinical Care Standard 2021](#)
- [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](#)
- [National Consensus Statement: Essential elements for safe high-quality end-of-life care 2023](#)
- [Essential elements for safe and high-quality paediatric end-of-life care, Australian Commission on Safety and Quality in Healthcare 2016](#)

## 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.
WA health system	The WA health system is comprised of: (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.
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.
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.
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 who has been, is being, or will or may be provided with health treatment or care.
Rapid Response System	A system or processes for providing emergency assistance to patients whose condition is deteriorating.
Rapid Response Team	A clinical team (or individual in some cases) providing emergency assistance to patients whose condition is deteriorating. The team may include on-site and off-site personnel; appropriate to the size, role and staffing mix of the hospital.
Support people	A support person could be anyone accompanying and providing support to another person when in relation to their health. This could include the person's parents or other family members, partner, friend, First Nations liaison officer, and may include people who are paid to provide support

## 8. Policy Contact

Enquiries relating to this Policy may be directed to:

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

## 9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0171/22	10 August 2022	January 2026	Original version
MP 0171/22 v.1.1	11 November 2024	January 2026	Amendment as listed below.
Supporting information document hyperlink updated: NSQHS Standards Advisory AS 19/01: Recognising and Responding to Acute Deterioration Standard: Recognising deterioration in a person's mental state.			
MP 0171/22 v.2.0	XX XX XXXX	3 years from publication date	Policy review and amendments as listed below.
<p>Purpose section: refined and insertion that policy to be read in conjunction with MP 0134/20 <i>National Safety and Quality Health Service Standards Accreditation Policy</i>.</p> <p>Applicability section: contracted health entities statement updated as per Policy Frameworks governance.</p> <p>Policy requirements: 3.1 to 3.3 refined and updated.</p> <p>Compliance monitoring section 4.0: updated with new requirements for HSPs to submit</p>			

Compliance monitoring tool and how Patient Safety and Clinical Quality Directorate will monitor policy compliance.

Related documents: Insertion of a compliance monitoring tool.

Supporting Information documents: Insertion of the following documents:  
NSQHS user guide for Aboriginal and Torres Strait Islander Health, NSQHS  
Standards User Guide for Health Service Providing Care for People with  
Mental Health Issues 2018, Safe and high-quality paediatric end-of-life care,  
Australian Commission on Safety and Quality in Healthcare 2016

Definitions section: updated Deterioration in Mental State definition. Insertion of Support People definition.

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

## 10. Approval

<b>Approval by</b>	Initial approval position title
<b>Approval date</b>	X Month Year

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