Recognising and Responding to Clinical Deterioration

Early recognition of clinical deterioration, followed by prompt and effective action, can minimize the occurrence of adverse events such as cardiac arrest, and may mean that a lower level of intervention is required to stabilize the patient. The Australian Commission on Safety and Quality in Healthcare (ACSQH) has developed a **"National Consensus Statement: Essential Elements for Recognizing and Responding to Clinical Deterioration".**

The Statement sets out the agreed practice for recognizing and responding to clinical deterioration and has been developed as a generic document to apply to all patients in all acute care facilities in Australia. The purpose of the Statement is to describe the elements that are essential for prompt and reliable recognition of, and response to, clinical deterioration. The Statement includes **eight essential elements**: four relate to clinical processes that need to be locally delivered and four relate to structural and organizational prerequisites that are essential for recognition and response systems to operate effectively.

Clinical Process Element 1 – Measurement and Documentation of Observations

Regular measurement and documentation of physiological observations is an essential requirement for recognizing clinical deterioration. This clinical process element outlines the following essential components:

- Observations should be taken on all patients in acute care settings
- For every patient, a clear monitoring plan should be developed that specifies the physiological observations to be recorded and the frequency of the observations, taking into account the patients diagnosis and proposed treatment
- Physiological observations should include:
  - Respiratory rate
  - Oxygen saturation
  - Heart rate
  - Temperature
  - Level of consciousness
- The minimum physiological observations should be documents in a structured tool such as an observation chart
- Observation charts should display information in the form of a graph and should include:
  - A system for tracking changes in physiological parameters over time
  - Threshold for each physiological parameter of combination of parameters that indicate abnormality
  - Information about the response or action required when thresholds for abnormality are reached or deterioration identified
  - The potential to document the normal physiological range for the patient

Until recently there has been little research on the optimal design of observation charts and their effect on clinical performance. Observation chart design varies considerably within Australia. In the past, most observation charts were developed by individual hospitals, with little consideration to design and its effect on usability and patient outcomes. Human factors research demonstrates that observation chart design affects clinicians' ability to accurately document and identify physiological measurements. Charts identified as having a better design tend to yield fewer errors and shorter decision times in simulation experiments. Human factors usability principles are now being used in Australia to develop observation and response charts, with the inclusion of track and trigger systems, also know as early warning systems, to provide objective decision making processes for recognizing and responding to altered physiological observations and assessment.

For more information visit www.safetyandquality.gov.au

Global Corporate Challenge

BHS has signed up to the Global Corporate Challenge (GCC) - the world's biggest corporate fitness challenge. The challenge, which begins on May 12, involves teams of seven taking a 16-week virtual walking journey around the world. Each team member receives two pedometers and each day enters their recorded pedometer steps into the GCC website with the goal of achieving at least 10,000 steps a day. The more active a team, the further they progress along the course, the more amazing locations they visit and the healthier they become. A BHS executive team comprising Andrew Rowe, Leanne Shea, Sue Gervasoni, Andrew Kinnersly, Rowena Clift, Trevor Olssen and Philip Reasbeck has already committed to the challenge. A prize will be awarded to the BHS team that records the most steps. More details on the prize will be announced next week. Costs for participation will need to be paid by each team which are $97.90 per person. To enter go to www.gettheworldmoving.com To log on enter the user name BHS and password Ballarat. Follow the prompts to enter a team. In addition to the pedometers each team member receives a backpack, a monthly motivational e-newsletter, weekly updates on personal statistics, results and achievements, a downloadable personalised certificate of achievement, meal plans and chances to win great prizes.

The Global Corporate Challenge supports the Global Children's Challenge, which aims to reduce childhood obesity by engaging children to monitor their activity levels and take part in a virtual walk around the world, learning about health, nutrition, exercise and the places they "visit" over the 50 days of the challenge.

Last year's GCC involved 130,000 participants from 83 countries and 1000 organisations

Upcoming Events

7th International Conference on Rapid Response Systems and Medical Emergency Teams
7-9 May 2012
Sydney Convention and Exhibition Centre
www.rapidresponsesystems.org

Next-Generation Capacity Management Forum
Wednesday 14 March 4.00—7.00pm
ERC Lecture Theatre
Presentation by David Willis (The Advisory Board Company), Panel Discussion and Q&A
RSVP to sanjap@bhs.org.au or 94775

Ballarat Health Services
Putting your health first

Ballarat Health Services

Nursing Services Forum—8 March 2012

Inside this issue:

♦♦♦♦♦

Special Presentation and Discussion On EBA With Allan Townsend & Kevin Stewart

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Message from the Executive Director Acute Nursing & Midwifery

Well it has been a challenging month for everyone with regard to the ongoing industrial action. It has been important to maintain respectful working relationships and open communication with all staff and I believe we have been able to do that together, so thank you to everyone! As I have said many times throughout the campaign, when it is all done and dusted we have to be able to continue to work together co-operatively and respectfully so that we can deliver the best care possible to our patients and their families. As you are aware the industrial action ceased on Wednesday 7th March and the following formal statement was published by ANF and VHIA:

"*1. The employers and the ANF have come to an arrangement involving a fresh process for finalising an outcome with assistance from Fair Work Australia expeditiously.*

2. Accordingly, to enable this arrangement to proceed to a conclusion, the ANF will ensure all industrial action ceases immediately.

3. On this basis, the employers and the ANF will jointly seek to hold all legal action and options in abeyance.

4. The employers and the ANF have committed to resolve all outstanding issues by 16 March 2012."

We all look forward to hearing the agreed outcome in the next 10 days!!

There continues to be many activities happening around the clinical areas with various projects currently on the go. The Labelling Project implemented the new labels at BHS as per the National Labelling recommendations on Friday 17th February, thank you to the steering group, particularly Belinda Lock, Sonia Beggs and Doug Stenhouse for their hard work and efforts. If there are any ongoing questions or concerns regarding the new labels please contact Belinda, Sonia or Doug.

The Observation and Response Chart (Recognising and Responding to Clinical Deterioration) - Jason Wiseman is currently undertaking the retrospective audit of charts we have been trialling in Phase 2 of this Project. He will be presenting some of this at today's forum. The audit process has identified the need for further education on recognising and responding to clinical deterioration in the patients we are caring for, and for a program of work to be done to ensure nursing staff have the requisite clinical assessment skills to do this. There needs to be further refinement of the documentation we use which will be done over the next few months. There will be continued collaboration with the clinical staff throughout this process.

Some good news - the Uniform Working Group has met several times and is not far off with their recommendations around Uniform Guidelines for BHS. At next month's Nursing Forum we are planning on having a fashion parade of the proposed new uniforms for everyone to see.

I would also like to take this opportunity to extend congratulations to the following staff:

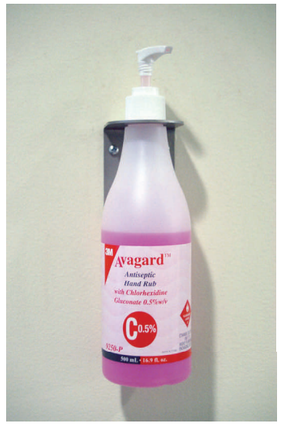
Bernie Luka, NUM Operating Suite who is the successful applicant from BHS to participate in the Professional Certificate of Health Systems Management at the University of Melbourne funded by the Department of Health.

Regina Kendall Nurse Practitioner, who has had her Abstract : The taboo topic – Nurse Practitioners in Regional Victoria, accepted for a 30 minute oral presentation at the International Nurse Practitioner Conference in London in August.

Larna Kennedy for her amazing effort in organising the "Donate Life Awareness Walk and Talk" held on Sunday 19th February—the day was very well attended and a great success. Well done Larna!

Capital Planning Report

See attached Capital Works Report for the Board of Management February 2012



Budget

The AIMS operating result for the month of January was a deficit of $1.657M which was $592K worse than budget for the period. The year to date result is a deficit of $937K with a budgeted surplus of $532K meaning we are $1.469M worse than budget. However, on 5 March, 2012 advice was received that Ballarat Health Services has been allocated additional public holiday funding of $975,000 for expense incurred in January. This has the impact of substantially reducing the reported deficit.. Acute inpatient activity remains high and although the month had a level of leave impact and subsequent slowdown, the month saw 140 WIES over target and at the end of January we are 90 WIES above the 102% level which equates to $118K of revenue at the discounted rate. The ongoing balance between unfunded activity and waiting list impact is a challenge and is being closely monitored in addition to the overall financial result by the Executive team. It is worth noting that Ballarat Health Services discharged a long stay ICU patient during January which generated in excess of 85 WIES. The Corporate Services Directorate was impacted by reduced revenue within the Business Units ($229K), noting a corresponding reduction in cost for the month of ($180K), due largely to the reduction in activity across the region. Finance has noted the need to improve the timing of monthly budget allocations to incorporate seasonal adjustments – this will be improved in the 2012/13 budget process. Notwithstanding the result for the month the Business Units are in surplus overall at $925K which is $400K better than budgeted, a very strong result. Residential Services were impacted by the additional public holiday costs and steady demand across the December and January period which is a contrast to the Acute site. A positive aspect for the month was the income ahead of budget by $57K which is reflective of the work being undertaken in ACFI documentation and reporting, as reported at recent Board Audit Committee. Mental Health Services recorded a deficit of $231K for the month which was $138K behind budget but remains ahead of budget by $375K for the year to date. Sub Acute and Community Services benefited from leave taken across the directorate with good result for the month $105K ahead of budget. There also remains a negative impact from the Sub Acute Inpatients areas which are behind activity targets for Geriatric Evaluation and Management (GEM) and also have a number of Rehabilitation 2 occupied bed days yet to be converted to CRAFT funding. In summary, January was a positive month after taking into account the public holiday funding issue. Work continues with regard to cost saving and revenue generating initiatives, and we remain confident that Ballarat Health Services will meet its Statement of Priorities objective of a break-even result by 30 June, 2012

Business Case

A business case has been submitted to Government in respect to the following capital works :

- Demolition of Yuille House
- Construction of an Ambulatory Care building
- Construction of a multi-deck car park and helipad
- Bed expansion, and
- Outfitting of a floor for administration in the BRICC building.

These projects will come after consideration as part of the May state budget.

Patient Throughput

The table below is a summary of Ballarat Health Services activity month ending January, 2011/12 compared to the same period ending January, 2010/11.

Ballarat Health Services Summary of Activity January 2011/12				
	YTD 2011/12	YTD 2010/11	Change	% Change
WIES	14,461	13,847	614	4.43%
Acute Separations	21,191	19,803	1,388	7.01%
Acute Discharged Bed days	48,416	45,885	2,531	5.52%
Discharged Births	785	747	38	5.09%
Theatre Cases	6,027	6,079	-52	-0.86%
Emergency Attendances	30,834	31,004	-170	-0.55%
Outpatient VACS	25,451	25,344	107	0.42%
Waiting List	1,140	1,330	-190	-14.29%

Influenza Program 2012

Key facts

- Influenza is an acute viral infection that spreads easily from person to person.
- Influenza circulates worldwide and can affect anybody in any age group.
- Influenza causes annual epidemics that peak during winter in temperate regions.
- Influenza is a serious public health problem that causes severe illnesses and deaths for higher risk populations.
- An epidemic can take an economic toll through lost workforce productivity, and strain health services.
- Vaccination is the most effective way to prevent infection.

How is it prevented?

- **Influenza vaccination** each year before winter arrives is the best way to prevent influenza.
- Seasonal influenza vaccination is available for anyone aged 6 months and over to protect against influenza, provided they do not have a medical reason that precludes them from receiving influenza vaccines.
- People at higher risk of influenza complications are strongly recommended to have an annual influenza vaccination, and are eligible for free influenza vaccine under the National Influenza Vaccination Program.
- In addition to people eligible for free vaccine, annual influenza vaccination is also recommended for those who frequently come in to close contact with other people at higher risk of influenza complications (such as health care workers, and family members), to help protect vulnerable people from infection.

Take action to stop the spread of influenza by remembering to:

- **Cover your face when you cough or sneeze** and throw used tissues in a rubbish bin.
- **Wash your hands thoroughly and often.** Wash hands for at least 10 seconds, especially after coughing, sneezing or blowing your nose, or use an alcohol-based hand rub.
- **Stay at home until you're well.** Wait at least 24 hours after your fever resolves so you that you are unlikely to infect other people. Keep sick children away from school and other activities.
- **Call ahead to see a doctor.** If you think you may have influenza and you need to see a doctor, call first so the clinic can take precautions to reduce the risk to other people.

The BHS Program:

- The vaccine will be available from late March
- The program has been planned and will be circulated widely throughout all units and sites of BHS
- Consent forms are now being circulated with time sheets
- These should be presented to the vaccinator on the day of immunization
- We encourage staff who decline to have the vaccination, to return the form to us

THE DEAPRTMENT OF HEALTH HAS SET A BENCHMARK OF 90% THIS YEAR, OUR COMPLIANCE LAST YEAR WAS 34%, SO PLEASE ENCOURAGE YOUR WORKMATES TO HAVE THE VACCINATION FOR THEIR OWN SAFETY AND THE PEOPLE THEY CARE FOR

Uniform Committee Update

The Uniform Committee has now met three times and the following decisions agreed upon to date:

Registered Nurse / Enrolled Nurse

- Top – blue - see attached for shirt styles, or blue scrub top
- Bottom – Black - trouser, long pant, short, ¾ pant, skirt, scrub bottom
- Shoes – black only with covered toes, if electing to wear a runner type shoe must also be black
- Fleece – long sleeve or vest (to be worn only in non clinical areas) - black

Uniforms for the following positions are still to be finalised:

- Ward Clerks
- Ward Assistants
- Educators
- Clinical Nurse Specialists
- Nurse Unit Managers
- Directors of Nursing

SEE INSERT FOR SAMPLES OF PROPOSED UNIFORMS