leading quality in community services

Clinical Deterioration in the Community

PRACTICE GUIDELINES

COMPETENCIES

- 9 / 10 Communication
- 9 / 10 Critical Thinking & Decision Making
- 10 / 10 Accountability
- 9 / 10 Teamwork & Collaboration
- 10/ 10 Leadership

PURPOSE

This guideline is to assist:

- Providers reduce the risk of clinical deterioration and support early intervention where possible.
- Support and promote detection and recognition of acute deterioration, and the response to clients whose condition deteriorates.

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a participant is travelling overseas with their Australian team of support worker/s.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery support
- Recognising, identifying , monitoring and tracking changes in a clients vital signs and other observations plays a significant role in detecting acute clinical deterioration. Acute deterioration may occur at any time.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

BACKGROUND

People with disabilities and the frail often have several co morbidities, complex care regimes and are often prone to rapid clinical deterioration. Early recognition of clinical deterioration, followed by prompt and effective action can minimise the occurrence of adverse events such as cardiac arrest, and reduce mortality. Prompt and reliable recognition of an acute clinical deterioration is fundamental in ensuring that clients' in care receive safe and effective clinical outcomes.

If a change in condition is not identified and monitoring is not attended, or does not include the right parameters, acute deterioration may not be detected, recognition and appropriate treatment may be delayed. This can result in serious adverse outcomes for a client.

To be able to detect changes in a client's clinical presentation a client's vital signs and other parameters for detecting deterioration in their physical, mental or cognitive condition is required to be monitored and measured. Monitoring needs to occur at the appropriate frequency (number of times per day) and for the appropriate duration (number of days or weeks) the treating General Practitioner (GP) or treating specialist will determine the required level of clinical monitoring and observation. Consistent documentation of measured vital signs and other observed indicators is important in allowing changes to be tracked and then escalated appropriately for treatment, assisting acute deterioration to be detected and recognised. It is as equally important to ensure that these changes are documented, communicated, continuously observed and changes in clinical condition are reported.

Clients will experience different illness trajectories depending on the primary diagnosis and presence of other diseases (co-morbidities). Illness trajectories that are acute or recognised as a medical emergency will warrant immediate review and treatment indicating an acute clinical deterioration.

DEFINITIONS & SUPPORTING INFORMATION

Community Supports and/or Services is defined as the provision of paid supports and services in a service user's home or community. It includes but is not limited to, the following activities of daily living:

- personal care or support
- housework or domestic assistance
- transport assistance
- community access
- social support
- nursing services
- clinical supports
- gardening and home maintenance
- palliative care
- respite care

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to- day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Competent means having been trained and assessed by a registered nurse or enrolled nurse or approved assessor as competent to safely and appropriately perform a specified task.

G U I D E L I N E

Recognising an Acute Clinical Deterioration

Clients whose acute deterioration is detected and recognised during the early stages, need clinical care and treatment to prevent further clinical deterioration in consultation with the client's nominated GP. Clients who deteriorate very suddenly or severely need a rapid response from clinicians with advanced skills such as emergency services and hospitalisation.

ACIA recommends that Registered and Enrolled Nurses need to identify their competence in the use of the ISBAR and the Acute Care Decision Guidelines as key requirements for recognizing and responding to an acute clinical deterioration episode. Support workers should receive education on Recognising a Deteriorating Client. These tools will assist to further develop nurses communication, clinical management/triaging skills and critical thinking skills when responding to the needs of the deteriorating client.

Clinical Governance

Support worker uses the organisations safety and quality systems when:

- implementing policies and procedures for recognising and responding to acute clinical deterioration in clients;
- managing risks associated with recognising and responding to acute client deterioration;
- identifying training requirements for recognising and responding to acute client deterioration. -

When recognising and responding to acute deterioration to:

- actively involve clients in their own care
- meet the client's information needs
- support client with shared decision making.

Care Assessments & Plans:

- Map of Life
- Advance Care Directives
- Palliative Care Plans
- Nursing Care Plans
- Work Instructions
- Client Choice & Decision Making
- Dignity & Risk

Responding to Acute Clinical Deterioration

All workers are required to identify, communicate changes in a clients presentation. Clinical and non-clinical workers are trained, within their scope, to use the systems in place to manage early recognition of and response to acute deterioration. Registered Nurses should monitor for physiological changes, understand the escalation parameters for clients and respond in a timely manner.

Measurable physiological abnormalities occur prior to adverse events such as cardiac arrest, unplanned admission to intensive care and unexpected death.

These signs can occur both early and late in the deterioration process. Regular measurement and documentation of vital signs and other physiological observations is an essential requirement for recognising clinical deterioration.

Regular measurement and documentation of physiological observations are an essential requirement when monitoring and responding to a client who is clinically deteriorating.

Start with assessment of the clients' current vital signs, consult with the Acute Care Decision Guidelines and/ or Medical Practitioner (or Nurse) expert advice to assist with determining whether vital signs and presentations are unstable or stable. Undertake a focused head to toe examination. Client observations and assessments are be completed and recorded on the client's progress notes when:

- client is observed to be clinically deteriorating;
- as requested by the clients nominated Medical Practitioner

Review the clients medical and clinical history - if cognitively impaired, review additional history from other workers or family. Review medications for potential side effects (withhold medication in consultation with GP - ensure this is clearly recorded on the medication chart). Review client's medication chart for signs of error or newly administered medication. Identify changes that may be related to diagnosed medical conditions and check client's allergy information. Identify any other changes that may have occurred by using the forms above which includes:

- Weight loss;
- Persistent symptoms despite optimal treatment for underlying conditions;
- Change in nutrition and hydration status.

The treating GP is to be contacted and consulted, to select an appropriate treatment pathway. The client may need to be admitted to hospital; or once the GP has been consulted, the appropriate treatment pathway is identified and implemented whilst the client is still being monitored in the care home as per the GP directive.

Clinical Documentation

Effectively recognising and responding to acute physiological deterioration requires appropriate communication of diagnosis and overall goals of care. This involves appropriate documentation within the client's file, as well as communicating information in a timely process.

Workers are to document the above observations/actions and assessments in the client's progress.

Check the clients Palliative Care and Advanced Care Preference and adhere to any directives. If no directives are in place, appropriate clinical interventions are to be initiated to try and stabilise the client.

Where the client has an in date Palliative Care and Advanced Care Preference, the details of the plan are relayed and confirmed with the client and their nominated Person Responsible / Enduring POA.

Record this discussion and all consultations and actions in the client's progress notes and ensure the incident is documented.

Initiate appropriate clinical interventions to try and stabilise the client and record interventions in the client's progress notes in a contemporaneous manner.

Clinical Communication

Communicate clinical deterioration to all workers providing care to the client at handover and throughout the shift as deemed appropriate. Workers are to use the Identify Situation-Background-Assessment-Recommendation (ISBAR) tool to communicate with health or clinical personnel.

Workers are to document any clinical observations and assessments and contact the client's GP if:

- any of the above-mentioned clinical observations or assessments are out of the client's usual range, and/or
- new significant pain evident, and/or
- injury evident, and/or
- potential side effects from medication,
- and/or nil or poor urine output.

Contact should be conducted verbally and not relied upon email, message bank or fax.

If unable to contact client's usual GP then phone Locum GP service or after business hours service for GP. If locum GP service / afterhours GP unable to attend in timely manner then phone ambulance service immediately and transfer client to hospital.

Changes in the client clinical condition/presentation needs to be relayed in an appropriate, detailed and structured way using the principles of the ISBAR. Communicating information about a client's clinical deterioration is required to be provided in a structured and effective way to the attending medical officer or team and to clinicians providing emergency assistance.

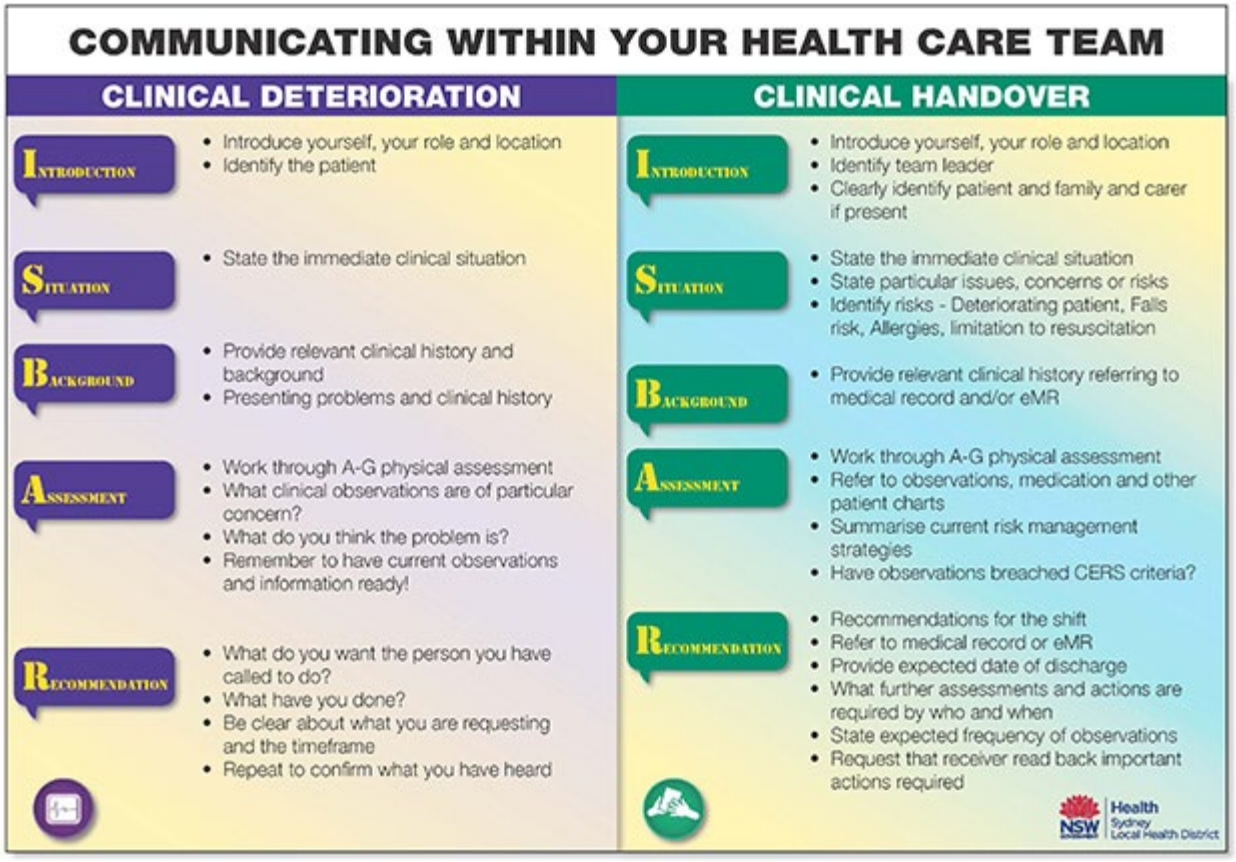
In certain circumstances the treating GP will identify clinical thresholds to manage the clients clinical deterioration such as documenting a Medical Practitioners Directive for an identified physiological condition clearly identifying a clinical parameter or combination of parameters that indicate abnormality.

The Medical Practitioner Directive will provide information about the response or action required when thresholds for abnormality are reached or the escalation requirements for when further clinical deterioration is identified.

Where a Medical Practitioner Directive is not available to guide the escalation of care, the client will continue to be monitored and communication with the treating GP to be maintained, in order to obtain a clinical treatment pathway.

Communication

Effective communication and team work is essential in identifying and responding to the care needs of a clinically deteriorating client.



RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- Australian Community Industry Standards ACIS
- Australian Commission on Safety and Quality in Health Care (2017) National Consensus Statement: essential elements for recognising & responding to acute physiological deterioration (2nd ed).Sydney: Commonwealth Australia.
- National Safety and Quality Health Service Standard (2018) Standard 8: Recognising and Responding to Acute Deterioration Standard SA (Second Edition) Department for Health and Wellbeing, Government of South Australia.
- NSW Health SLHD (2020) Between the Flags ISBAR Accessed https://www.slhd.nsw.gov.au/BTF/ISBAR.html
- Murrumbidgee Public Health Network (2016) Acute Care Decision Guidelines: for Nurses and Carers.