



Australian
College of
Nursing

Voice of influence

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Dear Professor Picone

Re: Training and competencies for recognising and responding to clinical deterioration

Australian College of Nursing (ACN) is pleased to provide feedback on the *National Safety and Quality Health Service Standards: Training and competencies for recognising and responding to clinical deterioration in acute care* consultation paper developed by the Australian Commission on Safety and Quality in Health Care (the Commission).

As a key national organisation representing nurses, many of whom work in acute care, ACN welcomes the Commission's efforts towards identifying a core set of skills, knowledge and competencies for recognising and responding to deterioration.

ACN's responses to the Commission's questions posed in the consultation paper are attached to this letter.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely

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Chief Executive Officer

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Submission to the consultation paper: *National Safety and Quality Health Service Standards: Training and competencies for recognising and responding to clinical deterioration in acute care*

Australian College of Nursing (ACN) is pleased to provide feedback on the Australian Commission on Safety and Quality in Health Care (the Commission) consultation paper on *Training and competencies for recognition and responding to clinical deterioration*. In this submission ACN distinguishes early deterioration from acute deterioration in order to differentiate registered nurses' (RNs) and enrolled nurses' (ENs) levels of education and skill in relation to recognising and responding to clinical deterioration. Early deterioration denotes the signs and symptoms identifiable early in the continuum of clinical deterioration such as vital sign trends, changes in physical condition or patients reporting feeling unwell. Acute deterioration indicates life threatening episodes of sudden onset requiring immediate intervention such as cardio-pulmonary resuscitation.

1. What core knowledge and skills should be the minimum standard essential for competency in recognising and responding to clinical deterioration?

ACN believes that registered nurses should have the knowledge and skills to recognise and intervene in early and acute deterioration. Enrolled nurses should have the knowledge and skill to recognise early deterioration and communicate this deterioration to a registered nurse or medical officer. ENs should also be able to recognise and intervene in acute deterioration with Basic Life Support (BLS).

The list below provides examples of knowledge and skills for recognising and responding to clinical deterioration which ACN considers essential for registered and enrolled nurses:

- Ability to take **accurate** vital signs, including **manual** taking of blood pressure, pulse rate, volume and rhythm
- Ability to distinguish normal vital signs (BP, pulse, temp, respiration) from vital signs that are out-of-normal-range
- Ability to distinguish 'normal' vital signs from '**normal for patient**' vital signs
- Ability to appreciate trends in vital signs and other biomedical indicators versus one-off abnormal readings
- Physical assessment other than vital signs
- Ability to distinguish normal mental state from altered mental state
- Effective communication with patients and listening to their concerns
- Knowledge of clear reporting pathway for out-of-normal-range vital signs or other abnormal states
- Knowledge of documentation requirements
- Recognition of an emergency state such as unconscious state
- Knowledge of escalation protocol
- Understanding of medical emergency team roles and responsibilities
- Understanding scope of practice of different multidisciplinary team members in an emergency
- Ability to deliver Basic Life Support
- Emotionally capable of acting in an emergency
- Familiarity with availability of oxygen, suction and emergency equipment

- Skills in oxygen administration, suctioning, airway management
- Knowledge of after care
- Knowledge of handover to multidisciplinary team summarising all pertinent information

Further, registered nurses should have the knowledge and skill to:

- respond to deterioration with systematic assessment in either systems approach of all organ systems (including medications), psychosocial assessment or primary/secondary surveys
- identify which observations to triangulate to determine the cause of a deteriorating vital sign. For example in response to dropping blood pressure a registered nurse should have the clinical reasoning skills to investigate possible causes such as sepsis (temperature), dehydration (fluid balance, skin turgor etc), cardiac failure (pulse rhythm, rate and volume)
- administer appropriate care
- deliver advanced life support skills where appropriate

2. What, if any, mandatory training should be required in relation to the skills and knowledge for recognising and responding to clinical deterioration?

Registered nurses' mandatory training should address assessment, care and intervention across the entire continuum of clinical deterioration. Intervening early in patients' clinical deterioration can prevent life threatening acute episodes which may result in unscheduled admissions to intensive care, irreversible physical damage, prolonged care and poorer health outcomes. For this reason, registered nurses' mandatory training in recognising and responding to early clinical deterioration should receive the same emphasis as the recognition and intervention in acute clinical deterioration.

Enrolled nurses' mandatory training should maintain their knowledge and skill in:

- recognising early deterioration,
- understanding communication protocols to escalate care; and
- recognising acute deterioration and intervening with Basic Life Support (BLS).

3. How can this training best be provided?

ACN members recommend that a mix of formal and informal education constitutes the best approach to training clinicians. ACN members also consider that training standards for competencies in recognising and responding to clinical deterioration should be nationally uniform.

Formal skill development and maintenance

Recognition of and intervention in early and acute clinical deterioration may be taught to multidisciplinary teams using high-fidelity simulations that include structured feedback to learners. Training multidisciplinary teams improves the recognition of team members' roles and enhances team communication. A key focus of such training should be effective communication. Other educational approaches may be case studies and role play. Some knowledge may be taught online, for example the knowledge base underpinning assessment skills.

Informal skill development and maintenance

ACN members consider informal education following an incident to be highly effective as this approach enables clinicians to learn through reflective practice. A debrief by Medical Emergency Team (MET) members following an incident ensures that the management of critical incidents becomes an effective learning opportunity for clinicians.

4. How can competency be demonstrated and maintained?

Individuals and multidisciplinary teams should be able to demonstrate their capability in recognising and responding to clinical deterioration. This capability should be established by clinicians demonstrating their skills in multidisciplinary high-fidelity simulation settings. Health services may use a train-the-trainer approach to developing

the assessment and training capacity required.

The list below gives examples of which capabilities and skills may be demonstrated for assessment:

- correct use of vital sign measurement equipment
- accurate use of a deterioration measurement tool and identification of actions required
- leadership skills in mock patient deterioration scenarios
- cardiopulmonary resuscitation skills
- clinical assessment skills
- clinical knowledge to respond to causes of deterioration
- use of clinical reasoning to resolve a clinical scenario

Further, assessment of knowledge may include

- completion of online learning and assessment components; and
- multidisciplinary reviews of theory case studies.

Capability at the organisational level may be demonstrated through regular quality reviews of:

- incident reports; and
- randomly selected patient notes.

5. Which clinicians should have at least the minimum standard of training and competence in the knowledge and skills for recognising and responding to clinical deterioration?

Generally, ACN believes that any clinician who has one-on-one contact with patients should, at a minimum, be trained in BLS.

6. When, how, and how often should this training occur?

ACN recommends that the time intervals between skill training sessions be based on empirical evidence indicating the optimal rate of training for the effective maintenance of clinicians' skills. Research has shown that BLS skills deteriorate quickly, an effect thought to be due to the complexity of the skill¹. In view of this evidence the American Heart Association Guidelines 2010 propose programs of continuous competency maintenance that employ frequent training of short duration and debriefings after incidents that focus on response improvement. ACN acknowledges that clinician training undertaken on a face-to-face basis is costly for health services to deliver. ACN encourages the exploration of less costly modes of delivering skill maintenance through the use of technologies such as a live feedback CPR training device and online learning programs.

7. Should repeated assessment of competence be required throughout a clinician's career? If so, when, how and how often should competence be re-assessed? If not, how should prior learning be assessed and recognised?

ACN considers that clinicians' knowledge and skills in recognising and responding to early and acute clinical deterioration should be assessed in regular intervals. A clinician's entry into the employment of a health service was considered one occasion at which such assessment and skills update should be undertaken. ACN believes that methods of education and training as well as the time intervals at which knowledge and skills are refreshed should be based on empirical evidence. If evidence is unavailable, funding may be sought for research to answer the questions of when, how and how often clinicians should receive refresher education in recognising and responding to clinical deterioration.

¹ Handley, AJ 1997, 'Basic life support', British Journal of Anaesthesia, vol. 79, pp. 151-158.

8. If your organisation considers that some clinicians should be exempt from such training and competency requirements, which clinicians should be exempt and what is the reason for exemption?

ACN is of the view that all clinicians as defined on page 1 of the Commission's consultation paper should be required to undergo training and demonstrate their skill in relation to rescuing patients from acute clinical deterioration.

9. Should training for recognising and responding to clinical deterioration be mandated by the Commission in Standard 9, or are there other mechanisms to ensure that such training occurs and clinicians' skills are maintained?

ACN supports the inclusion of clinicians' training for recognising and responding to clinical deterioration in the Commission's Standard 9. ACN members considered such an inclusion useful because many health services use the Commission's standards in the formulation and review of clinical standards and to inform activities to maintain or improve care standards.

General comments

ACN is aware that the assistant workforce is increasing in numbers. As more assistants enter the workforce, ACN considers the maintenance of a hospital workforce skill mix that ensures timely and competent assistance for the acutely deteriorating patient to be of paramount importance. ACN believes that the clinical workforce must be maintained at a level of knowledge and skill that enables the provision of early intervention and response to the clinically deteriorating patient.