



# 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 promotes the application of health professional, patient, carer, and family judgement in escalating care during an episode of acute deterioration; and expressly stipulates that acute deterioration includes 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' – mandated through MP 0134/20 *National Safety and Quality Health Service Standards Accreditation Policy*.

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 supersedes MP 0086/18 *Recognising and Responding to Acute Deterioration Policy*.

## 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 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 develop local policies, processes, and systems for recognising and responding to acute physiological and mental state deterioration. This should be consistent with guidance provided by the NSQHS 'Standard 8: Recognising and Responding to Acute Deterioration', including:

- clinical governance and risk management processes
- comprehensive training for all clinical and non-clinical staff

- quality improvement systems for monitoring, improvement, and reporting
- partnering with consumers in their own care, meeting information needs, and shared decision-making.

### **3.1 Monitoring for acute deterioration**

Health Service Providers must implement an observation and response system that allows health professionals to monitor and document vital signs and any changes over time including:

- when a patient is experiencing, or at risk of experiencing, an episode of acute deterioration
- at time of initial assessment or admission
- 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
- include provision for mental state observations (delirium, cognitive impairment, and psychological assessment)
- include a prompt for health professionals to consider the possibility of sepsis.

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

Health Service Providers must implement criteria and pathways to guide the escalation of care. This must include:

- clear responsibilities for managing care by the treating team and other support teams
- clinical parameters for escalating care, appropriate to the size, role and staffing mix of the hospital
- communication protocols for patient, family, or carer-initiated escalation of care, recognising the critical role of the patient, family and/or carers in patient 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 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
- operate 24 hours, 7 days per week.

## **4. Compliance Monitoring**

It is the responsibility of Health Service Providers to comply with the Policy.

The Department, through the Patient Safety and Clinical Quality Directorate, will:

- review Health Service Provider compliance with this Policy, as part of annual policy assurance processes
- evaluate the effectiveness of this Policy (including clinical practice and patient

outcomes associated with this Policy) using routine data sources available to the Department.

## 5. Related Documents

The following documents are mandatory pursuant to this Policy:

- N/A

## 6. Supporting Information

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

- [National Safety and Quality Health Service \(NSQHS\) Recognising and Responding to Acute Deterioration Standard](#)
- [NSQHS Standards Advisory AS 19/01: Recognising and Responding to Acute Deterioration Standard: Recognising deterioration in a person's mental state | Australian Commission on Safety and Quality in Health Care](#)
- [National Consensus Statement: Essential elements for recognising and responding to clinical deterioration](#)
- [National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state](#)
- [Recognising and Responding to Deterioration in Mental State: A Scoping Review](#)
- [Australian Commission on Safety and Quality in Health Care Delirium Clinical Care 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](#)
- [National Consensus Statement: Essential elements for safe high-quality end-of-life care](#)
- [The End of Life Framework: A statewide model for the provision of comprehensive, coordinated care at end-of-life in Western Australia](#)

## 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.
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. Change can be gradual or acute; it can be observed by health professionals, reported by the patient themselves, or reported by their family or carers. Deterioration in mental state can relate to several predisposing or precipitating factors, including mental illness, psychological or existential stress, physiological changes, cognitive impairment (including delirium), intoxication, withdrawal from substances, and emotional response to social context and environment.
Carer	A person who provides ongoing care, support and

Term	Definition
	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> .
Health Service Provider	A Health Service Provider established under section 32 of the <i>Health Services Act 2016</i> and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), PathWest, Quadriplegic Centre and Health Support Services (HSS).
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

## 8. Policy Contact

Enquiries relating to this Policy may be directed to:

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## 9. Document Control

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MP 0171/22	10 August 2022	22 January 2023	January 2026	Original version

## 10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance, Department of Health
Approval date	8 June 2022

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