HIGH ACUITY PATIENTS - SCH

PROCEDURE©

DOCUMENT SUMMARY/KEY POINTS

- **A high acuity patient is defined as:**
  - a patient electively nominated as requiring an increased level of medical and nursing care (e.g. post-operative neurosurgery)
  - a patient who has deteriorated in line with BTF criteria and requires an increased level of nursing or medical vigilance in their management.
- **High Acuity Patients SCH**
  - Nursing (High Acuity [HA] Nursing) - Relatively stable patients who require additional nursing resources and surveillance for their complex care.
  - Medical (High Acuity [HA] Medical) – All patients (medical, surgical, mental health) who are acutely unstable and require or potentially require increased medical review or intervention.
- **General Management**
  - Patients may be cared for in any ward but need to consider location within the ward.
  - Appropriate allocation of nursing and medical resources to manage caseload in ward
  - Allocation of appropriate nursing staff and medical staff to care for HA Medical patients
  - Prompt and effective clinical review is an essential element
  - AMO must be notified of any clinical deterioration of HA Medical patients
  - Any subsequent treatment changes and all outcomes of treatment must be notified to AMO
  - Defined acceptable ranges for observations should be documented in the clinical plan and Standard Paediatric Observation Chart (SPOC)
  - Clear outline of the process to follow if any of the clinical parameters falls outside the expected ranges

Approved by:	Director, Clinical Governance	
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Team Leader:	Nurse Manager	**Area/Dept**: Patient Flow

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CHANGE SUMMARY

- Significant revision of SCH.R.3.H.1 “High Acuity and High Dependency Care”
  - Removal of definition “High Dependency Patients”.
  - Inclusion of Emergency Drug Sheets.
  - Removal of Ward Skills Table and ward High Acuity quotas from document.

READ ACKNOWLEDGEMENT

- The following staff should read and acknowledge this document:
  - All Ward Clinical Nurses.
  - Nurse Unit Managers
  - Medical Officers.
  - Clinical Directors.
  - After Hours Hospital Managers

TABLE OF CONTENTS

High Acuity (HA) Medical Care Fact Sheet

High Acuity Medical Patients

All medical, surgical, mental health patients who are acutely unstable and require or may require increased medical review or intervention.

- includes Booked Admissions, Emergency Admissions, ICU transfers, Inpatients
  - Patient's AMO must be involved in the decision to assign or remove HA Medical status.
  - The date and time of these decisions must be documented in the patient's medical record.

General Management

- Patients may be cared for in any ward but need to consider location within the ward (e.g. close to the nursing station).
- Appropriate allocation of nursing and medical resources to manage caseload in ward.
- Allocation of appropriate nursing staff and medical staff to care for HA Medical patients.
- Prompt and effective clinical review is an essential element.
- AMO must be notified of any clinical deterioration of HA Medical patients.
- Any subsequent treatment changes and all outcomes of treatment must be notified to AMO.
- Defined acceptable ranges for observations should be outlined in the clinical plan and alterations to Between The Flags (BTF) calling criteria documented on the SPOC.
- Clear outline of the process to follow if any of the clinical parameters falls outside the expected ranges.

Minimum requirements for all HA Medical patients:

- Medical assessment and documentation each 8 hours (minimum)
- Nursing assessment at the commencement of each shift with documentation in the patient's medical record.
- Documentation should be at least every 8 hours after the initial assessment.
- Hourly observations – Temperature, Pulse, Respiratory Rate
- Continuous Monitoring* (Saturation or Cardiac monitoring)
- Medical and nursing documentation of any deterioration in the clinical status of the patient which must include any intervention required.
- Appropriate equipment at patient's bedside which must include:
  - Bag Valve Mask (appropriate size for infant or child)
  - Emergency Drug Chart (checked & signed by clinician – including weight)

** Continuous monitoring – monitoring must remain in place at all times while patient is deemed HA Medical*

Additional requirements may include:

- Blood Pressure measurement (including frequency)
- Neurological Observations (including frequency)
- Circulation Observations (including frequency)
- Fluid balance monitoring requirements e.g. NG losses, Weight, urine output etc.

Medical review and documentation for HA Medical Patients:

- Time of review (Date, Time, Designation of the reviewer)
- Patient's condition at the time of review including a thorough clinical assessment
- Recommendations for patient to remain as Medical HA or to be de-escalated from HA Medical (these decisions are to be made in consultation with the patient's AMO)
- Any deterioration in observations, management must be discussed with the patient's AMO

- The next review time should be documented.

1 Definitions

A high acuity patient is defined as:

- a patient electively nominated as requiring an increased level of medical and nursing care (e.g. post-operative neurosurgery)
- a patient who has deteriorated in line with BTF criteria and requires an increased level of nursing or medical vigilance in their management.

Nursing (High Acuity Nursing) - Relatively stable patients who require additional nursing resources and surveillance for their complex care.

Medical (High Acuity Medical) – All patients (medical, surgical, mental health) who are acutely unstable and require or potentially require increased medical review or intervention.

Note: There may be an overlap between High Acuity (HA) Medical and High Acuity Nursing, i.e. patients who have High Acuity Medical usually have High Acuity Nursing needs as well. The reverse however, does not usually hold true.

2 Purpose

1. To provide an appropriate level of care for unwell or medically unstable children for whom standard ward care is not adequate.
2. To identify High Acuity patients and define their care needs when at this level.
3. To identify the resources that are appropriate and available for the care of High Acuity patient's. This may include higher levels of supervision and monitoring.

3 Scope

The scope of this document includes:

- Identification of High Acuity Nursing or High Acuity Medical.
- Appropriate provision of resources for the care of these patients.
- Each area will have a system to identify patients that have been allocated a HA status
- Appropriate handover procedures – nursing and medical
- Incorporation of Between the Flags calling criteria

Please refer to NSW Policy – "**Recognition and Management of Patients Who Are Clinically Deteriorating**" http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_077.pdf

The decision to categorise patients as High Acuity (Medical or Nursing) and to care for them in their inpatient specialty areas occurs under the following assumptions:

- Focusing on care delivery and not on a specific High Acuity unit within the hospital acknowledges the increasing complexity of paediatric patients.
- There is a sophisticated level of expertise within the nursing/medical/allied health teams in the specialty areas and which supports the care of children with complex needs.
- The continuum of care for patients is maintained when they remain in their specialty area with the exception of those requiring ICU.

4 Provision of Care for High Acuity Patients

All clinical staff and students must comply with the Between the Flags Program. They should also be able to recognise a patient who is clinically deteriorating, identify the key features of the standard observation charts and explain how to apply the principles of Clinical Emergency Response Systems (CERS). [1]

1. **Ward capability**:

Each inpatient ward has the capability to provide some HA care to patients within their specialty. Allocation of nursing resources is the responsibility of the Nursing Unit Manager (NUM) or their delegate.

2. **Nursing Staffing**:

The ratio of nurse to patients may be adjusted so that the care requirement of the patient is met. The ratio will be decided by taking into account the skill mix of the nurses and the care requirements of other patients. If additional nursing resources are required these will be discussed with the appropriate Clinical Program Director – Nursing in hours or After-hours nurse manager.

3. **Medical Staffing**:

The medical team will review the HA Medical patient formally and document the review at least every eight hours or more often if required.

The Team Registrar or after-hours Registrar is responsible for the allocation of appropriate Junior staff to manage of HA Medical patients.

After each medical review of a HA Medical patient, the next review time should be indicated as part of the plan of management.

If additional medical resources are required then these will be discussed with the Chief RMO.

Prompt and effective Clinical Review is an essential element in managing patients who are clinically deteriorating and should be undertaken or supervised by experienced staff.

The Admitting Medical Officer (AMO) must be notified of any clinical deterioration on their patients, any subsequent treatment changes and all outcomes of treatment as soon as possible. [1]

4. **Identification of High Acuity Patients**:

High Acuity patients will be identified on the electronic whiteboard in each ward.

5. **Handover**:

High Acuity patients are to be formally identified to the after-hours team in each ward during medical and nursing handover rounds.

At the end of each shift the medical team should formally handover all HA Medical patients to the relevant team/after-hours Registrar. The Clinical Program Directors, and the Bed Manager should receive handover from the After Hours Nurse Manager about the number and condition of HA patients in the hospital.

The Bed Manager will be informed of the number and distribution of all HA patients in the hospital.

5 Assignment of High Acuity Patients

5.1 High Acuity Medical

The patient's AMO must be involved in the decision to assign and remove HA Medical status. The date and time of these allocations must be documented in the patient's medical record.

5.2 Booked admissions

The patients will be identified on the "Recommendation For Admission (RFA) form" as requiring High Acuity. Specialty areas will usually be able to care for their own post-operative patients' e.g. cardiac, renal, orthopaedic, neurosurgery. ICU requests should be managed separately.

5.3 Emergency admissions

Medical or surgical patients admitted through the Emergency Department will be allocated to the appropriate inpatient specialty unit for their High Acuity care, depending on bed availability. This is negotiated with the Bed Manager in hours or the After Hours Nurse Manager at all other times.

For emergency admissions it is the responsibility of the most senior clinician assessing the patient in the Emergency Department to determine this requirement.

5.4 Inpatients

In consultation with the NUM/team leader, teams can request that existing inpatients have a need for HA Medical care.

Sydney Children's Hospital uses "**Between the Flags**" calling criteria, which identifies patients whose observations deviate from age-expected norms. **The need and speed for medical assessment is dictated by how abnormal the observations (heart rate, respiratory rate, temperature, blood pressure) are.** Patients whose observations have an adverse trend or consistently fall outside of the expected ranges (Between the Flags identification) should be discussed with the AMO for consideration of HA Medical care.

If any patient's condition deteriorates, the AMO must be informed and be involved in the decision to assign the patient to HA Medical if appropriate by the medical staff reviewing the patient.

The Bed Manager (during hours) or After Hours Nurse Manager must be informed of HA Medical requirements.

NUMs/team leader need to discuss each request and resource implications with the Bed Manager and the Clinical Program Director during hours or the After Hours Nurse Manager after hours.

5.5 Transfers from ICU

The level of care appropriate for patients transferring from ICU should be identified to the Bed Manager when requesting the transfer. The estimated date of discharge from ICU should be identified as early as possible, so that the wards can plan for the care required.

5.6 High Acuity Medical: Requirements

Once the decision for HA Medical is made, the most senior medical officer (AMO or registrar) is required to identify the additional medical requirements that the patient will need.

As a minimum all HA Medical patients will require:

- Medical assessment and documentation each 8 hours (minimum).
- Nursing assessment at the commencement of each shift with documentation in the patient's medical record.
- Documentation should be at least every 8 hours after the initial assessment.
- Hourly observations – for Temperature, Pulse, Respiratory Rate
- Continuous Monitoring* (Saturation or Cardiac monitoring)
- Medical and nursing documentation of any deterioration in the clinical status of the patient which must include any intervention required.
- Appropriate equipment at patient's bedside which must include:
    - Bag Valve Mask (appropriate size for infant or child)
    - Emergency Drug Chart

** Continuous monitoring – monitoring must remain in place at all times while patient is deemed HA Medical*

Additional requirements should be documented as part of the clinical plan and may include:

- Blood Pressure measurement (including frequency)
- Neurological Observations (including frequency)
- Circulation Observations (including frequency)
- Fluid balance monitoring requirements

Defined acceptable ranges for the above observations should be outlined in the clinical plan. This should include a clear outline of the process to follow if any of the above parameters fall outside the expected ranges.

Medical review and documentation in the patient's notes must include:

- Time of review (Date, Time, Designation of the reviewer)
- Details of any communication with the AMO
- Patient's condition at the time of review including a thorough clinical assessment
- Recommendations for patient to remain as Medical HA or to be de-escalated from HA Medical are to be made in consultation with the patient's AMO
- Any deterioration in observations, management must be discussed with the patient's AMO

The **frequency of observations** may be increased by nursing or other clinical staff based on clinical judgment of the patient's condition.

6 High Acuity Nursing

The NUM or team leader is responsible for determining the requirement for High Acuity Nursing.

The Bed Manager (during hours) or After Hours Nurse Manager must also be informed of HA Nursing requirements.

Additional resources for staffing, equipment etc. should be discussed with the relevant Clinical Director or After Hours Nurse Manager.

Any additional nursing requirements are to be reviewed each shift.

7 Emergency Drug Sheet

All HA patients are to have an individualised emergency drug sheet generated and printed. This must be located close to the patient (attached to the cot or bed) at all times. These sheets must be checked and signed by a clinician (either a Registered Nurse or a Medical Office) to verify patient identification and correct patient weight.

The Emergency Drug calculator is located on the SCH Intranet under Quicklinks Ward Drug dose Calculator.

http://sch.sesahs.nsw.gov.au/clinical/wddc/

All staff should be familiar with how to access this resource in their clinical area.

8 Reference

1. Recognition and Management of Patients Who Are Clinically Deteriorating - PD2011_077
http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_077.pdf