Institution Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Recognition and Response to Clinical Deterioration					
Approval Process					
	Name	**Title**	**Institution**	**Date**	**Signature**
Written by	Dr. Nada Al Tamtami	HOD laboratory	Al Masarra Hospital	18/1/2023	
	Dr. Preeti Srivastava	HOD General Medicine	Al Masarra Hospital	18/1/2023	
	Wafa Al-Wadhahi	Senior Staff Nurse A	Al Masarra Hospital	18/1/2023	
Reviewed by	Local Clinical Guideline Committee	Committee	Al Masarra Hospital	18/1/2023	
Validated by	Kunooz Balushi	Document Manager, QMPSD	Al Masarra Hospital	January 2023	
Approved by	Dr. Bader Al Habsi	Executive Director	Al Masarra Hospital	feb 2023	

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Acronyms:

ABG	Arterial Blood Gas
AMRH	Al Masarra Hospital
PRO	Patient Service Personnel/Public Relations Officer
BLS	Basic Life Support
ACLS	Advanced Cardiovascular Life Support
BP	Blood Pressure
CVP	Central Venous Pressure
PR	Pulse Rate
IV	Intravenous
LOC	Level of Consciousness
MEWS	Modified Early Warning Score
O2	Oxygen
P&P	Policy & Procedure
RR	Respiratory Rate
RRT	Rapid Response Team
SOP	Standard Operating Procedure
Vers.	Version Number

Policy and Procedure of Recognition and Responses to Clinical Deterioration

1. Introduction

Early recognition of signs of clinical deterioration followed by prompt and effective actions can minimize the occurrence of adverse events such as cardiac arrest, and immediate intervention is required to stabilize a patient.

2. Scope

This document is applicable to all nursing staff, doctors, the Quality Management and Patient Safety Department and the Administration of Al Masarra Hospital (AMRH).

3. Purpose

3.1 To provide clinical support for staff caring for an ill patients.

3.2 To improve early recognition, communication, and early intervention of deteriorating patient to avoid serious complications.

3.3 To reduce incident of cardiopulmonary arrests.

3.4 To improve patient safety and outcome.

3.5 To improve patient, family, and staff satisfaction.

3.6 To reduce hospital mortality rate.

4. Definitions

4.1. Rapid Response Team (RRT) is a multi-disciplinary team formed as per the AMRH Administrative Qarar stating staff positions including the leader and members accountable for conducting the process of immediate response to all patients with early signs of clinical deterioration. The rapid response team must consist of:

4.1.1. **Physician on-call (Team Leader)**

4.1.2. **A&E Psychiatrist or Second on call Psychiatrist.**

4.1.3. **Nursing Supervisor/Unit Nurse**

4.1.4. **Nursing Staff from Male Ward ½**

4.1.5. **Nursing Staff from Male Ward 5/6**

4.1.6. **Nursing Staff from Female Ward 2**

4.1.7. **Patient Service Personnel/Public Relations Officer (PRO)**

4.2. Modified Early Warning Scores (MEWS): is the total score which reflects the patient's physical condition to indicate clinical improvement or deterioration. It is obtained through a color-coded form of 'Track and Trigger' scoring system that detects changes in cumulative readings of patient's vital signs. It is available electronically in Al Shifa Health Information System with automated calculation and color-coding.

4.3. ISBAR Communication: is a standard tool of accurate communication consisting of information required in respect of the following five sections:

4.3.1**. I :** Identitity

4.3.2**. S :** Situation

4.3.3**. B :** Background

4.3.4**. A :** Assessment

4.3.5. **R :** Recommendation

5. Policy

5.1. As per this policy, a set of minimum mandatory requirement must be implemented and followed by all health care workers concerned at AMRH to facilitate early recognition and immediate response to clinically deteriorating patients.

6. Procedure

6.1 All patients should have the following parameters recorded routinely:

6.1.1 Blood pressure

6.1.2 Pulse rate

6.1.3 Temperature (In centigrade)

6.1.4 Oxygen saturation

6.1.5 Level of Consciousness (LOC)

6.1.6. Urine output

6.2 Every patient in Al Masarra Hospital (AMRH) should have their vital signs measured and recorded at least every 8 hours in the Al Shifa 3+ system as applicable,

6.3 In the event of failure to obtain the required parameters, then the staff concerned must clearly document the reason in patient's clinical notes.

6.4 The assigned nurse must monitor the MEWS and undertake the necessary action as per the MEWS flowchart. (See Appendix 2.MEWS).

6.5 The assigned nurse must immediately notify the ward/shift charge nurse if the MEWS score reaches ≥ 1. (See Appendix 3.MEWS Flowchart)

6.6 Ward/Shift in-charge Nurse must immediately activate RRT if **MEWS score reaches ≥ 3**.

6.6.1. Dial **700 to record** the details of the event after hearing the beep sound, which must include the following

6.6.1.1. "Patient Deteriorating" with MEWS score

6.6.1.2. "Ward/Location"

6.6.2. Then he/she shall immediately dial **701 to send the recording of the event details** in order to activate the RRT

6.7 ISBAR tool must be used throughout the communication process among the RRT. (See Appendix 1.ISBAR Communication Tool).

6.8 While waiting for a patient to be reviewed, the patient should be transferred immediately to the treatment room by the assigned nurse with assistance from other members of the available nursing staff.

6.9 While in the treatment room, the assigned nurse should ensure the following:

6.9.1 The patient has a patent venous access

6.9.2 All vital signs are recorded manually.

6.9.3 Supplemental oxygen given to maintain SpO2 >90%.

6.9.4 Suction device is functioning and accessible.

6.9.5 Pulse oximeter is attached.

6.9.6 Crash cart is available in the treatment room.

6.10 The RRT must be summoned in the treatment room within the time scale as per the MEWS flowchart. (See Appendix 3. MEWS Score Flowchart).

6.11 A full action plan must be agreed, implemented and documented by each member of the RRT attending the case.

7. Responsibilities

7.1 Assigned Staff Nurse shall:

7.1.1 Be updated with and apply this policy in the standard care of patients.

7.1.2 Be skillful in monitoring and recording vital signs and MEWS.

7.1.3 Ensure immediate notification of clinical deterioration incident to ward/shift-in-charge nurse.

7.1.4 Record the incident in IRLS in al-Shifa system as per the IRLS policy.

7.2 Ward/Shift in-charge Nurse shall:

7.2.1 Ensure that all ward nurses are regularly updated on this policy and the use of MEWS score and the flowchart.

7.2.2 Monitor the compliance to the MEWS score recording and report any incident of non-compliance to the immediate supervisor.

7.2.3 Ensure that all nursing staff are well informed of the procedure of activation of RRT Code.

7.2.4 Ensure that the policy is strictly adhered to by all nursing staff concerned.

7.3 Nursing Supervisor/Unit Nurse

7.3.1 **Shall be updated on this policy.**

7.3.2 **Shall hold a valid certificate on BLS and ACLS.**

7.3.3 As a member of the RRT, shall undertake the tasks assigned by the RRT Leader

7.3.4 As member of the RRT, shall document the details of his/her assessment and intervention during the event in al-Shifa system.

7.3.5 Assign the nursing staff members of RRT from male1/male2 and male5/male6 and female2 at the beginning of each shift.

7.3.6 Ensure all nursing staff are updated on this policy by the ward/shift in-charges.

7.4. Head of Nursing Affairs Department shall:

7.4.1 Ensure all nursing staff are updated on this policy by nursing supervisors/unit nurses of

concerned wards.

7.4.2 Be updated of any incidents of non-compliance to this policy.

7.4.3 Be updated on the outcome of critical incident's investigation.

7.5 **Physician on-call (General Medicine) shall:**

7.5.1 **Be updated on this policy.**

7.5.2 **Hold valid certificates on BLS and ACLS.**

7.5.3 Undertake his/her role as RRT leader and execute responsibilities accordingly.

7.5.4 Assign roles and responsibilities to the attending RRT members.

7.5.5 Document the details of assessment and intervention during the event in al-Shifa system.

7.6 **ED Psychiatry doctor / Second on call Psychiatry doctor shall**

7.6.1 **Be updated on this policy.**

7.6.2 **Hold valid certificates on BLS and ACLS.**

7.6.3 Undertake his/her role as RRT member and execute responsibilities accordingly.

7.6.4 Document the details of his/her assessment and intervention during the event in al-Shifa system.

7.7 **Nursing Staff from MW1/MW2 and MW5/MW6 and FW2 assigned as members of RRT shall:**

7.7.1 **Be updated on this policy.**

7.7.2 **Hold valid certificates on BLS and ACLS.**

7.7.3 Undertake his/her role as RRT member and execute responsibilities accordingly.

7.7.4 Document the details of his/her assessment and intervention during the event in al-Shifa system.

7.8 **Patient Service Personnel/Public Relations Officer (PRO)**

7.8.1. Be updated on this policy.

7.8.2. Undertake his/her role as RRT member and execute responsibilities accordingly.

7.9 **Quality Management and Patient Safety Department Staff shall:**

7.9.1 Investigate any incidents of violation of this policy.

7.9.2 Submit investigation report of the incident to the hospital administration.

7.9.3 Attend Morbidity and Mortality committee meetings and document the minutes of the meeting.

7.9.4 Monitor implementation of the recommended action plan by the Morbidity and Mortality committee.

7.9.5 Provide the hospital administration with updated report on the executed plan of action.

7.10 **Hospital Administration Shall:**

7.10.1 Officially appoint the RRT.

7.10.2 Attend Morbidity and Mortality committee meetings.

7.10.3 Approve the finalized Morbidity and Mortality Reports.

7.10.4 Lead implementation of action plan of improvement measures.

8. Document History and Version Control Table:

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
01	Initial Release	Dr. Preeti Srivastava Dr. Nada Al Tamtami	January 2021
02	Update *Modified 5.1; 6.2; 6.6*	Dr. Preeti Srivastava Dr. Nada Al Tamtami SSNA. Wafa Al Wadhahi	January 2023
03			

Written by	**Reviewed by**	**Approved by**
Dr. Preeti Srivastava Dr. Nada Al Tamtami SSNA. Wafa Al Wadhahi	Local Clinical Guidelines committee	Dr. Bader Al Habsi

9. Related Documents

9.1 Appendix 1. ISBAR Communication Tool.

9.2 Appendix 2. MEWS.

9.3 Appendix 3. MEWS Flowchart.

9.4 Appendix 5. Audit Tool.

9.5 Appendix 6. Document Request Form.

9.6 Appendix 7. Document Validation Checklist.

10. References

Title of book/Journal/Website	Author	Year of Publication	Page
National Institute for Health and Clinical Excellence (2007): "Acutely ill patients in hospital: Recognition and response to acute illness in adults in hospital". Clinical Guidelines 50. NICE. London.	National Institute for Health and Clinical Excellence	2007	50
MEWS Escalation Policy – for the management of Acutely ill adult Patients, National Health Services	Granier. E & Kapila. I	2012	

11. Appendices

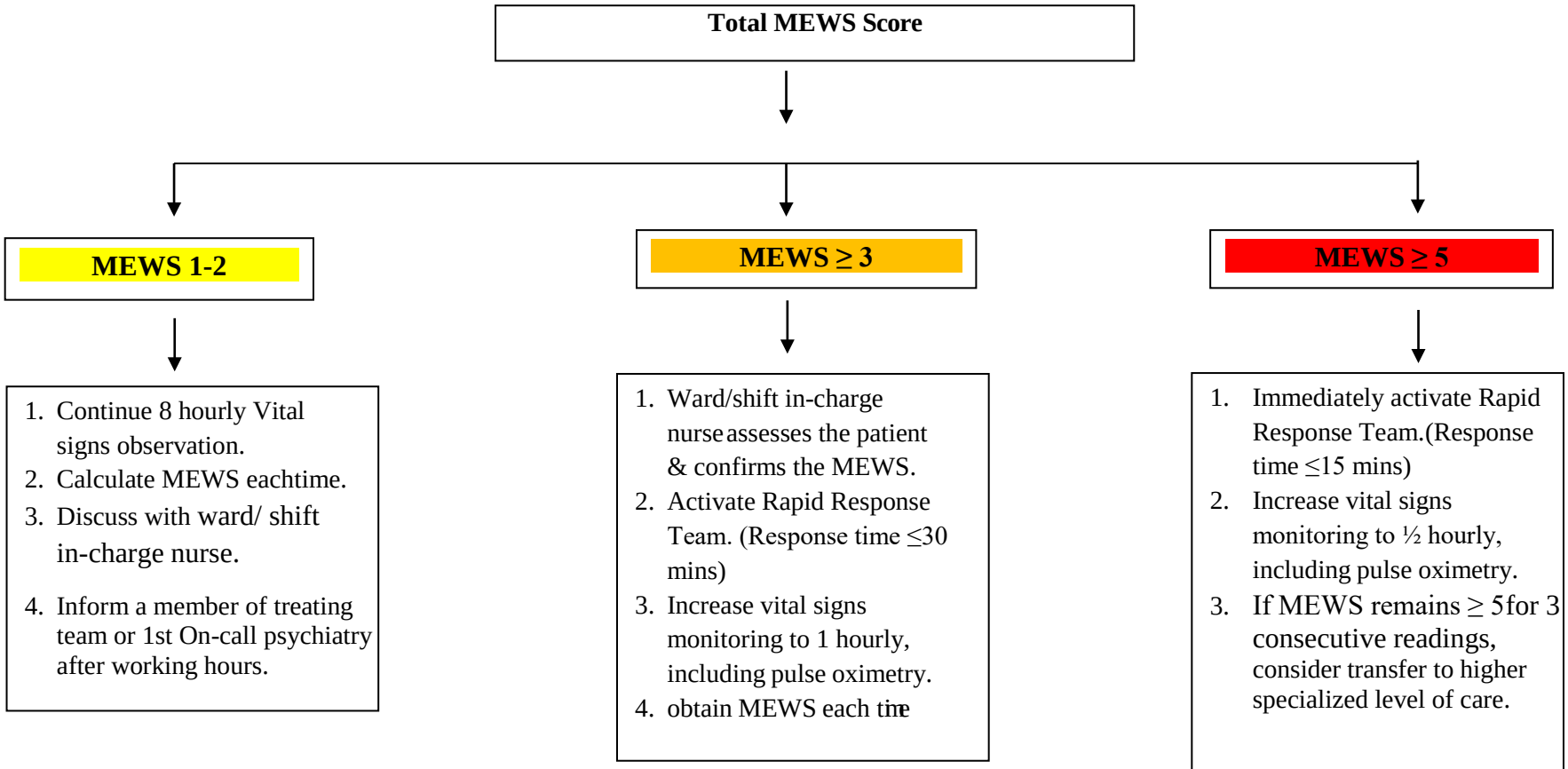
11.1 Appendix 1. ISBAR Communication Tool

ISBAR Communication Tool	
I **Identify**	**Identify: You, Doctor, Patient** Is this Dr._____? (Responding doctor's name) This is_____(Your name) I am calling about_____(Patient's name)
S **Situation**	**Situation: Why are you calling?** I am calling because_____(mention MEWS score) RR, O2 Sat, O2 Deliver, Temp, HR, BP, Urine Output, LOC
B **Background**	**Background: What is the relevant background?** Patient age, Admitted for, Past Medical history, Recent procedure, current problem and medications.
A **Assessment**	**Assessment: What do you think is the problem?** I think the patient is____(hypovolemic, hypoglycemic, in shock, etc.)
R **Recommendation**	**Recommendation: What do you want them to do?** I would like you to_____(come and assess patient, advise me) Is there anything you will advise me before you get here?

11.2 Appendix 2. MEWS

MEWS	3	2	1	0	1	2	3
Systolic BP	<70	<89	90 - 99	100 160	161 - 199	≥ 200	>220
PR (BPM)	<30	31 - 40	41 - 50	51 -100	101 - 110	111 - 130	>130
RR (RPM)	<8	-	8 - 11	12 - 20	21 - 25	26 - 30	>30
Oxygen Saturation (%)	<85	85 - 89	90 - 94	95 - 100	-	-	-
Temperature	<34	34.1 - 35	35.1 - 36	36.1 - 37.9	38 -38.5	38.6 - 40	>40
LOC	-	-	-	Alert	Responds to voice	Responds to pain	Unconscious
Urine Output (ml/hr)	With Catheter Nil	With Catheter <0.5ml/kg/hr				Without Catheter ≤0.5ml/kg/hr ≥6hrs	Without Catheter ≤0.5ml/kg/hr ≥12 hrs

11.3 Appendix 3. MEWS Flow Chart



In all MEWS Scores:

- Communicate using ISBAR communication tool.

11.5 Appendix 5. Audit Tool

Department:_____ **Date:** _____

S.N.	Audit Process	Description of Criteria	Yes	Partial	No	N/A	Comments
1.	Observation Interview Document review	Are all patients having the following parameters recorded? • Blood pressure • Pulse rate • Temperature (In centigrade) • Oxygen saturation • Level of Consciousness (LOC) • Urine output					
2.	Observation Document review	Are all vital signs of every patient measured and recorded at least every 8 hours in the Al Shifa 3+ system, unless a decision is made at a senior level to increase or decrease the frequency for an individual patient?					
3.	Document	Is the decision mentioned above					

	review	documented in the progress notes of the patient?					
4.	Observation Interview Document review	Does the assigned nurse calculate the MEWS when score is 1 or more in any observation category and the MEWS flowchart is followed accordingly?					
5.	Interview Document review	Is the assigned nurse always notifying the ward shift in-charge nurse when the MEWS reaches ≥ 1?					
6.	Observation Interview Document review	Is the Rapid Response Team (RRT) activated when MEWS reaches ≥ 3?					
7.	Observation Interview Document review	Is the ISBAR communication tool used when communicating about a deteriorating patient?					
8.	Observation Interview Document review	Is the patient transferred to the treatment room and the assigned nurse ensures the following while waiting for a patient to be reviewed?					

		• The patient has a patent venous access. • All vital signs are recorded manually. • Supplemental oxygen given to maintain SpO2 >90%. • Suction device is functioning and accessible. • Pulse oximeter is attached. • Crash cart is available in the treatment room.					
9.	Observation Interview	Does RRT summoned in the treatment room within the time scale as per the MEWS flowchart?					
10.	Observation Interview Document review	Is an action plan agreed, implemented and documented by each member of RRT attending the case?					
11.	Observation Interview Document review	Is the observation maintained hourly or more frequent if required from patient initial condition until a decision is made about the patient care?					

12.	Interview	Is the staff aware about MEWS score and process of RRT activation?					
13.	Interview	Is the staff aware about his/her responsibility as a member in the RRT?					
14.	Document review	Is the staff trained on the policy and procedure of recognition and response to clinical deterioration?					

AUDIT PROCESS:

1. Observation
2. Interview
3. Document Review

11.6 Appendix 6. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Dr. Nada Al Tamtami Dr. Preeti Srivastava Wafa Al Wadhahi	Date of Request	18/01/2023
Institute	Al Masarra Hospital	Mobile	99442469 92976415 24873664
Department	Laboratory & General Medicine	Email	drpreeti@hotmail.co.uk
The Purpose of Request			
• Develop New Document	◉ **Modification of Document**	• Cancelling of Document	
1. Document Information			
Document Title	Policy and Procedure of Recognition and Response to Clinical Deterioration		
Document Code	AMRH/GM/P&P/001/Vers.02		
Section B: Completed by Document Controller			
✓ Approved	• Cancelled	• Forward To:……..	
Comment and Recommendation: proceed with the document			
Name	Kunooz Al Balushi	Date	January 2023
Signature		Stamp	

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11.7 Appendix 7. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Recognition and Response to Clinical Deterioration		**Document Code:** AMRH/GM/P&P/001/Vers.02			
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	**Approved format used**				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	**Document Content**				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3.	**Well defined procedures and steps**				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart	✓			
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	**General Criteria**				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations…… For implementation ..✓…… More revision …….. To be cancelled					
Reviewed by….Kunooz Balushi ……		**Reviewed by:** Maria Claudia Fajardo-Bala			

AL-MASARRA HOSPITAL
SULTANATE OF OMAN- MINISTRY OF HEALTH
QUALITY MANAGEMENT DEPT

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