

Recognition of Changes to Patient Condition

Standard COP.03.00

Clinical staff are trained to recognize and respond to changes in a patient's condition.

Intent of COP.03.00

Hospitals that implement a systematic approach to early recognition and response to changes in a patient's condition reduce cardiopulmonary arrests and patient mortality. It is essential to recognize the signs indicating a change or deterioration in the patient's condition. Often, a patient will exhibit early warning signs (for example, a worsening of vital signs or a subtle change in neurological status) shortly before experiencing significant clinical decline, resulting in a major event. Clinical staff use physiological criteria to assist in early detection of deteriorating patients. Most patients who experience cardiopulmonary or respiratory arrest experience clinical deterioration prior to arrest. Clinical outcomes improve when staff can identify these patients early and request additional assistance from specially trained individuals.

All clinical staff must receive education and training to recognize and intervene when a patient exhibits physiological signs that are outside of the normal range, indicating a potential for patient deterioration. Early response to changes in a patient's condition is critical to potentially preventing further deterioration.

Failure to rescue (FTR) is failure or delay in recognizing and responding to a hospitalized patient experiencing complications from a disease process or medical intervention and is a recognized cause of mortality in hospitals. Failure to rescue measures have been developed for various specialties, including the following:

- Adult and pediatric surgical services
- Adult cardiac care
- Trauma surgery
- Gastrointestinal surgery

Failure to rescue measures are selected based on the populations treated and services provided; data from these measures are used to identify opportunities for process improvement.

Early warning criteria, also known as early warning scores, are used to quickly determine patient condition or changes in patient condition. These criteria are evidence-based and age-specific. The hospital implements early warning criteria for all age groups it cares for. Examples of early warning criteria include the following:

- Early Warning Score (EWS)
- Modified Early Warning Score (MEWS)
- Pediatric Early Warning Score (PEWS)
- Neonatal Early Warning Score (NEWS)
- Revised Trauma Score (RTS)
- 10 Signs of Vitality score
- Pasero Opioid-Induced Sedation Scale (POSS)

Measurable Elements of COP.03.00

1. The hospital has a systematic process to recognize and respond to changes or deterioration of patient condition.
2. ⑩ The hospital implements documented age-specific early warning criteria describing early signs of a change or deterioration in a patient's condition.
3. The hospital has a process for staff to seek additional assistance when they have concerns about a patient's condition based on the hospital's early warning criteria.
4. The hospital informs the patient and family how to seek assistance when they have concerns about a patient's condition.