Between the Flags

*Between the Flags* is a state-wide initiative of the NSW Clinical Excellence Commission and NSW Health which aims to address the need for clinicians to promptly identify and manage deteriorating patients.

**BACKGROUND**

When a swimmer goes to the beach in Australia in summer there are clear symbols of safety – highly visible red and yellow flags. There has not been a drowning death between the flags on a New South Wales beach with lifesavers on duty since Surf Lifesaving Australian began regular patrols in 1935.

*Between the Flags* (BTF) is a Clinical Excellence Commission program that aims to address risks around the management of deteriorating patients. The indicators of safety or danger for patients – the red and yellow flags – are systematic and repeated observation of their vital signs and clinical condition. Lack of recognition and appropriate management of patients whose condition either progressively or suddenly (and often unexpectedly) deteriorates on acute hospital wards has been identified as a contributing factor in many adverse events and is a key patient safety issue.

An important BTF principle is that these observations apply to all patients, as clinicians increasingly appreciate that the patients who are most at risk of deterioration are those who may appear initially stable and well, rather than the obvious emergency patients. The point of the Primary Survey, which BTF complements, is to systematically assess ALL patients so not to miss any subtle abnormalities.

The BTF program includes developing systems for early identification of at risk patients, escalation protocols for rapid responses to deteriorating patients in health facilities, education and standardising clinical hand-overs.

**Ambulance has an important role to play in implementing the BTF initiatives:**

1. Under the BTF program Area Health Services are required to develop and implement a Clinical Emergency Response System (CERS) for each health care facility. Ambulance has been identified as an agency with the capacity to provide an added level of response to emergencies at rural and remote locations across the state. This aspect of the BTF program is particularly important in health facilities where high level nursing and medical services may not be available.

2. Ambulance will incorporate the principles of the BTF program into Ambulance practice. Whilst Ambulance is already designing and implementing systems to recognise, respond to and manage deteriorating patients (such as the Primary Survey and the Worthing Score), it will review and enhance components relating to the recognition of both abnormal range patient observations and

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the identification of negative trends. It will also incorporate the Standard Adult General Observation Chart (SAGO) into Ambulance practice; will plan and research the adaptation of work practices around the BTF methodology, and will provide guidelines to ensure consistent and appropriate elevation of care consistent with CERS principles.

3. Ambulance will incorporate the key principles of structured clinical handover, which have been developed by the Acute Care Health Priority Taskforce, to ensure consistency of handover and systematic transfer of information at all points in the patient journey.

**BENEFITS**

- Improved identification and management of deteriorating patients.
- Improved patient outcomes.
- Consistent clinical handover practices.
- Clear and consistent procedures for responding as part of a clinical emergency response system in remote and rural NSW.

**PROGRESS TO DATE**
Ambulance is taking an active role in the BTF program by putting in place appropriate governance arrangements to oversight development of an implementation plan and ongoing implementation of BTF initiatives.

An Ambulance project team has been tasked with developing an implementation plan by the end of December 2009. The Ambulance initiatives will be progressively implemented during the first half of 2010.

Currently Ambulance is working with Area Health Services to identify rural and remote facilities that may require Ambulance assistance in responding to deteriorating patients, to identify the levels and frequency of assistance, and to develop business rules around providing this support.

Work is also underway to incorporate components of the BTF program and clinical handover projects into Ambulance operational and clinical practice such as the introduction of the Standard Adult General Observation Chart.

**NEXT STEPS**

Finalising the project implementation plan and providing more detailed information for paramedics.

Initial procedures to assist AHSs with rural and remote facilities will also be finalised and information provided to paramedics in those areas.

If you would like further information contact

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More information about the BTF program is available on the Clinical Excellence Commission website: www.cec.health.nsw.gov.au