

SAMPLE RISK ANALYSIS

TRAINING NEEDS REGARDING BASIC LIFE SUPPORT

As part of the transitional arrangements for accreditation against the National Safety and Quality Health Service Standards for Action 9.6.1 health service organisations need to provide evidence that:

- a comprehensive organisational risk analysis of basic life support training needs has been undertaken
- a plan has been developed to ensure that the clinical workforce can initiate appropriate early interventions and respond with life-sustaining measures in the event of severe or rapid deterioration
- training in basic life support is available for the clinical workforce. It is anticipated the initial focus will be on employed nursing, allied health and medical staff.

This document provides an example of the way in which a risk analysis of basic life support training needs could be conducted. Health service organisations may find that this kind of risk analysis has already been conducted as part of the development of their escalation protocol. If this is the case a separate risk analysis is not needed.

The transitional arrangements for Action 9.6.1 relate to the application of this action to credentialed medical and other clinical practitioners and visiting medical officers (VMOs). This is also the focus of this sample risk analysis however the process and the questions included here could be applied to all kinds of health professionals.

Overview

Firstly, it is important to identify the risk of unexpected patient deterioration occurring within the context of your facility. This will involve reviewing the type and complexity of services that are provided within your facility; the acuity of the patients that are commonly treated within your facility; and, based on existing patterns of response, how often episodes of unexpected clinical deterioration occur.

Secondly, the existing response system will need to be considered to determine how frequently credentialed medical practitioners (CMPs) and VMOs are required to provide a response to patients whose condition is deteriorating.

The risk matrices in this document are examples only, and will need to be reviewed and modified according to the context of individual health service organisations.

What types of services does your facility provide?

Consider what services are offered in your facility and the complexity of the care provided within those services.

Below is an example of how the risk of unexpected deterioration might be assessed according to the complexity of the procedures offered in your facility. For this example, procedure complexity has been divided into the following five categories:

- simple procedure e.g. diagnostic radiology
- complex procedure e.g. chemotherapy or radiotherapy
- invasive procedure e.g. colonoscopy
- complex invasive procedure e.g. angiography or arthroscopy
- very complex invasive procedure e.g. cardiac surgery

The sample risk matrix below plots the complexity of the procedures offered against the frequency with which they are performed in order to assess the risk of unexpected clinical deterioration.

Frequency of procedure	Risk of unexpected deterioration: procedure complexity				
	Simple procedure	Complex procedure	Invasive procedure	Complex invasive procedure	Very complex invasive procedure
Infrequent	Low	Low	Medium	High	Very High
Occasional	Low	Medium	High	High	Very High
Frequent	Low	High	High	Very High	Very High

What types of patient does your facility treat?

Consider the patient groups commonly treated in your facility. If treatment is provided to patients with complex care needs and multiple co-morbid conditions, the risk of unexpected deterioration is likely to be increased. Similarly, if patients are admitted through an emergency department, they are more likely to suffer unexpected deterioration than patients who are admitted for planned procedures.

The sample risk matrix below plots the frequency with which patients of different levels of acuity are admitted in order to assess the risk of events of unexpected clinical deterioration. For this example, acuity has been divided into the following three categories:

- low acuity e.g. admitted for simple planned procedure / no co-morbid conditions
- medium acuity e.g. admitted for complex planned procedure / one or two co-morbid conditions
- high acuity e.g. emergently admitted / multiple co-morbid conditions

Frequency of admission	Risk of unexpected deterioration events: patient acuity		
	Low	Moderate	High
Infrequent	Low	Medium	High
Occasional	Low	High	Very High
Frequent	Medium	High	Very High

How often do events of unexpected patient deterioration requiring escalation of care occur?

Review existing data to determine how often episodes of unexpected patient deterioration occur. This may involve reviewing observation chart and case notes audit data, reportable event data, and data from the rapid response team. Consider the implications of your findings carefully – if these events occur only infrequently, it may be that the risks associated with not providing regular basic life support training are high, as clinicians will only infrequently use these skills in practice. It may also be necessary to review the quality of the response provided to unexpected clinical deterioration.

How are CMPs and VMOs involved in your recognition and response systems?

Consider how often CMPs and VMOs are likely to provide the initial response to patients who are deteriorating. If CMPs and VMOs are required to provide the initial assessment and response to escalation calls, then the clinical risk associated with not ensuring they are trained in basic life support may be higher than in circumstances where other clinicians provide this response.

Assessing overall risk

Bring together all of the components described above to consider the overall risk for your organisation and make a decision about the need to ensure CMPs and VMOs are trained in basic life support.

High overall risk scenarios:

- high risk of unexpected clinical deterioration occurring – frequent performance of high risk procedures and/or admission of high risk patients and/or episodes of clinical deterioration identified. All clinicians providing patient care should be trained to provide immediate basic life support interventions given significant risk of unexpected episodes of clinical deterioration.
- low risk of unexpected clinical deterioration occurring but CMPs and VMOs are key responders when it does occur.
- CMPs and VMOs are frequently required to provide the initial response to episodes of unexpected clinical deterioration.

Low overall risk scenarios:

- low risk of unexpected deterioration and alternative clinicians are available to respond when it does occur.
- CMPs and VMOs are not required to provide the initial response to episodes of unexpected clinical deterioration.